

EMERGENCY PROCEDURES

PROCEDURES - All Programs

MEDICAL CARE EMERGENCIES - Community Living Programs

A medical care emergency is defined as a physical health condition which requires immediate action to prevent more serious injury or death. This may include accidental injury, such as sprains, fractures, or severe bleeding; burns; diabetic emergencies; reaction to hot/cold weather extremes; severe allergic reactions; sudden loss of consciousness; unusual seizure activity (see also Seizure Care Procedure); poisoning (see also Poisoning Procedure below); and life threatening emergencies such as stopped breathing, heart attack, stroke and uncontrolled bleeding.

- a) **If an employee believes that a life-threatening situation exists, immediately call 911.** First aid will be administered by employee(s) on duty, including artificial breathing and CPR if appropriate.
- b) If the medical care emergency is not considered immediately life-threatening, and if time permits, the Open Options UCP community Registered Nurse (RN) may be contacted for advice regarding appropriate medical services. The person served's primary care physician, urgent care clinic, or emergency room of the hospital may also be contacted for advice.
- c) Immediately following a call for an ambulance or the decision to transport a person to an emergency room by vehicle, the on-call person and/or Division Director shall be contacted. The on-call person is then responsible for contacting the Director of Community Living (See also On-Call Procedures). Discussion with administrative personnel will determine notifications, and if/how coverage of the house will be accomplished while an employee on duty goes to the hospital.
- d) The Person Served's Medical File must be taken to the hospital by an Open Options UCP employee. An Event Report must be completed by an employee on duty prior to the end of his/her shift any time that outside medical services are required in an emergency.

- e) Parents, guardian, and/or significant family members will be informed as soon as possible. The Division Director must be notified of any hospital treatment or admission. Emergency room visits and / or admissions must be reported to the DMH Regional Office and outside Support Coordinator if applicable immediately.
- f) If an Emergency room visit results in admission to the hospital, all procedures for Hospitalization of a Person Served must be followed.
- g) Following any and all hospital treatment (including Emergency Room treatment without admission), written information must be gathered at time of discharge. Employees may not accept the discharge of a person served without prior authorization from the Community RN. Prior to discharge a written record of the treatment received should be obtained which should contain the following information (information included will vary per institution):
 - Dates of hospital treatment
 - Name, address and telephone number of responsible physician
 - Conditions treated
 - Vital signs on day of discharge
 - Medication instructions and prescriptions (electronic or hard copy)
 - Special conditions to monitor and what to observe
 - Dietary considerations
 - Level of normal activity to be resumed
 - Need for home health care
 - Necessary follow-up visits to doctor
 - Name and signature of person giving information.

CHOKING

Choking occurs when an object partly or completely blocks a person's airway. Choking may be a life-threatening medical emergency because the brain can only survive a few minutes without oxygen. Signs and symptoms include clutching at the throat, coughing, wheezing and a red face. Choking and aspiration are common problems in persons with developmental disabilities. The National Safety Council reports that annually nearly 3,000 people in the United States die from choking. A number of factors increase an individual's risk of choking, including:

- Neurological and muscular disorders such as cerebral palsy and seizure disorders
 - Few or no teeth
 - Chewing inadequately
 - Eating too rapidly
 - Putting too large a portion in one’s mouth
 - Talking or being distracted while eating
 - Side effects from medications
 - Poor posture while eating
- Pica, the persistent eating of substances such as dirt or paint that have no nutritional value. Given the risk of medical complications (such as lead poisoning) associated with pica, close medical monitoring is necessary throughout treatment of the eating behavior. Additionally, close collaboration with a mental health team skilled in treating pica is ideal for optimal treatment of these complex cases.
- Gastroesophageal reflux disease (GERD), a digestive disorder that affects the lower esophageal sphincter (LES), the ring of muscle between the esophagus and stomach. Many people, including pregnant women, suffer from heartburn or acid indigestion caused by GERD. Doctors believe that some people suffer from GERD due to a condition called hiatal hernia. In most cases, heartburn can be relieved through diet and lifestyle changes; however, some people may require medication or surgery.
- Difficulty swallowing

In addition to these identified factors that increase the risk of choking, the most common foods identified as “high risk” for choking include:

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- Hotdogs

- Grapes
- Peanut butter
- Peanut butter sandwiches on soft bread²
- Dry crumbly foods such as cornbread or rice served without butter, jelly, sauce, etc.²
- Dry meats such as ground beef served without sauce, gravy
- Whole, raw vegetables served in large bite sized pieces
- Whole hard fruits like apples or pears
- Candy with large nuts
- Hard nuts

Choking Incident

Signs and symptoms that an individual may be choking include:

- Panicked and distressed behavior
- Inability to talk in complete sentences or at full volume
- Frantic coughing
- Unusual breathing sounds, such as wheezing or whistling
- Clutching at the throat
- Watery eyes
- Red face

If the person's airway is completely blocked and they cannot breathe, speak or cough at all, they will show some or all of the above symptoms including vigorous attempts to breathe, then turning pale and then blue due to lack of oxygen (cyanosis), before collapsing into unconsciousness.

If an individual appears to be choking, cannot cough, speak or breathe, staff should immediately call 911 and follow the following steps as taught by the American Red Cross:

Conscious choking

- 1) Give 5 back blows. Bend the person forward at the waist and give 5 back blows between the shoulder blades with the heel of one hand.
- 2) Give 5 abdominal thrusts. Place a fist with the thumb side against the middle of the person's abdomen, just above the navel. Cover your fist with your other hand. Give 5 quick, upward abdominal thrusts.
- 3) Continue care. Continue 5 back blows and 5 abdominal thrusts until the :
 - Object is forced out.
 - Person can cough forcefully or breathe.
 - Person becomes unconscious.
- 4) If the person becomes unconscious, call 911, if not already done, and give care for an unconscious choking adult, beginning with looking for an object.

Unconscious Choking

- 1) Give rescue breaths. Re-tilt the head and give another rescue breath.
- 2) Give 30 chest compressions. If the chest does not rise, give 30 chest compressions. The person should be on a firm, flat surface. Remove CPR breathing barrier when giving chest compressions.
- 3) Look for and remove object if seen.
- 4) Give 2 rescue breaths
- 5) If breaths do not make the chest rise, repeat steps 2 through 4. If the chest clearly rises, check for breathing. Give care based on conditions found.

Immediately following the choking incident, if emergency or urgent care has already not been received, the individual should be taken to emergency or urgent care to be evaluated to ensure no immediate further risk of harm or choking is present. An Event Report form must be completed documenting the incident, care provided, and the follow-up completed and/or needed. The Event Report for a choking incident will trigger the Health Services Coordinator

to arrange for a Choking Risk Assessment to be completed within 30 days of the incident.

Assessment

All individuals in residential placement are to be evaluated annually for choking risks, including swallowing/chewing difficulty or behavioral risks. In addition to annually, a choking assessment should also be completed when a new person served enters Open Options UCP services, an individual experiences a change in physical condition that would place them at risk (i.e. full mouth tooth extraction, stroke, dementia progressing), or when a choking incident occurs.

Choking risk assessments are typically completed by the Community RN but may also be completed by the individual's physician. If an individual does have a choking episode, the individual should be evaluated by the physician for their recommendations, and it is highly suggested that a swallow study be performed. If the choking assessment is completed by the Community RN it should be reviewed by the primary physician within thirty days regardless of how many risk factors are found and their written signature on the form will serve as the physician documentation.

The Choking Risk Assessment includes evaluation for the following factors:

- Eating too fast
- Difficulty chewing – absences of chewing, missing teeth, ill-fitting dentures or dental carries
- Difficulty swallowing – chewing during or after eating, history of choking, gagging on foods or liquids
- environmental factors – distraction during or rushing at meal time, improper positioning
- food residual – food found in mouth or cheek after swallowing, food or liquids coming out of nose or mouth
- behavior issues – stealing food, history of pica, cerebral palsy, or GERD

If any of the above indicated risk factors are found to be present, the individual is determined to be at risk for choking. The higher number of risk factors present, the higher the risk of choking. When an individual is determined to be at risk, he/she should be evaluated within 30 days by a physician who may request a swallow study or may make other recommendations that should be taken to prevent choking. If the physician does make recommendations as a result of their review of the choking risk assessment these recommendations need to be followed specifically and documentation needs to be present in the chart indicating that the

recommendations were followed.

