

Partners in Recovery

POLICY AND
STANDARDS

*\Applicable Arizona Department of Health Services Behavioral Health Licensing Rule(s):
R9-20-201.B.1.a.i-iii; R9-20-201.B.1.g; R9-20-213.B.4-6; R9-20-214.H-I*

Policy Name: Clinic Safety and Welfare

Policy Number: RM - 0002

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

Date

Cross Reference(s)

On Site Emergencies and Duty to Warn

Employee Orientation

Policy Statement

Partners in Recovery is committed to maintaining a safe work environment for employees and a safe experience for consumers, both at the facility and on facility outings. Safety policies and practices are addressed during new employee orientation and updated as appropriate during educational activities.

Purpose

This policy is intended to review steps that each employee should take to help assure his or her own safety while at any of the Direct Care Clinics as well as to outline requirements to protect consumer safety at outings.

Scope

Partners in Recovery (Direct Care Clinics).

Key Terms

Should the reader need to inquire as to the definition of a term used in this policy, the Partners in Recovery Key Term Glossary can be found in the back of the Policy and Procedure Manual.

Policy Terms & Definitions Glossary

Standards

- I. Clinics put in place security mechanisms and activities to protect the welfare of employees and consumers including educating employees about steps to take to promote their safety and the safety of consumers. These steps include but are not limited to the following:
 - A. Parking
 - Parking in well lit areas after dark
 - B. Entering and Exiting the Clinic
 1. Clinics provide master keys and/or information about the access code to alarm systems to a limited number of essential staff.
 2. Clinics may provide security guards after hours who control access to the clinic.
 3. When it is dark, employees are encouraged to leave together, not alone.
 - C. Daily Operations
 1. During business hours, all exits are locked with the exception of the main entry and those exits that must remain unlocked per safety code.
 2. Any suspicious activity witnessed by any person while at the clinic is immediately reported to a supervisor.

D. Weapons

1. Weapons may include, but are not limited to stun guns, tasers, firearms, knives, bow & arrow or other archery-type devices, slingshots, objects capable of firing a projectile such as a pellet & BB rifles/ handguns, martial arts devices, blackjacks, and so forth.
2. Employees, direct care staff members and consumers shall not possess weapons in any of Partners in Recovery clinics nor on any Partners in Recovery property. Notices to that effect are posted at each site.
3. Any concerns about safety shall be immediately brought to the attention of a supervisor and those concerns shall be addressed and documented appropriately. Consumers who display a weapon while on site shall be asked to either vacate the facility and surrounding property or surrender the weapon depending on the circumstances and type of licensed site. The police shall be notified if the consumer refuses to leave the facility or surrender the weapon. Police may also be notified to have any weapon confiscated if the situation poses a danger to self or danger to others on site. Under no circumstances will it be deemed appropriate for a Partners in Recovery staff member to possess a weapon while conducting business for Partners in Recovery.

E. Home Visits

1. Home visits shall be conducted as set forth in the Consumer Contact Guidelines Policy, or as determined necessary by the Clinical Team.
2. The following safety strategies are recommended for employees when making a visit to a consumer's home:
 - a) Always try to maintain personal space of 3 feet and there shall be no touching of any kind that can lead to a misunderstanding, such as hugging or hand-holding;
 - b) Staff members shall possess and practice the basic personal safety techniques as taught in Crisis Prevention/ Intervention (CPI). No staff member should make a home visit without having first successfully completed CPI;
 - c) Be aware of your surroundings at all times. Look in each direction before leaving the premises and while walking;
 - d) Staff members shall not conduct a home visit after dark, unless accompanied by another team member, or as directed by the clinical team;
 - e) Do not confront a consumer's beliefs or perceptions if it appears to upset the consumer;
 - f) Encourage the consumer to calm themselves if the consumer begins to demonstrate that he or she is upset;
 - g) Speak in a low, soothing voice;
 - h) Maintain an appropriate, non-threatening, but confident posture;

- i) If a staff member begins to feel threatened, he/she shall leave. The meeting should be brief, and the staff member shall avoid taking unnecessary risks;
 - j) If the consumer appears to possess a weapon or an object that could be used as a weapon, the visit shall be terminated;
 - k) When feeling uncomfortable about entering a consumer's home, ask the consumer if he or she can meet outside or arrange to meet at a neutral location;
 - l) Always know who is present at the Consumer's home when conducting a home visit;
 - m) If a staff member suspects criminal activity is occurring in the Consumer's home, the staff member shall leave immediately;
 - n) Wear appropriate professional attire. Do not dress provocatively;
 - o) If at any time during the home visit, it appears to the staff member that the Consumer may be a danger to self or others, the staff member shall leave the Consumer's home and notify the Clinical Team and other authorities if appropriate;
 - p) Do not let your guard down; stay alert no matter how comfortable you may feel with the consumer;
 - q) If the situation begins to escalate, stay calm;
 - r) Be prepared to provide information to others that may be needed to assist you; and
 - s) If the consumer's behavior makes an employee feel uncomfortable in any way, the staff member shall leave.
3. If it is necessary to terminate a home visit or leave the consumer's home out of a concern for safety, contact a clinical supervisor immediately upon leaving the consumer's home. The clinical team will review the case with the staff member and determine the appropriate intervention to assure the consumer's safety and safety of others.
 4. When a home visit must be made, but there is reason to believe that the environment may not be safe, contact local law enforcement to request assistance using the non-emergent police telephone number.

