

Patient Property and Valuables Procedure

WACHS Midwest



Patient Property and Valuables Procedure

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Contents

Purpose	3
Scope3	
Outcome	3
Definitions	3
Admissions	3
Key Points	4
Inpatient and Emergency Department process	4
Valuables	5
Weapons, Illicit Substances and Alcohol	5
Management of Large Amounts of Cash	6
Cashier's Role (where applicable)	6
Storage of Clothing and Large Articles	6
Deceased Patient's Property	6
Lost Property	7
Found Property	7
Unclaimed Items	8
References	8
Collection of Property	9
Appendix 1 – Record of Patient's Clothes Money & Valuables	10
Appendix 2 – Patient's Money and Valuables Envelope (HA 180a)	11
Appendix 3 – Patient's Valuables Book - Safe Book (HA 71)	12

Purpose

To ensure safe management of patients' property and valuables within the Midwest.

Scope

This process applies to Health Service patients, inpatients, and patients undergoing day procedures. This process does not apply to outpatients or Community Health Building clinics. Whilst some property kept by the patient is done so at their own risk the health service has duty of care to assist patients to secure valuables or to care for personal items e.g. Dentures/Glasses/walking aids

Outcome

Safe, efficient storage and transfer of patient valuables.

Definitions

Valuables - items classified as valuable have a monetary value of more than \$200.00 or are a valuable document.

Valuables may include but are not limited to:

- cash
- credit / debit card / pensioner medical entitlement card.
- cheque book / bank books
- personal documents (e.g. driver's license, passport, wills)
- jewellery and watches
- portable electronic devices
- house /car keys
- handbag / wallet
- mobile phone and charging equipment
- medical devices and equipment.

Admissions

Equipment Involved

- Record of Patients Clothes, Money and Valuables book (Appendix 1)
- Patient's Money & Valuables envelope HA180A (Appendix 2)
- Patient's Valuables Book HA 71 (Appendix 3)
- Property bags (clothes)
- Admission documentation specific to ward.

Date of Last Review: September 2017 Page 3 of 12 Date Next Review: September 2022

Key Points

- Documentation of patient property and valuables is the responsibility of the admission nurse.
- Any property kept by the patient, inclusive of aids of daily living such as hearing aids, glasses, dentures etc. must be documented in the Property Book. These items should be written on the admission form only not in the Record of Patient's Clothes, Money and Valuables book. (Appendix 1)
- The health service in general is not responsible for any property misplaced or lost by the patient during their admission. The health service has a duty of care to assist patients to secure important items.
- On admission, the patient is offered the option of:
 - having valuables, removed from the hospital by a relative or friend (this is the preferred option) and must be documented in the patient's notes
 - keeping valuables at their own risk
 - staff to write up the patient's valuables into the Record of Patient's Clothes, Money and Valuables book(appendix 1) then placing valuables in a valuables envelope (appendix 2) and having the envelope stored in the lockable safe and recorded in the HA71 Patient's Valuable Book (appendix 3)
- The patient's preferred option is indicated on the relevant documentation specific to Health Campus

Inpatient and Emergency Department process

- All clothing and property taken from the patient must be placed in the property plastic bags and labelled with the patient's name
- The bag is to be kept with the patient or given to the patient's relatives to take home. (Document in patient notes)
- All property and valuables to be documented in the Record of Patients Clothes, Money and Valuables book.(Appendix 1)
- On discharge, ensure property is taken home with patient. (check patient cupboards and patient draws)
- Document in nursing notes if property is:
 - sent with patient to ward
 - sent home with relative.
- Patient and relatives will be informed that the health service does not take responsibility for patient property or valuables that are kept with the patient.
- Staff will advise of the availability of any valuables kept in the safe and availability during (business hours), should the patient require access.
- Once documented in HA 71 Patients Valuables Book (Appendix 3), place the white copy in the medical record, give the yellow copy to the patient, and the green copy stays in the book.

