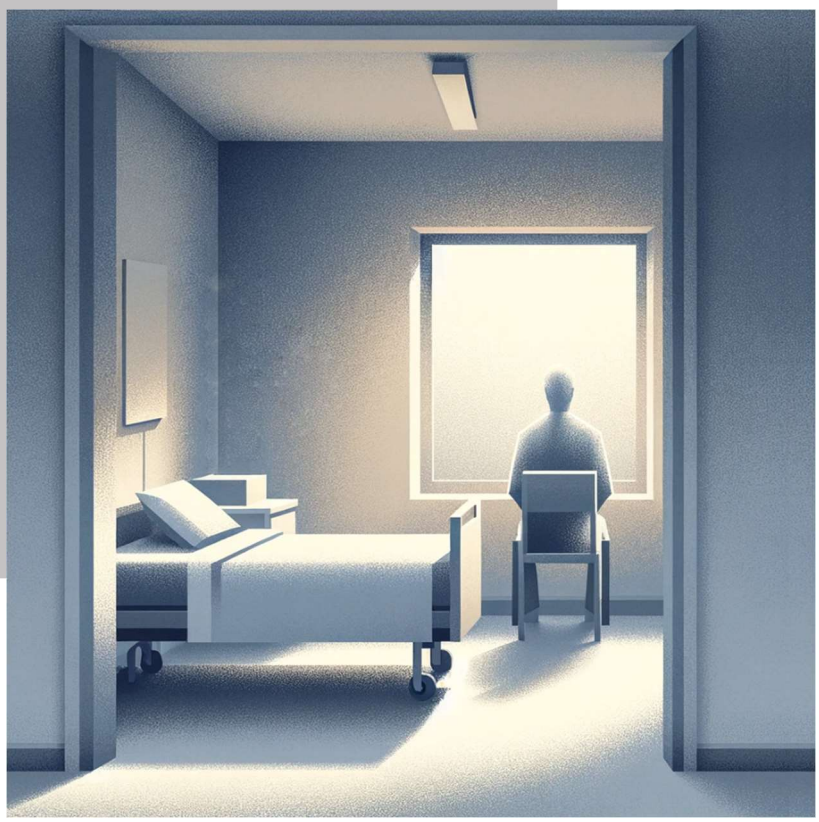
Denial of Fresh Air Access for Psychiatric Patients:

A Report on NYC H+H Hospitals



Mental Hygiene Legal Service
Appellate Division First Department

DISABILITY RIGHTS ADVOCATES

Each day, hundreds of people receiving psychiatric treatment in hospitals operated by NYC Heath and Hospitals Corporation (H+H)—including both children and adults—are denied any access whatsoever to fresh air and the outdoors. These patients may be confined in hospitals for months on end without ever having a chance to go outside. This deprivation is not based on the patients' clinical condition or the opinions of their doctors. They are held indoors indefinitely because many H+H hospitals do not permit any outdoor access, for any amount of time, under any conditions, to any patients on psychiatric units.

No prison, jail, or correctional facility in the State of New York continuously deprives its population of access to the outdoors in this way. This deprivation violates patients' Constitutional rights as well as those guaranteed by Federal and local laws.

Table of Contents

Executive Summary 4

Legal Overview 6

I. Fresh Air at H+H is Guaranteed by the Due Process Clause and *Youngberg v. Romeo* 6

II. Fresh Air at H+H is Guaranteed by the Due Process Clause on a Historical Basis 7

III. Fresh Air at H+H is Protected by the Americans with Disabilities Act, Section 504 of the Rehabilitation Act, and The New York City Human Rights Law 9

IV. The Right to Fresh Air Confirmed by State Legislation 10

VI. Relief 11

Previous Fresh Air Litigation and Negotiation 13

I. Jean D v. Cuomo: 1990-1997 13

II. Bellevue Fresh Air Initiative: ~2001-2005 13

III. Kirby and Manhattan Psychiatric Center Fresh Air Initiative: 2023 14

Current Status of Fresh Air at H+H Hospitals 15

I. Bellevue Hospital 15

II. Harlem Hospital 16

III. Metropolitan Hospital 16

Iv. Jacobi Hospital 17

V. North Central Bronx Hospital 17

VI. Lincoln Hospital 18

VII. Elmhurst Hospital 18

VIII. Queens Hospital 19

IX. Woodhull Hospital 19

X. Kings County Hospital 20

XI. South Brooklyn Health 20

Conclusion 21

Endnotes 23

Executive Summary

Between May and December 2023, Mental Hygiene Legal Service ("MHLS"), with assistance and support from its project partner Disability Rights Advocates ("DRA"), undertook an investigation into all psychiatric units administered by NYC Health + Hospitals ("H+H") to determine the extent to which patients on these units are denied outdoor "fresh air" access. As part of this investigation, MHLS attorneys conducted site visits at all eleven H+H hospitals operating psychiatric units governed by Mental Hygiene Law Article 9. The attorneys interviewed multiple patients at each hospital and reviewed hospital fresh air policies obtained on June 8, 2023, based on a Freedom of Information Law ("FOIL") request. (The policies applicable to psychiatric units that were obtained in response to this request are appended to this report as Exhibit A.)

In its own written policies, H+H recognizes the importance of fresh air and outdoor access for its patients. Both Jacobi and North Central Bronx Hospital have written policies to "enable patients to receive the therapeutic and healing benefits of fresh outdoor air to enhance their physical, mental and emotional well being and recovery." Kings County Hospital's fresh air policy describes its "significant positive impact on the health and wellness of our patients" and states that "[e]xercise and physical activation are a necessary method of treatment for our patients."

Despite these stated benefits, the investigation revealed that H+H hospitals regularly confine patients on psychiatric units without providing any outdoor access under any circumstances. Thousands of patients receiving mental health care from H+H have been subjected to this continuous indoor confinement, in many cases for months, sometimes for over a year, at a time. During our investigation, patients at these hospitals, especially those who had experienced long periods of indoor confinement, consistently expressed the profound negative impact of this deprivation on their lives. At Bellevue Hospital, for example, one patient had been hospitalized for over a year, going the entire stay without fresh air; he reported that staff refused him whenever he asked to go outside. He pointed to his hospital bed and said the bed was where he lived now, and that he could not go anywhere else. An adolescent patient at Bellevue admitted for nearly two months said it was the longest he had ever gone without fresh air and asked if there was any way at all that he could go outdoors. Patients familiar with the criminal justice system widely reported having had far more access to the outdoors when they were imprisoned than they received in H+H hospitals. A forensic patient at Bellevue was eager to return to Rikers Island, where he could

receive fresh air at least a few times each week rather than be confined entirely indoors. And these are only examples from Bellevue; we encountered similar situations in numerous other facilities.

Based on our investigation, only four of the eleven H+H hospitals provide adult psychiatric patients with any fresh air access whatsoever, although one of those hospitals, South Brooklyn Health, provides outdoor access only to patients on two of its three units. In addition, while two of the three H+H hospitals with child and adolescent psychiatric units do provide fresh air access to hospitalized youth, this is not the case at Bellevue Hospital, which provides no outdoor access whatsoever to the children on its three child and adolescent units. These wholesale deprivations of outdoor access for the majority of patients hospitalized in the H+H system are made without regard to patients' length of stay or their clinical condition. And the deprivations occur even as some of these hospitals, such as Bellevue and North Central Bronx, maintain written policies documenting that fresh air access should be provided to patients.

H+H must adopt and enforce a fresh air policy that applies system-wide, in all its psychiatric units across all eleven hospitals, guaranteeing all patients meaningful outdoor access with reasonable regularity so long as such access is not deemed clinically inappropriate by the patient's treatment team. This is required as a matter of due process, and to avoid discrimination on the basis of disability under the Americans with Disabilities Act (the "ADA") and the New York City Human Rights Law ("NYCHRL"). While it is appropriate to allow individualized determinations that the acute clinical presentation of a particular patient might temporarily preclude outdoor access, the law supports a presumption in favor of regular outdoor access, as is provided in other institutional settings. As it stands, psychiatrists in most H+H hospitals are unable to allow even clinically appropriate patients to have outdoor access.

Legal Overview

I. Fresh Air at H+H is Guaranteed by the Due Process Clause and *Youngberg v. Romeo*

Among New York's institutionalized populations, the "fresh air problem" is unique to psychiatric patients. New York's prisoners are guaranteed outdoor exercise for at least one hour per day, which is provided within five days of entering the facility.[1]

New York also sets forth minimum standards for all county jails and penitentiaries across the state which includes a requirement that all inmates be given at least 90 minutes of outdoor exercise five days a week, or one hour of outdoor exercise seven days a week.[2] New York City regulations provide that recreation "is essential to good health and contributes to reducing tensions within a facility" and mandates that recreation "shall be available seven (7) days per week in the outdoor recreation area, except in inclement weather when the indoor recreation area shall be used."[3] Imminent safety and security risks may justify denying access to recreation for no more than five days.[4]

Federal courts have broadly agreed that prisoners and pre-trial detainees have a right to outdoor exercise and recreation under the Eighth and Fourteenth Amendments.[5] Courts have noted that outdoor recreation and physical exercise are "extremely important to the psychological and physical well-being of prisoners" and that time outside is "an experience that is fundamental to what it means to be human."[6] The Federal Court for the Northern District of New York has required outdoor recreation for even "the most troublesome and the most difficult to handle" inmates, recognizing the "consensus that the lack of adequate outside yard exercise in the open air may inflict, depending on the strength of the individual, grave physical and psychological harm upon the inmate."[7] These findings were broadly corroborated during the instant investigation by numerous patients in H+H hospitals who recounted the ongoing distress of spending months at a time locked inside without any access to fresh air or the outdoors.

Though many prisoners' rights stem from the Eighth Amendment, which less often applies to those in civil confinement such as psychiatric patients at H+H hospitals, the Supreme Court in *Youngberg v. Romeo* held that "[p]ersons who have been involuntarily committed are entitled to more considerate treatment and conditions of confinement than criminals whose conditions of confinement are designed to punish."[8] In addition, the *Youngberg* Court confirmed that the Due Process Clause requires that "courts make certain that professional judgment in fact was exercised"

on an individualized basis whenever a patient's liberty interest would be curtailed.[9] Professional judgment is a deferential standard that does not allow the courts "to specify which of several professionally acceptable choices should have been made," so long as professional judgment in taking away a person's liberty was in fact exercised on an individualized basis.[10] Yet in H+H hospitals, psychiatric patients are routinely deprived of their right to fresh air not based on any individualized professional judgment of their doctors, but rather, due to H+H's failure as an institution to prioritize this important form of liberty.

Since *Youngberg*, courts in the Second Circuit have followed the "professional judgment" standard and reaffirmed that patients are entitled to "a professional judgment that the degree of bodily restraint being utilized is medically necessary."[11] And even before *Youngberg*, the District Court for the Eastern District of New York held that civilly committed individuals "must be entitled to at least the same living conditions as prisoners" and that prisoners "are entitled to an opportunity to exercise and have outdoor recreation."[12] H+H must recognize that its psychiatric patients, no less than prisoners, are entitled to the basic human right of fresh air and outdoor access.