Specialized Diet

If a Choking Risk Assessment indicates that an individual may need to be placed on a specialized diet to mitigate the risk of choking hazard, a referral should be made for a dietary consult by a Registered Dietitian. A written Physician's Order must be obtained for any specialized diets and must be placed on the Physician's Order Sheet. In some instances, an individual may be on a "regular" diet, but the Physician's Order may include how the food is to be prepared (for example- "mechanical soft", or "pureed", "cut into dime-sized pieces, or "nectar thickened liquids").

For individuals determined to be a choking risk and/or have a specialized diet, the Health Services Coordinator is responsible for ensuring the following information is provided to the appropriate Support Coordinator within seven days of receipt of the Physician's Orders so the Support Coordinator can integrate the information into the Individual Support Plan or document it in an ISP Addendum:

- all choking risks and diet orders
- the equipment necessary to prepare the food according to the diet order (such as food processors or blenders).
- dietary information on food preparation in the home as well as when an individual is at work or day program, or going out to eat.

Open Options UCP is responsible for assisting the individual with purchasing and maintaining any equipment needed to follow the diet order. The Program Director is also responsible for ensuring all employees who support that individual receive the dietary information and training on food preparation.

Sources:

<http://www.menumakerfoods.com/wp-content/uploads/2012/12/Texture-Modified-Diets-Thickened-Liquids.pdf>

http://www.equipforequality.org/programs/abuseinvestigation/alert_chokingwarning.pdf

<http://www.webmd.com/heartburn-gerd/guide/reflux-disease-gerd-1>

<http://www.betterhealth.vic.gov.au/bhcv2/bhcarticles.nsf/pages/Choking>

http://www.redcross.org/images/MEDIA_CustomProductCatalog/m4240170_Adult_ready_reference.pdf

POISONING

If an employee suspects that a person served has ingested/swallowed, inhaled or absorbed a poisonous substance, the following actions shall be taken.

- a) If the person served has lost consciousness or has difficulty breathing, immediately call 911.
- b) The employee shall contact the poison control center at 1-800-222-1222.
- c) The employee should be prepared to give the poison control center or emergency medical personnel information about the substance believed to be poisoning the person served. If possible, the container(s) should be saved to provide information to medical personnel. Information about the person served's allergies and general health/medical issues should also be provided to poison control and emergency medical personnel. (Found on the MAR and Physician Orders).
- d) UNLESS YOU HAVE BEEN INSTRUCTED TO DO SO BY POISON CONTROL OR EMERGENCY MEDICAL PERSONNEL, DO NOT ATTEMPT TO GIVE AN ANTIDOTE; DO NOT INDUCE VOMITING UNLESS INSTRUCTED TO DO SO.

Special note regarding Prader-Willi Syndrome: Individuals with PWS typically do not respond to syrup of ipecac and it should not be administered to induce vomiting. Employees should explain the condition of PWS to poison control and emergency medical personnel and seek alternative emergency treatment such as gastric lavage (stomach pumping.)

- e) In instances in which it is suspected that a poisonous substance was inhaled or absorbed through the skin, employees must exercise extreme caution to be sure the environment is safe for them to enter, prior to any attempt to remove the person served or to begin first aid. If the environment is not safe to enter, employees shall immediately call 911 and follow the instructions of emergency personnel.

FIRE

In the event of a fire, persons served and employees will evacuate the building according to the plan for that home, as rehearsed in the monthly fire drill (SEE ALSO "Fire Safety Procedures & Drills," under Environmental Health & Safety section.) Employees on duty are responsible to account for all persons served and to assist in evacuating any person served who has had difficulty in learning fire drill procedures in the past. All persons served will evacuate immediately and gather at the pre-designated outdoor spot. The designated gathering spot for each service location is found in the Red Safety Book.

It is the responsibility of the employee(s) on duty to ensure that all persons served have safely exited the building before he/she evacuates.

If a fire is detected and the smoke or heat detectors fail to signal an alarm, staff shall signal an alarm using a pull station (if applicable).

Any time that an alarm signals a fire emergency, evacuation shall proceed. Staff shall never cancel an alarm regardless of how small the fire may appear. Extinguishers may be used on small stove top fires but only after evacuation has been completed.

In the event of a false fire alarm, employees and persons served shall not re-enter the building until it is determined that the alarm is false. In facilities with monitored fire alarms, employees on duty shall contact the alarm company to determine whether the alarm is functioning properly and to notify of resetting the alarm.

Program Locations without "24-Hour Support"

Persons served will receive instruction and review regarding response to fire and specific evacuation routes. Emphasis will be placed on IMMEDIATE evacuation; persons served will not be expected to make judgments about the size of a fire or to extinguish fires. Instruction topics shall include the use of 911 from another location following evacuation. In cases in which persons served demonstrate adequate skill level, training opportunities may also include use of fire extinguishers and smoke detectors.

If a fire occurs, persons served will inform an Open Options UCP employee as soon as possible after evacuation. Management should then be contacted and management shall assist the

persons served in making temporary housing arrangements if needed. (See “Temporary Housing Relocation” procedures in this manual).

SEVERE STORM/TORNADO

When severe weather conditions are present, employees on duty shall remain tuned to a radio or television station. Be aware that only local media report local weather conditions; if cable television is present in the home, it will be necessary to turn to a local station to monitor these reports.

If a tornado or severe storm WATCH has been declared, staff shall gather a radio and flash light and continue to monitor the broadcast news.

If a TORNADO WARNING has been declared for the county of residence, employees on duty shall summon all persons served, take a radio and flash light, and gather in the area designated in the Red Safety Book for the location.

If mobility impairments prevent a person served from going to the basement, an employee will be assigned to accompany the person served to the far corner of a bathroom (nearest the shower area) or designated interior spot for the home. If possible, the designated interior spot should not be near an outer wall of the home. They will remain there until the warning has been rescinded.

If a severe storm warning or watch is in effect, employees shall discourage any plans for outside activities. Departures from the home shall be postponed until warning or watch situations have ended, and employees should exercise extreme caution if outside activities and/or transportation are necessary during any severe weather warning or watch.

In the event a building housing persons served is damaged by severe storms, employees shall contact the Division Director or designated on-call person as soon as possible using assistance from neighbors or emergency personnel. Procedures for Temporary Housing Relocation will be followed as needed.

Program Locations without “24-Hour Support”

Persons served shall receive instruction and review regarding response to severe weather

conditions. Persons served should not plan outside activities in the event of a severe storm or tornado watch. Because there is no on-site presence of employees to guide persons served, appropriate response to weather conditions cannot be assured. In the event a building housing persons served is damaged by severe storms, persons served should contact a Manager as soon as possible using assistance from neighbors or emergency personnel. (See “Temporary Housing Relocation” procedures in this manual).

EARTHQUAKE

During a major earthquake, take action at the first indication of ground shaking.

If indoors – All persons should stay inside and remain calm. Employees on duty shall loudly shout "Earthquake - take cover!" If the sudden onset and short duration of an earthquake does not allow time to search for and assist persons served – employees should shout several times and take cover immediately. All occupants shall take cover under a sturdy table or desk or brace oneself in an interior doorway. In halls or stairways or other areas alongside the wall, all persons should bend their head close to knees, cover sides of head with elbows, and clasp hands firmly behind neck. All persons should AVOID windows, shelves, cabinets, mirrors, and brick masonry and should not stand in interior doors which are equipped with alarm-triggered magnetic closers.