Valuables

The Administration/Site Coordinator and or Nurse in Charge has overall management of valuables including ensuring that unclaimed valuables are reviewed after one month and may need to be sent to Police for claiming. (This will be a case by case evaluation, dependant of the patient's medical situation).

If a patient requests valuables be held for safe keeping:

- All valuables to be documented in the Record of Patient's Clothes, Money and Valuables book. (Appendix 1)
- The patient places the valuables in specific valuables envelope (Appendix 2) and seals the envelope.
- If unable to do so two nurses will place the valuables into the envelope.
- An addressograph label is placed on envelope.
- If an addressograph is not available the patient's details can be hand written onto the envelope.
- Date and patient's ward/department also documented on envelope.
- The envelope is sealed and witnessed by two (2) people i.e. patient and nurse or two nurses.
- The valuables envelope is deposited in the safe.
- The clerical officer completes the HA71 Patient Valuables Book (Appendix 3) and adds the valuables envelope to the lockable safe.

Weapons, Illicit Substances and Alcohol

- If a patient is found to be in possession of weapons, illicit substances and / or alcohol, or are suspected to be in possession of such, staff are to contact their Hospital Coordinator/Nurse in Charge. Under no circumstances is staff to dispose of any item or substance.
- Hospital Coordinator/Nurse in Charge will be responsible for contacting police where police assistance is deemed necessary.
- Weapons may include firearms, illegal and controlled weapons, and dangerous items, i.e. cricket bats, razors, and kitchen knives.
- Refer to the Firearms Act 1973
- Refer to the Weapons Act 1999.

Management of Large Amounts of Cash

- The nurses are to count the cash and then seal it along with a duplicate copy and photocopy of the Record of Patient's Clothes, Money and Valuables book (Appendix 1). Place a copy into a valuables envelope HA180A (Appendix 2) then sign and label the envelope with a patient addressograph and then staple a photocopy to outside of the envelope
- A second person is to witness this process and is to co-sign the appropriate forms.
- The Nurse contacts the Hospital Coordinator/Nurse in Charge.
- The Hospital Coordinator/Nurse Manager/Nurse in Charge is to lock any valuables into the lockable safe.
- The items will be returned to the patient on discharge. The HA 71 book (Appendix 3) signed by the Patient with white copy given to the patient, keeping the yellow copy in the book.

Cashier's Role (where applicable)

- When an HA 180A envelope (Appendix 2) is handed to the cashier, the cash is to be counted out by the cashier in the presence of the Hospital Coordinator//Nurse in Charge and a receipt raised and retained with the other records that relate to that patient's private property collection record.
- The cash is resealed in a valuables envelope and placed in the lockable safe.
- The cashier is to record the deposit in the HA71 Patient Valuables Book.(Appendix 3)
- The items are to be returned to the patient on discharge.

Storage of Clothing and Large Articles

- Place in an appropriately sized plastic bag and label with a patient addressograph. If any items are soiled, separate the soiled items and seal in a separate plastic bag before storing with other items. (Staff are to use discretion when deciding to return excessively soiled or damaged items).
- Store bagged clothing in the designated room in the Health Campus.

Deceased Patient's Property

- Two nurses (where applicable) list every item (clothing, valuable and non-valuable) in the ward Record of Patients Clothes, Money and Valuables book (Appendix 1). Items such as clothing and dentures should be sent with the deceased to the chosen funeral director. White copy goes with deceased. Green copy in patient file, yellow copy in property book
- The nurses then store the items in the designated room in the Health Campus. Staff are to retain a copy of the details of the deceased persons.
- The nurse contacts the next of kin to arrange collection of the property at between office hours Monday to Friday.

