***Crisis and Emergency Interventions***

**12 VAC 35-105-700 & 710**

**Purpose**

To establish policy and procedures for prompt intervention in the event of crisis or

clinical emergency that occurs during screening and referral or during service delivery.

**Policy**

It is the policy of PAMCO CARE that all staff are trained to intervene in any crisis or

clinical emergency that may arise. Staff will be aware of procedures for accessing

emergency medical and psychiatric services at all times. PAMCO CARE staff will

assess each contact to determine if it involves a crisis or emergency and when an

immediate medical or mental health risk is identified, take action to connect the

individual with appropriate crisis or emergency services.

**Definition**

A crisis or clinical emergency exist if the following situation occurs:

* + - Severe depression
    - Suicide gesture or attempt
    - Gross disorientation, bizarre behavior, delusions that may lead to serious impairment of functioning
    - Acute situational or gross stress leading to bizarre actions
    - Delusional ideations
    - Intoxication with alcohol or drugs which leads to a psychotic like behavior (delirium, hallucinations, tremors, etc.)
    - Episodic behaviors which result in uncontrolled rage or destructive behavior
    - Threatening behaviors towards others, particularly with intent and a plan

**Procedures**

**General Guidelines**

As part of PAMCO CARE’s initial screening, the individual’s medical conditions,

including allergies and medication used, as well as emergency contact information for use in an emergency situation and any other information relevant to the particular individual with respect to medical or other emergencies. Individuals and/or their legally authorized representative are given an opportunity to sign releases to enable PAMCO CARE to act on their behalf in an emergency situation, should it become necessary. Individuals experiencing crisis or clinical emergency are assessed face-to-face by PAMCO CARE’s program director during the initial screening and/or at admission and service provision. This staff will receive arrangement for crisis or clinical emergency evaluation and intervention services by a physician and mental health crisis services.

PAMCO CARE individuals will have his/her own physician in the community who will provide for on-going medical needs. PAMCO CARE will utilize physicians that are part of medical practices or health maintenance organizations that provide 24-hour on-call physician backup services. In emergency situations, the staff will immediately notify the individual’s physician or his designee and follow the physician’s instructions. This will be documented in the individual’s record.

Any crisis situation of clinical emergency which arises is documented on PAMCOCARE’s Crisis Emergency Intervention Form. This form captures the date and time of the incident and the name of the individual and others present, the nature of the emergency, the precipitating factors, if any, the intervention/treatment provided and the outcome. Progress notes will be maintained documenting continued intervention related to the incident or emergency situation.

**Intervention during a Medical Emergency**

PAMCO CARE will ensure that all clinical services, including medical services and

treatment, are at all times delivered within sound therapeutic practices. In the event of a medical emergency, the support service staff on duty is accountable for assessing emergency conditions and determining the appropriate intervention. In a medical emergency, the support service staff will perform the following steps as necessary:

1. Follow basic first aid/life support procedures
2. Use the first aid kit, if required.
3. Call 911 for an ambulance to be dispatched to the facility or call the individual's physician depending on the seriousness of the situation. Physician services will be accessed through the nearest hospital emergency room.
4. Notify the program director, team leader(s) of any medical emergency situation as soon as possible. The program director will notify the legal authorized representative and the CEO.
5. Provide the emergency service personnel with the completed Emergency Medical Information Form for the individual. This form will be sent with the individual if transported to an emergency medical facility.
6. Stay with the individual until the emergency service personnel assume care for the individual. If you are the only staff member on duty; before accompanying the individual to the emergency facility, make sure staff relief coverage has been obtained to manage the other individuals. After which, immediately proceed to the emergency medical facility to accompany the individual. If another staff member is on duty, accompany the individual either in the emergency vehicle or immediately follow the emergency vehicle in the organization vehicle and remain with the individual until relieved by another staff member.
7. The location and emergency telephone numbers of nearest hospital, rescue squad, poison control center and police will be posted on or beside each telephone inside the home.
8. Maintain a written record in the individual's record and complete an Emergency Medical Information Form.