II. Fresh Air at H+H is Guaranteed by the Due Process Clause on a Historical Basis

The Fourteenth Amendment to the U.S. Constitution protects citizens from state action resulting in a deprivation of "life, liberty, or property, without due process of law." But, "the term 'liberty' alone provides little guidance."[13] The Due Process Clause protects two categories of substantive liberty rights: the rights guaranteed by the first eight Amendments, and "a select list of fundamental rights that are not mentioned anywhere in the Constitution."[14] To qualify as an unenumerated fundamental right, the liberty in question must be "deeply rooted in this Nation's history and tradition" and "implicit in the concept of ordered liberty."[15] "Such a tradition commands respect in part because the Constitution carries the gloss of history."[16]

The right of psychiatric patients to have outdoor access is deeply rooted in our nation's history and tradition. The Founding Fathers saw to this personally. The nation's first psychiatric hospital, the "Public Hospital" was established by an act of Virginia's legislature in 1769. That act named fifteen individuals as directors of the hospital, including four Founding Fathers: John Blair Jr. (U.S. Supreme Court Justice and signor of the U.S. Constitution), George Wythe (America's first law professor, signor of the Declaration of Independence, mentor to Thomas Jefferson), Peyton Randolph (President of the First and Third Continental Congress) and Thomas Nelson

(signor of the Declaration of Independence, Continental Congress representative).[17] Even before the hospital's construction was complete, the Founders recognized that "airing" yards would be necessary and petitioned the Virginia legislature to allocate additional funds towards "making [en]closures for the patients to walk and take the air in, after their reception."[18] Meeting minutes amongst the directors, architectural blueprints, and hospital superintendent journals confirm that the yard was funded, constructed, enlarged, and furnished thereafter for the benefit of the patients. In constructing fresh air yards for patients at the Public Hospital, the Founders continued in an already-existing tradition of providing outdoor access to psychiatric patients, as "an 'airing' yard was an indispensable appendage of any facility of incarceration. European almshouses, prisons, and hospitals for the insane all had attached yards enclosed by high fences or walls."[19]

The Public Hospital presents just one example of the role of this liberty—fresh air access—in the nation's history and tradition. In the eighty years after the Public Hospital opened, many psychiatric hospitals were constructed across the country. Their directors, together comprising the Association of Medical Superintendents of American Institutions for the Insane, met in Philadelphia in 1851, and again in Baltimore in 1852. The country's psychiatric superintendents unanimously adopted a "series of propositions relative to the construction of Hospitals for the Insane," which included the need for outdoor areas for hospital patients.[20] The lead physician of the Pennsylvania Hospital for the Insane, one of the largest in the nation, explained that yards were important for "enlarging the liberty of the insane generally."[21] He estimated that "[f]our-fifths of all the patients will, under proper regulations, be able to take walks of this kind for at least a couple of hours morning and afternoon, at all seasons; and in warm weather, when proper summer houses and seats are provided, they may thus profitably spend one half the entire day in the open air."[22]

This consistent and ongoing practice of providing fresh air to psychiatric patients, stretching from before the Declaration of Independence to the passage of the Fourteenth Amendment, practiced unanimously by hospital superintendents around the nation and personally ensured by four Founding Fathers as enacted under Virginia law, provide evidence that fresh air access is a liberty that is deeply rooted in the nation's history and tradition and thus guaranteed by the Due Process Clause of the Fourteenth Amendment.

III. Fresh Air at H+H is Protected by the Americans with Disabilities Act, Section 504 of the Rehabilitation Act, and The New York City Human Rights Law

Title II of the Americans with Disabilities Act (the "ADA") and Section 504 of the Rehabilitation Act ("Section 504") prohibit discrimination against qualified individuals with disabilities by public entities such as H+H.[23] The New York City Human Rights Law ("NYCHRL") has even broader protections, such that providers of public accommodations may not, "[b]ecause of any person's . . . disability, . . . refuse, withhold from or deny to such person the full and equal enjoyment, on equal terms and conditions, of any of the accommodations, advantages, services, facilities or privileges of the place or provider of public accommodation."[24] And, because the ADA and Section 504 "serve only as a floor below which the [NYCHRL] cannot fall," a violation of the ADA is a violation of the NYCHRL.[25]

A violation of the ADA exists when there are (1) qualified individuals with a disability; (2) the violating public entity is subject to the ADA; and (3) the individuals are denied the opportunity to participate in or benefit from the public entity's services, programs, or activities, or are otherwise discriminated against by the public entity, by reason of the individuals' disabilities.[26] "Services, programs or activities" have been construed broadly by courts in the Second Circuit as a "catch-all phrase that prohibits all discrimination by a public entity regardless of the context."[27]

"A public entity discriminates against a[n] . . . individual with a disability when it fails to provide meaningful access to its benefits, programs, or services. To ensure meaningful access, a public entity must make reasonable accommodations in [its] program or benefit."[28] When patients at H+H hospitals are denied access to fresh air and outdoor recreation by reason of their mental health disability, they are denied access to H+H's programs, services, and activities. H+H must make reasonable accommodations to provide these patients with access to fresh air.

Denial of outdoor recreation on the basis of an individual's disability was recognized as an ADA violation in *Reaves v. Department of Correction*.[29] In that case, an inmate with quadriplegia challenged the Department of Corrections' denial of his access to outdoor recreation under the ADA and Section 504.[30] The court determined that providing him with outdoor access would probably require alterations of the defendants' established policies and procedures, *i.e.*, the provision of reasonable accommodations. The court further highlighted that "[n]ot only [was Reaves] being treated differently from his able-bodied peers, but he [was] being denied access to an experience that is fundamental to what it means to be human[,]" namely, outdoor recreation.[31]

IV. The Right to Fresh Air Confirmed by State Legislation

Many states, as well as the District of Columbia, have expressly codified the right of psychiatric patients to outdoor exercise and recreation, indicating that it is absolutely feasible to provide such access in contemporary times, even in urban settings. Massachusetts, which codified patients' right to outdoor access in 2015, provides a useful example of how such a policy can effectively be implemented. Under Massachusetts law, a patient of any Department of Mental Health facility is entitled to "reasonable daily access" to the outdoors.[32] This is denominated as a "human right" available to all persons receiving services from programs or facilities operated by, licensed by, or contracted with the Department of Mental Health.[33]

Each covered facility in Massachusetts must have a written plan to implement this human right and provide patients access to the outdoors.[34] Additionally, a patient's initial psychiatric examination, within 24-hours of admission, must include "a written assessment of the patient's ability to access the outdoors consistent with his or her clinical condition and safety."[35] When a patient is restricted in accessing the outdoors, that decision must be reviewed daily to determine if a new assessment shall be conducted, and the patient can request a new assessment at any time.[36] A review of policies provided pursuant to a public records request in 2023, and conversations with stakeholders in Massachusetts, revealed that hospitals across Massachusetts are broadly in compliance with these legal requirements.

Other states with major metropolitan areas have similarly codified the human right of psychiatric patients to outdoor exercise and recreation. In Texas, all persons receiving residential mental health services, including inpatient psychiatric treatment, are guaranteed the "right to have an opportunity for physical exercise and for going outdoors, with or without supervision, as clinically indicated, at least daily."[37] A physician's order limiting this right must be reviewed and renewed, if necessary, at intervals no longer than every three days and the findings of the review must be documented in the individual's record.

In Washington, D.C., mental health inpatients have the right to "[r]easonable opportunities for regular physical exercise and freedom to go outdoors at regular and frequent intervals" and outdoor areas "shall be equipped and situated to allow for patient safety and abilities."[38] Similarly, in New Jersey, patients on psychiatric units have the right to "be outdoors at regular and frequent intervals, in the absence of medical considerations."[39] A selection of the many other state laws codifying this right are included in the endnotes.[40]

VI. Relief

The due process analysis yields the elements which must be at the core of any appropriate fresh air policy:

- Access to the outdoors must be presumed within a reasonable amount of time after admission to an inpatient unit as all patients on psychiatric units hold due process rights, and "no person shall be deprived of any civil right . . . solely by reason of receipt of services for a mental disability."[41] This may be limited only by the professional judgment of the patient's physician. Documentation of any clinical contraindication preventing a patient from being offered outdoor access should be made in the patient's medical record.
- Regular outdoor access must be provided, given that this is afforded to those in criminal settings and patients on psychiatric units are entitled to even more considerate conditions of confinement.[42] Each facility should maintain a log documenting each patient's access to fresh air or refusal of the same, or the existence of weather conditions or other issues precluding access.
- Physicians limiting outdoor access must engage in a periodic review of patient suitability to access the outdoors. This flows from the facility's ability to temporarily limit patient liberty under *Youngberg*, and examples of this type of periodic review can be seen in both the New York State Mental Hygiene Law[43] and in New York regulations governing outdoor access for criminal populations.[44]
- Fresh air policies may not compel a patient to participate in clinical programming as a condition of accessing the outdoors, and fresh air access may not be conditioned solely upon a patient's refusal of recommended psychotropic medication or based upon a patient's involuntary legal status.

H+H must ensure these core elements are exercised by its hospitals as a matter of due process. By adopting and enforcing a fresh air policy that incorporates these elements, H+H can address the ADA and NYCHRL concerns and ensure meaningful access to H+H programs, services, and activities.

Certain existing written H+H fresh air policies include some of the required elements. For example, Woodhull and Jacobi presume fresh air access for all patients. Woodhull's policy states that outdoor areas "may be utilized for planned unit groups, recreational activities and patient leisure time" without setting forth any exclusionary criteria. Jacobi's policy also presumes that

"any patient admitted to the inpatient unit shall have supervised access to an outdoor environment for fresh air" unless contraindicated. These existing H+H hospital policies could be a good starting point for H+H to ensure system-wide outdoor access.

Worth restating is that MHLS and DRA do not seek relief which would allow patients to obtain daily outdoor fresh air without regard to their clinical presentation. *Youngberg* requires that psychiatric patients be afforded "more considerate treatment and conditions of confinement" than prison inmates, who are, as noted above, entitled to near-daily outdoor access. But *Youngberg* also permits clinicians to exercise professional judgment to determine that some patients may not be currently suitable for outdoor access given an acute psychiatric presentation. However, as a matter of due process, and under the ADA and NYCHRL, fresh air access must be provided unless its deprivation is grounded on an individualized professional judgment rather than a default of unavailability in all circumstances.[45]

Hospitals can and do offer this access in many ways. While many utilize courtyards and terraces, others provide fresh air walks around the hospital or in the nearby community. Interviews with staff at other New York City hospitals revealed that Columbia Presbyterian offered community fresh air walks to suitable psychiatric patients for 30 years leading up to the Covid-19 pandemic, and New York Psychiatric Institute continues to offer fresh air walks to suitable patients in addition to those approved to access the hospital's yard. Discussions with unit psychiatrists at H+H hospitals revealed that fresh air walks were previously used at Metropolitan, Harlem, and Lincoln Hospitals as well. In total, the investigation revealed that ten of H+H's eleven hospitals with psychiatric units have previously provided fresh air in some form. They can do so once again.