Date of Last Review: September 2017 Page 6 of 12 Date Next Review: September 2022

Lost Property

- Complete a thorough search of the area where the item was reported lost/missing. If the item is not found, notify the Hospital Coordinator/Nurse in Charge
- A detailed investigation is to be undertaken by the Nurse Unit Manager (where applicable) and Hospital Coordinator/Nurse in Charge.
- The report/claim, detailing who conducted the investigation, findings and recommendations, to be sent to the Coordinator of Nursing & Midwifery/Nurse in charge.
- The Coordinator of Nursing & Midwifery/Nurse Manager/Nurse in charge is then to determine an outcome, taking into consideration all available information at the time.
- Options include:
 - if patients believe there is clear evidence of hospital negligence, they can submit a claim to RiskCover who will make an independent enquiry. This may, or may not result in payment.
 - approval for payment for the loss and if patients think there is a chance of making a successful claim for reimbursement, send it to RiskCover. The hospital may or may, not get reimbursed.
 - pay for the loss and take no further action. This would be the most desirable option if there is insufficient evidence of negligence, but it would seem the hospital is responsible in some way (e.g. if a patient had to move rooms several times and the item was lost in transit).
 - advise the patient that the hospital is not responsible and they will not be reimbursed.

Found Property

- If the owner of the property is known (e.g. discharged patient), every effort should be made to contact the patient or next of kin for reclamation.
- All found items to be stored in the Safe or designated room in the Health Campus
- Valuables are placed in the lockable safe.
- After hours, found property is to be handed to the Hospital Coordinator/Nurse in Charge who is to store them as per above.
- When a claimant identifies the property, it is to be returned by the Hospital Coordinator/Nurse in Charge maintaining the necessary documentation detailing the found item(s), claimant's signature and date of recovery.

Unclaimed Items

- When non-valuable property remains unclaimed after a period of two months, the item(s), at the discretion of the Coordinator of Nursing & Midwifery/Nurse in charge, should be taken to the Police.
- Valuable property not claimed after one month, will be handed over to the police by the Coordinator of Nursing or delegate. The police will issue a receipt which is then attached to the patient property form.

References

• <u>Patient Property and Valuables Procedure – Busselton Health Campus, September 2016.</u>

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Collection of Property

Your Ref: Our Ref: Enquiries to:
Name Address
NAME
PROPERTY
The above mentioned property was handed in as Found Property to the Choose an item. Health Site on
Inquiries indicate you maybe the rightful owner of the property.
The property may be collected between 8.30am and 4.30pm Mon - Fri from the Reception area of the Choose an item.
The property has been lodged under reference number
When attending to collect this property, please ensure you bring proof of identity and this correspondence.
If you are not the owner of this property or do not wish to collect it, please advise the Hospital Reception.
If no response is received by, the property will be disposed of at the discretion of the Coordinator of Nursing.
Yours faithfully,
Reception Clerk/Client Liaison Officer

Date of Last Review: September 2017 Page 9 of 12 Date Next Review: September 2022

Appendix 1 – Record of Patient's Clothes Money & Valuables **RECORD OF PATIENT'S CLOTHES** MONEY AND VALUABLES

Date of Last Review: September 2017 Page 10 of 12 Date Next Review: September 2022

Appendix 2 – Patient's Money and Valuables Envelope (HA 180a)

	PARTMENT OF AUSTRALIA HA 180/
	PATIENT'S MONEY & VALUABLES Service Unit
	USE GUMMED LABEL WHEN AVAILABLE
DDINIT IN	SURNAME UNIT No. SEX
PRINT IN BLOCK LETTERS	FORENAMES AGE BIRTH DATE DAY MONTH YEAR
ONLY	PATIENT'S ADDRESS WARD/AREA
	PATIENT'S CLOTHES, MONEY & VALUABLES' (HA 180) No.
	Signature of Staff Member 1: Designation
	Signature of Staff Member 2:
	THIS ENVELOPE MUST BE PLACED IMMEDIATELY IN SAFE KEEPING

Appendix 3 – Patient's Valuables Book - Safe Book (HA 71)



