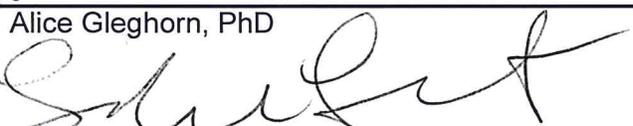




Section	Psychiatric Health Facility (PHF)	Effective:	3/15/12
Sub-section			
Policy	Sexual Contact Between Patients	Last Revised:	10/10/16
Policy #			
Director's Approval	 _____ Alice Gleghorn, PhD	Date	10/11/16
PHF Medical Director's Approval	 _____ Leslie Lundt, MD	Date	10/11/16
Supersedes:	C-3.3 Sexual Contact	Audit Date:	10/10/19

1. PURPOSE/SCOPE

1.1. To provide standards and guidelines addressing sexual contact between patients.

2. POLICY

2.1. The PHF recognizes that sexual contact between consenting adults is a normal activity. Due to the short-term and highly acute nature of the PHF, however, sexual contact between patients shall be strongly discouraged. This policy is essential in order to:

1. Protect patients from all forms of sexual abuse or harassment;
2. Protect the health and safety of patients who might be exposed to sexually transmitted diseases or risk unwanted pregnancy;
3. Protect patients who may lack the cognitive capacity to consent to sexual contact;
4. Protect patients who could be vulnerable to victimization or exploitation by others during a time when they are experiencing symptoms of incapacitating mental illness;
5. Protect patients who have difficulty controlling hypersexual behavior; and
6. Protect patients from exposure to other patient's sexual behavior.

3. **PATIENTS ENGAGING IN SEXUAL ACTIVITY**

- 3.1. If patients are reported to be or are discovered engaging in sexual activity, the following persons will be immediately notified:
1. PHF Medical Director;
 2. The patient's assigned psychiatrist, or the on-call psychiatrist if on the weekend or after hours; and
 3. The Patients' Rights Advocate.
- 3.2. **Determination of Consensual Encounter.** Licensed nursing staff informed of or who discovered the sexual activity will interview the patients separately to determine if the activity was consensual. Interviews will be completed immediately.
1. Nonconsensual sex will be reported per the PHF's "Unusual Occurrence Reporting" policy. Licensed nursing staff are to complete and submit an *Unusual Occurrence Incident Report* immediately.
 2. All findings will be fully documented in the patient medical record.
 3. Nonconsenting patients will be separated from the offending patient and increased monitoring for both patients will be implemented (i.e. 1:1 monitoring, line-of-sight, etc., defined by the psychiatrist's assessment). Law enforcement will be contacted with the nonconsenting activity reported.
- 3.3. **Capacity Determination.** Within 24 hours of the reported activity, the assigned psychiatrist will conduct a psychiatric examination with each patient to determine capacity to consent to and engage in consensual sexual contact.
1. If the patient lacked capacity to consent or the sexual activity was nonconsensual, the assigned psychiatrist will report the incident per the PHF's "Unusual Occurrence Reporting" policy and complete an *Unusual Occurrence Incident Report* immediately.
 2. All findings will be fully documented in the patient medical record.
 3. Based on the findings and on a case-by-case basis, efforts will be made to restrict patients involved from further interaction, including but not limited to increased monitoring, 1:1 staffing, and/or transfer to another facility.
- 3.4. All patients involved in sexual encounters will be reoriented to the PHF's policy on sexual activity and will receive counseling and education on safe sex, STDs, birth control and socio-sexual boundaries.
- 3.5. In the event the patient(s) engaging in sexual activity have a roommate, the patients engaging in the activity will be moved to a new location.

ASSISTANCE

Lisa Eddy, RN, CPHQ, Greeley Consultant

Leslie Lundt, MD, PHF Medical Director

REFERENCE

California Welfare and Institutions Code

Section 5325.1

RELATED POLICIES

Unusual Occurrence Reporting

REVISION RECORD

DATE	VERSION	REVISION DESCRIPTION
10/10/16	2.2	<ul style="list-style-type: none"> In Section 3.2.3, added language on increased monitoring for nonconsenting and offending patients following a nonconsensual encounter.

Culturally and Linguistically Competent Policies

The Department of Behavioral Wellness is committed to the tenets of cultural competency and understands that culturally and linguistically appropriate services are respectful of and responsive to the health beliefs, practices and needs of diverse individuals. All policies and procedures are intended to reflect the integration of diversity and cultural literacy throughout the Department. To the fullest extent possible, information, services and treatments will be provided (in verbal and/or written form) in the individual's preferred language or mode of communication (i.e. assistive devices for blind/deaf).