As things stand, however, most H+H hospitals are not currently exercising the professional judgment described in *Youngberg*, and thus do not provide their patients with "more considerate treatment and conditions of confinement than criminals."[46] The blanket exclusion does not provide the meaningful access guaranteed by the ADA and NYCHRL. H+H must adopt a system-wide policy to ensure that its psychiatric patients' fundamental right to fresh air and outdoor access is meaningfully preserved.

Previous Fresh Air Litigation and Negotiation

The current investigation is the latest in a line of MHLS efforts to ensure fresh air access for psychiatric patients:

I. Jean D v. Cuomo: 1990-1997

In 1990, MHLS First and Second Departments along with New York Lawyers for the Public Interest (NYLPI) brought suit in the District Court for the Southern District of New York on behalf of "a class of patients on locked wards at state psychiatric hospitals in New York State . . . seeking a declaratory judgment that the State of New York is violating their constitution rights and unlawfully discriminating against them by denying them regular access to fresh air and exercise." The class of patients focused on those confined at Kirby Forensic Psychiatric Center and Pilgrim Psychiatric Center. The complaint alleged violations of the Due Process Clause under *Youngberg* as well as violations of the Equal Protection Clause, the Rehabilitation Act of 1973, and the Americans with Disabilities Act. After nearly 50 depositions, thousands of pages of production, and other extensive discovery spanning three years, the parties settled in 1993 before then-Judge Sonia Sotomayor. Among other things, the settlement required that each unit schedule one hour per day of outdoor activities subject to clinical contraindications. Compliance reports from the following years demonstrate that the hospitals were able to effectively implement the new fresh air policies, despite some initial difficulties. The case was voluntarily dismissed by MHLS in March 1997 once the hospitals had achieved substantial compliance with the settlement.

II. Bellevue Fresh Air Initiative: ~2001-2005

Around 2001, MHLS approached Bellevue Hospital with concerns about the ability of psychiatric clients to go outside for fresh air, citing the Due Process Clause and *Youngberg*. After negotiations, MHLS and Bellevue agreed to ongoing discussions as well as monitoring of the hospital's fresh air efforts. In the following years, Bellevue provided calendars and logs of patient access to its enclosed rooftop, and the parties worked collaboratively to expand access to as many patients as possible in line with Bellevue's resources and staffing capabilities. The joint efforts resulted in the Bellevue roof deck serving as a fresh air setting for roughly twenty years.

III. Kirby and Manhattan Psychiatric Center Fresh Air Initiative: 2023

In 2019, Kirby and Manhattan Psychiatric Center ("MPC") merged facilities into a larger psychiatric compound. The move, followed shortly thereafter by the pandemic, led to an end of the hospital's fresh air program started in the 1990s after the *Jean D.* lawsuit. Though Kirby and MPC ended many of their pandemic-era restrictions in 2021 and 2022, complaints raised by clients in mid-to-late 2022 revealed that outdoor access did not resume as the hospitals' restrictions were lifted, even though fresh air policies at both hospitals remained nominally in effect. MHLS undertook further investigation into these concerns in 2023. The investigation revealed significant shortfalls in fresh air access, especially on certain units. MHLS approached the hospitals' administration in April 2023 about these concerns and negotiated an agreement whereby patients on all units would be permitted one hour of outdoor access each day to be tracked by staff, with indications for any day on which outdoor access was denied to any given unit (e.g., inclement weather, elevator malfunction). Tracking documents since this negotiation demonstrate that the hospital has been mostly effective in implementing the new system, and patients on each unit now go outdoors approximately 4-5 days per week.

Current Status of Fresh Air at H+H Hospitals

Outdoor access varies greatly between H+H hospitals, and the majority provide little-to-no outdoor access for psychiatric patients. This has long been the case at H+H hospitals, even as New York City now seeks to combat its mental health crisis with plans to "alleviate and prevent emotional suffering" by focusing on "trauma-informed" and "appropriate care" in hospitals.[47] Of the eleven H+H hospitals, seven provide no outdoor access to their adult populations, regardless of the patients' clinical condition or their length of stay. Bellevue similarly denies outdoor access to patients on its three child and adolescent units. Only Jacobi, Kings County, and Woodhull Hospitals offer almost daily outdoor access to most of their adult patient populations, while South Brooklyn Health permits some outdoor access to two units but entirely denies access to a third unit. Additionally, even for Woodhull, the outdoor access currently given to patients is significantly more limited than in the past. And, Elmhurst offers outdoor access for patients on its adolescent units, but no access to its adult patients under any circumstances. Relatedly, the existence of a written hospital policy regarding fresh air access is not determinative of whether that access will actually be provided. Two of the hospitals that do have written outdoor policies—Bellevue and North Central Bronx—are not currently following those policies, while South Brooklyn Health provides outdoor access to some patients but, like five other hospitals in the H+H system, has no current written policy addressing outdoor access.

I. Bellevue Hospital

Bellevue (Manhattan) operates eleven psychiatric units, including three adolescent units, licensed for a total of 316 patients. Bellevue does not provide outdoor access to any of these patients under any circumstances. MHLS negotiated fresh air access with Bellevue in the early 2000s leading to regular outdoor access on the hospital's rooftop for patients across its psychiatric units, but this ended approximately three years ago when the roof was closed for repairs. In response to a 2023 FOIL request, H+H provided a written policy for Bellevue updated as of March 2023 outlining procedures for access for psychiatric patients to its roof, gymnasium, and atrium. Of these spaces, only the rooftop is outdoors. (The written policies provided in response to the FOIL request are attached as Exhibit A.)

Bellevue's units include many patients who have been confined for months at a time without fresh air. Children on the adolescent units reported that their time at Bellevue was the longest they had ever gone without fresh air. A young boy who described himself as an "outdoor kid" reported that he had been confined indoors for a month, but that his preference would be to go outside "as much as I humanly possibly can." Patients on the forensic units reported that their lack of outdoor access at Bellevue was frustrating especially because they were guaranteed fresh air in correctional settings like jails and prisons. When one forensic patient was asked if he would want to go outside, he replied, "you mean like in prison?" After he discussed the daily outdoor access he had received in prison, he was asked whether he had similar access to fresh air while on Riker's Island, to which he replied, "Oh no, at Rikers we only went out like four times a week." Since his arrival at Bellevue, he had never been outside.

II. Harlem Hospital

Harlem Hospital (Manhattan) operates two psychiatric units licensed for a total of 52 patients. Harlem does not provide outdoor access to these patients under any circumstances. Pre-pandemic, Harlem maintained a fresh air policy and occasionally brought patients outdoors for walks. That policy, dating back to July 2013, allowed patients on a voluntary legal status to have lobby or outdoor access if approved by the patient's attending psychiatrist. This access was "determined by patient needs, staffing availability, and safety considerations as determined by the treatment team led by the attending psychiatrist." At least one psychiatrist currently working at Harlem recalled utilizing the policy to have select patients go on walks into the community. The investigation revealed that this policy is no longer in effect and H+H did not provide any written policies for Harlem Hospital in response to a 2023 FOIL request. Without any operative fresh air policy, all patients on psychiatric units at Harlem are indefinitely confined without fresh air regardless of their clinical presentation. At the time of the on-site visit, some patients had been confined indoors for a month or longer without outdoor access.

III. Metropolitan Hospital

Metropolitan Hospital (Manhattan) operates three psychiatric units licensed for 122 patients. Metropolitan does not provide outdoor access to these patients under any circumstances. Longtime staff at the hospital recall that, in the past, patients would be given fresh air walks

allowing them to go into the local community for ice cream, snacks, and coffee. The absence of any fresh air under any circumstances is especially concerning given the long length of stay for many patients. At the time of the on-site visit, a significant number of patients had been admitted for three months or longer, all without any outdoor access. And unlike hospitals such as Bellevue, Metropolitan does not even regularly bring patients off the unit to use an indoor gym or recreation room. In response to the 2023 FOIL request, H+H provided a written policy for Metropolitan detailing outdoor access for inpatient rehabilitation patients but did not provide any written policies applicable to psychiatric patients.

IV. Jacobi Hospital

Jacobi (Bronx) operates four psychiatric units licensed for a total of 107 patients. Jacobi generally offers fresh air access to these patients using the outdoor fenced-in patio located on the 7th Floor. Patients can access the 7th Floor patio even if they are located on a different floor and need to use the elevator. Jacobi's fresh air policy was provided by H+H in response to the 2023 FOIL request and was last revised in July 2021. (See Exhibit A.) This policy was implemented "to enable patients to receive the therapeutic and healing benefits of fresh outdoor air to enhance their physical, mental and emotional well being and recovery" and states that "any patient admitted to the inpatient units shall have supervised access to an outdoor environment for fresh air, unless contraindicated for safety or medical reasons." Each unit is offered fresh air once per day except on weekends. Most patients are offered fresh air beginning a few days after admission. The investigation revealed that outdoor access does not appear to be offered on weekends or holidays due to staffing issues.

V. North Central Bronx Hospital

North Central Bronx ("NCB") operates three psychiatric units licensed for a total of 70 patients. NCB has a policy of allowing fresh air only for patients admitted for more than 30 days. This written policy was provided by H+H in response to a 2023 FOIL and was last updated in July 2021. (See Exhibit A.) In practice, however, no patients receive fresh air because the designated outdoor areas are closed and have been closed since before 2021. Each unit has an attached terrace: a mostly enclosed terrace on Unit 12A and 12B and a mostly open terrace on 11A, which is connected to a therapy/group room. The 11A terrace is currently blocked off to patients (it was

reportedly deemed structurally unsafe), as is the 12B terrace. Although Unit 12A recently underwent renovation, the terrace attached to that unit did not reopen for patient use even after the unit itself reopened. NCB maintains a similar fresh air policy to Jacobi, implemented "to enable patients to receive the therapeutic and healing benefits of fresh outdoor air to enhance their physical, mental and emotional well being and recovery," but despite this policy, no patient at NCB is currently provided with fresh air access. The NCB policy states that "any patient admitted for more than 30 days shall have periodic access to an outdoor environment for fresh air, unless contraindicated for safety or medical reasons." By contrast, the Jacobi policy is not restricted to patients admitted longer than 30 days. NCB's policy states that eligible patients will be provided with at least weekly access to the Unit 12A terrace, to be documented by a treating psychiatrist's progress note authorizing fresh air with staff escort, or documenting clinical contraindications, at least every 30 days. As noted above, however, the terrace attached to Unit 12A remains closed to all patients and no patients currently receive fresh air under any circumstances, despite the existence of the written fresh air policy.

