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# STATE OF CONNECTICUT

DEPARTMENT OF MENTAL HEALTH  
AND ADDICTION SERVICES  
*A HEALTHCARE SERVICE AGENCY*

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COMMISSIONER

## **Testimony of Michael Norko, M.D., Director Whiting Forensic Division, Connecticut Valley Hospital Before the Public Health Committee February 21, 2007**

Good morning, Senator Handley, Representative Sayers, and distinguished members of the Public Health Committee. I am Dr. Michael Norko, Director of the Whiting Forensic Division of Connecticut Valley Hospital, and I am here today to speak in favor of **S.B. 1068, An Act Concerning Patient Rights at Whiting Forensic Division.**

The "Patients' Bill of Rights" for persons with psychiatric disabilities is articulated in CGS § 17a-540 through 550. CGS §17a-548 specifically deals with patients' rights to wear their own clothing, to "keep and use personal possessions including toilet articles," and to have "access to individual storage space for such possessions." Clearly, these rights have been upheld for many years in psychiatric inpatient settings in Connecticut.

What is also clear is that each facility has to have some policy in place regarding individuals' personal possessions in order to prevent dangerous situations from developing in areas that are meant to be safe places for treatment to occur. Thus, facilities generally define items that are considered to be contraband — including

weapons or other items that can be used easily for harmful purposes (such as cigarette lighters, glass or other sharp objects, illicit substances, alcohol, etc.). The existing statute, CGS § 17a-548(a), does not support such “contraband” policies, which common sense and concern for safety dictate must, in fact, be in place in a facility such as Whiting. The only current exception to possession of personal property is by individual determination that the item in question is “medically harmful” to the individual patient.

Our concern about governing contraband is heightened in our maximum-security facility (Whiting), because patients are sent there specifically because of their potential for violence to themselves or others and the inability of other facilities to manage these individuals’ level of violence, escape risk or psychiatric acuity. Patients may be admitted to Whiting directly from court, other hospitals, or from prison facilities – including the Northern Correctional “supermax” facility – highlighting our concern for maintaining the safety of patients, visitors and staff.

Whiting has had facility policies in place for many years related to the control of contraband or dangerous items in keeping with its mission, setting and regular practice. For example, we prohibit items such as alcoholic beverages, illicit substances, weapons, tools, glass, inhalants, rope, sexually explicit materials that simulate a connection between sex and violence, and items of a similar nature. Yet there is no statutory authority supporting such practice or policy, despite its necessity and obvious validity.

This bill would amend the patient property statute in such a way as to continue to support the rights of patients in the maximum security service of Whiting to have personal property, while recognizing the need to manage the type and amount of possessions in a reasonable way so as to reduce the risk of harm resulting from the

availability of potentially dangerous property. The amendment stipulates that such management and policy could not be generated without review, and would require the approval of senior agency officials in the DMHAS Office of the Commissioner.

The intent of this legislation is not to take any steps backward in terms of such things as patients being able to wear their own clothing, having access to possessions that pose no security risk or any other patients' rights. Rather, we seek solely to obtain statutory authority to manage contraband items in such a way as to maintain the maximum security conditions required by our mission and to ensure a safe environment for our patients, visitors and staff.

Attached are copies of the existing policies on prohibited items and on procedures for conducting routine room searches. We can also provide photographs of the amount of personal possessions that some of our patients have collected in their rooms, making effective searches nearly impossible and posing risks for safe evacuation in the event of a fire or other emergency situation. We would be happy to share these photos with any interested legislators and/or to conduct tours of Whiting for legislators who wish to view the environment in person as this proposed legislation is under consideration.

We understand that some members of the advocacy community have some difficulty with this proposed legislation, and we have met with them to discuss our concerns and to try to get to an agreement on this issue. We were unable to achieve consensus and are moving forward in our support of this legislation as proposed. We can assure you, however, that any policy development that occurs as a result of this legislation going forward would include input from both the advocacy community and patients at Whiting.

Thank you for the opportunity to speak to the committee today in favor of this much needed legislation. I would be happy to answer any questions or concerns you may have at this time.

**CONNECTICUT VALLEY HOSPITAL**  
**Whiting Forensic Division**  
**Operational Procedure Manual**  
**Whiting Service**

**SECTION: II      ORGANIZATION FOCUSED FUNCTIONS**  
**POLICY: 6        Improving Organization Performance**  
**PROCEDURE: 6.1a (9) Prohibited and Controlled Items for Patients**

**PURPOSE:**

To carefully evaluate and control, supervise, and/or prohibit items or materials that may present a risk to the health, safety, security, treatment, rehabilitation, psychiatric status, or therapeutic milieu of an individual, individuals, or a treatment unit as a whole.

