

Title:	AZ Safety and Security				
Policy Number:	643	Effective Date:	01/23	Next Review Date:	01/24

POLICY: The Arizona Safety and Security Plan Policy is a plan to assist patients, staff and the neighborhood with identified risk factors and staff to respond appropriately to dangerous or high-risk behaviors, or situations and protect potential harm to patients, staff and the neighborhood. This policy shall meet the federal and state regulatory requirements of Arizona Health Care Cost Containment System, U.S. Department of Health and Human Services Substance Abuse and Mental Health Services Administration (SAMHSA) and the United States Drug Enforcement Administration (DEA) guidelines. Additionally, BHG/CBH is nationally accredited by CARF and JCAHO and exceeds all accreditation requirements for safety and security of staff, patients and the surrounding community.

SCOPE: Policy dictates that all persons identified as having risks of suicide, violence, or other risky behaviors develop safety plans with appropriate clinical staff. Staff shall develop patient management strategies to reduce potential harm to the neighborhood, staff and patients.

PROCEDURE:

1. The assessment will gather information on patients' personal safety risks including
 - A. History of past suicide attempts
 - B. Current suicidal ideation or risks of suicide
 - C. History of or current risks to others
 - D. Other high-risk behaviors including risks for overdose
 - E. Presence of domestic violence in current or past relationships
2. When the assessment identifies a potential risk for suicide, violence, or other risky behaviors, a safety plan is developed:
 - A. With the person served
 - B. As soon as possible
3. Safety Plans include:
 - A. Triggers
 - B. Current coping skills
 - C. Warning signs
 - D. Actions to be taken

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- E. Preferred interventions necessary for:
 - a. Personal safety
 - b. Public safety
 - F. Advance directives, when available
4. Staff and Security guard shall monitor the entire premises, including the parking lot and surrounding properties to reduce illicit transactions and potential harm to patients and the neighborhood including overcrowding in the parking lot or inside the premises. Staff shall assign patients treatment times if overcrowding occurs and patients seeing counseling staff shall be assigned appointment times when needed to reduce patient waiting times.
5. Workplace violence is defined as a single behavior or series of behaviors which constitute actual or potential assault, battery, harassment, intimidation, threats or similar actions, attempted destruction, or threats to clinic or personal property. (EX: verbal or physical threats, possession of a weapon or display of a tool or other instrument, physical actions or gestures that would be an intimidating effect, obscene and/or harassing phone calls, threatening comments regarding or reference to, violent events or behavior.
6. BHG/CBH strictly prohibits use of violence or threats of violence in the workplace and views such actions very seriously. The possession or weapons in the workplace, threats, threatening or menacing behavior, stalking, or acts of violence against employees, visitors, guests, patients or other individuals by anyone on company property will not be tolerated.
7. In the case of an active threat within the clinic or connecting clinic building, personnel shall follow directed actions to protect themselves and the patients first. If time allows, staff should protect and secure patient information and clinic property (medication, files) as well.
- A. Take verbal and written threats seriously: Always assume that somebody who threatens to use violence/weapons (ex: knives, guns, explosives or other weapons,) is both capable and willing to back up that threat with action
 - B. Alert supervisors to any concerns about safety or security immediately
8. Supervisor should activate alarm system and call 911. Notify Program Sponsor.
- A. Evacuate: if possible-(leave all belongings behind.) Meet in designated area.
 - B. Re-enter only with permission from appropriate authority
9. In the case of a threat with a weapon or display of a tool or other instrument, team members should follow directed actions:
- A. Remain calm, have an escape route and plan in mind that has been reviewed and practiced on drills

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- B. Keep your hands visible
 - C. Dial 911, if possible, if you cannot speak, leave the line open and allow the dispatcher to listen.
 - D. React quickly if gunshots are heard or seen fired, by securing yourself and anyone you can safely help
 - E. Evacuate staff and patients from the building-if it is the safest option
 - F. Hide out: block entry to your hiding place and lock the doors
10. All emergency plans and procedures are:
- A. Communicated to all staff members through policy and annual in-service training
 - B. Unannounced tests in the presence of largest number of personnel during operating hours
 - C. Reviewed and revised annually by Health and Safety Designate
 - D. The drills are analyzed for performance improvement and are evidenced in writing
 - E. Protect the neighborhood
11. Emergency Plans address:
- A. Workplace threats and violence (e.g., bomb threat, hostage situation, and robbery)
 - a. In the case of an attempted robbery or robbery, the primary concern of Management is the safety of the employees. It is the policy of the clinic that all employees understand that procedures to follow are clear:
 - i. Give up methadone; staff is not expected to resist
 - ii. Set the alarm by pushing panic button as soon as possible
 - iii. Call police immediately
 - iv. Notify supervisor; if unable to reach, notify director
 - b. In the case of a bomb threat, all staff will secure and evacuate its offices immediately and met at a designated location for a staff count. Personnel will notify the surrounding offices and businesses and notify the police. Clinic staff are not expected to re-enter the facility until clearance from appropriate authority is received.
 - c. In the case of a hostage situation, clinic staff is directed to act in the safety of all personnel and patients. The appropriate agency should be contacted if possible.