II. Responding to Threats and Emergencies

- A. Each clinic is responsible for the development and posting of an emergency evacuation plan.
- B. If the Clinic is notified that there may be a bomb present, the building is vacated immediately and the police (911) are contacted.
- C. If a hostage situation occurs at the Clinic, employees are to contact the police immediately by calling 911.

1. The building should immediately be evacuated and no one will be permitted to enter the building.
2. Employees shall not take action (other than vacating the premises and following this policy) that might jeopardize the safety of the hostages.
3. As appropriate, the Site Administrator or designee will contact the Vice President of Director of Recovery Services to request that the telephones be forwarded to another clinic.

D. Other Threats of Harm

- 911 shall be called immediately if there is a life-threatening emergency or an immediate risk of harm to a consumer or to any Partners in Recovery staff member. In situations where the person making the threats is present at the location or is threatening to harm a Partners in Recovery staff member, the procedures outlined in the *On Site Emergencies and Duty to Warn* policy should be followed.

III. The DCC assure client safety through employment of qualified and well-trained staff. Prior to employment, an extensive screening and credentialing of professional staff occurs. All staff report to supervisors and managers who are accountable for staff performance of their responsibilities. Partners in Recovery trains its staff and supports their continued professional development including a focus on working with people and responding to the needs of persons with SMI.

A. Under the direction of the medical, clinical, and operations leadership, the DCC staff is trained on and understand the scope of their responsibilities to ensure the health, safety and welfare of consumers at the sites and during activities and outings. If incidents occur, Partners in Recovery have internal procedures in place to report and review procedures to address the immediate situation and to mitigate the changes of a repeat occurrence in the future.

B. If a consumer believes it is necessary for their treatment to have an individual accompany them to treatment, an evaluation takes place based on the individual consumer's clinical needs. A decision on the request will be made after an assessment of the individuals' circumstances including their ability to function independently (including a review of their transportation needs).

IV. Consumer Safety on Activities and Outings

- A. Clinic staff are responsible for ensuring consumer safety is protected on outings and activities organized by the outpatient clinics through the following procedures:
1. Consumers are given advanced notice of the date, time, and destination of all activities. Consumers who are interested and able to attend, sign up to attend these activities.
 2. If consumers take medications they are responsible for bringing them on the outing. Staff will prompt consumers to bring and self-administer their medications.

3. Emergency contacts are compiled including:
 - a) The consumer's name;
 - b) Medication information, including the name, dosage, route of administration, and directions for each medication needed by the consumer during the anticipated duration of the outing;
 - c) The consumer's allergies; and
 - d) The name and telephone number of the individual to notify at the agency in case of medical emergency or other emergency.
- B. A clinical director (or designee) ensures that for outings:
 1. An outing is consistent with the age, developmental level, physical ability, medical condition, and treatment needs of each consumer participating in the outing; and
 2. Probable hazards, such as weather conditions, adverse consumer behavior, or medical situations that may occur during the outing are identified and staff members participating in the outing are prepared and have the supplies necessary to prevent or respond to each probable hazard.
 3. A sufficient number of staff members are required to be present to ensure each consumer's health, safety, and welfare on an outing.
 - At least one staff member on the outing has documentation of current training in CPR and first aid in accordance with the clinic licensing requirements.
 4. Documentation is developed before an outing that includes:
 - a) The name of each consumer participating in the outing;
 - b) A description of the outing;
 - c) The date of the outing;
 - d) The anticipated departure and return times;
 - e) The name, address and if available, telephone number of the outing destination; and
 - f) The license plate number of each vehicle used to transport a client.
 5. The documentation described in subsection IV.B.4 is updated to include the actual departure and return times and is maintained on the premises for at least 12 months after the date of the outing.
 6. Emergency information for each consumer participating in the outing is maintained in the vehicle used to transport the consumer and includes:
 - a) The consumer's name;

- b) Medication information, including the name, dosage, route of administration, and directions for each medication needed by the consumer during the anticipated duration of the outing;
 - c) The consumer's allergies; and
 - d) The name and telephone number of the individual to notify at the agency in case of medical emergency or other emergency
7. A copy of the agency's policy and procedure for outings is maintained in each vehicle used on the outing
- V. Transportation of Consumers
- A. All traffic laws are followed by drivers transporting consumers.
 - B. Consumers and drivers are required to wear seat belts while vehicles are in motion.
- VI. Pets on the premises
- A. Consumer pets are not permitted on the premises of the direct care outpatient clinics.
 - B. Service and therapy animals with current vaccinations and licenses may be brought into a DCC clinic.
- VII. Smoking
- There is no smoking permitted. The DCCs have designated smoking areas outside the buildings that are clearly marked.
- VIII. Fire Drills
- A. Fire drills are conducted for staff members and consumers at the DCCs at least once every three months and on each shift. Documentation of each fire drill is created and includes:
 - 1. The date and time of the drill;
 - 2. The amount of time taken for all consumers and staff members to evacuate the facility;
 - 3. Any problems encountered in conducting the drill; and
 - 4. Recommendations for improvement, if any
 - B. Documentation of a fire drill is available for review for 12 months after the date of the drill.
- IX. First Aid Kit
- A. A first aid kit is maintained on the premises and is accessible to staff members.
 - B. The first aid kit contains the following supplies in a quantity sufficient to meet the needs of all consumers:
 - 1. Adhesive bandages;

2. Gauze pads;
3. Antiseptic solution;
4. Tweezers;
5. Scissors;
6. Tape;
7. Disposable medical grade latex and non-latex gloves that are marked and distinct;
and
8. Re-sealable plastic bags of at least one gallon size.

Associated Partners in Recovery Direct Care Clinic Forms & Attachments

None

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