VI. Lincoln Hospital

Lincoln (Bronx) operates two psychiatric units licensed for a total of 60 patients. Lincoln has an unwritten policy or practice to allow fresh air walks for patients staying longer than 60 days. In practice, however, almost no patients meet that criterion. Additionally, this practice is not documented in a published policy by H+H and was not provided in response to the 2023 FOIL request. Instead, discussions with unit psychiatrists confirmed an unpublished policy or practice that patients would be offered fresh air walks once they had been confined for 60 days or more. At the time of the on-site visit, no patient on its unit met this criterion such that this unwritten policy or practice functionally excludes all patients.

VII. Elmhurst Hospital

Elmhurst Hospital (Queens) operates six inpatient psychiatric units, four adult units and two adolescent units, and is licensed for a total of 176 patients. The adolescent units receive fresh air access by means of enclosed terraces attached to each unit, but no fresh air is provided to adult patients under any circumstances. One adult patient asked about leaving the hospital not because he wanted to terminate his psychiatric care, but because he was on his nineteenth day without fresh

air. “It’s hard sometimes” another patient said, “I stare at the park out the window here.” Yet another patient remarked that “being closed in is not good for my mental health.”

The terraces on the children’s units are covered by metal grates extending to the ceiling, and both terraces have small volleyball and basketball courts. Elmhurst Hospital does not maintain a published fresh air policy for adolescent or adult psychiatric units—none were provided by H+H in response to the 2023 FOIL request. In practice, however, the investigation revealed that adolescent patients receive near-daily outdoor access for 20-60 minutes.

VIII. Queens Hospital

Queens Hospital operates two psychiatric units (in separate annexes within the hospital) licensed for a total of 53 patients. Queens does not allow any of these patients outdoors for fresh air under any circumstances. H+H did not provide any written policy related to outdoor access in response to the 2023 FOIL request. Queens Hospital has no fully enclosed courtyard or other outdoor space, other than a narrow outdoor terrace connected to one unit.

IX. Woodhull Hospital

Woodhull Hospital (Brooklyn) operates three inpatient psychiatric units licensed for a total of 89 patients. Woodhull offers some outdoor access to patients on each unit by means of courtyards built directly into each unit. Though access is more limited than in the past, and roof repairs recently resulted in long stretches without outdoor access, patients on the inpatient units are currently permitted to go outside at least twice each week. The courtyards now remain locked during the day, but they are opened a few times each week while therapeutic groups are held outdoors.

Woodhull’s general written policy about outdoor access, dated November 2019, sets forth the use of the courtyards by patients admitted to inpatient psychiatry units. (See Exhibit A.) As at Jacobi, Woodhull’s fresh air policy does not set forth any exclusionary criteria for patients.[48] The courtyards were previously open at all daytime hours for patient use, but since 2022 they remain locked during the day except when opened for therapeutic group activities. Additionally, between approximately March-August 2023, all courtyards were closed due to rooftop renovations and concerns about construction materials falling into the courtyards. During that time period, no patients had access to the outdoors.

X. Kings County Hospital

Kings County Hospital operates eight psychiatric units licensed for a total of 190 patients. Kings County provides fresh air access for these patients. H+H provided a written policy about fresh air access for Kings County in response to the 2023 FOIL request which requires proper footwear for patients to go off-unit to access the outdoor terrace located on the 7th floor. (See Exhibit A.) Kings County's eight psychiatric units include two adolescent units, one dual diagnosis unit, one extended care unit, and one unit for patients with dementia and pregnant patients. Each unit has an enclosed "porch," a room with open windows covered with screens. The porches have furniture and ceilings and are available during any type of weather. The porches are primarily used for groups, but patients may be given access on an individual basis for behavior de-escalation. The 7th floor has two separate terraces. One is for use by the adolescent and child patients only and is regularly used for fresh air, eating outside, and other group activities. On the 7th floor, there is also a separate terrace for use by the adult patients. The terrace is enclosed but spacious and completely open air (as opposed to the on-unit small porches). During MHLS' onsite investigation, several patients complained about not being able to go off-unit to participate in the fresh air group on the 7th floor because they did not have appropriate footwear (boots are not allowed, only sneakers). Per Kings County's written policy, appropriate footwear is closed toe shoes without laces and heavy boots are not permitted. If a patient lacks appropriate footwear, the hospital is supposed to attempt to get shoes for the patients or have a community support bring appropriate shoes.

XI. South Brooklyn Health

South Brooklyn Health operates three psychiatric units licensed for a total of 64 patients. It was recently renovated and now has a terrace attached to Unit 10 East. 10 East and West comprise one larger unit with two separate entrances. The third unit, 9A, is on a separate floor. The investigation revealed that the hospital is still crafting a fresh air policy, and there has been only limited access to the new terrace thus far by patients on 10 East and West, which are on the same floor as the outdoor terrace. No patients on 9A reported being able to access the outdoor terrace. No written policy was provided by H+H in response to the 2023 FOIL request. At the time of the on-site visit, patients reported having gone out only once for 20-30 minutes in the prior week, as part of a group activity.

Conclusion

Adult patients receiving psychiatric treatment at seven H+H hospitals are continuously and indefinitely deprived of access to the outdoors, regardless of their circumstances or the opinions of their doctors. Child and adolescent patients at one of three H+H hospitals with such units also experience a similar wholesale deprivation of outdoor access. This spans twenty-six separate units, three of which treat adolescents, for a total of nearly 800 licensed beds. Many patients on these units are confined indoors for months at a time. These patients provide disturbing firsthand accounts of prolonged indoor confinement, and its profound impact on their mental health. The Constitution does not allow this extraordinary deprivation. If these individuals were imprisoned for criminal behavior rather than civilly confined for psychiatric care and treatment, they would be guaranteed regular outdoor access within days.

Though in the past, ten H+H hospitals have provided fresh air access in some form, only three H+H hospitals currently provide fresh air access to all patients. This trend must be reversed both as a matter of law and of humanity. New York has for many years provided regular fresh air access to those in its criminal institutions within days of admission. Those receiving inpatient mental health care are unique among the City's institutional populations to be deprived of this liberty. New York City's mental health crisis cannot be addressed by forcing patients to give up the fundamental human right of outdoor access to receive treatment.

MHLS and DRA recognize that daily outdoor fresh air should take patients' clinical presentation into account. Under *Youngberg*, the patient's physician must be permitted to exercise professional judgment regarding which patients are suitable for outdoor access on an individualized basis. However, the majority of H+H hospitals allow no patients outdoors under any circumstances, and thus, do not exercise the professional judgment described in *Youngberg* and do not provide patients with "more considerate treatment and conditions of confinement than criminals." This failure denies its psychiatric patients the meaningful access to H+H programs, services, and activities guaranteed by the ADA and NYCHRL.

An appropriate fresh air policy must presume access for patients on psychiatric units, must provide regular outdoor access for those patients, and must include periodic review periods for any patients clinically excluded from such access. H+H must implement such a policy that would apply at every hospital within its system and take steps to ensure that each hospital has an adequate

written plan to comply with these requirements. Moreover, it must require each hospital to monitor patients' outdoor access to ensure that such access exists in reality and not only in policy statements.

Endnotes

[1] 7 NYCRR § 1704.6 (2002).
[2] 9 NYCRR § 7028.2 (2022).
[3] 40 RCNY § 1-06 (2021).
[4] *Id.*
[5] *See, e.g., Spain v. Procunier*, 600 F.2d 189, 199-200 (9th Cir. 1979) (affirming a district court order requiring outdoor exercise for one hour per day, five days per week); *Miller v. Carson*, 563 F.2d 741, 750 (5th Cir. 1977) ("pretrial detainees who are not classified as security risks and who have not been shown to have violated the disciplinary rules of the jail have a fourteenth amendment and 1983 right to regular access to the outdoors"); *Lopez v. Smith*, 203 F.3d 1122, 1133 (9th Cir. 2000) (denial of outdoor exercise for nearly seven weeks demonstrates the deprivation of a basic human need and meets the objective prong for an Eighth Amendment challenge).
[6] *Jones v. Baca*, 2010 U.S. Dist. LEXIS 143589, at *65-66 (C.D. Cal. Mar. 31, 2010) (summary opinion) (citing *Procunier,* 600 F.2d at 199); *Reaves v. Dep't of Corr.*, 195 F. Supp. 3d 383, 421 (D. Mass. 2016).
[7] *Frazier v. Ward*, 426 F. Supp. 1354, 1367-69 (N.D.N.Y. 1977) ("In my judgment . . . a balanced regulation would be one that directs outdoor exercise for one hour per day in the yard at least for five days a week . . .").
[8] 457 U.S. 307, 321-22 (1982).
[9] *Id.* at 321.
[10] *Id.*
[11] *See, e.g., Bernstein v. Pataki*, 233 F. Appx. 21, 25-26 (2d Cir. 2007).
[12] *New York State Assn. For Retarded Children, Inc. v. Rockefeller*, 357 F. Supp. 752, 764-65 (E.D.N.Y. 1973).
[13] *Dobbs v. Jackson Women's Health Org.*, 142 S. Ct. 2228, 2247 (2022).
[14] *Id.* at 2246.
[15] *Wash. v. Glucksberg*, 521 U.S. 702, 720-21 (1997) (*citing Snyder v. Mass.*, 291 U.S. 97, 105 (1934)).
[16] *Richmond Newspapers, Inc. v. Virginia*, 448 U.S. 555, 589 (1980) (Brennan, J., concurring).
[17] 8 Hening's Statutes at Large Chap. XXVIIII., Laws of Virginia, November 1769.
[18] 8 Hening's Statutes at Large Chap. XL., Laws of Virginia, February 1772.
[19] TRAVIS C. MCDONALD, *THE PUBLIC HOSPITAL: AN ARCHITECTURAL HISTORY AND CHRONICLE OF RECONSTRUCTION*, Colonial Williamsburg Foundation Library Research Report Series, 1986, at 48.
[20] THOMAS S. KIRKBRIDE, ON THE CONSTRUCTION, ORGANIZATION AND GENERAL ARRANGEMENTS OF HOSPITALS FOR THE INSANE 76-78 (scholar select ed. 2018).
[21] *Id.* at 9.
[22] *Id.* at 10.
[23] 42 U.S.C. §§ 12131 et seq; 29 U.S.C. § 794(a).
[24] NYCHRL § 8-107(4)(1)(a).
[25] *Brooklyn Ctr. for Indep. of the Disabled v. Metro. Transp. Auth.*, 11 F.4th 55, 68 (2d Cir. 2021) (alteration in original) (internal quotations marks and citations omitted).