If outdoors – All persons should quickly move to an open space, away from buildings and overhead lines, and lie down or crouch to the ground - keep looking around to be aware of dangers that may demand movement.

If driving – The driver should slowly bring the vehicle to a stop away from overpasses, bridges, buildings, and overhead lines, and all persons should stay in the vehicle and listen to the radio.

After an earthquake, the following instructions should be followed:

- a) Employees shall immediately account for and check all persons served for injuries, administering first aid as necessary.
- b) Employees shall check each floor (including the basement) for the smell of natural gas. If gas is detected, evacuate the home and shut off the main valve. Do not light matches, use any open flame, or turn on electrical switches or appliances until you are certain that there are no gas leaks. Do not turn the gas back on until the utility company checks the home.

- c) Check water pressure at faucets. If water service remains, fill all bathtubs and sinks with water in the event that service is interrupted later. If there is no water pressure, water lines have been severed and it is likely that gas lines are also damaged - SO, if there is no water, evacuate the home and do not return until the utility company checks the home.
- d) Do not use the telephone except for life-saving or critical needs. Replace phone receivers which may have been jarred off. Telephone lines will often be overloaded and it may be impossible to make calls in the event of a wide-spread emergency.
- e) Check all interior and exterior walls for signs of damage. Masonry, including chimneys, is highly susceptible to earthquake damage. If structural damage is detected, determine whether evacuation is needed and contact the Division Director immediately.
- f) Employees on duty shall remain on duty until they are relieved. (If an earthquake has been severe enough to interrupt utilities, it is likely that travel around the city will be impossible.)
- g) Continue to monitor emergency broadcasts on the radio.

In locations without "24-Hour Support"

Employees shall make contact with persons served at the first available opportunity to determine the need for medical care, lodging, assistance, emotional support etc. The on-call person and/or Division Director shall be immediately notified of any problem.

FLOODING

In case of a flood, employees on duty shall transport persons served to higher ground. If possible, Person Served Medical Record book shall accompany persons served. In the event that a person served home or facility is damaged by flood, the Division Director (or on-call person) shall be contacted to arrange for temporary housing relocation.

In the case of a flash-flood watch or flood advisory, persons served may be advised and discouraged from making plans outside the home. Employees shall NEVER drive through standing water or flooded streets while transporting persons served.

POWER FAILURE

In the event of a power outage caused by severe weather conditions or equipment failure employees on duty shall take the following steps:

- a) Ascertain the whereabouts of all persons served. If the outage occurs during waking hours

in the darkness, escort all persons served to an area which will be lighted by lanterns or flashlights during the outage.

- b) Gather flashlights, lanterns, and a battery powered radio to the central area.
- c) Check the Fire Alarm control panel (if applicable) to be sure that it indicates that it is operating on battery power. If the system shows a "trouble" condition, telephone the alarm company. The alarm company and telephone number for each location is posted.
- d) Check all cooking appliances to be sure that each is turned off. Turn off televisions, computers, and stereos which may be damaged when power is restored. Turn off all other appliances in use at the time of the outage as they may be neglected and pose a safety hazard when power is restored.
- e) Report the outage to the proper utility company. The appropriate utility company for each location is posted.
- f) If the outage occurs during the winter and affects the heating system of the home, take steps to conserve the heat in the home by not opening doors unnecessarily and closing drapes and other window dressings.
- g) If power is not restored within one hour and the cause of the outage is not determined, contact the Division Director or on-call person.
- h) Consultation with the management staff may result in the decision to temporarily relocate persons served. In this case refer to "Temporary Housing Relocation Procedures," in this manual.

In locations without "24-Hour Support"

Persons served will receive instruction and review regarding response to power outages. Using a flashlight, persons served should immediately turn off any cooking appliances and other appliances in use at the time of the outage. Persons served should notify employees for extended power failures or loss of power during extreme weather conditions. (See "Temporary Housing Relocation" procedures in this manual).

NATURAL GAS LEAK

If the odor of natural gas is detected, everyone should put out any open flames (cigarettes, candles, etc.) Employees will follow evacuation procedure (see Fire Procedure) and call the gas company for assistance, using a telephone outside the home.

If the problem cannot be resolved, the Division Director or on-call person shall be contacted to determine the need for household repair and/or temporary relocation.

CARBON MONOXIDE DETECTOR AND ALARM

CO Poisoning

Carbon Monoxide is undetectable to human senses - invisible, odorless, tasteless and non-irritating and poisonous. Low levels of carbon monoxide can cause chronic flu-like symptoms including headaches, nausea, fatigue, dizziness and confusion. Higher levels can cause brain damage, coma and death.

In the event of suspected carbon monoxide exposure, persons served and employees will evacuate the building according to the plan for that home. Evacuation may be necessary either because of a known source (such as a car left running in attached garage, corroded or disconnected water heater flue, gas or wood-burning fireplace, cracked furnace exchange) or an alarm signals that gasses are present.

Employees on duty are responsible to account for all persons served and assist in evacuating any person served that has demonstrated an inability to follow evacuation plans.

Anytime that an alarm signals the presence of carbon monoxide, employees shall never cancel the alarm. Employees are responsible for full evacuation and notification of the fire department. Fire department officials will determine the source and safety of building for re-entry.

WATER SUPPLY CONTAMINATION OR “BOIL ORDER”

In the event that the local water supply becomes contaminated, local health authorities will issue a “boil order” for the specific area via local news media. If a “boil order” goes into effect for service locations, employees will minimally boil all tap water to be used for domestic (drinking, cooking, and hygiene) purposes for at least five minutes at full boil. Alternatively, bottled water can be used for drinking and cooking. The storage of bottled water at locations is encouraged for this purpose. In locations which have automatic ice makers in the refrigerator, the water supply to the ice maker must be shut off and remain disconnected until the boil order has been lifted. Existing ice cubes should be discarded. Local health authorities will determine other precautions as necessary. The local Red Cross may be contacted for more specific information regarding precautions for type and severity of contamination.

BOMB THREAT

In the event of a "bomb threat" (i.e. someone states that an explosion device or bomb has been placed in the building or somewhere on the property), the following steps shall immediately be taken by staff on duty:

- a) Quietly evacuate all persons served to the spot outside designated for fire drills. If weather is prohibitive, employees may have to ask a neighbor to house the persons served while police procedures are followed (see "Temporary Housing Relocation Procedures," for specifics.)
- b) Telephone police by dialing 911. Inform them you are calling regarding a home for adults with disabilities, that a threat has been received, and that all the persons served have been evacuated. Follow police instructions explicitly - even if those instructions contradict procedures in this manual and/or the directions of your supervisor.
- c) Telephone the Division Director or on-call person.
- d) Await police arrival and/or further instructions.

If possible, the employee receiving the call should pay attention to detail and gather as much information as possible. As the call is occurring, attempt to remember or write down the exact wording of the threat. Also make note of any characteristics from the threatening call (but do not delay evacuation) such as:

- Description of the caller's voice (male, female, stutter, accent, slow, rapid, deep, nasal, etc.)
- Description of any background sounds (street sounds, animal sounds, voices, music, etc.)
- Type of language used (foul language, message being read by caller, incoherent, well-spoken etc.)

Information regarding the call should be reported to police as quickly and specifically as possible.

ARREST AND/OR DETENTION OF A PERSON SERVED

In the event an employee is notified of the arrest and/or detention of a person served, the following shall occur:

- a) The employee shall inform officials of the individual's competency status, that he/she is a client of the Missouri Department of Mental Health, and of any special medical or behavioral considerations.

- b) The employee will make an effort to ascertain from officials the charge against the person served, circumstances surrounding the arrest, the amount of bail bond (if any) and whether the person served could be released to employee, legal guardian, or a representative of the DMH Regional Office.
- c) The employee shall immediately notify the respective Division Director for the person served in question. If appropriate Division Director is unavailable, the on-call person will be notified.
- d) The Division Director or on-call person will direct the notification of the person served's parent/guardian and the person served's Support Coordinator at the DMH Regional Office or other applicable agency.
- e) If immediate release cannot be secured and an employee has direct contact with the person served, the employee will assure him/her the steps are being taken in his/her behalf and to instruct him/her not to make statements related to the arrest incident.
- f) All steps shall be taken to avoid unnecessary confinement.
- g) An event report will be completed by the reporting employee and/or other person so designated within 24 hours.