Medical emergencies include, but are not limited to:

* Unconsciousness
* Difficulty breathing
* Not breathing
* Loss of pulse
* Persistent chest pain
* Severe bleeding that does not stop
* Deep burn on the face or neck
* Pain in the abdomen that does not go away
* Vomiting blood
* Seizures (if there is no history or protocol in place)
* Severe injury to the head
* Appears to be poisoned (call Poison Control Center-1-800-222-1222)
* Possible broken bone(s)
* Choking (when a person becomes unconscious)
* Severe allergic reactions
* Eye trauma
* Stroke
* High fever
* Electrical shock

**Intervention during Behavior/Psychiatric Emergency**

In the event of behavioral/psychiatric emergencies, the support service staff on duty will perform the following steps as necessary:

1. When an individual exhibits behavior that poses an immediate threat to self or others, staff will follow the emergency Behavior Intervention Plan.
2. If the level of the individual's behavior does not present an imminent danger to himself or others, the staff will contact the individual's physician, mental health professional and case manager at the CSB for consultation and guidance in management of the crisis.
3. If the level of the individual's behavior presents an imminent danger to self or others, the staff will telephone police or trained medical personnel (rescue squad). The crisis intervention service at the CSB will also be notified.
4. Emergency telephone numbers will be posted on or beside each telephone inside the facility.
5. The program director will assess the situation to determine whether a behavioral or psychiatric emergency exists. The program director will provide on-going intervention for the crisis and/or monitoring of the individuals until the crisis is resolved or the individual is placed in a clinical appropriate environment.
6. The incident will be documented in the individual's record on the Crisis/Emergency Intervention Form.
7. The program director will immediately notify the CEO and the individual's legally authorized representative, if there is one and the advocate if an emergency results in harm or injury to any individual.
8. Required documentation in the individual's service record of all facts and circumstances surrounding the emergency. The documentation will include, but are not limited to:
   * + The date and time of the emergency.
     + Identification of the individual in crisis.
     + Name of the physician contacted.
     + Time all telephone calls were made.
     + Summary of the incident and intervention, including physician notification and instructions and implementation of instructions.
     + Time any drugs were administered and which ones.
     + Outcome of the intervention to include the time individual recovered or was moved to emergency medical facility.
     + Recommendations for further services.

**Employee Responsibilities**

The program director is responsible for assuring that direct support service staff becomes familiar with policies and procedures regarding crisis or clinical medical emergencies. The program director's duties include, but are not limited to the following:

Further assessing the emergency situation to ensure that the best care possible is

granted to the individual:

* + - Notify the individual's family, guardian(s) and/or legally authorized representative of the individual (date and time)
    - Notify the Department of Behavioral Health and Developmental Services
    - Notify the Department of Human Rights (if applicable)
    - Notify the CEO

PAMCO CARE will assign the program director to carry out each of the following

activities:

* + - Medical, mental and behavioral screenings and assessments, as applicable, upon admission and during provision of services;
    - Preparation, implementation and appropriate changes in an individual services plan based on the on-going review of the medical, mental and behavioral needs of the individual receiving services;
    - Preparation and implementation of an individual's discharge plan;
    - Services provided in response to emergencies or crises will be deemed part of the services plan and thereafter documented in the individual service plan.

**Location of Emergency Medical Information**

Staff will maintain confidentiality and a current Emergency Medical Information Form for each individual that is readily accessible at all times for use in a medical emergency. It will be maintained in each individual's file and the Vehicle First Aid Kit. This form will be sent with the individual if transported to an emergency medical facility. It may be given to rescue squad personnel, first responders or taken by staff to the emergency medical facility.

***Health and Safety Management Universal Precautions***

PAMCO Care adopts the Centers for Disease Control (CDC) recommendations that pre- cautions for bloods and certain body fluids be followed in the care of all individuals. These guidelines are commonly referenced as universal precautions; describes procedures that all categories of workers should follow if they have contact with blood or bodily fluids.

Universal precautions have been promulgated to protect workers from contact with the blood and body fluids of all persons. Workers are advised to adhere rigorously to universal precautions and infection control precautions that reduce the risk of exposure to blood and body fluids. Universal precautions do not eliminate the need for other categories of disease specific isolation precautions, such as enteric precautions for infectious diarrhea or isolation for pulmonary tuberculosis.

Universal precautions are intended to prevent percutaneous, mucous membrane and non-intact skin exposure of workers to pathogens from persons with symptomatic and asymptomatic blood borne infections. By CDC definition, these precautions apply to:

* Blood and any body fluids containing visible blood
* Semen and vaginal secretions
* Tissues and cerebrospinal, synovial, pleural, peritoneal, pericardial and amniotic fluids

They do not apply to urine, feces, nasal secretions, sputum, saliva (except for dental workers), tears, sweat and vomit unless they contain visible blood or breast milk (except in circumstances where frequent exposure is likely, e.g., in a milk bank). A worker should observe all reasonable precautions whenever he or she has any doubt or concern. These precautions do not eliminate the need for specific isolation and infection procedures for persons diagnosed with infectious diseases known to have other routes of transmission (e.g., enteric precautions). All laboratory specimens from all persons should be treated as bio-hazardous.