Staff should cooperate with the situation to protect all personnel and patients involved.

B. Fire

- a. In the case of a fire within the clinic or connecting clinic building, personnel shall follow directed procedures to protect themselves and the patients first. If time allows, staff should protect and secure patient information and clinic property (medication, files) as well. Procedures state:
 - i. Personnel and patients should proceed outdoors and meet at the designated location and wait for supervisor to do a count to ensure all staff is present
 - ii. Supervisor should activate alarm system and wait for appropriate authorities to respond
 - iii. Re-enter only with permission from appropriate authority
 - iv. Notify supervisor and Program Sponsor

C. Medical Emergencies

- a. In the case of a medical emergency, staff is expected to follow the outlined procedures:
 - i. Appropriate staff will become involved and 911 will be called if necessary
 - ii. If possible, patient will be given information regarding immediate referral to appropriate medical facility (hospitals, clinics, mental health agency, etc.)
 - iii. Transportation shall be arranged by staff for appropriate medical transport. Contact emergency personnel at the nearest hospital, dial 911, or the emergency room.
 - iv. Necessary follow up by clinic staff will occur, including notification of the patient's family by phone at the earliest possible time by medical staff
 - v. Documentation of event will be placed in patient files and incident report log

D. Natural Disasters

- a. In the case of a natural disaster, staff will follow appropriate procedure per specific disaster type:
 - i. Flood - In the case of flooding where the facility must be closed due to inaccessibility of the clinic location, patients are to temporarily dose at

another clinic in which the clinic has a Qualified Service Organizational Agreement (QSOA). Information regarding temporary and emergency dosing is always posted in the clinic.

- ii. Earthquake - In the case of an earthquake, all persons in the facility are instructed to take immediate shelter in structurally reinforced areas (i.e. doorway, under table, desk, etc.). Following earthquake, personnel are instructed to inspect facility, if possible, for damages and possible impending danger (i.e. fires, gas leaks, facility damage) and take appropriate actions.
- iii. Blizzards, Ice Storms and Snowstorms - In the case of a blizzard, ice storm or snowstorm and the staff are unable to make it into the clinic at the opening of business, patients are instructed on intake to call and listen to the answering machine for instructions as to when the clinic will be opening. If nursing staff is unable to get to the clinic, they are instructed to call the highway department to get them to the clinic.
- iv. Hurricane - In the case of a hurricane where the facility might be closed due to the necessity to evacuate, management will take appropriate measures to ensure that take-home doses have been prepared in advance and that approval has been obtained from the State Opioid Treatment Authority (SOTA) for emergency take-out measures. For extended evacuations or if damage to the facility occurs which makes it impossible to reopen immediately, patients will be instructed to continue dosing at the clinic with which we have a QSOA

E. Utility Failures

- a. In the case of a utility failure, staff will follow appropriate procedures to ensure safety of personnel and patients. The clinic is equipped with emergency lighting and/or alternate lighting sources (flashlights). When appropriate and safe, Health and Safety Designate will attempt to contact Power Company for assistance.

F. Crisis Management Plan

- a. The clinic has entered into a Qualified Service Organization Agreement (QSOA) with at least one other service provider that is willing to offer emergency medication dosing services to patients in the event of an emergency that would leave the clinic and/or facility unable to provide services. This QSOA and the emergency dosing procedures are always made known to patients, through posted notices in patient common areas.

G. Safety during Violent or Other Threatening Situations

- a. Violent or other threatening situations may include explosions, gas leaks, biochemical threats, acts of terrorism, use of weapons. In this case the facility must be closed due to inaccessibility of the clinic location; patients are to temporarily dose at another clinic. The clinic has entered into a Qualified Service Organizational Agreement (QSOA) with at least one other service provider that is willing to offer emergency medication dosing services to patients. The QSOA and the emergency dosing procedures are always made known to patients, through posted notices in patient common areas.

H. Bomb threats

- a. In the case of a bomb treat within the clinic or connecting clinic building, personnel shall follow directed procedures to protect themselves and the patients first. If time allows, staff should protect and secure patient information and clinic property (medication, files) as well. A bomb threat may come to the attention of the receiver in various ways. It is important to compile as much information as possible. Keep in mind that most bomb threats are false and are primarily intended to elicit a response from the building occupants. In the case of a written threat, it is vital that the document be handled by as few people as possible as this is evidence that should be turned over to the local police department. If the threat should come via e-mail, make sure to save the information on your computer. Most bomb threats are transmitted over the telephone; thus, the following instructions will be provided with that assumption. Procedures state:

- i. Personnel and patients should proceed outdoors and met at the designated location and wait for supervisor to do a count to ensure all staff is present
- ii. Supervisor should call and wait for appropriate authorities to respond
- iii. Re-enter only with permission from appropriate authority
- iv. Notify supervisor and Program Sponsor

1. Immediate Action

- a. Remain calm and immediately refer to the attached bomb threat checklist. If applicable, pay attention to your telephone display and record the information shown in the display window.
- b. The objective is to keep the caller on the line for as long as possible to attempt to gather as much information as possible. Try not to anger the caller at any time.