All employees shall cooperate with the Department of Mental Health officials, law enforcement officials, and/or legal guardians in preparing for any subsequent court proceedings.

AUTOMOBILE ACCIDENT

In the event of an automobile accident in an agency car or van, or a personal vehicle used on behalf of the program, employees involved shall refer to the procedure and information card stored in the car (if an agency vehicle) and adhere to procedures in the card, as described below.

- a) Determine if anyone is injured. Directly question each passenger and physically check them if necessary to determine extent of injury. Administer first aid, obtain medical help, and/or summon an ambulance as necessary.
- b) Move passengers to safety away from the roadway.
- c) Police must be summoned to any accident involving staff in the conduct of their duties.
- d) Remain calm and complete the information required in the report form in the car. Do not argue with other driver(s) involved. Do not admit responsibility for the accident. Do not make or sign any statements except as required by police.

- e) If it is determined by emergency personnel that the vehicle should not be driven, other transportation arrangements will be made.
- f) Report the accident and violations cited by contacting the on-call person and/or Division Director and submitting the accident card and an incident report to the main administrative office within 24 hours of the accident.

AUTOMOBILE MECHANICAL TROUBLE

If experiencing mechanical trouble in an Open Options UCP vehicle, or a personal vehicle used on behalf of the program, employees involved shall utilize the following procedure:

- a) Ensure the safety of all passengers - do not leave persons served unattended at roadside or unattended inside of vehicle.
- b) Notify the Manager or on-call person if assistance is needed to transport persons served home.
- c) Ensure that the vehicle is locked and not blocking traffic.
- d) If an Open Options UCP vehicle is involved, the Division Director or on-call person will give instructions for repair arrangements.

MISSING OR "RUNAWAY" PERSONS SERVED

Should a person served be unexpectedly absent or leave without employee knowledge or approval from the home, an activity, or any other supervised situation, the employee on duty shall immediately take the following steps:

- a) Make a search of the facility and the nearby area if staff coverage allows.
- b) Contact the Division Director or on-call person.
- c) The Manager or on-call person shall immediately contact, or direct house staff to contact, the appropriate DMH Regional Office in accordance with Department regulations regarding "missing" persons served. The Manager or on-call person shall also direct employees in efforts to locate the person served via applicable community locations, such as emergency rooms, public transportation systems, etc. The Director of Community Living shall also be notified.
- d) Contact local law enforcement officials - the decision to contact the police will be made by management staff in view of the particular person served's abilities and limitations. Police may be contacted before the legal requirement of elapsed time for a "missing person's

report" as to inform them of the special needs of the individual should they encounter him/her. Be prepared to give a full physical description plus any communication difficulties, physical limitations and medical problems of the person served.

- e) If the person served is missing for more than 24 hours, follow instructions of the police to complete necessary reports and provide a photograph to the police department. An incident report must be filed in the main office within 24 hours of the time the person served became "missing."

Upon return of the person served, notify all parties who were contacted, note the time and the condition of the person served, and complete an event report.

GUNS AND WEAPONS

Guns and lethal weapons are prohibited in service locations owned or leased by the organization. Open Options UCP reserves the right to refuse services to people who possess lethal weapons in their own homes. If an employee discovers that a person served has obtained a gun or other lethal weapon, the employee shall immediately notify the local police and request that officers come to the service location to pick up the weapon. The nature of Open Options UCP services may be described to the police with a request for a quick response.

The employee shall keep the weapon in a secure, locked location until the police arrive. Employees or persons served shall not attempt to load, unload or discharge or fire the weapon. Employees should request that the police officers unload any loaded weapon. Employees shall cooperate with local police and request that persons served do so as well.

Employees should notify the Manager and/or on-call person immediately after calling the police, and Division Director should be notified within one working day. An event report shall be completed.

Any person served who disagrees with this procedure may file an appeal through the grievance procedure.

BEHAVIORAL CRISIS

A "behavioral crisis" is defined as an unanticipated action or series of actions by a resident which, without immediate staff intervention, threatens the health or well-being of that

individual or any other person. If a standard response or consequence for a specific action is stipulated in a behavioral support plan or the person served's Person Centered Plan, employees should follow those procedures precisely. If no response is stipulated, employees should assess the situation and determine at what crisis cycle level the individual is at. Employees should provide the appropriate response depending on what level of the crisis cycle the person is in. The employee response for each phase of the crisis cycle:

1) Stimulation Phase – Trigger:

In the stimulation phase (warming up), something has happened to make the person begin to feel emotionally and/or physically uncomfortable or distressed. There may begin a gradual or rapid increase in the person's blood pressure, pulse, breathing, muscle tension, adrenaline, and endorphins. This is a transitional behavior between baseline and incident. The person is asking for help through his/her behavior.

Employee Response:

- Stay calm. Watch your own physical and emotional responses. Breathe slowly and evenly to relieve your own tension and to maintain a calmer tone of voice.
- Treat the person with fairness, consistency, dignity, and respect.
- Search for the person's trigger mechanisms. Is the stress internal or external?
- Watch for physical, cultural, environmental, interpersonal, or medical indicators.
- Use reflection. Try to find out the real problem. Could the behavior be a response to fear, embarrassment, shame, frustration, sadness, etc.?
- Give clarification and/or apology to the person if necessary; use please and thank you.
- Remove the stress from the person or help the person get away from the stress.
- Be an active and non-judgmental listener. Try to understand what the person is feeling. You must be responsive to the person's stress whether or not you agree with the validity of the cause of the stress.
- Involve the whole team: staff, volunteers, family members, etc.
- Try nonverbal strategies to give the person other things to do beside escalate. Listen with your eyes and ears. Maintain eye contact (when appropriate). Be aware of personal space and the individual's comfort and discomfort zone. Use slow and small hand/arm gestures.
- Verbal strategies: Use calm, softer voice tone. Call the person by name. Try problem solving or active listening. Note: avoid questions or statements that begin with the word "why." This may cause the person to be defensive about her or his actions. Typically, when people are asked why they engaged in certain behavior, their first response is to justify the behavior. Use "who-what-where-when" questions instead.

- If you can rectify the environment or communication which has caused the stress, do so to de-escalate the person.

2) Escalation Phase:

In the escalation (going up) phase, the person is starting to show increased signs of discomfort or distress. There may be an increase in breathing, muscle tension, color of skin, etc. The person's blood pressure and pulse will increase and the body will begin to produce more than normal amounts of adrenaline and endorphins. Some things may decrease, such as hearing, reasoning skills, compromising skills, self-management, and the ability to choose appropriate words: the person may use the language of fear and pain (vulgarity). The person may pace, rock, or talk faster and louder; he may move faster or may seem slower and more deliberate.

Employee Response:

- Stay calm. Remember your goal is to de-escalate and manage yourself so you can help the other person to de-escalate.
- Offer appropriate options but avoid "either/or" choices. Use the self-reinforcing or self-soothing behaviors from baseline phase. Give the person the opportunity to save face and regain dignity. Then set some expectations; people need to know that you will protect them.
- Keep your R.A.D.A.R. on.
- State positive and negative consequences of his decision and allow the person to choose. If you give a person a choice, you must accept what he chooses from your list of options.
- In the early phase of escalation people may still be able to make decisions and use reasoning; offer options early. As escalation increases, this ability diminishes. Set expectations in the later part of the escalation phase.
- Empower the person to exercise his personal freedoms and rights. If it is you who are upsetting the person, back off. Stop and rethink the situation.
- Communicate understanding. This is another way of saying, "I don't know exactly what you are going through, but others have experienced or expressed similar feelings."
- If setting expectations, do so by "cueing the positive replacement behavior." If someone is raising his/her hand, ask the person to put his/her hand down, please. If someone is about to throw papers off the desk, ask him/her to step back. Ask them to do something that is incompatible with the behavior you do not want to see. If you just say, "don't..." the person probably will....
- Use diversion and/or distraction. If you use humor as a diversion, it should be focused

on the situation rather than the individual. If you use distraction, be sure to come back and address the issue of anger when the other person is calmer. Distraction doesn't resolve the anger; it only avoids an inappropriate expression of it.

- Channel feelings into a positive direction or into a creative activity, such as music, exercise, games, art, etc. Choose an activity that is effective for that individual.

- Assist in problem solving. This allows the person to save face, to be validated in her feelings, and to self-manage.

- For people who communicate non-verbally, take extra steps to ensure staff who knows the person and their communication preferences and styles, is present to assist and support them.

3) Crisis Phase:

In the crisis phase, the person is now showing major signs of discomfort or distress. There are very noticeable changes in breathing, muscle tension, color of skin, facial expression, body language, etc.: in addition, the person's blood pressure, pulse, adrenaline, and endorphin levels have reached their maximum. The language of fear and pain (vulgarity), if used, is now at its maximum. Also the person's reasoning skills, compromising skills, and self-management are at their lowest or even nonexistent. It is important to note that the person while in the crisis phase may use only verbal aggression and may not display any physical aggression. On the other hand, that same person, if pushed enough either verbally or physically, may become physically aggressive to self and/or others.

Employee Response:

Stay calm, take a deep breath, and don't overreact; this is evidenced by your physical presence, tone of voice, choice of words, and body positioning; stay out of reach.

Keep your R.A.D.A.R. on.

If there is no threat of injury to the person or others, re-evaluate.

Get some assistance, use the team approach, and don't try to be a "hero."

The safety of all individuals is the most important thing. Only the least restrictive interaction needed to adequately protect the person or others, should be used.

Physical interactions/interventions should only be used for the purpose of protection, and should not be used for the purpose of changing behavior in situations where no protective need is present.

4) De-escalation or Recovery Phase:

In the de-escalation (going down) or recovery phase, there will be a decrease in blood

pressure, pulse, breathing, muscle tension, adrenaline, and endorphins. Physical and/or emotional discomfort or distress is still present and the person may still use the language of fear and pain (vulgarity). This is very similar to the escalation phase, and it will take some time for the person's reasoning skills and compromising skills to return to normal. Recognize that two people need time to de-escalate, you and the other person. Allow time and space for this to happen.

Employee Response:

- Structured cooling off with removal of or from the upsetting stimulus and stress. Time is on your side; don't rush it. After the individual has made their preference known about how they would like to cool off, invite yourself to participate as part of the relationship you have built with them in the baseline phase.

- Be non-judgmental. This is not the time to express displeasure or disappointment in the person's actions, nor to coach for apologies.

Offer appropriate options but avoid "either/or" choices. Empower the person to save face and regain dignity. Then set some expectations; people need to know that you will protect them.

- Be aware of your goal. You do not want to re-escalate the situation by stating consequences of behaviors. Do not do or say anything that will cause the person to re-escalate.

- Communicate understanding. This is another way of saying, "I don't know exactly what you are going through, but I have experiences similar feelings."

- Use diversion and/or distraction. If you use humor as a diversion, it should be focused on the situation rather than the individual. If you use distraction, be sure to come back and address the issue of anger when the other person is calmer. Distraction doesn't resolve the anger; it only avoids an inappropriate expression of it.

- Channel feelings into a positive direction or into a creative activity, such as music, exercise, games, art, etc. Choose an activity that is effective for that individual.

- Use reflection. Try to find out what the real problem is. Could the behavior be in response to fear, embarrassment, shame, frustration, sadness, etc.? Note: avoid questions or statements that begin with the word "why." This may cause the person to be defensive about her or his actions. Typically, when people are asked why they engaged in certain behavior, their first response is to justify the behavior. Use "Who-what-where-when" questions instead.

- For people who communicate non-verbally, take extra steps to ensure staff, who knows the person and their communication preferences and styles, is present to assist and support them.

- If the individual escalates to the point of physical aggression, physical crisis intervention techniques (blocking or restraint) may be used by appropriately trained and certified staff members to prevent a threatening resident from causing immediate injury to himself/herself or others. Such restraint must be the minimum necessary to protect those threatened and there must be clear and compelling reason to believe that an immediate threat is present.

5) Stabilization Phase:

In the stabilization phase, you are welcoming the person back into the relationships and environments (work and home) that are normal and usual for the person. The person's physical and/or emotional discomfort or distress has been reduced. The person has been empowered to regain some dignity and self-management. The blood pressure, pulse, and breathing return to normal; tense muscles are beginning to relax; and adrenaline and endorphin levels are decreasing. Reasoning skills, compromising skills, and the ability to choose more appropriate words are also returning to normal for that person. Allow time and space for this to happen.

Employee Response:

- Use good nonverbal and verbal skills; be an active and non-judgmental listener.

- Involve the whole team: staff, volunteers, family members, etc.

Keep your R.A.D.A.R. on.

- Give the person reassurance; often he/she will forget the event quickly.

- Re-establish contact; convey caring and concern for the person; make sure there's no "leftover" hostility or anxiety influencing your behavior toward the person. Structure an opportunity to mend relationships. Do not require apologies if the person does not have the cognitive or developmental ability to understand his/her actions.

- Use reflection. Try to find out what the real problem is. Could the behavior be a response to fear, embarrassment, shame, frustration, sadness, etc.? Avoid questions or statements that begin with the word "why." This may cause the person to be defensive about her or his actions. Typically, when people are asked why they engaged in certain behavior, their first response is to justify the behavior. Use "Who-what-where-when" questions instead.

- Assist the person in post-crisis problem solving. Identify situations, options, and other strategies that could have been employed. Have the person communicate possible consequences of behaviors exhibited.

- Communicate with the rest of the team, other shifts, etc. This person may need time to rest or time away from structured events or routines.

- For people who communicate non-verbally, take extra steps to ensure staff, who knows the person and their communication preferences and styles, is present to assist and support them.
- At this phase, you may need to find ways to re-integrate the person back into the environment. The higher they went in the crisis cycle, the greater the likelihood that their behavior was a stimulus or trigger for others. Using side or cross dialogue may be a way of telling the person and others that you as the staff person will make sure everyone is safe.
- The team must process and evaluate the events as well as feelings: What went well, and what could be done differently to avoid a repeat situation? Make sure that information and care plan changes are communicated to everyone involved with the person's care.
- Document the incident. If any physical interactions were used, they must be documented.

6) Post-crisis Phase:

In the post-crisis phase, the person, because of emotional and/or physical intensity as well as the length of time in the crisis phase, may drop down below his/her normal level or "Baseline" before returning to his/her usual or normal behavior. The person may appear withdrawn or depressed, and may actually be sleepy and require rest.

Employee Response:

- Give the person some time for proper grooming, i.e., a warm bath and clean clothes.
- Rest and quiet time should be given; the person may feel drowsy or tired.
- Offer appropriate options but avoid "either/or" choices. Allow the person to save face and regain dignity. Then set some expectations; people need to know they will be protected.
- Give the person reassurance; often she will forget the event quickly.

Re-establish contact; convey caring and concern for the person; make sure there's no "leftover" hostility or anxiety influencing your behavior towards the person. Make sure the person has an opportunity to mend relationships. Do not require apologies.

- Communicate with the rest of the team, other shifts, etc. This person may need time to rest or time away from structured events or routines.

The team should continue to process and evaluate the event as well as feelings: What went well, and what could be done differently to avoid a repeat situation? Make sure that information and care plan changes are communicated to everyone involved with the person's care.

- Document the incident. If any physical interactions were used, they must be documented.
- Telephone the Manager or on-call person for instructions if the crisis is not defused. No employee should contact the police without prior instructions unless danger is imminent.

An event report must be completed after the crisis is diffused.

See also *Procedure for Behavior Management - Emergency Strategies*.

WORKPLACE VIOLENCE

“Workplace violence” is a term that applies to actions by people on the job. The definition of “workplace violence” applies to all such conduct whether committed by an employee, vendor, guest, invitee, visitor, volunteer, or patron. Workplace violence includes (but is not limited to) the following conduct toward people:

- a) The offensive and/or unlawful touching by one person against another when done in a rude, insolent, or angry manner,
- b) The unlawful application of force to another when done in a rude, insolent or angry manner,
- c) Threats to do bodily harm to another,
- d) The stalking of another,
- e) Other harmful conduct as determined by administration’s assessment of what is considered inappropriate in the workplace,
- f) Inciting, causing or encouraging another to commit any of the conduct described in subparts (a) through (e) above.

If a situation involves immediate danger:

- a) Remove non-involved people from the room or area, if possible and feasible.
- b) Call 911 and report the emergency situation. If possible, inform them that services to individuals with disabilities are provided at the location. Unless instructed otherwise, remain on the line with the dispatcher.
- c) Remember that emergency situations are not teaching moments. Statements made during a crisis should be simple, reassuring, and focused on de-escalating the person and the situation. Never threaten the person. ~~Do not try to be a hero.~~ Follow the instructions of law enforcement.

A written report must be completed following any emergency involving violence in the workplace. Non-emergency situations involving workplace violence or the threat of violence must be reported immediately to the on-call person and Director of Human Resources.

DEATH OF A PERSON SERVED

In case of a person served's death or apparent death, the following procedures shall be followed:

- a) Immediately dial 911 and then begin emergency life-saving procedures (cardiopulmonary resuscitation, etc.). Even if a person appears to have expired, resuscitation may be possible and emergency medical help must be sought.
- b) Notify the Director of Community Living and on-call person.
- c) The Director of Community Living or on-call person shall contact the parents/guardians of the person served and inform them that there has been an emergency medical situation, describing to them the actions which have been taken. In no case shall an employee inform family members that a death has occurred.

Following confirmation of a death, the Director of Community Living will ensure that family members have been properly informed and will notify the appropriate DMH Regional Office and Support Coordinator.

The Director of Community Living and/or President/CEO are responsible for compliance with state Division of Developmental Disabilities “Notification and Mortality Review Procedures,” and shall ensure employee cooperation with all efforts to evaluate circumstances surrounding the death.

ENVIRONMENTAL CONTAMINATION / SHELTER IN PLACE

What Shelter-in Place Means

One of the instructions you may be given in an emergency where hazardous materials may have been released into the atmosphere is to shelter-in-place. This is a precaution aimed to keep you safe while remaining indoors. (This is not the same thing as going to a shelter in case of a storm.) Shelter-in-place means selecting a small, interior room, with no or few windows, and taking refuge there. It does not mean sealing off your entire home or office building. If you are told to shelter-in-place, follow the instructions provided in this Procedure or as instructed by local authorities.

Why You Might Need to Shelter-in-Place

Chemical, biological, or radiological contaminants may be released accidentally or intentionally into the environment. Should this occur, information will be provided by local authorities on television and radio stations on how to protect you and your family. Because information will most likely be provided on television and radio, it is important to keep a TV or radio on, even during the workday. The important thing is for you to follow instructions of local authorities and know what to do if they advise you to shelter-in-place.

How to Shelter-in-Place

These instructions are provided only for education purposes as they are reviewed with emergency drills. In the event of an event for which shelter-in-place is advised, supplies and assistance will be provided to staff on duty.

- Close and lock all windows and exterior doors.
- If you are told there is danger of explosion, close the window shades, blinds, or curtains.
- Turn off all fans, heating and air conditioning systems – Close the fireplace damper if

applicable.

- Gather flashlight, radio and medications which may be needed within the next several hours, and make sure the radio is working.
- Go to an interior room without windows that's above ground level (if available). In the case of a chemical threat, an above-ground location is preferable because some chemicals are heavier than air, and may seep into basements even if the windows are closed.
- It is ideal to have a hard-wired telephone in the room you select. Have the phone available if you need to report a life-threatening condition. Cellular telephone equipment may be overwhelmed or damaged during an emergency.
- Materials may be provided to you such as duct tape and plastic sheeting (heavier than food wrap) to seal all cracks around the door and any vents into the room.
- Keep listening to your radio or television until you are told all is safe or you are told to evacuate. Local officials may call for evacuation in specific areas at greatest risk in your community.

In Your Vehicle

If you are driving a vehicle and hear advice to “shelter-in-place” on the radio, take these steps:

- If you are very close to home, your office, or a public building, go there immediately and go inside. Follow the shelter-in-place recommendations for the place you pick described above.
- If you are unable to get to a home or building quickly and safely, then pull over to the side of the road. Stop your vehicle in the safest place possible. If it is sunny outside, it is preferable to stop under a bridge or in a shady spot, to avoid being overheated.
- Turn off the engine - Close windows and vents. If possible, seal the heating/air conditioning vents with duct tape.
- Listen to the radio regularly for updated advice and instructions.
- Stay where you are until you are told it is safe to get back on the road. Follow the directions of law enforcement officials.

Local officials on the scene are the best source of information for your particular situation. Following their instructions during and after emergencies regarding sheltering, food, water, and clean-up methods is your safest choice.

Remember that instructions to shelter-in-place are usually provided for durations of a few hours, not days or weeks. There is little danger that the room in which you are taking shelter

will run out of oxygen and you will suffocate.

TEMPORARY HOUSING RELOCATION PROCEDURES

Certain emergencies and unexpected events may necessitate the temporary relocation of persons served who reside in a home. In most cases the persons served will be moved to another Open Options UCP facility or service site until it is determined how long such relocation is necessary. The decision to relocate will be made jointly by employees on duty and the Division Director and/or on-call person.

The Division Director and on-call person shall be contacted whenever relocation is necessary.

Whenever possible, the following shall accompany the persons served to the temporary location:

- Medical Record Book(s)
- Prescribed Medication
- Emergency Contact Information
- Adaptive Devices, as applicable, with batteries or backup power
- Personal Items, such as hygiene supplies and a change of clothing

In the event of a widespread disaster, the American Red Cross will announce locations of shelters. Shelter locations will be based upon the type and geographical factors of the disaster. Shelters will be utilized when other options for temporary relocation are not available.

GENERAL DISASTER MANAGEMENT

In the event of a significant disaster or widespread catastrophe, administrative management will make every reasonable effort to ensure the continuity of services. The Director of Community Living shall serve as the central point in communications for all residential programs.

The status of each service location shall be determined as promptly as possible. In a widespread catastrophe, communication services will most likely be disrupted, and employees on duty will be expected to follow emergency procedures contained in this manual and as

advised by local authorities. Employees should periodically and frequently check telephone lines to determine communication status.

All Community Living service locations owned or leased by Open Options UCP will maintain a supply of drinking water and non-perishable food items, basic first aid supplies, flashlight(s), battery operated radio, and a supply of batteries. A “disaster supply kit” following the guidelines of the American Red Cross shall be maintained in each Open Options UCP facility.

For persons served who use prescription medications, employees shall make every reasonable effort to maintain at least a three day supply of medication on-hand, within Medicaid/insurance guidelines for refills. The pharmacy shall be contacted as soon as possible following the disaster to ensure the availability of ongoing prescription medications.

Emergency contact information shall be maintained at the Administrative Offices in addition to program locations. Contact information may be shared with local authorities/agencies in the event of a disaster.

EVENT/ INCIDENT REPORTING PROCEDURES

PROCEDURE -All Programs

Event Reports are important and legal documents used to factually describe occurrences to be reported to parties outside the home (including Open Options management) for their action or information.

DMH Event Reports

For incidents, injuries, and other events involving Department of Mental Health persons served, a DMH Community Event Report Form shall be completed by the employee who witnessed, observed, or received the report of the event that occurred. Certain events (as noted on the DMH form) require that the employee immediately notify the DMH Regional Office (and/or the Regional Office on-call person) of the event as soon as the person served’s needs have been met.

The report must be completed before the end of the shift. It will be reviewed first by the supervisor and then forwarded to the administrative office within one business day. Actions taken to respond to the incident and follow-up actions shall be entered on the event report form. An event report shall be completed if an event occurs that meets one or more of the

EMT Reportable Categories per the Division of Developmental Disabilities.

Certain incidents/events must be reported with an event report, including:

1. All events where there is a report, allegation or suspicion that an individual has been subjected to Misuse of Consumer Funds/Property, Neglect, Physical Abuse, Sexual Abuse or Verbal Abuse.

2. All

a. Emergency room visits (Note: using an emergency room instead of a primary doctor during off hours for a non-emergency is NOT reportable)

b. Non-scheduled hospitalizations

c. Deaths of individuals served by DD

d. Med Errors that reach an individual (Reaching an individual can be thought of as the error resulted in something directly being given or not given due to an error. For example, staff fail to administer a medication, administer the wrong medication, administer the wrong dosage, wrong route, wrong person, etc. Documentation errors or a consumer refusing a medication are NOT considered Med Errors)

e. Incidents of Falls (falls are defined as the apparent (witnessed, not witnessed or reported) unintentional sudden loss from a normative position for the engaged activity to the ground, floor or object which has not been forcibly instigated by another person)

f. Uses of Emergency Procedures with an individual. (Emergency procedures are defined as any restraint used by staff or contracted staff to restrict an individuals' freedom of movement, physical activity, or normal access. If any of the following restraint types or time out occurs as defined they must be reported on an Event Report form:

- Chemical Restraint- a medication used to control behavior or to restrict the individual's freedom of movement and is not a standard treatment for the individual's medical or psychiatric condition. A chemical restraint would put an individual to sleep or render them unable to function as a result of the medication. (A pre-med for a dental or medical procedure would not be reported as a chemical restraint.)

- Manual Restraint- any physical hold involving a restriction of an individual's voluntary movement. Physically assisting someone who is unsteady, blocking to prevent injury, etc. is not considered a manual restraint.

- Mechanical Restraints- any device, instrument or physical object used to confine or otherwise limit an individual's freedom of movement that he/she cannot easily

remove. (The definition does not include the following: Medical protective equipment, Physical equipment or orthopedic appliances, surgical dressings or bandages, or supportive body bands or other restraints necessary for medical treatment, routine physical examinations, or medical tests; Devices used to support functional body position or proper balance, or to prevent a person from falling out of bed, falling out of a wheelchair; or Equipment used for safety during transportation, such as seatbelts or wheelchair tie-downs; Mechanical supports, supportive devices used in normative situations to achieve proper body position and balance; these are not restraints.)

- Time Out- removing the individual from one location and requiring them to go to any specified area, where that individual is unable to participate or observe other people. Time-out includes but is not limited to requiring the person to go to a separate room, for a specified period of time, the use of verbal directions, blocking attempts of the individual to leave, or physical barriers such as doors or ½ doors, etc. or until specified behaviors are performed by the individual. Locked Rooms (using a key lock or latch system not requiring staff directly holding the mechanism) are prohibited)

3. All events where there is Law Enforcement involvement when the DMH consumer is either the victim, alleged perpetrator, or law enforcement is support in the event.

4. All events that result in disruption of DMH service due to fire, theft or natural disaster; resulting in extensive property damage or loss. (Disruption would be defined as individual(s) having to stay overnight out of the home. Having to leave the home for a few hours and no extensive damage would NOT be reportable on an Event Report form)

5. All events where there is sexual conduct involving an individual and it is alleged, suspected or reported that one of the parties is not a consenting participant.

6. All events where there is any threat or action, verbal or nonverbal, which conveys a significant risk of immediate harm or injury and results in reasonable concern that such harm will actually be inflicted. (Self-injury not requiring emergency room care and that is documented in a person's plan is NOT reportable on an Event Report form)

7. All events where the consumer ingests a non-food item. (Non-food item is defined as an item that is not food, water, medication or other commonly ingestible items. A person

ingesting spoiled or moldy food IS considered a non-food item and should be reported)

8. All events that result in a need for an individual to receive life-saving intervention or medical/psychiatric emergency intervention.

For illness or injuries that do not otherwise meet EMT Reportable Categories, the Open Options UCP Illness/Injury Report should be completed.

The report is first submitted to the supervisor who reviews, signs it, and prescribes initial follow-up action. The report is then submitted to the Division Director who shall prescribe any additional follow-up action necessary, and forward to all appropriate or designated parties. Unless otherwise noted on the form, the event report must be received by the appropriate DMH Regional Office within one working day of the event. Events which do not require immediate notification must be received within five working days. (In some cases it will be necessary to forward the report to the DMH Regional Office prior to follow-up/recommendations by the Program Director, in these cases the report should be noted "follow-up in progress.") The Division Director will submit all Event Reports to the Director of Community Living or his/her designee.

The Director of Community Living shall notify the supervisor on site of any additional follow-up action needed, and the supervisor shall ensure that the action is taken. Event Reports shall be maintained in a confidential file in the administrative office. Event Reports routed to specific committee for review will also be maintained in the administrative office.

ON-CALL PROCEDURES

PROCEDURE – Community Living Programs

The on-call system is implemented to provide on-site employees with a way to receive direction, feedback, and to establish a reporting system for problem situations. The institution of the on-call system does not attempt to take the responsibility from employees for thoughtful and independent decision making and responsive actions. Non-emergency issues are to be communicated to the supervisor or designee while he/she is present on shift. If the supervisor or designee is not present on shift, non-emergency issues are to be communicated through the location's communication log, and follow-up for these issues can be expected by the end of the next business day. Open Options UCP has a two-tiered system that allows for

direct communication with site supervisors and then, if appropriate, Division Directors, and the Director of Community Living.

At each location, an on-call phone number should be kept in the communication log. The site-specific designated on-call person shall be contacted for all of the following situations:

- a) Employee scheduling issues, including employees who are unable to work their shift,
- b) *Behavioral crisis, including the use of restraint, or injuries or significant property damage resulting from an outburst,
- c) *Pre-suicidal behavior, including threats or actions,
- d) *Illness or injury for which the Community RN is notified,
- e) *Medication errors,
- f) Overtime approval.

The on-call person shall notify the appropriate Division Director of the following situations. The Division Director will also notify the Director of Community Living, as well as ensure appropriate contacts have been made (including Support Coordinators, parent/guardians, etc.):

- a) *Medical care emergency involving hospital treatment, including treatment in emergency room and/or hospital admission (including psychiatric hospitalization),
- b) *Death or apparent death of a person served,
- c) *Any report, suspicion, or other allegation of abuse or neglect,
- d) Any involvement of police or other emergency personnel,
- e) Burglary or assault,
- f) Employee injuries (including workers' compensation issues),
- g) *Relocation or long-term evacuation of persons served (for example, due to flooding, power failure, gas leak, or other catastrophic damage),
- h) *Arrest of a person served,
- i) *Missing person served (including "elopement"),
- j) *Guns or weapons,
- k) Any staff person on duty suspected of being under the influence of drugs or alcohol,
- l) Media involvement/crisis.

Refer to related procedures in this manual for items marked with an asterisk (*). In all cases, employees are expected to make responsible judgments in accordance with the policies and procedures outlined in this manual and to take effective actions to ensure needs are met in addition to fulfilling the required notifications. In the event of a life threatening emergency,

the employee present at the location should contact emergency services (911) before calling the on-call person.

Supervisors receiving notifications shall review the situation with employees to ensure:

- All policies, procedures and guidelines are being followed appropriately by direct support employee(s) on duty
- Direct support employees have an opportunity to process (verbally review) behavioral crisis events
- Appropriate notifications are provided by employees or supervisors to health care professionals, guardians, and Support Coordinators or DMH Regional Office representatives
- Any further follow-up recommendations are provided to direct support employees on duty.

SAFETY PROCEDURES, EMERGENCY DRILLS & REVIEWS

PROCEDURE - All Programs

General Fire Safety Procedures and Equipment The threat of fire and its potential harm and damage shall always be regarded as a serious possibility and ignorance of and/or misapplication of the procedures herein by employees shall be regarded as a significant infraction.

Each group home and person served home where supported living services are provided shall be equipped with battery powered smoke detectors, and an adequate number of fire extinguishers. The Manager of each location shall follow established procedures to ensure that batteries and extinguishers are checked regularly. If a group home is equipped with a monitored fire detection system the Manager will ensure that the system is maintained.

In addition, in homes owned or leased by Open Options UCP:

- a) An evacuation plan and/or diagram shall be on file at each home and posted. Persons served and employees shall be thoroughly acquainted with all evacuation routes, such routes being reviewed at each fire drill. The evacuation plan shall designate a meeting or "gathering" place outside the home. The evacuation spot for each home is posted if the particular needs of a person served make it necessary.

- b) All flammable materials (e.g. paints, solvents, cleaning fluids) shall be stored in an area of the house that is removed by at least 25 feet from electrical or gas appliances, furnaces, water heaters, or other sources of flame and shall not be stored near outside exits or under stairs.

Fire Drills. Drills shall be conducted as often as necessary for resident practice and comprehension, but **MUST BE CONDUCTED AT LEAST AS SPECIFIED BY PROCEDURES LISTED BELOW.**

In homes owned or leased by Open Options UCP and the homes of persons served (supported living service locations) with “24-hour supervision,” evacuation drills shall be conducted at least once per month with the involvement of persons served. Management shall schedule the drills at varying times in the day and at least twice per year should conduct a drill during sleeping hours.

Persons served who live in settings which do not include “24-hour supervision” will participate in safety reviews and/or drills as specified in the Individual Plan. If ongoing safety reviews are not included in the Plan, reviews will be conducted on at least a quarterly basis.

The person served drill shall be signaled by the alarm, as a test of the system or detector. Where monitored systems are installed, the method shall be varied from pull station to heat detector to smoke detector. Employees on duty shall physically check each room in the house to be sure that all persons served have evacuated to the specific pre-designated spot (see evacuation plan.) Employees shall conduct extra training sessions with any resident who fails to respond or responds slowly to an alarm. Such training shall be documented in writing. Residents who require assistance in evacuation will have their specific difficulties or evacuation procedures documented in their support plan.

Fire Safety Review The Manager shall ensure employees complete Fire Safety Reviews at least monthly. Additional Fire Safety Reviews should be scheduled as appropriate to ensure employee familiarity with the procedures and availability of equipment and routes. The Fire Safety Review shall consist of the following procedures:

- a) Reading the procedures of this section (Emergency Drills and Safety Review) and Emergency Procedures for Fire.
- b) Reviewing the list of persons served who have difficulty in evacuation.

- c) Walking through a check of all evacuation routes and exits to be sure that none have been blocked.
- d) Reviewing the location of pull stations, emergency lights, and fire extinguishers.
- e) Test emergency lights and battery operated smoke detectors.
- f) Doing a three point check of fire extinguishers (see below.)

Documentation Record of the fire drills and safety reviews shall be entered in the designated forms and include date, time (a.m. or p.m.), method of signal, staff and persons served names, evacuation time elapsed, gathering spots, names of residents who failed to respond or responded slowly, and exit problems or other suggestions for emergency procedures.

Fire Extinguishers shall be inspected monthly by the Manager or designated staff. The Manager or designee shall check each extinguisher for the following conditions and initial and date the inspection tag:

- a) Is it located, mounted, and easily removable from the mounting?
- b) Does the gauge indicate proper charge?
- c) Is the spout clear and open?

Any problems discovered in the check shall be reported to the Quality Enhancement Coordinator who shall arrange for repair.

Medical Care Emergency Safety Review - The Manager shall ensure employees complete Medical Care Emergency Safety Reviews at least monthly. The review consists of the following steps:

- a) Read the procedures contained in this manual, titled “Emergency Procedures - Medical Care Emergencies and Poisoning.”
- b) Check the location of and inventory the first aid supplies. Leave a note to the Manager if items need replacement.
- c) Check for the posting of emergency phone numbers.
- d) Document the drill on the prescribed form, including questions raised during your drill.

Severe Storm or Tornado Drills- Drills are conducted in the months of March, June, September, and December. Person served storm drills consist of the following steps:

- a) Review the procedures contained in this manual titled “Emergency Procedures - Severe Storm or Tornado.”
- b) Locate the house radio and flashlight. Check their operation and battery life. If batteries

- need to be replaced, replace them (or leave a note to the Manager.)
- c) Announce the Tornado/Storm drill and ask persons served to gather in the designated spot (as listed for this facility).
 - d) Accompany persons served to the designated spot.
 - e) After gathering in the storm spot, explain persons served that in the event of an actual tornado warning, all persons would have to stay there until it was announced that the conditions had improved.

Severe Weather Safety Review The Manager shall ensure employees complete Severe Weather Safety Reviews at least monthly. The review shall consist of the following steps:

- a) Review the Emergency Procedures contained in this manual titled “Severe Storm or Tornado; Earthquake; Flooding; and Power Outage.”
- b) Locate the house radio, flashlight, emergency supplies, and blankets. Check all supplies and battery life. If supplies need to be stocked or batteries need to be replaced, replace them.
- c) Document the safety review on the prescribed form, including questions arising during the review.

ALL OTHER EMERGENCY PROCEDURES - Safety Review All employees shall participate in a review of all emergency procedures at least quarterly. The Manager shall schedule reviews and designate employees responsible in a manner to ensure familiarity of all employees with the emergency procedures. Safety reviews of Emergency Procedures shall be documented on the prescribed form. The emergency procedures to be reviewed include:

- Medical Emergency
- Poisoning
- Fire
- Severe Storm
- Earthquake
- Flood
- Power Failure
- Natural Gas Leak
- Carbon Monoxide
- Water Contamination/Boil Order

- Bomb Threat
- Arrest or Detention of a Person served
- Automobile Accidents
- Automobile Mechanical Trouble
- Missing or Runaway persons (elopement)
- Guns or Weapons
- Behavioral Crisis
- Workplace Violence
- Death of a Person served
- Environmental Contamination/Shelter In Place
- Temporary Housing Relocation
- General Disaster Management
- Event Reporting Procedures
- On-Call Procedures

Reviews of the above procedures consist of three steps:

- a) Read the appropriate procedure. If any step is unclear, or you have doubts as to how you would implement it, contact your supervisor.
- b) Check all information and materials referred to - such as emergency phone numbers, evacuation routes, battery operated radio, flashlight, first aid supplies, etc.
- c) Document on the prescribed form that the review was conducted.

EMERGENCY REVIEW WITH PERSON SERVEDS

PROCEDURE - NON-24-HOUR RESIDENTIAL PROGRAMS

In residential program locations which do not include “24-hour staffing” emergency reviews will be conducted as specified in the individual plan. If no outcome is specified in the Person-Centered Plan, reviews will be completed quarterly. Fire safety equipment (smoke detectors and fire extinguishers) shall be checked quarterly.

NON- RESIDENTIAL EMERGENCY REVIEW

PROCEDURE - ALL PROGRAMS (NON-RESIDENTIAL)

In services of a non-residential nature, (e.g., recreation, community integration, support coordination) employees will receive orientation to the emergency procedures and response plans for the applicable location(s).

A copy of Emergency Procedures shall be kept available in the administrative office. A verbal review of the evacuation plan shall be conducted quarterly.