**PROCEDURE:**

**A. Contraband**

*Contraband* is **prohibited** and shall not be in the building or on the grounds of the Whiting Service under any circumstances whatsoever. Violators are subject to legal action. Any such items found will be immediately confiscated and disposed of or removed from hospital grounds as is appropriate. Contraband includes the following.

- Alcoholic beverages.
- Controlled drugs; as defined by Connecticut General Statutes, Section 21a-240(8) & (9) (e.g., amphetamines, barbiturates, cannabis, cocaine, hallucinogens, morphine, and other depressants or stimulants).
- Explosive devices or materials.
- Guns/firearms of any type.
- Illicit ("street") drugs or substances.
- Intoxicating liquids or substances.
- Weapons including—but not limited to—clubs, knives, arrows, batons/bludgeons, saps/blackjacks, brass knuckles, sling shots, air pistols/rifles, mace/pepper spray, and so forth.
- Specific Sharps items
- Child pornography (In accordance with Connecticut General Statutes, Sections 53a-196c and 53a-196d, importing or possessing ***child pornography*** is **illegal, prohibited under any circumstances**, and shall be confiscated and disposed of appropriately.)

## B. Prohibited Items

In the Maximum Security Service of the Whiting Forensic Division, patients are **prohibited** from having the following items. If found, such items shall be confiscated and disposed of, or stored in the patient's designated storage area and marked "DO NOT ISSUE," as is appropriate.

- Aerosols.
- Alcohol or alcohol containing products.
- Cameras or audio and/or video recording devices.
- Communication devices (e.g., pagers/beepers, CB radios, modems, police scanners, telephones/cellular telephones, walkie-talkies, etc.).
- Drugs/medications, supplements, or "over-the-counter" medications/preparations. (All such items are prescribed by a CVH/Whiting Service physician or psychiatrist and are administered by nursing personnel.
- Flammable liquids.
- Inhalants.
- Lighters or matches.
- Glass bottles
- Sharp objects (scissors, nail files, nail clippers, razors, mechanical pens, pencils, etc.
- Mirrors
- Safety pins
- Knives
- Guns
- Large belt buckles
- Chemicals for hair or skin (dyes perm kits, greases, cleaning solutions
- Metal clothes hangers.
- Pins; needles, safety pins.
- Rope or wire
- Tools. (e.g., pliers, screwdrivers, hammers, wrenches, pry bars, snips/cutters, etc.).
- Sexually explicit materials that have NOT been reviewed and approved by the patient's treatment team. (See Section C, below, for further information.)
- Sexually explicit material that suggests, depicts, describes, and/or simulates a connection between sex and violence. Such material includes—but is not limited to—the following:
  - ✓ Material where one of the participants in the act/activity is, or appears to be, non-consenting.
  - ✓ Material where one of the participants appears to be forceful, threatening, and/or physically violent.
  - ✓ Material where one of the participants appears to be dominating one of the other participants and: (a) one of the individuals is obviously in a submissive role, and/or (b) one of the participants is degraded, humiliated, or unwillingly engages in behavior that is degrading or humiliating.

- Materials containing violent and/or illegal/criminal activities. Materials that contain violent and/or illegal/criminal activities include those that depict or describe the following subject matter in such a way as to instruct or promote the activity or offer it to satisfy antisocial or deviant psychosexual interests:
  - ✓ Use or construction of guns, pistols, rifles, firearms, ammunition, bombs, explosives, incendiary devices, or other weapons (including “defensive” weapons);
  - ✓ Methods of escape from secure facilities;
  - ✓ Methods of planning or committing illegal/criminal activities;
  - ✓ Methods of committing suicide;
  - ✓ Methods of torture or of committing rape, assault, or homicide;
  - ✓ Methods of inflicting pain, suffering, humiliation or degradation upon another person.

