

Partners In Recovery

POLICY AND
STANDARDS

*Applicable Arizona Department of Health Services Behavioral Health Licensing Rule(s):
R9-20-201B.2.n*

Policy Name: On Site Emergencies and Duty to Warn

Policy Number: RI - 0007

H.M. Gilbert Jr., Executive Director, PIR

Date

Cross Reference(s)

Emergency Safety Response; Arizona Maricopa County (AMC) Adverse Incidents policy

Policy Statement

Partners In Recovery has established this policy to deal with medical and psychiatric emergencies and to establish a process to manage threats of harm and to warn identified victims as required by law.

Purpose

The purpose of this policy is to define medical and psychiatric emergencies, establish the on site procedures for the effective response to either emergency situation, and establishing procedures for managing threats of harm and initiating “Duty To Warn” when the situation warrants the response.

Scope

Partners In Recovery Direct Care Clinics.

Key Terms

Medical Emergency

Any sudden, severe change in a consumer’s physical well being, including serious injury, loss of consciousness, loss of physical function or severe pain.

Psychiatric Emergency

A situation in which a consumer presents as an imminent danger to self, danger to others or exhibits behavior requiring immediate intervention beyond that routinely provided by the clinical team.

Standards

I. Medical Emergency

A. In the case of a medical emergency on site:

1. Any employee assessing that an emergency exists shall:
 - a) Call for help, notifying the highest ranking medical staff member on site (Behavioral Health Medical Practitioner (BHMP), Nurse, individuals trained and certified in CPR and First Aid);
 - b) Apply aid to the best of his/her abilities; and
 - c) Remain with the consumer until the BHMP or Nurse arrives.
2. The BHMP or Nurse shall triage the situation to determine if immediate life-sustaining intervention is required, if the local emergency response system shall be notified, or if the situation can be managed on site through administering First Aid. No medical evaluations or treatment, other than First Aid, shall be carried out on site.
3. If the situation requires immediate intervention due to a life or health-threatening emergency, only staff members trained in CPR and first-aid shall administer the

emergency intervention while directing another employee to call 911, or, if no one else is available, the staff member shall call 911 prior to initiating emergency measures.

- a) Only licensed medical staff or staff members trained in CPR and first-aid shall determine appropriate emergency interventions required to sustain the Consumer until the local emergency response system arrives. Life-sustaining measures provided by Partners In Recovery trained employees shall be limited to basic CPR and management of severe bleeding.
- b) The staff member(s) available at the scene of the medical emergency shall also contact the Administrator of the Clinic for assistance in determining the appropriate response, other notifications to be made, and any other decision requiring administrative authority.

II. Psychiatric Emergencies

- A. In the case of a Psychiatric Emergency occurring on site, any staff member assessing that an emergency exists shall:
 1. Notify the highest-ranking clinical staff member on site for assistance (Nurse, Administrator of the Clinic, Clinical Director, Clinical Coordinator).
 2. The employee shall initiate actions that are directed towards:
 - a) Protecting the safety and security of consumers in the immediate vicinity, including the consumer experiencing the emergency;
 - b) Managing and determining appropriate clinical intervention to diffuse the emergency situation and provide for appropriate follow up;
 - c) Interventions shall be administered according to the consumer's presenting problem under the guidance of the highest-ranking medical professional or clinician; and are designed to calm the consumer and stop or reduce the behavior.
 3. If the consumer is unable to control his or her behavior, while at a Direct Care Clinic, and there is *no threat of immediate physical harm to self or others*, the consumer shall be asked to leave the Direct Care Clinic until he or she is able to control their behavior.
 4. If the emergency involves a serious threat of physical harm to self, the staff member shall immediately notify the consumer's Behavioral Health Medical Practitioner, Nurse, Clinical Director, Clinical Coordinator or Clinical Liaison for assistance in determining whether there are appropriate interventions available on site to assist the consumer.
 - a) If the emergency occurs in a DCC and physical intervention is required to prevent self-injury by the consumer, an employee shall be designated to call 911 for assistance. If the consumer is agreeable, staff members shall remain with the consumer until emergency personnel arrive at the facility.

- b) If the emergency involves a serious threat of physical harm to others, staff members shall immediately notify others at the clinic of the danger. This may be done through the use of a code word selected and utilized by employees at the clinic. A staff member shall be designated to call 911 for emergency assistance.
- c) As appropriate, the area where the consumer is located shall be vacated to assure the safety of all consumers in the clinic until emergency personnel arrive. The staff member available at the scene of the psychiatric emergency shall also contact the Administrator of the clinic for assistance in determining the appropriate response, other notifications to be made, and any other decision requiring administrative authority. The Administrator of the clinic shall determine whether Incident/Accident reporting is required.

III. Managing Threats of Harm

- A. If a consumer has communicated to a staff member an explicit threat of imminent serious physical harm or death to a clearly identified or identifiable victim or victims, and the consumer has the apparent intent and ability to carry out the threat, the staff member shall notify the Administrator of the clinic for assistance in carrying out the following interventions.
 - 1. The staff member shall gather as much information from the threatening person as possible.
 - 2. If the threat presents an *immediate* risk to the health or safety of anyone (not just Partners In Recovery staff members) and immediate police intervention is required, the staff member shall call 911 and shall discuss the case with the (Clinic Administrator or other designated supervisory staff) highest ranking clinician on site.
 - 3. In the absence of an immediate risk to the health or safety of another person, the decision to call the police shall be approved by the highest ranking clinician or Administrator of the Clinic on site. The call shall be made to a local police station using a non-emergent telephone number. The highest ranking clinician, Administrator of the clinic or the Behavioral Health Medical Practitioner on site shall make the call.
 - 4. The highest ranking clinician, Administrator of the clinic, or the Behavioral Health Medical Practitioner shall confirm that a “duty to warn” exists and the staff member who witnessed the threat shall:
 - a) Communicate when possible the threat to all identifiable victims;
 - b) Notify a law enforcement agency in the vicinity where the consumer or any potential victim resides;
 - c) Take reasonable steps to initiate proceedings for voluntary or involuntary hospitalization if appropriate; and
 - d) Take any other precautions that a reasonable and prudent behavioral health care provider would take under the circumstances.

- B. Clinical staff reporting a duty to warn in a situation where a consumer has explicitly threatened to cause serious harm to a person or where the clinician has reasonably concluded that a patient is likely to do so, and the clinician discloses a confidential communication made by or relating to the patient for the purpose of reducing the risk of harm, will not experience liability for the disclosure.
- IV. Once a Medical or Psychiatric Emergency has been stabilized; proper notification and documentation shall be completed by the employee managing the emergency. Documentation includes completion of a Progress Note in the medical record of the consumer experiencing or affected by an emergency and an Incident/Accident/Death Report Form as set forth in **Magellan's Provider Manual, Section 7.4, Reporting of Incidents, Accidents and Deaths.**
- V. Direct services sites must orally report any incident or accident as defined on **PM Form 7.4.1** to the Office of Behavioral Health Licensing within *one (1) working day* of knowledge of the event (contact OBHL at 602-364-2595). This must be followed up with a faxed *written incident report within five working days* (fax incident reports to OBHL at 602-364-4801). The Incident/Accident/Death Report Form must be faxed to the Magellan QI Department within 48 hours at 1-888-290-1282.

Associated Partners In Recovery Direct Care Clinics Forms & Attachments

Incident/ Accident/Death Report form

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