**Procedures**

1. All workers should routinely use appropriate barriers precautions to prevent skin and mucous membrane exposure when contact with blood or other body fluids. All workers should use good hygiene practices at all times. These precautions should be directed toward protecting both workers and individuals.
2. Hand washing is the single most important and effective way to prevent the spread of an infectious organism. Soap and water or an acceptable germicidal hand washing solution should be used. Hand washing should be done before and after all aspects of direct physical contact. Hands should be washed after removing gloves. Hands and other involved skin surfaces should be washed immediately and thoroughly after any physical contact with blood or other body fluids.

1. Gloves should be worn for handling blood or anything soiled by other body fluids containing visible blood or touching open lesions. Gloves should be worn for drawing blood, starting or removing intravenous lines and collecting (including finger stick blood sampling) and handling specimens. Gloves should be changed between contact with one person and another. Disposable gloves should not be reused. Only utility gloves used in housekeeping and similar activities may be reused after washing and air drying. Gloves should be worn by any worker with cuts, skin breaks or open lesions on his/her hand. Soiled gloves should be disposed of in a plastic bag.
2. Mask and protective eyewear should be worn to prevent exposure of mucous membranes of the mouth, nose and eyes. Masks and goggles or face shields should be worn during procedures that are likely to generate droplets or aerosols of blood and other body fluids containing visible blood (e.g., wound irrigation, orthopedic procedures, endoscopies, and dental procedures). Eyeglasses do not offer complete protection in situations when fluids are released under pressure.
3. Use of resuscitation masks are advised when cardiopulmonary resuscitation is required. Employees will receive ongoing, documented in-service training on the use of resuscitation devices. Resuscitation masks should be easily available in individual care areas. An individual airway should be established and chest compressions performed according to established CPR procedures. Gloves should be worn when clearing the mouth.

**Note: Life saving measures should not be withheld or abandoned for lack of protective equipment.**

While saliva has not been implicated as significant in HIV transmission, the presence of blood in the mouth during mouth to mouth resuscitation should be treated as an exposure.

1. All workers should take care to prevent injuries caused by needles, scalpels, razors and other sharp instruments or devices during procedures. Extreme care should be exercised when cleaning used instruments after procedures. A tool, such as a Kelly clamp or pliers should be used when necessary to avoid handling soiled sharps. To prevent needle stick injuries, needles should not be recapped, cut, bend, broken, removed from disposable syringes or other manipulated. Health care workers should avoid startling persons handling sharps. Workers intending to use sharps should plan and organize their activities in consideration of all involved. Workers performing invasive procedures on uncooperative individuals should obtain competent assistance before beginning. Particular care should be taken with non-disposable sharps, e.g., spinal needles. Preparation for the after-use handling of such sharps should be completed before use.
2. Sharp containers should be puncture resistant and leak proof. Containers should be kept near locations.

***Infection Control Procedures***

To provide a safe and healthy environment for the individuals of staff of PAMCO Care the following infection control procedures are to be followed by all staff:

1. When caring for an incontinent individual, gloves must be worn when toileting, changing or cleaning individuals that are either incontinent or that require assistance to use the restroom. Gloves must be also worn during any cleanup of the area. Wearing an apron or scrub jacket can also be done to prevent contamination of clothing. Hand washing should be done after any intervention with an individual and before contact with another individual.
2. When doing wound and skin care, gloves must be worn at all times by staff when providing care to individuals. This includes the application of ointments or creams, especially to skin area of the nose or eyes. Gloves with good hand washing techniques are the best barriers with skin care. The use of special applicators should be done by the program nurse as should all wounds and skin care. Proper sterile techniques and the proper disposal of wound dressing are very important. Contaminated dressings should be disposed of in plastic bags, with the soiled gloves and tightly sealed and double bagged. Disposal of the bags should be given special consideration by all staff.
3. In the event there is a contaminated spill, staff should:

* Wear heavy-duty rubber gloves
* Absorb as much of the spill with paper towels or other absorbent materials
* Cover the area with disinfectant soaked towels and then carefully pour disinfectant around the spill. A more concentrated disinfectant may be required, as the disinfectant may be diluted by the spill.
* Wipe the surrounding areas where the spill may have splashed with disinfectant
* Soak up the disinfectant and the spill and place the materials in double bagged plastic bags
* Spray the area with ten percent household bleach solution and allow to air dry (or wipe down with disinfectant soaked towels after a ten-minute period).
* Place all contaminated paper towels and any contaminated protective clothing into double bagged plastic bags and dispose of properly
* Wash hands and exposed skin areas with disinfectant or antiseptic soap and water

**Special situations:** The program director or designee is responsible for alerting, advising and training staff on the correct infection control techniques in special situations of individual care. Protocols will be developed as needed.

**Health and Safety: Communicable Diseases Policy**

PAMCO Care’s decisions involving persons who have communicable diseases shall be based on current and well-informed medical judgments concerning the disease, the risks of transmitting the illness to others, the symptoms and special circumstances of each individual who has a communicable disease, and a careful weighing of the identified risks and the available alternative for responding to an employee with a communicable disease.

Communicable diseases include, but are not limited to, measles, influenza, viral hepatitis-A (infectious hepatitis), viral hepatitis-B (serum hepatitis), human immunodeficiency virus (HIV infection), AIDS, AIDS-Related Complex (ARC), leprosy, Severe Acute Respiratory Syndrome (SARS) and tuberculosis. PAMCO Care may choose to broaden this definition within its best interest and in accordance with information received through the Centers for Disease Control and Prevention (CDC).

PAMCO Care will not discriminate against any job applicant or employee based on the individual having a communicable disease. Applicants and employees shall not be denied access to the workplace solely on the grounds that they have a communicable disease. PAMCO Care reserves the right to exclude a person with a communicable disease from the workplace facilities, programs and functions if the organization finds that, based on a medical determination, such restriction is necessary for the welfare of the person who has the communicable disease and/or the welfare of others within the workplace.

PAMCO Care will comply with all applicable statutes and regulations that protect the privacy of persons who have a communicable disease. Every effort will be made to ensure procedurally sufficient safeguards to maintain the personal confidence about persons who have communicable diseases.

**Health and Safety: Bloodborne Pathogens Policy**

This policy pertains to spills of blood or other body fluids. It is not a first aid/emergency response procedure. This policy is specific to *clean-up* of such fluids.

**Procedure**

1. In the event of a serious injury resulting in release of blood or other body fluids which could contain pathogens (e.g., HIV or HBV), the first step is to treat the injured party. Personnel should familiarize themselves with PAMCO Care First Response Team for this purpose.
2. Spilled body fluids should ***not*** be cleaned up without the appropriate protective equipment and materials specifically designated for such fluids. In the case where spilled body fluids need

clean-up, this procedure **must be followed** by all personnel:

* 1. Advise the Supervisor on duty. The supervisor should be aware of the individual(s) doing the actual clean-up and the purpose of the cleanup.
  2. Clean up the spilled fluids as follows:
     1. Put on protective gloves.
     2. Spread the absorbent material on the spilled body fluids, (e.g., paper towels) or use the Emergency First Responder Pack kit located in the medical supply cabinet.
     3. **Neutralize** the potential pathogens with a 10% bleach-with-water solution or use the solution provided in the Emergency First Responder Pack. Cover the spill for 15 minutes.
     4. Use paper towels to pick up material as best possible. Place all potentially contaminated materials in a *leak-proof* plastic bag.
     5. Sweep/mop-up any additional neutralized/absorbed fluids and place in the *leak-proof* bag.
     6. Clean sweep/mop materials with hot, soapy water. Lastly, remove gloves from inside-out and place in the bag.
     7. Secure the bag and discard it as other trash.
     8. Wash hands thoroughly in hot, soapy water.

1. After all activity is completed and checked by the supervisor; the supervisor should complete an accident/near miss investigation form or incident report, whichever is appropriate.

**Health & Prevention: Stopping the Spread of Germs at Work Policy**

**How Germs Spread**

Illnesses such as the flu (influenza) and colds are caused by viruses that infect the nose, throat and lungs. The flu and colds usually spread from person to person when an infected person coughs or sneezes.

