

## IRTP / CIRT PASS AGREEMENT

**Name of Youth:**

**Clinician:**

**Date & Time of Pass:**

**Pass Plan:** (check one please)

- ☐ on-grounds pass
- ☐ local pass
- ☐ home pass
- ☐ overnight pass
- ☐ Special Considerations: ☐ urinalysis upon return
- ☐ body & belongings search upon return
- ☐ youth to call Supervisor to check-in while on pass

**Location of Pass / Activities:** (please be specific)

**Contact Phone Number:**

**Name of adult responsible for youth:**

**Departure Time:**

**Names of others present during pass:**

**Return Time:**

### **Expectations of Pass:**

#### **Youth:**

- ✓ I will remain in sight of the responsible adult at all times.
- ✓ I will follow all directions.
- ✓ I will ask for help if I need it.
- ✓ I will maintain my personal safety and take good care of myself.
- ✓ I will go where I said I was going and return on time.
- ✓ I will take my medications as directed, if needed.
- ✓ I will complete a pass review & a pocket / belongings search as soon as I return.

#### **Parent / LAR:**

- ✓ I will maintain supervision throughout pass.
- ✓ I will lock up all medications (prescription and over the counter).
- ✓ I will lock up or relocate sharp items (scissors, razors, knives, etc.).
- ✓ I will lock up or securely relocate alcohol or other substances, including toxic chemicals
- ✓ I will lock up firearms or other weapons.
- ✓ I will be mindful of the lethal risk of ingestion of lithium batteries. All rechargeable items have lithium batteries.
- ✓ I will closely monitor use of electronics or access to internet/social media.
- ✓ I will familiarize myself with nearest local emergency resources.
- ✓ If the pass occurs in someone else's home, I will request that they lock up or relocate medications and sharp items. I will maintain increased vigilance of the safety of the environment.

### **Goals of Pass:**

- To practice safety in the community.
- To practice life skills.
- To practice social skills.
- To practice Covid-19 prevention skills.
- To enjoy time in the community.

**How much money are you taking with you?** \_\_\_\_\_

(Youth are allowed to carry no more than \$15.00 on them and must submit receipts for any purchases)

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### **Covid-19 Prevention Practice:**

The following is completed and agreed upon prior to the youth and parent / LAR pass:

- 1. Review the risk of Covid-19, review how Covid-19 spreads, and review the symptoms of Covid-19**
- 2. Review the essential Covid-19 prevention practices**

**Hand Hygiene** Wash hands often with soap and warm water for at least 20 seconds. Use an alcohol-based hand sanitizer that contains at least 60 percent alcohol if soap and water are not available.

*Wash your hands often and especially in these instances:*

- ☐ When you return indoors from an outing
- ☐ Before and after eating
- ☐ After using the restroom
- ☐ After coughing or sneezing
- ☐ After touching surfaces or items that may be contaminated.

**Wearing Masks** Wear a mask that covers your nose and mouth. Face coverings help prevent people who have Covid-19 from spreading the virus to others.

**Physical Distancing** Keep a safe distance of 6 feet apart from other people even when outside.

- ☐ Don't shake hands. Don't give high-fives or touch others because close contact increases the risk of acquiring Covid-19.
- ☐ Avoid all contact with anyone that is sick.
- ☐ Limit indoor group activities - chose outdoor activities when possible.
- ☐ Avoid games and activities that require close contact.
- ☐ When indoors use rooms with good air flow.
- ☐ Minimize use of areas that may lead to close contact (within 6 feet) with other people as much as possible.
- ☐ Do not share items that cannot be cleaned, sanitized, or disinfected between use.

**Hygiene** Avoid touching your eyes, nose, and mouth with unwashed hands. Cover your cough or a sneeze with a tissue, then throw the tissue in the trash. Avoid contact of surfaces and objects that are touched by multiple people. Review of/and understands the importance of cleaning and disinfecting frequently touched surfaces and items.

**Pass Procedure:** Adhere to the Pass Agreement as planned. Follow Covid-19 prevention practices. **Call the program and report any concerns or possible exposures immediately to the staff**

### **Return to Program Procedure:**

Review the Pass Agreement. Discuss if any changes occurred with the plan. Review the adherence to Covid-19 prevention practices. Review contacts and potential exposures.

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**I have read, understand, and agree to the details of this Pass Agreement**

**Sign, date, and time, pre-pass and upon return from pass:**

Staff signature\_\_\_\_\_ pre pass\_\_\_\_\_post pass

\_\_\_\_\_  
(date & time)

\_\_\_\_\_  
(date & time)

Youth signature\_\_\_\_\_ pre pass \_\_\_\_\_post pass

\_\_\_\_\_  
(date & time)

\_\_\_\_\_  
(date & time)

Parent/LAR signature \_\_\_\_\_ pre pass \_\_\_\_\_post pass

\_\_\_\_\_  
(date & time)

\_\_\_\_\_  
(date & time)

\_\_\_\_\_  
Supervisor at time of departure

\_\_\_\_\_  
Clinician

### **In Case of Trouble**

- ✓ Call \_\_\_\_\_and tell the Supervisor what is happening.
- ✓ If safe to do so, return to the program immediately.
- ✓ If it's an emergency, call 911

## IRTP / CIRT PASS AGREEMENT

### PASS REVIEW

Where there any changes in your Covid-19 prevention practice?

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Where there any changes in the Pass Agreement plan?

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What did you do on pass? \_\_\_\_\_

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What was the best part of your pass? \_\_\_\_\_

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What would you change about your pass? \_\_\_\_\_

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What could you do to make your next pass better? \_\_\_\_\_

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Results of Pocket / Belongings / Body / UA Search: \_\_\_\_\_

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How much money did you return with? \_\_\_\_\_ Receipts? Yes/No

\_\_\_\_\_  
Program Staff or Nurse

\_\_\_\_\_  
Date/Time of Search

\_\_\_\_\_  
Youth

\_\_\_\_\_  
Parent/LAR