

## Safety is Key

### Program Expectations

At PATH CSU, you have the right to a safe environment that promotes recovery and healing while also respecting your right to dignity and privacy. During your stay, our focus on the value of respect will guide our services and how our program works. In return we ask that you conduct yourself in a way that observes the following guidelines.

- I understand I will be treated with respect and kindness and will treat others with kindness and respect.
- I will respect the privacy of other individuals while I stay at the PATH CSU. I will exhibit this respect for privacy by not entering the bedroom of other individuals and understand that other individuals will respect my privacy by not entering my bedroom.
- I understand that to further ensure my right to privacy, electronic devices that allow access to the internet or social media are disallowed on the unit (this includes, but is not limited to, cell phones, iPads, iPods, tablets.)
- I will tell someone supporting me if another individual is being mean or hurting me. In order to assist PATH CSU staff in monitoring my safety, I will refrain from physical contact with other individuals such as holding hands, hugging, etc.
- I will not keep or bring anything dangerous (like guns, knives, illegal drugs, or alcohol) into the unit. I understand matches, lighters, tobacco products, smoking materials, and flammables and chemicals are not allowed on the unit.
- I understand all prescribed and over the counter medications must be kept locked and secured while I stay at the unit for the safety of all individuals.
- I understand for the safety of all individuals personal care items must be kept secured in an area I may access when requested to staff. I understand items may be limited to smaller or single quantities for the safety of everyone.
- I understand the staff wishes to safeguard my personal belongings and I will allow all my personal items to be inventoried. I understand my personal items shall be kept in a safe lockable area and can be accessed under supervision.
- I will be part of the activities during my stay while at PATH CSU so that I am actively engaged in my treatment and recovery.
- I will be part of the unit and I will help take care of my room and its surroundings. I will pick up my things and place them where they belong.
- I will take care of my personal belongings and I will treat the personal belongings of other people with respect. I may be asked to repair or replace things that I damage in the unit. To assist myself and other individuals to maintain this respect, I understand that I will not borrow items from other individuals nor loan my items to other individuals.
- I will not keep food or drinks in my bedroom. This helps keep my unit clean for everyone staying there.
- If I need something from the kitchen, I may need to ask a support staff for help. The kitchen to the unit may be locked because of health and safety needs for other people currently staying there.

- I will help my guardians to understand I need to eat the nutritionally balanced diet provided by PATH CSU rather than bring in my food. This will also protect other individuals on the unit who may have food allergies.
- I agree that in order to avoid offending other individuals, my clothing needs to remain free of inappropriate and/or discriminatory language or graphics. I also understand that if any part of my clothing poses a risk to my safety, such as drawstrings, scarves, belts, etc., they will also be locked with my personal belongings.
- I understand that my safety is the top priority of PATH CSU and that in order to keep me safe, items such as scissors, safety pins, razors, and other sharp items will not be permitted. I also understand that to further ensure my safety, jewelry that could pose a cutting or choking hazard will be kept locked with my personal belongings if I choose for them to not be returned home with my guardian.
- I agree that I will assist staff in monitoring my safety by keeping my bedroom door open at all times except for morning and evening dressing times. I also agree that staff may ensure my safety via verbal checks during hygiene tasks while bathroom doors are closed.

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Signature of Individual

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Date

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Signature of Parent/Guardian

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Date

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Signature of CSB Representative

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Date