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- c. While engaging the caller, pay attention to any background noise and distinctive sounds (machinery, traffic, other voices, music, television, etc.).
- d. Note any characteristics of the caller's voice (gender, age, education, accent, etc.).
- e. Attempt to obtain information on the location of a device (building, floor, room, etc.).
- f. Attempt to obtain information on the time of detonation and type of detonator.
- g. Immediately after the caller has ended the call, notify the local Police Department at 911. If possible, call 911 using a different phone while keeping the caller on the line.
- h. If the threat was left on your voice mail, do not erase.
- i. Notify the immediate supervisor within your work area.
- j. If an evacuation occurs all persons outside of the building should keep away from windows and other glass areas. If the structure is affected persons should seek shelter in another building or in an area directed.

I. Sentinel Event (I.e. Pandemic Flu)

- a. In the case of a sentinel event like pandemic flu it could close down the entire agencies and/ or communities for a period of time. A QSOA, signed in cooperation with other MAT programs within the state is in place allowing patients to medicate at other facilities in case of such an event. Procedures state:
 - i. Notify agency that we will be sending our patients to them and get them a list of patients, medication amount and schedule
 - ii. Notify all patients that the clinic will not be open by phone, public radio, television and post it on the door of the clinic
 - iii. Instruct patients where they can receive their medication and the procedure they must follow (i.e. must have ID, lock box if receiving take homes)
 - iv. If available central registry can be utilized to obtain information on patient's status in treatment

J. Safety Inspections - Internal:

1. The self-inspection will be performed by Health and Safety Designate.
2. The self-inspection is to be performed at a minimum of a two per year.
3. The self-inspection will be in a written checklist format.
4. The self-inspection will include:
 - i. Overall building inspection
 - ii. Presence of physical barriers
 - iii. Emergency lighting system
 - iv. Security systems
 - v. Alarm Systems
 - vi. Emergency supplies
 - vii. Fire extinguishers
 - viii. Emergency phone numbers
 - ix. Hazardous waste and disposal systems
 - x. Medications kept secure and safe
 - xi. Trash container area
 - xii. Recommendations for areas needing improvement
 - xiii. Actions taken to respond to the recommendations
5. Documentation of results will be kept in the Health and Safety Log.
6. Needed corrective actions will be completed immediately upon approval of the Program Sponsor.
7. Any corrective actions taken will be noted on the documentation of the inspection.
8. Health and safety methods, policies, procedures and plans that are insufficient will be revised or updated as needed.
9. The clinic staff and patients has immediate access to:
 - i. First aid expertise
 - ii. First aid equipment

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iii. First aid supplies

10. The location of the equipment will be listed on all equation routes, the information board & on the door of the cabinet equipment is located. It will be located on an easily accessible location. There will be a trained first aid expertise at clinic during clinic hours. If the incident is not treatable with first aid the proper intervention will be called.

K. Safety Inspections - Internal:

1. Program Sponsors have designated the following agencies to perform facility health and safety inspections:
 - a. Fire Department representative (state or local level)
 - b. A representative of a local health department
 - c. Licensed or registered safety engineer
 - d. Drug Enforcement Administration (DEA)
 - e. Commission on Accreditation for Rehabilitation Facilities (CARF)
2. All facility inspection reports and evaluations will be kept in the Health and Safety Log
 - a. Inspection documentation may include a report, checklist, letter, or appropriate format
 - b. If inspector is reluctant to produce a report, Health and Safety designate will produce a report with findings as accurately as possible. This report must be submitted back to the inspecting party.
3. All inspections will be summarized on a clinic internal form title External Agency Facility Inspections stating notice of inspection, the areas inspected, recommendations for the areas needing improvement, actions taken to respond to the recommendations, documentation retained from inspection and notice of forward to program sponsors. Copies of all inspection reports along with summary form will be forwarded to Program Sponsors.
4. Any corrective actions needed, per inspection report, will be organized by the Health and Safety Designate. Corrective actions are to be completed as soon as possible, upon approval of Program Sponsors
5. All patients, staff, and visitors (as applicable) are informed of the clinic policy regarding illegal, legal, and prescription drug:

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- a. Illegal drugs brought into the clinic by patients, staff or visitors shall be handled as follows:
 - i. Do not touch the substance – especially if the substance is unknown.
 - ii. If for whatever reason it must be moved, then gloves need to be worn. If we are dealing with a powdered substance the team members need to wear additional PPE to protect their eyes, nose and mouth.
 - iii. A team member can monitor the area so no one else will disturb the substance or unknowingly pick it up.
 - iv. Local law enforcement should be called, and their guidance followed. They will likely collect the substance.
 - v. An Incident Report should be completed if law enforcement was involved.
- b. Legal or prescription drugs brought into the clinic by patients, staff or visitors shall be for the purpose of verifying prescriptions and shall not be retained at the clinic, legal drugs may include over-the-counter drugs, vitamins, herbs, and alcohol.
- c. Legal drugs being used illegally will be treated as an illegal drug.

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Related Policy and Procedures:

Standards:

Review Date:

Revision History:

Authorized By: