



# Valuables and Belongings in Mental Health Units

<b>Site Applicability:</b>
PHC Acute Care Mental Health Units at SPH, MSJ, and Tertiary Sites (PASU, 9A, 8C, 2 North, 1 South, Parkview, Alder)
<b>Scope:</b>
<p>This document outlines the process for checking and storing of patients valuables and electronic devices. The Mental Health Program and individual units are not liable for items lost, broken or stolen on the unit.</p> <p><i>*Please note that patients will have limited access to personal belongings (e.g: clothing) on PASU due to nature of the unit.</i></p>



## Procedures:

### Valuables and Belongings

- Encourage patients/families to take any unneeded items home when possible.
- Ensure that any cash in the excess of \$100 is immediately taken to the cashiers' for safe keeping and that the receipt is placed in the chartlet or patient belongings, as well as documented in the *Valuables and Belongings* form AND in the *Handoff Tool* under *Actions*.
- Ensure that the *Valuables and Belongings* form on AdHoc is accurately completed.
- All patient valuables and belongings should be checked and co-signed by 2 staff members. One of these staff members must be a nurse. The other staff member may be a clinical support clerk, patient care aide, or ward aide. If this is the case, *only the nurse* may directly handle patient belongings. The co-signer's initials are to be entered in the *Other* free text box under *Other Valuables/Belongings*.
- Ensure that appropriate PPE is worn to check belongings. (e.g: Kevlar gloves if sharps are present or suspected to be present).

### Completing Valuables and Belongings Form:

1. Open the patient's chart on Cerner.
2. Locate AdHoc on the toolbar and find the Valuables and Belongings form under AdHoc.
3. Click *chart*.

Ad Hoc Charting -

MH Assessments  
MH Other Assessments  
ED Forms  
All Items

☐ COVID-19 Patient Screening  
☐ Addiction Severity Index (ASI)  
☐ Admission Discharge Outcomes Assessment  
☐ Ambulatory Mental Health Assessment  
☐ ASARI  
☐ Brief Psychiatric Rating Scale (BPRS)  
☐ Bush-Francis Calatonia Rating Scale (BFCRS)  
☐ CADSS-R  
☐ CAGE-aID Assessment  
☐ Calgary Depression Scale  
☐ CAPS-5 Past Month  
☐ Care Coordination  
☐ CRAFFT Assessment  
☐ CSRS Full Screen  
☐ CSRS Quick Screen  
☐ Discharge Checklist  
☐ GAD-7  
☐ Geriatric Depression Scale - 15  
☐ Geriatric Depression Scale - 30  
☐ Health of the Nation Outcome Scale  
☐ Mental Status Exam  
☐ MH Initial Admission Assessment  
☐ MH Supplementary Admission Assessment  
☐ MH Treatment and Discharge Planning  
☐ Michigan Alcohol Screening Test (MAST)  
☐ Missing Patient Form  
☐ Modified Overt Aggression Scale  
☐ Montreal Cognitive Assessment Score (MoCA)  
☐ Pass  
☐ Patch Check  
☐ Patch Removal

☐ Perioperative Preprocedure Checklist  
☐ PHQ-2/PHQ-9/PHQ-3  
☐ Pre-Transfer/Transport Checklist  
☐ Problem Gambling Severity Index (PGSI)  
☐ PSSCAN-R Psychological Screening Tool  
☐ PTSD Checklist for DSM-5 (PCL-5)  
☐ Self-Administered Medications Assessment  
☐ Sleep Log  
☐ Smoking Cessation  
☐ Standardized Mini-Mental State Examination (SMMSE)  
☐ This is Me  
☐ Transport Ticket  
☒ **Valuables and Belongings**  
☐ Violence Risk Alert Screen  
☐ Violence Risk Care Plan  
☐ Visitor Violence Risk Safety Plan

Chart Close



- (See policies [Search of Inpatient Rooms and/or Belongings](#) and [Possession of Controlled Substances for Personal Use](#))

Valuables/Belongings

\*Performed on:   PDT

Valuables/Belongings

**Does patient have any valuables/belongings with them?**

☐ Yes  
☐ No  
**1. Check YES if patients have belongings with them.**

**Patient Search Completed**

☐ Not Applicable   ☐ Other:  
☐ Not done  
☐ Pockets   **Fill out this section if patient was searched by staff/security.**  
☐ Shoes

**Patient instructed to send all items home with the exception of personal assistive devices?**

☐ Yes; Items sent home with relative or friend  
☐ Yes; Pt unwilling, or unable to send items home with relative or friend  
☐ No; special circumstance

**Reason Patient Search Not Completed**

Special circumstances including unconscious/incapacitated patients, patients coming for day surgery.

If patient unwilling or unable to send items home with relative or friend, ensure that patient has signed a "waiver of responsibility for valuables" form.

Please refer to your site/unit policies and protocols for applicability and guidance related to patient searches.

