Manual M-2, Professional Services. Part XIX, Extended Care Service (Domiciliary)

M-5, Part I was to rescind M-2, Part XIX; M-5, Part I, however, was never written.

Chapter 4, Behavioral Management and Modification (Paragraphs 4.01 through 4.05)

Revision via Interim Issue 10-73-40 dated November 7, 1973

This document includes:

Title page and title page verso for M-2, Part XIX, dated **May 15, 1970** Contents page for M-2, Part XIX, dated **May 15, 1970**

Text for Chapter 4, dated **May 15, 1970**Edited to reflect the changes indicated in:
Interim Issue 10-73-40, dated **November 7, 1973**

Located at the end of the document:

Interim Issue 10-73-04, dated **November 7, 1973** (Chapter 4)

Interim Issue 10-80-35, dated **July 29, 1980** (Part XIX) Interim Issue 10-79-48, date prepared, **November 9, 1979** (Part XIX) Interim Issue 10-79-33, dated **August 30, 1979** (Part XIX)

VETERANS ADMINISTRATION DEPARTMENT OF MEDICINE AND SURGERY MANUAL

PROFESSIONAL SERVICES Rescussion 17/93 pending incorporation in M-5; Part I

PART NINETEEN
EXTENDED CARE SERVICE
(DOMICILIARY)

Department of Medicine and Surgery Veterans Administration Washington, D.C. 20420

May 15, 1970

Part XIX, "Extended Care Service (Domiciliary)," VA Department of Medicine and Surgery Manual M-2, "Professional Services," is published for the compliance of all concerned.

> MUSSER, M.D. Chief Medical Director

Distribution: RPC: 1039 assigned FD NOTE: This ID same as RPC: 1021.

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CHAPTER 4. BEHAVIORAL MANAGEMENT AND MODIFICATION

4.01 GENERAL

- a. Authority for behavioral management of patient-members is contained in VA Regulation 6066.
- b. Patient-members will be permitted the widest possible freedom compatible with professional care and high standards of conduct. Corrective measures as may be required are not to be regarded as punitive, but rather as an integral part for the maintenance of a therapeutic environment. These measures have as their purpose the modification of unadaptive, socially disruptive or self-defeating behavior.
- c. The Chief, Domiciliary Operations, is responsible for applying the prescribed controls for patient-members behavior and appearance; and for enlisting their cooperation in prescribed therapeutic programs.
- d. The Chief, Domiciliary Operations, is responsible to see that all reports of unacceptable behavior are heard and resolved appropriately. The station Director may serve as presiding official if he desires to do so. No patient-member will be excluded from domiciliary care without the approval of the station Director.
- e. Corrective measures must take into consideration the patient-members physical and mental capabilities and will be consistently applied as soon as possible with direct feedback and explanation to the patient-member as to the specific behavior(s) which are causing the corrective actions.

4.02 LOCAL RULES

Station Directors will develop within the framework provided rules outlining the behavior, appearance, and responsibilities expected of the patient-member. Copies will be prominently posted and provided to each veteran on admission.

4.03 UNACCEPTABLE BEHAVIOR

Reports of unacceptable behavior will normally be submitted to the Chief, Domiciliary Operations, in writing, using VA Form 10-5506, Record of Domiciliary Discipline, completely outlining the circumstances. Each patient-member so reported will be permitted to state the reasons for his behavior. The procedure will be conducted in an informal, but decorous manner and in no way will the dignity of the patient-member be impaired. If the behavior is believed to be indicative of a physical or psychological problem, then consultation from the appropriate professional services should be obtained. The patient-member will be apprised of action being recommended and his right to appeal to the station Director through the Therapeutic Programing Board.

4.04 CORRECTIVE MEASURES

- a. The type of corrective measure applied will be based on the judgment of the treatment and/or administrative personnel. They should take into account the severity of the offense and the number of offenses committed. The corrective measures applied will be of a level and kind that will have the highest probability of effecting positive behavioral change including restriction to quarters, admonishment, restriction to grounds, reprimand, withholding or restricting privileges, and discharge precluding readmission to domiciliary care for up to 1 year.
- b. A patient-member undergoing corrective restrictions may have such restrictions removed at any time by appropriate treatment or administrative staff with the concurrence of the Chief, Domiciliary Operations.
- c. A patient-member undergoing corrective restrictions (other than confinement under par. 4.05) will not be detained in the domiciliary against his will, unless the circumstances warrant his commitment to a mental hospital because of potential harm to himself or others.

d. A patient-member, present, will not be excluded from the domiciliary until the Chief, Domiciliary Medical Service, or physician acting for him has certified there are no contraindications against depriving him of domiciliary care for the recommended period.

e. All recommendations for discharges resulting from unacceptable behavior will be referred to the station Director or his designee for approval, disapproval or alternative action before the patient-member is discharged. The Therapeutic Programing Board may serve as the source for review of unacceptable behavior.

4.05 PROTECTIVE RETENTION

- a. Stations will maintain suitable arrangements for the retention of patient-members when necessary for their protection or the safety and well-being of others. In no case shall such protective type confinement be used as punishment.
- b. Patient-members under the influence of intoxicants or drugs or who have created a disturbance will be retained until their condition no longer constitutes a hazard to themselves or others.
- c. A physician will examine the patient-member before protective retention or within 2 hours thereafter. His findings will be recorded on VA Form 10-5506. No patient-member will remain under protective retention when there is any doubt about his physical condition or future well-being.
- d. Before retaining a patient-member, an employee in the presence of another employee will be responsible for removing the patient-member's necktie, belt, all valuables, weapons, etc., and placing them in suitable containers for safekeeping (VA Form 10-2637, Valuables Inventory Envelope). An accurate inventory of such articles will be recorded in the logbook maintained by protective security personnel with the signatures of the two employees.

Medically trained
e. AProtective security personnel will observe all detained patient-members at
regular intervals of not more than 1 hour. A physician will be notified immediately regarding an occupant who exhibits suspicious or unusual symptoms or behavior. Subsequent
action taken will be on order of the physician.

*stations will maintain suitable medical frailities necessary for the case protection and retention of patient - members and to safeguard the well-being of others. These facilities will be consistent with the medical case mission of the VA. Under no circumstances shall protective retention be intended as confinement, nor shall it be used as purishment.

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VETERANS ADMINISTRATION Department of Medicine and Surgery Washington, D.C. 20420

November 7, 1973

INTERIM ISSUE 10-73-40

- A. BASIC ADMINISTRATIVE ISSUE AFFECTED: M-2, Part XIX, Chapter 4
- B. OTHER ISSUES AFFECTED: None
- C. <u>REASON FOR ISSUE</u>: To eliminate the use of facilities similar to jail cells in providing protective retention of patientmembers.

D. TEXT OF ISSUE:

- 1. General. Some domiciliaries continue to use protective retention facilities similar to jail cells. This practice is inconsistent with the mission of the VA and will be discontinued.
 - 2. DM&S Manual M-2, Part XIX, is changed as follows:

Page 4-2, paragraph 4.05

Subparagraph a: Delete this subparagraph and insert:

"a. Stations will maintain suitable medical facilities necessary for the care, protection and retention of patient-members, and to safeguard the well-being of others. These facilities will be consistent with the medical care mission of the VA. Under no circumstances shall protective retention be intended as confinement, nor shall it be used as punishment."

Subparagraph e, line 1: Delete "Protective security" and insert 'Medically trained".

M. J. MUSSER, M.D. Chief Medical Director

Distribution: RPC: 1039

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TELEGRAPHIC MESSAGE

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NAME OF AGENCY	PRECEDENCE	SECURITY CLASSIFICATION		
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THIS SPACE FOR USE OF COMMUNICATION UNIT				
MESSAGE TO BE TRANSMITTED	(Use double spacing and all capital le	tters)		
TO:				
DIRECTORS, SELECTED MEDICAL CENTERS, AND	DOMICILIARY			
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II 10-79-48 TELEGRAPHIC MESSAGE SECURITY CLASSIFICATION PRECEDENCE mame of agency ACTION: P VA CENTRAL OFFICE INFO: WASHINGTON, D.C. TYPE OF MESSAGE DATE PREPARED ACCOUNTING CLASSIFICATION 11/9/79 SINGLE FOR INFORMATION CALL BOOK PHONE NUMBER X MULTIPLE-ADDRESS 3692 MYRLA SMITH THIS SPACE FOR USE OF COMMUNICATION UNIT MESSAGE TO BE TRANSMITTED (Use double spacing and all capital letters) TO: DIRECTORS, SELECTED MEDICAN CENTERS AND DOMICILIARIES (SEE ATTACHED LIST) 00/THIS IS INTERIM ISSUE 10-79-48 BASIC ADMINISTRATIVE ISSUE AFFECTED: M-2, PART XIX Α. OTHER ISSUES AFFECTED: INTERIM ISSUE 10-79-33 В. REASON FOR ISSUE: TO REMIND SELECTED MEDICAL CENTERS AND DOMICILIARIES TO REPORT ON ANY RESEARCH ACTIVITIES TAKING PLACE AT THE DOMICILIARIES THROUGH THE ANNUAL NARRATIVE REPORT FOR DOMICILIARY PROGRAM, RCS 18-7 TEXT OF ISSUE: II 10-79-33, PARAGRAPH D4: D. INSERT A NEW SUBPARAGRAPH "L. RESEARCH," AND CHANGE EXISTING 1981 By 2010-80-35 SUBPARAGRAPH "L" TO "M." RESCISSION: THIS ISSUE IS RESCINDED AUGUST 30, 1980; AND WILL NOT BE CONFIRMED BY PRINTED ISSUE. 181/10 Distribution: RPC: 1039 (CO and NONVA only) NS SECURITY CLASSIFICATION 599805 P PAGE NO. NO. OF PGS. NOV 2 C 1979 181/SMITH:mmp

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A. PSYCHOSOCIAL			
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C. DISCHARGE PLANNING AND COMMUNITY	OUTPLACEMENT		
D. BEHAVIORAL COUNSELLING			:
E. MEDICINE, SURGERY, AND NEUROLOGY			
F. VOCATIONAL REHABILITATION			
G. THERAPEUTIC PLANNING BOARD			
H. USE OF COMMUNITY RESOURCES			
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