### C. Controlled and as necessary, Prohibited Items

#### 1. News Media or Historical Accounts of War, Crime or Other Factual Violence

- A. News media or historical accounts of war, crime or other factual violence (hereafter referred to as “works of non-fiction” or “WONF”) will generally not be included in this category, but may be restricted on an individual basis for clinical reasons as determined by the treatment team, according to the following procedure
- B. If an individual patient's case raises concerns about works of non-fiction, a review may be conducted based on: (a) a thorough review of the WONF in question, and (b) a thorough review of clinical status, and risk factors for relapse and/or dangerousness.
  1. If the treatment team **approves** the patient having the WONF in question, this decision shall be documented in the patient's medical record.
  2. If the treatment team determines that the WONF is **clinically inappropriate** for the patient to possess, the material(s) shall be confiscated and placed in the patient's designated storage area.
  3. If the treatment team, including the unit Attending Psychiatrist, decides to prohibit or confiscate such WONF, the decision shall be reviewed by the Whiting Service Medical Director (or WHITING SERVICE Medical Director). The Service (or Division) Medical Director shall document in the patient's medical record his/her review, clinical and/or risk management assessment, and recommendations.
  4. If the Whiting Service Medical Director (or Whiting Service Medical Director) concurs with (approves) the treatment team's decision to confiscate or prohibit such WONF, the unit Attending Psychiatrist shall write an order to confiscate or prohibit the specified material(s) on the Physician Order Sheet. This order shall be cosigned by the Service (or Division) Medical Director.

5. Any prohibition of WONF shall be reviewed as clinically indicated or when there is a significant change in the patient's clinical status.

## 2. Sexually Explicit Materials

A. Sexually explicit materials are materials that contain nudity, sexual situations, or actual or simulated sexual activity. Such materials may be contained in—but are not limited to—books, cards, greeting cards, leaflets, magazines, newsletters, newspapers, pamphlets, periodicals, audio tapes, CDs/DVDs, drawings, paintings, posters, photographs, video tapes, computer media, and so forth. Patient access to or possession of sexually explicit materials shall be managed as follows:

1. Due to the potential offensiveness to others and/or the potential negative clinical impact on patients, all sexually explicit materials must be handled carefully and discreetly and shall NOT be openly displayed by patients. Materials may not be displayed or viewable from any common areas or hallways. Materials may be displayed on bureaus and other discreet areas (walls), which are not objectionable to other patients.
2. Patients may NOT lend, borrow, or share sexually explicit materials with other patients. Doing so shall result in the confiscation of the material(s).
3. Treatment teams shall screen for sexually explicit materials as follows.
  - a. Patients shall be informed on admission to the Whiting Service and shall be periodically reminded in treatment planning review meetings and at unit community meetings to have sexually explicit materials reviewed and approved by the unit treatment team.
  - b. Unit staff shall be present when packages or large envelopes are opened by patients to observe if any sexually explicit materials (as well as contraband or prohibited items) are included.
  - c. If unit staff discover sexually explicit materials that have not been reviewed and approved by the treatment team, they shall be confiscated until the treatment team has had the opportunity to: (1) review the material, (2) assess the patient's clinical status, (3) evaluate the clinical significance of the patient not submitting the material in question to the treatment team for review and approval, and (4) make a determination (in accordance with this procedure) as to whether it is clinically appropriate for the patient to have the material(s) in question.
4. The treatment team, including the unit Attending Psychiatrist, shall review all sexually explicit material and discuss it with the patient. Treatment team decisions regarding whether a patient may have access to or possession of

sexually explicit material shall be done on a case-by-case basis and shall be based on: (a) a thorough review of the material(s) in question, and (b) a thorough clinical assessment of the individual patient including the person's history, current clinical status, and risk factors for relapse and/or dangerousness.

- a. If the treatment team **approves** the patient having the material in question, this decision shall be documented in the patient's medical record including a clear description of the specific material(s) approved. The team shall review with the patient his/her responsibility for discreetly keeping the material and for abiding by all other unit and Whiting Service procedures regarding such material(s).
  - b. If the treatment team determines that the material is **clinically inappropriate** for the patient to possess, the material(s) shall be confiscated and placed in the patient's designated storage area.
5. If the treatment team, including the unit Attending Psychiatrist, decides to prohibit or confiscate sexually explicit material(s), the decision shall be reviewed by the Whiting Service Medical Director (or Whiting Service Medical Director). The Service (or Division) Medical Director shall document in the patient's medical record his/her review, clinical and/or risk management assessment, and recommendations.
  6. If the Whiting Service Medical Director (or Whiting Service Medical Director) concurs with (approves) the treatment team's decision to confiscate or prohibit sexually explicit material(s), the unit Attending Psychiatrist shall write an order to confiscate or prohibit the specified material(s) on the Physician Order Sheet. This order shall be cosigned by the Service (or Division) Medical Director.
  7. A patient's access to, possession of, or prohibition of sexually explicit materials shall be reviewed as clinically indicated or when there is a significant change in the patient's clinical status.

**CONNECTICUT VALLEY HOSPITAL  
WHITING FORENSIC DIVISION  
OPERATIONAL POLICY & PROCEDURE**

**Whiting Service**

**SECTION: II**

**POLICY: 6**

**PROCEDURE: 6.1a(8)**

**ORGANIZATION FOCUSED FUNCTIONS**

**Improving Organization Performance (P.I.)**

**Patient's Room Check Procedure**

**PURPOSE:**

All multipurpose and patient rooms will be routinely checked for unauthorized items to assist in the provision and maintenance of a safe physical environment.

**PROCEDURE:**

Third shift initiates the room check procedure by thoroughly inspecting all multipurpose rooms on the Unit, and any vacant patient rooms. A check-off form is started by the third shift staff, and one form is used for each 24-hour period.

Room checks will be held no less than ten (10) days each month (dates determined randomly, Nurse Supervisors responsible), and can be conducted more frequently if Unit security and safety needs so indicate.

All Unit rooms should be checked within a 24-hour period, half the occupied patient rooms on days, half on evenings. The order of the checks to be randomly determined on Unit.

1. Prior to entering patient rooms staff should collect the patient room check sheet, a flashlight and gloves. One or two staff members enter patient's room. Patients need not be present, and, in fact, should not be privy to room check routine. Room checks are conducted primarily when patients are in the dining room or off the Unit.
2. Using standard precautions, the inspection procedures are as follows:
  - a. Check door area:
    - 1) Loose edges of doorframe.
    - 2) Top and bottom of door.
    - 3) Loose or missing screws/bolts.
    - 4) Loose or broken glass.
    - 5) Loose, broken, or missing doorknob apparatus.
    - 6) Loose, missing hinges.
    - 7) Key hole.

- b. Check any air vents for:
  - 1) Loose or missing screws/bolts.
  - 2) Loose, missing, or broken vent slats.
  - 3) Items hidden in vent.
  
- c. Check windows for:
  - 1) Loose edges of window frame.
  - 2) Loose or missing grout.
  - 3) Loose or missing screws/bolts.
  - 4) Loose, missing, or broken screening.
  - 5) Loose or broken glass.
  
- d. Check radiator and vents for:
  - 1) Loose edges of radiator/vent.
  - 2) Loose or missing screws/bolts.
  - 3) Contraband taped or hidden in inside of radiator cover or in vent.
  
- e. Check chairs and bedroom accessories (hamper) if present in room.
  
- f. Check room for fire and infection control hazards. Whiting Police or Infection Control Nurse should be notified.
  
- g. Check patients' chest of drawers, bed storage drawers, or storage box for:
  - 1) Loose edges.
  - 2) Loose front, sides, or back of drawer.
  - 3) Loose or missing drawer hardware.
  - 4) Any contraband items (replacc authorized articles in orderly manner).
  - 5) Pat down clothing; look more carefully if suspicious.
  
- h. Check patient's clothing for contraband items. Refold clothes and place in an orderly manner.
  
- i. Check patient's bed by:
  - 1) Raising head of mattress, then foot of mattress toward center of bed, keeping all linen in place. Examine frame for any contraband or loose parts. Return mattress to proper condition.
  - 2) Pat down mattress for any lumps or broken areas (slits, tears) where contraband may be stored.
  - 3) Check pillow and pillow case for hidden contraband.
  - 4) Check drawers in base of bed for integrity of structure/hardware.

- j. Fill out Check-Off List as procedures 2A-H are completed. An "X" indicates a problem that needs to be addressed. A "√" indicates procedure performed. Staff member should initial each room they check.
- k. A copy of the Check-Off List is sent to the Nursing Supervisor's office, and the original is filed on the Unit.
- l. Discard gloves and wash hands.
- m. Document in patient's chart any contraband located in his/her room so information regarding found contraband is relayed to patient's Treatment Team.
- n. If unauthorized items are found, the Lead Forensic Treatment Specialist or designee is to notify:
  - 1) The Unit R.N.
  - 2) The Nurse Supervisor.
  - 3) Whiting Police.
- o. The Lead Forensic Treatment Specialist or designee is to document found contraband on the 24-hour report.
- p. LFTS is to maintain a notebook listing:
  - 1) Items of contraband found.
  - 2) Date contraband found, noting any altered items or items removed from Unit.
- q. The Lead Forensic Treatment Specialist or designee is to make out a repair order form when indicated.