**Belongings Sent Home With**

**2. If belongings were sent home with a family member, document here.**

**Belongings Labeled**

☐ Yes  
☐ Other:

**Does patient have any contrabands with them?**

☐ Yes  
☐ No

**Contrabands Removed as per Policy**

☐ Yes  
☐ Other:

**Contrabands**

Description	Number of Items	Sent to	
Contraband			

**Does the patient have any home medications with them?**

☐ Yes  
☐ No

**List any hospital equipment that has been loaned to the patient**

**Has the hospital equipment been returned?**

☐ N/A  
☐ Yes  
☐ Other:

**Home Medications**

	Medication Name/Route	Home Medications Sent To
Medication #1		<Alpha>
Medication #2		<Alpha>
Medication #3		<Alpha>
Medication #4		<Alpha>
Medication #5		<Alpha>
Medication #6		<Alpha>
Medication #7		<Alpha>
Medication #8		<Alpha>



5. Document all patient belongings in their respective categories.

\*Performed on: [dropdown] PDT

Valuables/Belongings

Medication #7		<Alpha>
Medication #8		<Alpha>
Medication #9		<Alpha>
Medication #10		<Alpha>

**Personal Devices**

Description	Number of Items	Location
Assistive Devices		<Alpha>
Cane		<Alpha>
Contact Lenses		<Alpha>
Dentures, Lower		<Alpha>
Denture Partial Plate		<Alpha>
Dentures, Upper		<Alpha>
Glasses		<Alpha>
Hair Piece, Wig		<Alpha>
Hearing Aid, Left		<Alpha>
Hearing Aid, Right		<Alpha>
Orthodontic Retainer		<Alpha>
Orthotics		<Alpha>
Prosthesis		<Alpha>
Walker		<Alpha>
Wheelchair		<Alpha>
Other		<Alpha>

**Other Valuables/Belongings**

Description	Number of Items	Location
Clothing		<Alpha>
Jewelry		<Alpha>
Monetary Items		<Alpha>
Electronic Devices		<Alpha>
Personal Identification		<Alpha>
Other		<Alpha>

**Jewelry/Monetary Items Sent to Secure Location**

☐ Yes  
☐ Other:

**Valuables Returned per Inventory List**

☐ N/A  
☐ Yes  
☐ Other:

In Progress

4. Any jewelry, money, or other valuables put in the *unit safe* or *sent to hospital cashier* should be denoted in the following box:

**Jewelry/Monetary Items Sent to Secure Location**

☐ Yes  
☐ Other:

(Please select *Other* if multiple locations are involved and specify where each item was sent)



### After Initial Documentation or Belonging Removal/Addition

- Any item added or removed (e.g. sent home) must be recorded on the valuables and belongings form. Include the date the item was removed from the units' possession.
- When the patient is transferred to another inpatient unit (e.g. PASU to 8C/9A/2North), all belongings and valuables must be rechecked by two staff and compared to the initial valuables and belongings form. Checking staff must also initial the form after this recheck.
- Ensure prior to handing valuables out into patient possession that they understand the risks of such items being on the unit and that the hospital will not be responsible for lost or stolen goods that are within patient possession.
- Please see the [Therapeutic Leaves DST](#) for how to sign out patient belongings if a patient chooses to take personal items out on pass.
- On discharge review the patient belongings list with the patient and check off "valuables returned per inventory list" to sign that the patient acknowledges that all of their belongings have been returned.

**Valuables Returned per Inventory List**

<input type="radio"/> N/A
<input type="radio"/> Yes
<input type="radio"/> Other:

### Electronic Devices:

- Nurses are to utilize their discretion as to the appropriateness of using devices with cords on the unit as per the safety risks of the unit at any given time.
- Please note in *Handoff Tool* if a patient has a personal electronic device (e.g.: radio, game device, etc) at bedside.
- No electronic devices with camera or recording capacity are allowed to be utilized on the unit unless ordered. See following bullet point.
- Personal cell phone use is only permitted in certain areas of each unit during restricted hours and with explicit orders from the patient's most responsible psychiatrist. Personal phone use remains at discretion of the patient's most responsible nurse.
- All electronic devices should be turned into staff by 2200 hours.



### **Related Documents:**

[BD-00-07-41007](#) - Therapeutic Leaves (Mental Health and Substance Use)

[B-00-11-10124](#) - Search of Inpatient Rooms and/or Belongings: Inpatients at Mount St. Joseph and St. Paul's Hospitals

[B-00-11-10258](#) - Possession of Controlled Substances for Personal Use

### **References:**

Marzano, S. (2022). *Improving Inpatient Belonging Process to Eliminate Reimbursement Costs and Improve Patient Satisfaction* (thesis). Retrieved from <https://d-scholarship.pitt.edu/42613/>.

Tu, Allan, "Tracking Patient Belongings to Decrease Cost" (2014). *Master's Projects and Capstones*. 72. <https://repository.usfca.edu/capstone/72>



APPROVALS			
<i>Program Director</i>			<i>Nov 15 2023</i>
<i>Patient Care Manager</i>			<i>Nov 10 2023</i>
DEVELOPERS/OWNER			
<i>Developer Team Members</i>		<i>Clinical Nurse Leaders Mental Health Nurse Educators Mental Health</i>	
REVISION HISTORY			
Revision#	Description of Changes	Prepared by	Effective Date
<i>00</i>	<i>Initial Release</i>		<i>Sept 30, 2013</i>
<i>01</i>	<i>Reviewed</i>		<i>June 2017</i>
<i>02</i>	<i>Revised</i>		<i>Nov 20 2023</i>