[26] *Disabled in Action v. Bd. of Elections in City of New York*, 752 F.3d 189, 196-97 (2d Cir. 2014). Section 504 of the Rehabilitation Act has similar standards for federally assisted programs and activities, and courts generally treat the two statutes identically. *Id.*at 196.
[27] *See Innovative Health Sys., Inc. v. City of White Plains*, 117 F.3d 37, 45 (2d Cir. 1997), *superseded on other grounds as recognized in Zervos v. Verizon N.Y., Inc.*, 252 F.3d 163, 171 (2d Cir. 2001).
[28] *Brooklyn Ctr. for Indep. of the Disabled v. Metro. Transp. Auth.*, 11 F.4th 55, 61 (2d Cir. 2021) (alterations in original, internal quotation marks and citations omitted)
[29] 195 F. Supp. 3d 383, 420-21 (D. Mass. 2016).
[30] *Id. at* 420-21.
[31] *Id.*at 421.
[32] MASS. GEN. LAWS CH. 123, § 23(f). *See also* 104 C.M.R. § 27.13(6)(f).
[33] MASS. GEN. LAWS CH. 123; 104 C.M.R. § 27.13(6)(f).
[34] 104 C.M.R. § 27.13(6)(f)(5).
[35] 104 C.M.R. § 27.13(6)(f)(3).
[36] 104 C.M.R. § 27.13(6)(f)(4).
[37] 25 TEX. ADMIN. CODE § 404.155(a)(1)(A).
[38] D.C. CODE § 7–1231.04(9); D.C. MUN. REGS. TIT. 22-B, § 2035.25.
[39] N.J. STAT. § 30:4-24.2(e)(9).
[40] Alaska: "A person undergoing evaluation or treatment . . . has the right to reasonable opportunity for indoor and outdoor exercise and recreation." ALASKA STAT. § 47.30.840; California: Psychiatric facilities must provide rehabilitation services including, at a minimum, "[r]ecreational activities, both indoor and outdoor," "exercises," and the "[o]pportunity to participate in activities outside of the facility if appropriate." License Requirements for Psychiatric Health Facilities (PHFs), CAL. WELF. & INST. CODE, ART. 3 § 30:4-24.2(e)(9) 77069; Hawaii: Psychiatric facilities shall have "outdoor areas for recreation, social, and visiting purposes." HAW. CODE R. § 11-93-29(f)(5);; Idaho: All psychiatric units must include "indoor and outdoor facilities for therapeutic activities." IDAHO ADMIN. CODE 16.03.14.470(14)(e); Louisiana: "There shall be outdoor space for patient recreation" at hospitals engaged in providing psychiatric services. LA. ADMIN. CODE tit. 48 § I-9497(g); Maine: The basic rights of psychiatric patients include the rights "to exercise daily" and "to recreate outdoors." 14-193 ME. CODE R. ch. 1 § B-VI(E). "Privacy and humane treatment" include "a reasonable opportunity for physical exercise and recreation, including access to outdoor activities." 14-193 ME. CODE R. ch. 1 § B-II(E)(5); Massachusetts: Individuals in mental health hospitals are entitled to "reasonable daily access to the outdoors." MASS. GEN. LAWS tit. XVII, ch. 123 § 23(f); Missouri: Both voluntary and involuntary patients at mental health facilities must "have opportunities for physical exercise and outdoor recreation" unless individually contraindicated. MO. REV. STAT. § 630.110(7); Montana: Both voluntary and involuntary patients at mental health facilities "have a right to be outdoors at regular and frequent intervals in the absence of contrary medical considerations." MONT. CODE ANN. § 53-21-142(9); New Mexico: Individuals receiving inpatient treatment "shall have reasonable daily opportunities for physical exercise and outdoor exercise and shall have reasonable access to recreational areas and equipment." N.M. STAT. § 43-1-6(E); North Carolina: Adults committed to 24-hour mental health facilities has the right to be "out of doors daily and have access to facilities and equipment for physical exercise several times a week." N.C.G.S. § 122C-62(b)(5). 24-hour facilities "shall have sufficient outdoor area to permit clients to exercise their right to outdoor activity." 10A N.C. ADMIN. CODE 27G.0303(b); North Dakota: Psychiatric services in hospitals must include

"[r]egular opportunities for outdoor physical exercise." N.D. ADMIN. CODE 33-07-01.1-36(3)(m); Oregon: Persons receiving mental health services have the right to "daily access to fresh air and the outdoors" unless it would create a significant risk of harm to the person or others. OR. REV. STAT. § 430.210(1)(h); Rhode Island: Unless limited by the program director for good cause, patients receiving mental healthcare are entitled to "opportunities for physical exercise and outdoor recreation." 212-10-10 R.I. CODE R. § 1.5(C)(4); South Carolina: Patients in mental health facilities "must be allowed outdoors on a daily basis in the absence of contrary medical considerations or during inclement weather" and the "facility shall provide indoor and outdoor facilities for [ ] exercise." S.C. CODE § 44-22-180; Virginia: "From admission until discharge from a service, each individual is entitled to . . . [f]reedom to use recreational facilities and enjoy the outdoors." 12 VA. ADMIN. CODE 35-115-100(A)(1)(f); West Virginia: Individuals receiving inpatient mental health care have "the right to the opportunity for a minimum of one hour of outdoor access and exercise on a daily basis seven days per week except as otherwise clinically contraindicated." W. VA. CODE R. § 64-59-14; Wisconsin: A patient's right to a humane psychological and physical environment includes "an opportunity to be out of doors at regular and frequent intervals, with supervision as necessary, except when health reasons or documented individual security reasons indicate otherwise." WIS. ADMIN. CODE § DHS 94.24(3)(g).

[41] N.Y. Mental Hygiene Law § 33.01.

[42] *Youngberg*, 457 U.S. at 321-22.

[43] *See, e.g.*, N.Y. Mental Hygiene Law § 33.04(d) (setting forth limitations on the length of time an individual can be restrained before a new physician's order is needed).

[44] *See, e.g.,* 40 RCNY § 1-06 (limitations on an inmate's ability to access outdoor recreation may be denied only for five days).

[45] *Youngberg*, 457 U.S. at 321.

[46] *Youngberg*, 457 U.S. at 321-22.

[47] CARE, COMMUNITY, ACTION: A MENTAL HEALTH PLAN FOR NYC, https://www.nyc.gov/assets/doh/care-community-action-mental-health-plan/index.html (last visited Dec. 13, 2023).

[48] A separate policy provided discusses the protocol for patients on Unit 6, which is no longer open for psychiatric patients, but did not have its own courtyard. Under the policy, which was effective between June 1999 and December 2020, patients admitted to Unit 6 were able to utilize courtyards on other units. This policy is no longer effective now that Unit 6 has been closed.

Exhibit A

NYC HEALTH+ HOSPITALS | Bellevue

ADMINISTRATIVE POLICY AND PROCEDURES

MANUAL CODE:	**P-36**
SUBJECT:	**PATIENT ACTIVITIES- ROOF, GYMNASIUM, ATRIUM**
DATE FIRST ISSUED:	**06/1990**
DATE REVISED:	**08/1997, 09/1998, 01/2010, 03/2016, 11/2019, 03/2023**
DATE REVIEWED:	**12/2021**
SUPERSEDES:	**Patient Activities, Roof, Gymnasium, Atrium: July 10, 1989**

I. PURPOSE:

The purpose is to establish guidelines, rules, and responsibilities when using the Rooftop, Gymnasium, and Atrium facilities for patient therapeutic/recreational activities at NYC Health + Hospitals / Bellevue.

II. SCOPE:

This policy applies to the Adult Inpatient Psychiatry Service, the Forensic Inpatient Psychiatry Service, inpatients and outpatients in the Child and Adolescent Division, and to students at Public School 35M located at Bellevue Hospital.

III. POLICY:

Recreational facilities consisting of the Roof (23rd floor), the Gymnasium (aka Gym) (21st floor), and the Atrium (21st floor) are available to psychiatric inpatients and outpatients in the Child and Adolescent Division, psychiatric inpatients in the Adult Division, and to Public School 35M at NYC Health + Hospitals/ Bellevue hospital. In addition, rooftop facilities are available for forensic patients. All off-unit activities must occur under the supervision of Bellevue staff and, for the forensic population, the Department of Corrections. The following procedures apply when using all off-unit recreational facilities for patient activities.

1. Recreational facilities are used on a scheduled basis. The schedule of patient activities for these recreational facilities is coordinated through the office of the Administrative leadership of C&A Psychiatry for the Gymnasium, Atrium, and Child Playground side of the Roof (south side). The schedule for the adult side of

the roof is maintained by the office of Administrative leadership of Adult Psychiatry (north side).

a. Under no circumstances are the roof, gymnasium, and atrium to be used for any other purpose that scheduled activities in accordance with this policy.

b. The roof is not to be used during inclement weather or during periods of excessive heat and humidity.

c. Unauthorized use of the Roof, Gymnasium, or Atrium by any employees shall be considered misconduct and grounds for disciplinary action.

d. The roof, Gymnasium, and Atrium are available for use by patients between 7:30AM and 8:00PM.

IV. PROCEDURE:

1. PATIENT SELECTION: Inpatients must have a physician order in order to participate in any off-unit activities. This is a clinical decision determined by the multi-disciplinary team, but there must always be an order from the treating psychiatrist in EPIC indicating that the patient has off-unit privileges.

2. EXCLUSIONS: Exclusion criteria from off-unit activities are listed below.

    a. Patients on One to One or Constant Observation, with the following exception:

        i. Patients on the Child and Adolescent Psychiatry inpatient service on One to One or Constant Observation for neurodevelopmental disabilities may be considered for participation in off-unit activities. In these instances, the provider must document the rationale for the decision in a note in the medical record.

    b. Patients who are on assaultive, elopement, sexual acting out, or suicidal precautions.

        i. For Child and Adolescent Psychiatry, patients with these precautions are not automatically restricted from off-unit activities as the clinical team may decide that off-unit privileges are still clinically indicated; however, as noted previously, the patient may not leave the unit unless there is an active off-unit privileges order entered by the treating psychiatrist.

c. Patient has an acute medical issue that might pose risk if too far from immediate medical attention (especially for activities on the Roof)

d. For Child and Adolescent Psychiatry, patient has been admitted from a secure or non-secure detention center.

e. Additionally, the clinical team may indicate the patient is allowed to participate in activities in one or more of the recreational areas, but not all recreational areas for any of the reasons noted above; for instance, a patient might be allowed to attend activities in the Gym but not on the Roof.

3. STAFFING: Staff assignments for off-unit patient activities consist of a minimum of one staff to four patients; HOWEVER, the following specific parameters also apply:

   a. **For Child and Adolescent Psychiatry**, at least three nursing staff members will be required to accompany inpatients to any off-unit activity in the Roof, Gymnasium, and Atrium. If a patient is on 1:1 or constant observation, the staff member with that patient cannot be counted as one of the three staff members required to accompany the rest of the patients in the group.

      i. If a single patient is taken off-unit for individual recreational activity, patient must be accompanied by at least two staff members, one of whom must be a permanent staff member of the inpatient services. In this situation, any discipline (psychology, psychiatry, LCAT, social work, nursing) could act as escorts.

      ii. For outpatients (including Partial Hospitalization Patients), groups of patients must be accompanied by at least two staff members of any discipline.

   b. **For Adult Psychiatry**, no fewer than two staff per unit must accompany patients participating in Activities on the Roof, Gymnasium, or Atrium.

