

only → VA MEDICAL CENTER 595
Lebanon, PA 17042

MEDICAL CENTER MEMORANDUM 10V-11

November 30, 2018

VETERAN OFF-STATION TRIPS

1. **PURPOSE:** To establish policy and procedure for Veteran off-station trips to include therapeutic community-based outings.

2. **POLICY:** It is the policy of Lebanon Veterans Affairs (VA) Medical Center's Recreation Therapy Department and Voluntary Service to provide safe, organized, and coordinated community-based programming for Veterans.

3. **DEFINITIONS:**

a. **Outing Coordinator** is a staff member who is responsible for the planning, organization, and coordination of the off-station trip and designated as the staff member in charge while conducting community programming.

b. **Outing Staff** is a staff member who attends the scheduled outing and is responsible for the happenings of the trip, including safety activities or therapeutic programming of the Veterans on the outing.

c. **High-Risk Activities** are activities which occur occasionally, are 8 or more hours in length, or are activities that present a higher than usual potential for injury.

4. **PROCEDURES:**

a. Planning and Scheduling:

(1) Planning for off-station activities will take place far enough in advance to allow for scheduling of transportation, adequate staffing, and as appropriate, timely notification to Nutrition and Food Services for events occurring over meal times.

(2) Required costs will be pre-determined and communicated to relevant parties.

(3) Required fees/expenses shall be arranged, and proper protocol will be followed for incurred expenses. No exchange of money will take place between staff and patients, per Medical Center Memorandum (MCM) 121-41, Guidelines for Patient/Staff Interaction.

(4) The appropriate number of staff/volunteers needed for the trip based on the number of residents/Veterans attending the outing, the residents'/Veterans' respective service area (i.e., Community Living Center [CLC], Residential Rehabilitation Treatment Program, and Outpatient), and focus of the community outing (activity-based/therapeutic) will be determined and coordinated. At the minimum:

a. Nursing staff are required to attend any Voluntary Services/community based trip that includes residents of the CLC. Unless otherwise indicated, the ratio will be one nursing staff for every five CLC residents.

b. For therapeutic outings facilitated by Recreation Therapy Services with CLC residents, there will be a minimum of one staff person for every two Veterans. Nursing staff will attend as clinically indicated.

c. For therapeutic and community-based outings with outpatients, there will be a minimum of one staff person for every seven Veterans in attendance.

(5) It is preferred to have one staff member/volunteer present for each five residents/Veterans.

(6) The recreation/creative arts therapist will develop and maintain a list of all Veterans, staff and volunteer participants, destination, departure, estimated return time, and route. A copy of the list will be taken on the outing, and a copy will remain with each program/unit charge nurse or nurse manager (NM).

b. Veteran Selection:

(1) Resident/Veteran will be selected by the care provider, based on appropriate medical and behavioral approval, to attend off-station trips, as scheduled, for either group or individual trips, as a result of individual need or therapeutic intervention from the Interdisciplinary Team meeting.

(2) Veteran safety is to be addressed when selecting community-based program locations. Recreation Therapy staff will consider lines of sight, difficulty of terrain, and the needs of the Veterans, matching the needs of the Veterans considered with the location of the community-based program.

(3) The outing coordinator has final selection responsibility and may decline a Veteran's participation based on behavioral or medical presentation at the time of the outing.

c. Medical Authorization:

(1) All inpatient residents, including residents of the CLC, must be medically and/or behaviorally approved to attend off-station trips by the interdisciplinary treatment team.

(2) Prior to the departure, the outing coordinator will coordinate with nursing staff to determine if scheduled residents are medically cleared to attend the outing.

(3) Veterans with Life Sustaining Treatment (LST) plans may attend community-based programs, with team and physician approval, with their LST plan respected.

d. Accompaniment of Family Members and Significant Others:

(1) Children, family members, and/or significant support(s) of Veterans will be permitted to attend off-station trips, when clinically indicated and/or registered as a volunteer, pending approval by the outing coordinator and/or program staff.

(2) Family members and significant others will be provided with a designated time and area to meet the Veteran at the activity/event. The Veterans designated caregiver may ride with the Veteran in the designated government vehicle.

e. Transportation Procedures:

(1) The outing coordinator will:

(a) Determine the type of transportation needed for the trip such as bus, van, or car

(b) Submit VA Form (VAF) 90-3075, Motor Vehicle Trip Ticket, to the dispatcher of motor vehicle trip tickets

(2) Staff and volunteers attending the off-station trip will follow policy and procedures for utilization of Government vehicles Veterans Health Administration (VHA) Directive 2008-020, Patient Transportation Program, and MCM 138-14, Patient Transportation Program.

(3) Outpatients and significant others may transport themselves, at their own risk.

(4) Staff may not accompany any patient or significant other in their vehicle.

(5) No personal vehicle shall be used to transport patients or significant others.

f. Risk Management:

(1) A list of each Veteran attending should be carried on each off-station trip by the outing coordinator. In addition, inpatient Veterans with a LST plan, that includes LST orders (life-limiting orders, such as a Do Not Resuscitate) should also be carried on the outing. Staff should secure information in a locked bag and have it on their person at all times. Upon activity completion, paperwork shall be disposed of in a manner maintaining confidentiality. All staff must complete the memorandum, Authorization to Transport and Utilize VA Sensitive Information Outside Protective Environments.

(2) Outing coordinator will develop an off-station trip list, provided to appropriate unit and service staff (Recreation Therapy/Voluntary Services to ensure accountability, in the event there would be an issue on the trip:

(a) Destination and directions

- (b) Veterans attending
 - (c) Time of departure and estimated time of return
 - (d) Key contact telephone/cellular (cell) numbers (i.e., staff cell work phone and hospital numbers)
- (3) Staff, using wheelchair lifts, shall be trained and their competencies assessed prior to using any vehicle with wheelchair lift.
- (4) Staff attending an outing will:
- (a) Carry a cell phone, ensuring it is charged before departure
 - (b) Carry appropriate phone lists
 - (c) Comply with State law regarding cell phone use while operating a vehicle, taking into account Veteran safety at all times
- (5) Risk management issues for routine activities shall be addressed in the appropriate protocol or program description.
- (6) Activities that occur occasionally, are 8 or more hours in length, or are high risk in nature (i.e., kayaking, rock climbing, rope courses), must be approved by the physician (or designee) at least 1 week prior to the anticipated activity date.
- (7) The reference point for all weather conditions will be <https://www.weather.gov/>. Off-station trips will be canceled for the following inclement weather conditions:
- (a) Temperatures in excess of 90 degrees (°) Fahrenheit (F)
 - (b) Temperatures below 15°F
 - (c) National Weather Service-issued inclement weather warnings, include, but are not limited to: Winter storm warnings, tornado warnings, severe thunderstorm warnings, high wind warnings, or flash flood warnings.
 - (d) Code Orange or Code Red air quality index
 - (e) Code Orange or Code Red excessive heat warning
 - (f) At the discretion of the outing coordinator
 - g. Emergency Procedures:

(1) Missing and At-Risk Veteran(s):

(a) Prior to departing for a community-based outing, staff will prepare a roster that includes the names and last four digits of the social security number of Veterans attending. Staff will determine if any participant has been assessed as being "at risk" prior to departure.

(b) It is important for staff to be attentive to what Veterans are wearing in the event the group is separated, or an individual goes missing.

(c) When an individual is noticed to be missing, a search of the immediate area will be implemented by **available** staff, with other staff remaining to supervise Veterans.

(d) If a search of the immediate area is not productive within 15 minutes, 9-1-1 will be called, and the staff will follow the guidelines of a missing/patient resident outlined in MCM 100-01, Management of Wandering and Missing Patient/Resident Events.

(e) Additionally, staff will notify the Administrative Officer of the Day (AOD) and Lebanon VA Medical Center Police, and a charge nurse/program personnel will be contacted for further instructions.

(f) Upon return to Lebanon VA Medical Center, staff will follow appropriate procedures and paperwork, with regard to a missing person, by documenting in Computerized Patient Reporting System (CPRS)/Adverse Event Reporting System and adding relevant providers.

(2) Disruptive/Threatening Behavior:

(a) Staff will attempt to calm and de-escalate the Veteran. Staff will evaluate the situation and, if needed, the Veteran will be returned to Lebanon VA Medical Center by the most appropriate transportation. Upon return, the AOD, Lebanon VA Medical Center Police, NM, program director, and other relevant staff will be notified of the incident.

(b) If the behavior persists:

1 Other Veterans and the public shall be removed from the area.

2 One staff member will attempt to call and to redirect the Veteran.

3 If incident escalates, or there is danger to the Veteran or others, staff shall contact 9-1-1.

4 If the Veteran leaves the area, one staff member, as determined by outing coordinator, will attempt to keep in sight and update authorities.

5 When safe and able to do so, staff will notify the AOD, NM, and other relevant and appropriate staff of the incident.

6 If able and **determined feasible in terms of safety for the staff and other Veterans in attendance**, one staff member should remain on site until the incident is resolved, and the Veteran is safe.

7 Upon return to the medical center, staff will complete appropriate documentation in CPRS/Adverse Event Reporting System and add relevant providers.

(3) Response to an Active Shooter:

(a) Staff will attempt to get Veteran(s) to a safe location, away from the threat, and to a secured area. In the secured area, staff will lock and barricade doors, turn off lights, close blinds, silence cell phones; and instruct others to take cover/protection behind desks, cabinets, and concrete walls. Keep others calm, quiet, and out of sight.

(b) When safe to do so, staff will attempt to call 9-1-1 and report the location and description of the assailant(s).

(c) Upon return to the medical center, staff will complete appropriate documentation in CPRS/Adverse Event Reporting System and add relevant providers.

(4) Response to Medical Emergencies - Life Threatening:

(a) Emergency medical services will be called if a life-threatening emergency occurs during an outing. First aid procedures will be administered within staff person's training. If an incident occurs in a group setting, staff will prioritize care of the Veteran, ensuring the Veterans, not involved, return safely to Lebanon VA Medical Center.

(b) The AOD, unit charge nurse, Veteran's primary medical provider, and the staff member's supervisor, or designee, will be contacted as soon as feasible.

(c) In the event of an incident, a Joint Patient Safety Reporting System will be completed immediately upon return to the medical center.

(5) Response to Medical Incident – Non-Life Threatening: First aid procedures will be administered within staff's training. Unit charge nurse and/or AOD will be contacted and instructions followed. If instructed, the Veteran will be returned to Lebanon VA Medical Center by outing staff. If not, the outing will continue as scheduled.

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(6) Response to Individual experiencing Suicidal Ideation and/or Behaviors: If a Veteran expresses or exhibits suicidal behaviors while on a community-based trip, staff will:

(a) Call 9-1-1 and ensure safety of the Veteran

(b) If an incident occurs in a group setting, staff will prioritize the care of the Veteran and ensure Veterans not involved return safely to the medical center.

(c) Upon returning to Lebanon VA Medical Center, staff will notify their direct supervisor and immediately document in CPRS, adding the Veteran's primary care provider, behavioral health provider, and the suicide prevention coordinators as additional signatures.

(d) If incident occurs after hours, staff will notify the AOD.

(7) LST

(a) Veterans with LST may attend off-station trips with status respected.

(b) Should a medical emergency occur and 9-1-1 is called, LST will be communicated through appropriate paperwork, State-Authorized Portable Orders, in accordance with MCM 20-69, State-Authorized Portable Orders (SAPO).

(8) Response to Emergency, Vehicle Accident/Breakdown and Roadside Procedures:

(a) The driver will immediately report all accidents involving Government vehicles to Lebanon VA Medical Center Police at 717-228-5910.

(b) After VA Police notification, the driver will contact the vehicle dispatcher or engineering equipment operator supervisor to advise him/her of the extent of damage and the arrangements for repair.

(c) Follow all emergency procedures, as outlined in MCM 138-18, Operating Government Vehicles. The driver will complete all documentation relating to vehicle accidents at the scene. Copies of these forms are located in the vehicle's glove compartment. The driver will present these completed forms to the vehicle dispatcher or engineering equipment operator supervisor upon return to the medical center.

5. RESPONSIBILITIES:

a. The **Recreation Therapy Supervisor and Voluntary Service Chief** are responsible for ensuring staff follow procedures for community based programming.

b. **Recreation Therapy staff and Voluntary Service Staff** are responsible for following off-station protocols and vehicle emergency procedures.

c. **Staff** will:

(1) Report to their supervisor immediately following the occurrence of any personal injury, with all required documentation completed immediately

(2) Document in CPRS upon return from the outing (therapeutic trips only)

d. **Nurse Manager/Program Director** is responsible for providing nursing support for Veterans requiring medical supervision/assistance for off-station trips.

e. **Approved Drivers** are responsible for loading, driving, and unloading vehicle in accordance with appropriate policy and law; completing all necessary paperwork; maintaining interior and exterior cleanliness of the vehicle; obtaining fuel, oil, and other necessary fluids; and reporting all needed or anticipated maintenance to Engineering Service, or designee.

f. **Supervisors of Approved Drivers** will ensure that training is completed and copies of clearance documents are maintained.

g. **Veteran-Specific Program Medical Provider** is responsible for provision of medical authorization and patients' precautions and clearance.

h. **Nutrition and Food Service Personnel** are responsible for provision of requested meals.

i. **The Outing Coordinator** is responsible for submitting VAF 90-3075, Motor Vehicle Trip Ticket, to the dispatcher of motor vehicle trip tickets, using mail code 138.

j. **A Staff Member attending Outing** is responsible to carry a cell phone, so that communication with medical center personnel can be maintained, if necessary, allowing for emergency calls to be handled quickly and efficiently.

6. **REFERENCES:**

Current Joint Commission Comprehensive Accreditation Manual for Hospitals
Current MCM 20-69, State-Authorized Portable Orders (SAPO)
Current MCM 100-01, Management of Wandering and Missing Patient/Resident
Events

Current MCM 121-41, Guidelines for Patient/Staff Interaction

Current MCM 138-14, Patient Transportation Program

Current MCM 138-18, Operating Government Vehicles

VHA Directive 2008-020, Patient Transportation Program

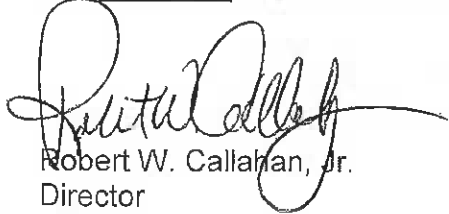
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7. **KEY WORDS:** Recreation Therapy, Request for Trip, Therapeutic, Vehicle Accident, Vehicles

8. **AUTHOR:** Chief, Voluntary Service

9. **RESCISSION:** MCM 350-01, 1-15-15, Recreation Therapy Off-Station Trips

10. **REISSUE:** November 2021



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