

## TERMS OF TREATMENT

**I, the undersigned, agree to abide by all of the “Rules of the House” and specifically commit to the following:-**

- I will maintain appropriate boundaries with other residents; this includes any form of intimacy or inappropriate behaviour. Residents are prohibited to enter each other’s bedrooms. I must not hug / kiss or touch other residents. Sexual relations is forbidden and I will be discharged if I do not follow these rules.
- I will not use illicit drugs or non-prescribed medication or alcohol whilst resident at Birchwood. I will not attempt to have any of the above brought into the house. If I am aware of any of these substances being brought into the house or are in the possession of a fellow resident, I must report this to staff, failure to abide by these rules could possibly lead to discharge.
- I will not receive packages or orders to the unit unless granted under special circumstances by management. Management are not responsible to return items delivered or left by the service user on discharge.
- I agree to dress appropriately at all times this includes wearing shoes outside, no low cut tops, not exposing your torso/midriff area and keeping skirts and shorts at appropriate lengths.
- In order to maintain your own safety we highly discourage any form of contact with anyone you meet whilst resident at Birchwood when your treatment is complete.
- I agree to surrender any mobile phones once my isolation period has ended. I am aware that it is my responsibility to hand my mobile phone in once my isolation period ends.
- I will not use my mobile or any other devices in the community and keep them either in my bedroom or in my locker in the staff office. I understand that no headphones are allowed to be worn outside of my allocated bedroom.
- I will not use any devices to record or take pictures of staff or residents.
- I will provide supervised samples/swabs upon request.

## TERMS OF TREATMENT

- I understand that all residents must vacate the communal areas by 12 midnight and retire to bed. This is to promote good sleep hygiene. I am aware that the lounge will then reopen at 6 am and not before this time.
- I will show respect for my peers, staff and visitors at all times.
- I will not display any form of violent or aggressive behaviour, either physically or verbally.
- I will actively participate in my programme at all times.
- I will attend all groups and community meetings unless it has been agreed by the nursing team or management that I cannot attend on clinical grounds.
- I will not leave the building without the express permission of the staff.
- I will smoke only in the designated areas. I am aware that smoking inside the building is strictly forbidden due to fire risk.
- I understand it is my responsibility to read the service user handbook.
  - During my isolation period, I must stay within the perimeters of the isolation area in the garden. I must not cross this area or come into close contact with any other residents.
  - Once I am out of isolation it is my responsibility to attend the clinic room for my medications. Isolated service users or unwell service users will be medicated first due to safety. All evening medications must be taken prior to midnight .
  - I am aware that my bedroom door has an alarm sensor which will alert staff when my door is open and closed. This allows staff to track movement around the building. I will not wedge my door open due to this being a fire risk.
  - I am aware that Birchwood has CCTV covering inside and outside the building. This is regularly reviewed by staff for the safety of service users and staff.
- I consent to a search of my room, clothing and property on request. My room will be kept clean and tidy at all times. I am aware I can ask for assistance if unwell or compromised.
- I have read and understood the information stated on this document. I am aware I can seek additional support and guidance from staff at any time.

**TERMS OF TREATMENT**

**I understand that non-compliance with any of the above may result in my discharge from Birchwood.**

Service User’s Name ..... (Block Capitals)

Signed ..... (Service User) Date.....

Witnessed by staff member: ..... (Name)

Signed..... (Staff Member)