4. COMMUNICATIONS/SAFETY:

   a. While patients are off the unit they must be supervised and kept within eyesight at all times.

   b. If the patient requests to use the bathroom, the patient may have privacy to do so unless the patient is on a 1:1 observation status (Child and Adolescent inpatient only, *see IV.2.a.i. above*) requiring continuous line of sight observation. A staff member must be available to escort the patient

to and from the bathroom without dropping the ratio below the one staff to four patients minimum. That staff member must monitor the door of the restroom until the patient rejoins the group.

c. For C&A Psychiatry:

   i. In the Gym one staff member per door will be assigned to observe and vigilantly monitor the entrances/exits of the gym.

   ii. For the Roof, one staff member will be assigned to stay at the doorway leading back to the elevators at all times.

   iii. Staff door assignments will be assigned by the Head/Charge Nurse on the tour assignment records.

   iv. Patients will not be permitted to be idling/sitting/playing close to exit doors and staff will not be seated with patients close to or in front of the non-alarmed exit doors.

d. On the roof there is one hospital telephone (Ext. 8969) located in the connecting corridor on the 23rd floor. All staff supervised patient activities on the roof are to be phoned to Hospital Police (Ext. 6191) immediately before and after each activity. Staff are to bring a hospital phone to the gym to plug into the outlet there (ext. 8966 for atrium, and 8609 for gym).

e. Equipment use in recreational areas: Retrieval from storage areas or sheds and preparation of equipment used in recreational activities is to be completed PRIOR to patients arriving to the area. Return and storage of equipment to storage areas or sheds, following patient activities, is to be completed AFTER patients depart. The storage areas and sheds are never to be opened when patients are in the area.

f. Transport of patients to and from the roof is via psychiatry elevator cars U1 and U2. Under no circumstances are patients to be escorted to and from the roof via the stairwell except in the event of an emergency or elevator service failure, i.e., to move patients off the roof back to their units, NOT to move patients to the roof.

NYC HEALTH+ HOSPITALS | Bellevue

ADMINISTRATIVE POLICY AND PROCEDURES

SUBJECT: P-36 PATIENT ACTIVITIES, ROOF, GYMNASIUM, ATRIUM

Prepared by:

Kathryn Keegan (Mar 19, 2023 11:14 EDT)

Kathryn Keegan, MD
Division Director, Inpatient Civilian Psychiatry

J. Rebecca Weis, MD (Mar 20, 2023 16:57 EDT)

J. Rebecca Weis, MD
Director and Chief of Service
Child and Adolescent Psychiatry

Michael Horlick (Mar 18, 2023 14:33 EDT)

Michael Horlick, DNP, PMHNP
Associate Director of Health Care Standards/Psychiatry Quality Management

Milica Ramirez

Milica Ramirez, LCAT, LMHC
Department of Psychiatry

Approved by:

Mary Anne Badaracco,MD (Mar 20, 2023 09:24 EDT)

Mary Anne Badaracco, MD
Director and Chief of Service
Director of Psychiatry

CZenocratti (Mar 19, 2023 12:30 EDT)

Carina Zenocratti, RN
Director of Nursing Department of Psychiatry

Omar Abedalrhman (Mar 20, 2023 07:54 EDT)

Omar Abedalrhman, EdD, RN
Chief Nursing Officer

Nathan Link (Mar 20, 2023 12:35 EDT)

Nathan Link, MD
Chief Medical Officer

William Hicks (Mar 20, 2023 17:29 EDT)

William Hicks
Chief Executive Officer

ADMINISTRATIVE POLICY AND PROCEDURES

Revised: 08/1997, 09/1998, 01/2010, 03/2016, 11/2019 **Reviewed:** 12/2021

Date Revised	Date Reviewed	Name	Initial
	12/2021	**Kathryn Keegan**	**KK**
3/10/2023		**Kathryn Keegan**	**KK**

P-36 Patient Activities- Roof, Gymnasium, Atrium 2023 Unsigned

Final Audit Report 2023-03-20

Created:	2023-03-18
By:	Noura Abdel Rahman (Noura.Abdel-Rahman@nychhc.org)
Status:	Signed
Transaction ID:	CBJCHBCAABAA-aryJtNVqc9vu8bcDBe6XqyYfUwgCD_t

"P-36 Patient Activities- Roof, Gymnasium, Atrium 2023 Unsigned" History

Document created by Noura Abdel Rahman (Noura.Abdel-Rahman@nychhc.org)
2023-03-18 - 3:40:05 PM GMT

Document emailed to kathryn.keegan@nychhc.org for signature
2023-03-18 - 3:41:45 PM GMT

Document emailed to jenny.weis@nychhc.org for signature
2023-03-18 - 3:41:45 PM GMT

Document emailed to horlickm@nychhc.org for signature
2023-03-18 - 3:41:46 PM GMT

Document emailed to milica.ramirez@nychhc.org for signature
2023-03-18 - 3:41:46 PM GMT

Document emailed to mary.badaracco@nychhc.org for signature
2023-03-18 - 3:41:46 PM GMT

Document emailed to carina.zenocratti@nychhc.org for signature
2023-03-18 - 3:41:46 PM GMT

Document emailed to omar.abedalrhman@nychhc.org for signature
2023-03-18 - 3:41:47 PM GMT

Document emailed to nathan.link@nychhc.org for signature
2023-03-18 - 3:41:47 PM GMT

Email viewed by milica.ramirez@nychhc.org
2023-03-18 - 4:04:25 PM GMT

Signer milica.ramirez@nychhc.org entered name at signing as Milica Ramirez
2023-03-18 - 4:07:12 PM GMT

Document e-signed by Milica Ramirez (milica.ramirez@nychhc.org)
Signature Date: 2023-03-18 - 4:07:14 PM GMT - Time Source: server

Email viewed by kathryn.keegan@nychhc.org
2023-03-18 - 4:11:58 PM GMT

Email viewed by horlickm@nychhc.org
2023-03-18 - 6:32:01 PM GMT

Signer horlickm@nychhc.org entered name at signing as Michael Horlick
2023-03-18 - 6:33:27 PM GMT

Document e-signed by Michael Horlick (horlickm@nychhc.org)
Signature Date: 2023-03-18 - 6:33:29 PM GMT - Time Source: server

Signer kathryn.keegan@nychhc.org entered name at signing as Kathryn Keegan
2023-03-19 - 3:14:18 PM GMT

Document e-signed by Kathryn Keegan (kathryn.keegan@nychhc.org)
Signature Date: 2023-03-19 - 3:14:20 PM GMT - Time Source: server

Email viewed by carina.zenocratti@nychhc.org
2023-03-19 - 4:28:55 PM GMT

Signer carina.zenocratti@nychhc.org entered name at signing as CZenocratti
2023-03-19 - 4:30:10 PM GMT

Document e-signed by CZenocratti (carina.zenocratti@nychhc.org)
Signature Date: 2023-03-19 - 4:30:12 PM GMT - Time Source: server

Email viewed by omar.abedalrhman@nychhc.org
2023-03-20 - 11:53:37 AM GMT

Signer omar.abedalrhman@nychhc.org entered name at signing as Omar Abedalrhman
2023-03-20 - 11:54:05 AM GMT

Document e-signed by Omar Abedalrhman (omar.abedalrhman@nychhc.org)
Signature Date: 2023-03-20 - 11:54:07 AM GMT - Time Source: server

Email viewed by mary.badaracco@nychhc.org
2023-03-20 - 1:23:44 PM GMT

Signer mary.badaracco@nychhc.org entered name at signing as Mary Anne Badaracco,MD
2023-03-20 - 1:24:33 PM GMT

Document e-signed by Mary Anne Badaracco,MD (mary.badaracco@nychhc.org)
Signature Date: 2023-03-20 - 1:24:35 PM GMT - Time Source: server

Email viewed by nathan.link@nychhc.org
2023-03-20 - 4:35:26 PM GMT

Signer nathan.link@nychhc.org entered name at signing as Nathan Link
2023-03-20 - 4:35:46 PM GMT

Document e-signed by Nathan Link (nathan.link@nychhc.org)
Signature Date: 2023-03-20 - 4:35:48 PM GMT - Time Source: server

Email viewed by jenny.weis@nychhc.org
2023-03-20 - 8:52:14 PM GMT

Signer jenny.weis@nychhc.org entered name at signing as J. Rebecca Weis, MD
2023-03-20 - 8:57:40 PM GMT

Document e-signed by J. Rebecca Weis, MD (jenny.weis@nychhc.org)
Signature Date: 2023-03-20 - 8:57:42 PM GMT - Time Source: server

Document emailed to shelly.daniel@nychhc.org and william.hicks@nychhc.org for signature. One of them to sign
2023-03-20 - 8:57:44 PM GMT

Email viewed by william.hicks@nychhc.org
2023-03-20 - 9:26:35 PM GMT

Signer william.hicks@nychhc.org entered name at signing as William Hicks
2023-03-20 - 9:29:21 PM GMT

Document e-signed by William Hicks (william.hicks@nychhc.org)
Signature Date: 2023-03-20 - 9:29:23 PM GMT - Time Source: server

Agreement completed.
2023-03-20 - 9:29:23 PM GMT

NYC HEALTH+ HOSPITALS | Jacobi

☒Jacobi Medical Center ☐Other
LOCATION: **Jacobi** DEPARTMENT: **BEHAVIORAL HEALTH**

Subject: **Fresh Air Policy: Inpatient Access to Outside Environment**	Section: **DIV 5.19**	
	Supersedes:	Effective: **2/13/09**
	Distribution: **Psych**	Revised: **7/2021**
	Reviewed: **2/13, 1/11, 2/13, 5/15, 3/16, 6/18**	
Prepared by: **N. Sarcevic, MD** **V. Stanco, AED**	Approved by: **M. Popiel, MD, Chair** **V. Stanco, AED**	

POLICY:

To enable patients to receive the therapeutic and healing benefits of fresh outdoor air to enhance their physical, mental and emotional well being and recovery, any patient admitted to the inpatient units shall have supervised access to an outdoor environment for fresh air, unless contraindicated for safety or medical reasons.

PROCEDURE:

1. Unless clinically contraindicated (e.g. patient's clinical condition does not allow due to safety considerations such as escape/elopement, violence, or suicidal risk), patients will be offered access to an outdoor environment for fresh air.

2. The Activity Therapist, and other staff as clinically indicated, will escort eligible patients to the appropriate gym or outdoor area (7B outdoor patio) for fresh air.

3. The Activity Therapist will document patients' access to fresh air, or refusal of same, in their progress notes.

4. Other staff (e.g. Nursing, BHA) may also have access to escort and supervise patients to the outdoor yard as necessary.

NYC HEALTH+ HOSPITALS | North Central Bronx

THERAPEUTIC ACTIVITIES SERVICES

Subject:	Section: AT 2.5, INPT 7.04	
"Fresh Air" Policy: Inpatient Access to Outside Environment	Supersedes:	Effective: **2/13/09**
	Distribution: **BHS/AT, Inpt.**	Revised:
	Reviewed: **2/13, 1/11, 2/13, 3/14, 10/19, 7/21**	
Prepared by: **Behavioral Health Services**	Approved by: **Haseen Sharma-Cooper, M.D.** HSC	

POLICY:
To enable patients to receive the therapeutic and healing benefits of fresh outdoor air to enhance their physical, mental and emotional well being and recovery, any patient admitted for more than 30 days shall have periodic access to an outdoor environment for fresh air, unless contraindicated for safety or medical reasons.

PROCEDURE:

1. Unless clinically contraindicated (e.g. patient's clinical condition does not allow due to safety considerations such as escape/elopement, violence, or suicidal risk), inpatients remaining on locked indoor units consistently for 30 consecutive days will be offered at least weekly access to an outdoor environment (which may include a space open to fresh air on another unit) for fresh air.

2. Each eligible patient's treating physician will write a progress note authorizing fresh air access with staff escort, or documenting the clinical contraindications, at least every 30 days.

3. The Activity Therapist, and other staff as clinically indicated, will escort eligible patients to the appropriate gym or outdoor area for fresh air as weather permits. Those areas are:
   NCB: Outdoor Terraces on 12A

4. For those areas that require patients to leave their unit (NCB 12A) the activity therapist will inform the unit charge nurse who will assure that sufficient nursing staff are available before the patient is permitted to leave the unit escorted.

5. The Activity Therapist will document eligible patients' access to fresh air, or refusal of same, in their progress notes.

6. Other staff (e.g. nursing) may also have access to take patients to the outdoor yard as necessary.

"Fresh Air" Policy: Inpatient Access to Outside Environment

REVIEW DATE:	SIGNATURE:
7/30/21	

NYC HEALTH + HOSPITALS | WOODHULL
Policy and Procedure

TITLE of POLICY: **USE OF THE PATIOS IN INPATIENT UNITS AND CPEP**	MANUAL: **Service Line**	DEPARTMENT: **Behavioral Health**
PREPARED BY: Signature: Name: **Frances Fawundu, LCAT.** Title: **Associate Director, Department of Psychiatry**	DOCUMENT OWNER: Signature: Name: **Illouise Murillo, DNP, RN** Title: **Director /BH Nursing**	DEPT SECTION: **[DeptSection]**
APPROVED BY: Signature: Name: **Dianabel Castro** Title: **Associate Director, BH - Inpatient**	APPROVED BY: Signature: Name: **Saheed Farnum, MBA** Title: **Associate Director , CPEP**	DISTRIBUTION: **Departmental**
APPROVED BY: Signature: Name: **Debra Davis-Smith, LCSW** Title: **Associate Director, SW BH**	APPROVED BY: Signature: Name: **Abraham Thomas, LCSW** Title: **Associate Director, SW BH**	EFFECTIVE DATE: **11/01/2019**
APPROVED BY: Signature: Name: Title:	APPROVED BY: Signature: Name: **Yehezkel Lilu, Ph.D.** Title: **Associate Executive Director, Psychiatry/Behavioral Health Department**	NEXT REVIEW DATE: **11/01/2020**
APPROVED BY:	FINAL APPROVER: Signature: Name: **Rubina Waheed, MD** Title: **Interim Chief, Psychiatry Department**	

REVIEWED:		**[ReviewDate1]**	**[ReviewDate2]**	**[ReviewDate3]**
	[ReviewDate4]	**[ReviewDate5]**	**[ReviewDate6]**	**[ReviewDate7]**
REVISED:		**[ReviewDate1]**	**[ReviewDate2]**	**[ReviewDate3]**
	[ReviewDate4]	**[ReviewDate5]**	**[ReviewDate6]**	**[ReviewDate7]**

POLICY HAS ATTACHMENT(S): **N**	NUMBER of ATTACHMENTS: **0**

LIST of ATTACHMENTS

NOTE:

- **Microsoft attaches PDF files as a "thumbnail" (only the first page of the PDF file is visible).**
- **DOUBLE CLICK on the page and the entire PDF file will open for viewing and printing."**

Type of Attachment	Name of Attachment
[AttachmentType1]	[AttachmentTitle1]
[AttachmentType2]	[AttachmentTitle2]
[AttachmentType3]	[AttachmentTitle3]
[AttachmentType4]	[AttachmentTitle4]
[AttachmentType5]	[AttachmentTitle5]
[AttachmentType6]	[AttachmentTitle6]
[AttachmentType7]	[AttachmentTitle7]

FS Template 06.12.2012

TITLE: **USE OF THE PATIOS IN INPATIENT UNITS AND CPEP**

I. INTRODUCTION

The Patios in Inpatient Psychiatry Units and CPEP may be utilized for planned unit groups, recreational activities and patient leisure time.

II. PURPOSE

Establish a process for patients to have access to the outdoor patio space under staff supervision.

III. POLICY

1. The unit patio will remain locked at all times when not in use.
2. When the patio is in use there must be a staff providing supervision at all times.

IV. PROCEDURES/RESPONSIBILITIES

1. Staff member/s will notify Head Nurse of planned unit group/s, reactional activities or leisure time arranged for patient/s.
2. Staff will accompany the patient/s to the unit patio.
3. At the completion of a group, recreation activities, or leisure time; the staff will lead the patient/s back to the unit and lock patio door.

RESPONSIBILITY:

The Chief of Psychiatry Department and the Associate Executive Director of Psychiatry Department are responsible for ensuring:

- Clinical, direct caregivers and other staff, as appropriate, are informed and educated about this policy.
- Compliance with this policy.
- The use of patios policy is reviewed and revised by appropriate staff when necessary but at least annually.

NYC HEALTH + HOSPITALS | WOODHULL Policy and Procedure				
TITLE of POLICY: **Unit 6 Patients' Access to Outdoor Space**		MANUAL: **Service Line**		DEPARTMENT: **Psychiatry**
PREPARED BY: Signature:_____ ___ Name: **Rubina Waheed, MD** Title: **Chief, Psychiatry**		DOCUMENT OWNER: Signature:_____ Name: **Rubina Waheed, MD** Title: **Chief, Psychiatry**		DEPT SECTION: **General**
APPROVED BY: Signature:_____ ___ Name: **Yehezkel Lilu, PhD** Title: **Associate Executive Director, Psychiatry**		APPROVED BY: Signature:_____ Name: **Illouise Murillo, DNP, RN** Title: **Director of Nursing, Behavioral Health/ Patient Care Services**		DISTRIBUTION: **Departmental**
APPROVED BY: Signature:_____ ___ Name: **Dianabel Castro** Title: **Associate Director, Inpatient Psychiatry Administration**		APPROVED BY: Signature:_____ Name: **[ApprovedBy4]** Title: **[Title4]**		EFFECTIVE DATE: **6/2/1999**
APPROVED BY: Signature:_____ ___ Name: **[ApprovedBy5]** Title: **[Title5]**		APPROVED BY: Signature:_____ Name: **[ApprovedBy6]** Title: **[Title6]**		NEXT REVIEW DATE:
APPROVED BY: Signature:_____ ___ Name : **[ApprovedBy7]** Title: **[Title7]**		FINAL APPROVER: Signature:_____ _____ Name: **Rubina Waheed, MD** Title: **Chief, Psychiatry**		
REVIEWED:	**7/12/2013**	**6/2/2014**	**9/1/2015**	**10/20/2016**
	11/16/2017	**12/3/2019**	**12/11/2020**	**[ReviewDate7]**
REVISED:	**7/12/2013**	**[ReviseDate1]**	**[ReviseDate2]**	**[ReviseDate3]**

	[ReviseDate4]	[ReviseDate5]	[ReviseDate6]	[ReviseDate7]
POLICY HAS ATTACHMENT(S): **N**		NUMBER of ATTACHMENTS: **0**		

LIST of ATTACHMENTS

NOTE:

- **Microsoft attaches PDF files as a "thumbnail" (only the first page of the PDF file is visible).**
- **DOUBLE CLICK on the page and the entire PDF file will open for viewing and printing."**

Type of Attachment	Name of Attachment
[AttachmentType1]	[AttachmentTitle1]
[AttachmentType2]	[AttachmentTitle2]
[AttachmentType3]	[AttachmentTitle3]
[AttachmentType4]	[AttachmentTitle4]
[AttachmentType5]	[AttachmentTitle5]
[AttachmentType6]	[AttachmentTitle6]
Pdf	**Scanned Face Sheet**

FS Template 06.12.2012

I. INTRODUCTION

Inpatient Psychiatry Unit 6 is unique among the six units in not having a patio for patients to use.

II. PURPOSE

To establish a process for patients on Unit 6 to have access to an outdoor space.

III. POLICY

A. As part of the therapeutic programming schedule, Unit 6 will have two *Fresh Air* groups a week. The content of these groups will be consistent with the service's recovery focus.

B. The *Fresh Air* groups will be led by a member of Unit 6's creative arts therapy staff.

C. The group will be held, weather permitting, on a patio of another unit. Unit 4's and Unit 5's patio will be the preferred location.

D. Each *Fresh Air* group will have approximately five patients.

E. The Unit 6 treatment team will decide which patients may attend a *Fresh Air* group.

F. Factors taken into consideration in selecting patient's for the group will include the following:
1. length-of-stay
2. clinical stability,
3. required level of observation
4. therapeutic benefit.

IV. PROCEDURES/RESPONSIBILITIES

A. On the morning of the *Fresh Air* group, the **Unit 6 treatment team** will list those patients selected to attend that day's group.

B. At the time of the group, the **Unit 6 creative arts therapist** will lead the patients to the other unit's patio.

C. The **Unit 6 creative arts therapist** will provide the list of patients attending the *Fresh Air* Group to the **Head Nurse/charge nurse**.

D. A member of the **Unit 6 nursing staff** will accompany the patients until they are safely inside the other unit's patio area.

E. At the group's completion, the **Unit 6 creative arts therapist** will lead the patients back to Unit 6. A member of the **nursing staff** from the unit on which the *Fresh Air* group takes place will accompany them to Unit 6.

NYC HEALTH + HOSPITALS | WOODHULL
Policy and Procedure

TITLE of POLICY:	MANUAL:	DEPARTMENT:
Unit 6 Patients' Access to Outdoor Space	**Service Line**	**Psychiatry**

PREPARED BY:	DOCUMENT OWNER:	DEPT SECTION:
Signature: _____ Name: **Rubina Waheed, MD** Title: **Chief, Psychiatry**	Signature: _____ Name: **Rubina Waheed, MD** Title: **Chief, Psychiatry**	**General**
APPROVED BY: Signature: _____ Name: **Yehezkel Lilu, PhD** Title: **Associate Executive Director, Psychiatry**	APPROVED BY: Signature: _____ Name: **Illouise Murillo, DNP, RN** Title: **Director of Nursing, Behavioral Health/ Patient Care Services**	DISTRIBUTION: **Departmental**
APPROVED BY: Signature: _____ Name: **Dianabel Castro** Title: **Associate Director, Inpatient Psychiatry Administration**	APPROVED BY: Signature: _____ Name: **[ApprovedBy4]** Title: **[Title4]**	EFFECTIVE DATE: **6/2/1999**
APPROVED BY: Signature: _____ Name: **[ApprovedBy5]** Title: **[Title5]**	APPROVED BY: Signature: _____ Name: **[ApprovedBy6]** Title: **[Title6]**	NEXT REVIEW DATE:
APPROVED BY: Signature: _____ Name: **[ApprovedBy7]** Title: **[Title7]**	FINAL APPROVER: Signature: _____ Name: **Rubina Waheed, MD** Title: **Chief, Psychiatry**	

REVIEWED:	**7/12/2013**	**6/2/2014**	**9/1/2015**	**10/20/2016**
	11/16/2017	**12/3/2019**	**12/11/2020**	[ReviewDate7]
REVISED:	**7/12/2013**	[ReviseDate1]	[ReviseDate2]	[ReviseDate3]
	[ReviseDate4]	[ReviseDate5]	[ReviseDate6]	[ReviseDate7]

POLICY HAS ATTACHMENT(S): **N** NUMBER of ATTACHMENTS: **0**

REVIEWED	Reviewed Date	Reviewed Date	Reviewed Date	Reviewed Date
REVISED	2/12/2018 Revised Date	12/30/2020 Revised Date	Revised Date	Revised Date

I. POLICY STATEMENT:

This policy establishes guidelines for escorting patients safely on and off the units.

II. PURPOSE:

To provide guidelines to staff for adequate staff/patient ratios when escorting and supervising groups of patients off the inpatient units to ensure the safety of all patients during off-unit activities.

III. SCOPE:

All Psychiatric Inpatient Services

IV. DEFINITIONS:

Centralized Program Area (CPA): off unit area on the inpatient floors (R2 to 7)
Gym: Gymnasium on R7 floor
Terraces: Open air areas on R7 floor
Picnic Area: Fenced open air area on the R ground floor
Fitness Room: R7 school area

V. PROCEDURE:

1. Based on the patient's observation level, treatment needs and the clinical judgement of the treatment team, a determination is made as to which patients may be escorted off the unit for activities.
2. All patients leaving the unit must have proper footwear on their feet.
3. The different off-unit areas require different ratios of escorts to patients, as outlined below:
    - Centralized Group Area 1:4

- Computer room in CPA Adult 1:7 Child 1:4
- Gym 1:4
- Terrace 1:4
- Fitness Room 1:4
- Picnic Area 1:1
- School 2:15

4. Use of The Patient Off-Unit Escort and CPA Track Form (Attachment 1)
    a. The time the patients leave and return to the unit must be noted on the Patient Off-Unit Escort and COA Track Form. This form will be approved by the psychiatrist and reviewed by the Head Nurse/or nurse in charge.
    b. Patients' names can be added or deleted from the Patient Off-Unit Escort and COA Track form based on approval by the clinical team.
    c. The Patient Off-Unit Escort and CPA Track Form will not be used to track CAPIS patients escorted to school or family night.
    d. No Patient name(s) can be added to the list until the treatment team or morning report reconvenes, however, names can be deleted.
5. When returning to the unit, staff escort will hand-off patients to the Head Nurse/nurse in charge and will verify the number of patients.
6. Head Nurse/nurse in charge receiving patients on the unit will perform a head count and document patients' return.
7. For safety reasons, the following patients may not participate in off unit group activities*:
    - Patients on 1:1 observation
    - CAPIS patients who are level 1
    - Patients who are not accepting medications as prescribed.
    - Patients who are on elopement risk.

    *The treatment team may make exceptions, on a case by case basis, after weighting the benefits of off-unit participation against safety and treatment risks.

8. Weekend and holiday off unit participation is based on the list generated from the previous treatment team's meeting or morning report followed by a review and signed approval on the Escort form by the Head Nurse or nurse in charge.
9. The Picnic area will be restricted to patients:
    - On Alternate Level of Care (ALOC)
    - Have an Individualized Behavior Plan (IBP) that indicated the need of this area.

Therapeutic Rehabilitation Department
Standard of Work
Adult Inpatient Psychiatry, CPEP, & PHP
7th Floor Gym and Terrace

Physical activation and exercise have a significant positive impact on the health and wellness of our patients. Exercise has shown to improve mood, provide distraction from life stressors, improve sleep hygiene, allow for proactive coping, as well as numerous physical health benefits. Given that the majority of our patients are on psychotropic medications, they are at risk of weight gain and the development of metabolic disorders. Exercise and physical activation are a necessary method of treatment for our patients. Adults who are physically active are healthier and less likely to develop many chronic diseases than adults who are inactive. Adults gain most of these health benefits when they do the equivalent of at least 150 minutes of moderate-intensity aerobic physical activity (2 hours and 30 minutes) each week for substantial health benefits. Gym is designed for TR staff to facilitate physical activation. The objective is for patients to engage in physical activity, exercise safely, and develop an understanding of the benefits of physical activity on wellness.

This standard of work is designed to provide guidelines to staff:

1. To ensure patient safety
2. To determine adequate staff to patient ratio
3. To communicate staff responsibilities over patients during off-unit activities

What are the ratios for the gym and terrace?

Our escort policy ratio is as follows:

- Gym and Terrace
    - AIP 1:4
    - 5W & CPEP 2:1
    - PHP (discretion of the program)

Staff must ensure that appropriate ratios are maintained throughout the gym and terrace. Staff are not allowed to leave the gym or terrace without ensuring that the ratio is maintained. If you plan to share responsibility with a TR colleague, this must be determined and agreed upon between both staff. For example, if you have two patients who want to play basketball and two who want to be on the terrace. Separate staff must be identified for both spaces and ratio must be maintained.

How to determine eligibility and select recipients for gym activities?

- An off-unit list is generated during morning report where TR guides the interdisciplinary staff in discussion and determination of who may be eligible and benefit from gym activities. Items to consider when making clinical determination of eligibility may include, but are not limited to: medication adherence, safety, fall risk, injuries, medical concerns, aggression, and follow redirection from all staff.
- This list should be published, signed by an MD or Head Nurse, and kept behind the RN station for staff to reference and access.
- Prior to gym, staff is to get the approved off unit list and group sign in sheet to begin gathering for gym. Staff should take note of patients who have attended gym the previous day and prioritize by offering the opportunity to those patients who have not yet attended.
- Prior to having the PATIENT sign up to attend gym, staff must assess that the patient is prepared for gym activities utilizing the following checklist:
    - PATIENT appears on the approved off unit list

    - PATIENT has appropriate shoes* that are closed toed, supportive, and without laces
    - PATIENT has appropriate clothing that will keep PATIENT covered throughout physical activity and a wrist identification band
- Once four patients have been identified and assessed, staff will make sure that patients' sign the off-unit list and/or the group sign in sheet. The off-unit list should reflect the accurate time that the patients leave the unit and not the time that the gym begins. The signed off unit list should be left at the RN station and TR staff must notify RN staff that PATIENTs are leaving the unit for gym activities.
- TR staff will make a concerted effort to leave the unit with the designated patients no later than the scheduled time slot.
- The gym group will use the East elevators to travel to and from the gym.

Note on shoes: Patients must have appropriate shoes to attend the gym. These shoes must be closed toed, supportive, and without laces; heavy boots are not permitted. Staff must make sure patients wear their shoes during the full duration of gym with no exceptions. If a patient does not have shoes, they cannot attend the gym. If you identify that a patient does not have appropriate shoes, a plan should be put in place by the unit staff to attempt to get shoes for the patient or encourage the patient to have a community support bring them appropriate shoes.

What type of activities are offered during gym?

- **Structured Gym Activities:** During Structured Gym Activities, upon arrival, TR staff will engage patients in various activities that are available so as to keep the patients active until the majority of the units arrive. The TR staff should then lead all persons in the gym in a structured warm up that staff and patients should engage in together. Staff should encourage any patients who are seated to join them. The TR staff will then facilitate a walk around the gym that will include different types of steps. All staff should engage and encourage all patients to as well. TR staff will then explain the rules of engagement while in the gym(for games, etc..). All staff should engage in the game to the best of their abilities.
- **Self-Directed Gym Activities:** During Self Directed Activities, staff will engage with patients in various games and activities that are available to them in the gym closet. Basketball (half-court) will be the main activity and will take up a majority of the space, however, there is room along the side for badminton or other activities. There should be no more than two basketballs on court at the same time.

What are staff responsibilities when supervising in the gym and terrace?

- The first staff member to arrive to the gym must ensure that all doors in the space are locked. If they are not locked, please contact Facilities at x2943. Until the door is locked, a staff should remain near the door to ensure patients do not leave the gym space.
- TR staff are not to gather in small groups, use their cell phone for personal use or sit on the sidelines as this only encourages patients to do the same. TR staff should be spread throughout the gymnasium to ensure adequate coverage and supervision of all activities and patients in the gymnasium or terrace.
- TR staff should be aware of who enters and exits the patient bathroom and should post a staff person nearby at all times.
- TR staff should make sure all patients keep their appropriate shoes on throughout their entire time in the gym.
- Whenever possible, TR staff should attempt to engage patients who are not being physically active by offering games and activities that they might enjoy. This is not a time for sedentary engagement.
- TR staff should ensure that patients do not enter the game closet independently, but rather staff should support patients in retrieving their preferred activity, if not already out of the closet. If there is more than one Staff member going to the gym (excluding patients on 1:1), a staff member should accompany one patient at a time when entering the closet room to ensure patient and staff safety. If there is one staff member, that staff member should be the one to retrieve selected equipment on behalf of the patient.

- TR staff will monitor and maintain the game closet to ensure it remains organized and clean. TR staff will make sure game and sports items utilized during gym are returned to their proper location and/or bin. A diagrammed layout of the closet is provided to support this effort and should be followed to maintain gym materials.

TR Supervisor
Gym Safety Check List

NYC HEALTH+ HOSPITALS | Kings County Date: _____

Supervisor's Name: _____

- ☐ 1 to 4 ratios maintained *(CPEP & 5W unit 2:1)*
- ☐ Each patient has appropriate footwear on
- ☐ Each patient has appropriate clothing

- ☐ Staff are spread throughout the space for optimal supervision
- ☐ Patients are engaged or being engaged
- ☐ No more than two basketballs on court

- ☐ Gym closet is organized
- ☐ Patients are not in gym closet(unsupervised)
- ☐ Doors are locked

Comments:

_____

_____

_____

_____

_____

_____

GYM STAFF SIGN IN & OUT

Topic:	TO ENSURE ORGANIZATION OF THE GYM CLOSET FOR PATIENT SAFETY

Unit:	CAPIS, AIP, PHP, CPEP	**DATE:**	
Target Audience:	ALL STAFF THAT USE THE GYM	**Total # staff in target audience**	

Critical Elements: EQUIPMENT SHOULD BE PLACED BACK ON SHELVES OR WHERE ORIGINALLY STORED. TRASH SHOULD BE PLACED IN TRASH BINS. IF EQUIPMENT IS SOILED, PLEASE WIPE FOR NEXT USE OR THROW AWAY. CLOSETS MUST BE ORGANIZED FOR CONTINUED USE!!!

Print	Signature	TIME IN	TIME OUT	COMMENTS