INFORMATION FOR PATIENTS
PROHIBITED ITEMS

Your safety and the safety of others are important to us while you are a patient at TCID. Therefore, the following rules have been developed in order to provide a safe and secure environment for you and your visitors. Please become familiar with these rules, and if you have any questions, please speak with your unit’s Nurse Manager.

Patients are not allowed to have in their possession certain items, and if found the items may be removed. These include, but are not limited to, the following:

Firearms, knives or other objects that can reasonably by considered as weapons; alcoholic beverages, liquor, glass objects, solutions containing alcohol, all flammable items or other unauthorized chemicals. Food not suited for storage at room temperature. Suspected illicit substance will be turned over to SAPD. If items such as scissors, razor blades, or other sharp items are determined to be hazardous to you or others, they will be removed and provided to you by the nursing staff under their supervision.

Other items which could present potential danger may be centrally located on your unit in a safe and controlled area, and made readily available when appropriately requested.

Your personal effects will be inspected at the time of admission, and any of the above items will be removed. You will be asked to sign a receipt for any items taken from you if arrangements cannot be made to leave them with a friend or family member. The items will be returned to you when you are discharged. Suspected illicit items will be turned over to SAPD. Your personal effects will be inspected again upon discharge to prevent unauthorized removal of State property.

Periodic reviews of your room will be made ensure the environment does not contain items which are prohibited on the TCID premises. You will be present during such inspections.

On rare occasions it may be necessary to conduct an inspection on an emergency basis. This is done only when there is reason to believe that a patient is hiding an object or material that is dangerous, illegal or significantly hazardous or dangerous to you or others. All such inspections are authorized only by the Hospital Director or designee. You may be asked to empty your pockets and/or purse.

This policy has been explained to me. By signing below I acknowledge that I understand it and agree to abide by this agreement.

_____________________________    ___________________
Patient’s Signature      Date

_____________________________    ___________________
Witness Signature      Date