



# CALIFORNIA DEPARTMENT OF STATE HOSPITALS

## 15-DAY NOTICE OF PUBLIC AVAILABILITY OF MODIFIED TEXT AND MODIFIED TEXT

### PROPOSED ADOPTION OF THE HOSPITAL ACCESS SYSTEM REGULATIONS

15-Day Public Availability Date: November 6, 2019  
End of Comment Period: November 21, 2019

This notice announces a 15-day comment period in which the public may comment on the modifications to the originally proposed text for the Hospital Access System (HAS) regulation. This notice is issued pursuant to Government Code section 11346.8, subsection (c); California Code of Regulations, title 1, section 44; and Government Code section 11347.1.

On March 29, 2019, this regulatory action was originally noticed and published in the California Regulatory Notice Register and mailed to all interested parties. The originally proposed regulatory action is described in detail in the ISOR and can be found at: <https://www.dsh.ca.gov/Publications/Regulations.html>.

**No action by the public is necessary unless persons wish to comment on the proposed modified text.**

The Proposed 15-Day Modified Text is available on the Department of State Hospitals (DSH or Department) Internet Web site under the Hospital Access System Manual - Regular Rulemaking Proceeding "15-Day Notice of Public Availability of Modified Text" at: <https://www.dsh.ca.gov/Publications/Regulations.html>.

This rulemaking and all documents relevant to it shall be physically available at the address indicated below under WRITTEN COMMENTS, between 8:00 a.m. and 5:00 p.m. on November 6, 2019 through November 21, 2019, or by request to the persons also indicated below.

## SUMMARY OF PROPOSED MODIFICATIONS

The text of the modified regulatory language is shown in the Attachment. The originally proposed regulatory language is shown in plain text. The modifications proposed as part of the 15-day changes are shown in single underline to indicate addition, and ~~single strikethrough~~ to show deletion.

### The following 15-day modifications were made to the Regulation Text:

#### In original section 4356.

**TEXT:** “Monitoring” was added to the heading of this section.

**RATIONALE:** This proposed modification is necessary to briefly describe the further modifications made to this section.

#### In original section 4356, subdivision (c).

**TEXT:** Add “A patient’s access level shall also be indicated on an identification card, to be worn by each patient when off unit.”

**RATIONALE:** This proposed modification is necessary to ensure the safety and security of DSH staff and patients. Wearing the access level allows staff to easily identify which patients have which access level and whether unescorted patients are appropriately unescorted for the safety and security of the hospital.

#### In original section 4356, add new subdivision (d).

**TEXT:** Unit Staff shall keep a log, noting a patient’s access level and destination and location while off the unit.

**RATIONALE:** This proposed modification is necessary to ensure the safety and security of DSH staff and patients. A log of patients’ access levels allows staff to easily identify which patients have which access level and whether unescorted patients are appropriately unescorted for the safety and security of the hospital.

#### In original section 4356, add new subdivisions (e)(1)(A) through (e)(1)(B).

**TEXT:** (1) Routine.

(A) All units shall be locked during a state hospital’s respective curfew hours, with the exception of units requiring enhanced security which shall be locked at all times for safety and security.

(B) All units shall be locked during count and meal times.

**RATIONALE:** This proposed modification is necessary to specify when the patients' access on hospital grounds is restricted. Locking units during curfew hours is necessary to ensure that each patient is accounted for at the end of the day, for the safety and security of the hospital. Locking units during count and meal times is also necessary to ensure that each patient is accounted for throughout the day, for the safety and security of the hospital.

**In original section 4356, add new subdivisions (e)(2)(A) through (e)(2)(C).**

**TEXT:** (2) Unit-Wide or Hospital-Wide Lockdown.

(A) In cases of emergency or to ensure the safety and security of the hospital, the patients, and staff, a unit or a state hospital may be placed on lockdown.

(B) A unit or a state hospital may be locked for no more than 48 continuous hours, unless with the approval of the particular state hospital's Executive Director or designee.

(C) Regardless of patient access level, all patients are prohibited from leaving a unit during a unit-wide or hospital-wide lockdown, unless escorted.

**RATIONALE:** This proposed modification is necessary to specify when the patients' access on hospital grounds is restricted. If there is an emergency, it is necessary that DSH has the ability to lock down a unit, for the safety and security of the hospital. It is also necessary that a lockdown not be more than 48 continuous hours, unless approved by a state hospital's executive director – because (1) an initial 48-hour upper limit may be enough to deal with the emergency or otherwise secure the safety and security of the hospital and (2) a state hospital's executive director needs to have the ability to extend a lockdown depending on the emergency or other safety and security risk. Also, to ensure the safety and security of all persons in the hospital, it is necessary that during a lockdown, patient movement be restricted, unless escorted, regardless of each patient's actual access level.

In addition to the modification described above, additional modifications correcting grammar and changes in numbering and formatting have been made to improve clarity. These changes are non-substantive.

### **WRITTEN COMMENTS**

DSH invites all interested persons to provide comments relevant to the Proposed Modified Text. The public may comment only in writing, submitted by postal mail, fax, or electronically as follows:

Please submit written comments to:

**Postal mail  
or drop-off:**

California Department of State Hospitals  
Regulations Unit  
**RE: HAS-15-Day**  
1600 9th Street, Room 410  
Sacramento, California 95814; or

**Fax:**

(916) 651-3090 (include **RE: HAS-15-Day**)

**Electronic submittal:**

[DSH.Regulations@dsh.ca.gov](mailto:DSH.Regulations@dsh.ca.gov)

It is requested that all comments, particularly those emailed with attachments, contain the regulation package identifier “**HAS-15-Day**” in the subject line to facilitate timely identification and review.

All written comments received by **November 21, 2019**, no later than **5:00 p.m.**, which pertain to the Proposed Modified Text, will be considered and responded to by the Department. The Department will prepare the Final Statement of Reasons (FSOR) which will provide a response to all timely comments received. The Department will submit the FSOR and the final text of the regulation to OAL and will also post the documents on the DSH Internet Web site.

### **CONTACT PERSONS**

Interested persons may direct inquiries concerning the substance of the proposed regulatory action to the following agency representatives: primary contact, Samantha Lillo, Program Director at (909) 425-7933; or back-up contact, Carrie Friend, Program Director, at (805) 468-2032.

Attachment