**How to Help Stop the Spread of Germs**

* + 1. *Cover your mouth and nose when you sneeze or cough.*

Cough or sneeze into a tissue and then throw it away. Cover your cough or sneeze if you do not have a tissue. Then, clean your hands and do so every time you cough or sneeze.

* + 1. *Clean your hands often.*

When available, wash your hands with soap and warm water, then rub your hands vigorously together and scrub all skin surfaces. Wash for 15 to 20 seconds. It is the soap combined with the scrubbing action that helps dislodge and remove germs. When soap and water are not available, alcohol-based disposable hand wipes or gel sanitizers may be used. If using a gel, rub the gel in your hands until they are dry. The gel doesn't need water to work; the alcohol in the gel kills germs that cause colds and the flu.

* + 1. *Avoid touching your eyes, nose or mouth.*

Germs are often spread when a person touches something that is contaminated with germs and then touches his or her eyes, nose or mouth. Germs can live for a long time (some can live for two hours or more) on surfaces like doorknobs, desks and tables.

* + 1. *Stay home when you are sick and check with a health care provider when needed.* When you are sick or have flu symptoms, stay home, get plenty of rest and check with a health care provider as needed. Remember: keeping your distance from others may protect them from getting sick. Common symptoms of the flu include:
* Fever (usually high)
* Headache
* Extreme tiredness
* Cough
* Sore throat
* Runny or stuffy nose
* Muscle aches
* Nausea, vomiting and diarrhea
  + 1. *Practice other good health habits.*

Get plenty of sleep, be physically active, manage your stress, drink plenty of fluids and eat nutritious food. Practicing healthy habits will help you stay healthy during the flu season and all year long.

For more information, visit [www.cdc.gov/flu](http://www.cdc.gov/flu) or call the CDC Flu Information Line at (800) CDC-INFO

***Emergency Preparedness and Response Plan***

**Employees will appropriately respond to emergencies as described below:**

*This plan is generalized to the residential program. Some of the features of this plan, may not be applicable to the supported employment program as this program is based in the community.*

The program director will establish and document contact with the local emergency coordinator to determine local disaster risks and community-wide plans to address disasters in emergency situations. In preparation for watch/warning information updates or need for actual movement to shelter locations in the community all personnel will be prepared to make contact with the following Emergency Operations Contact Centers (in the order listed) and seek advice on severity of conditions, nearest emergency shelters or needed assistance:

Harnett County Emergency Management Office

P. O. Box 370 Lillington, NC 27546 (Mail)

1005 Edwards Brothers Drive (Phys)

Lillington, NC 27546

American Red Cross

870 Carol St.

Fayetteville, NC 28303

(910) 867-8151

United Way

17494 Us Highway 421 S.

Dunn, NC 28334

(910) 892-1733

The team leader(s) will provide at each service location a Policy and Procedure manual for staff access, reference, and instruction on emergency preparedness procedures. All staff will receive initial training upon hire during orientation of all emergency preparedness procedures. Fire drills will be conducted monthly. All staff will receive information and training on location and use of emergency supplies and equipment. Personnel on duty will have access to facility keys and secured areas of program to retrieve medications and necessary documents that may be required in the event individuals need to relocate.

***Emergency Telephone Numbers***

|  |  |  |
| --- | --- | --- |
| **ORGANIZATION** | **OFFICE TELEPHONE** | **Emergency or After Hours Telephone No.** |
| Fire Department | 911 | 911 |
| Law Enforcement | 911 | 911 |
| Ambulance/Rescue Squad | 911 | 911 |
| Poison Control Center | 1-800-222-1222 | 1-800-222-1212 |
| Hospitals: Central Harnett Hospital | **(910) 892-1000** | **(910) 892-1000** |
| Primary & Urgent Care: Edgewater Medical Center & Urgent Care | 910-893-4111 | 910-893-4111 |
| Alarm System: ADT Security Services | 1-866-686-3556 | 1-866-686-3556 |
| Department of Health: Harnett County | Local: 910-893-7550 | 910-893-7550 |
| Department of Social Services: Harnett County | Local: 910-893-7550 | 910-893-7550 |
| Community Service Board: Harnett County | (910) 893-7500 |  |
| Crisis Intervention, Mental Health or Suicide Crisis Line—CSB |  | 911 |
| Humanitarian Aid: Red Cross | (910) 867-8151 |  |
| United Way Services | (910) 892-1733 |  |
|  |  |  |
| Insurance Notifications/Claims |  |  |
| Plumbing Problems |  |  |
| Transportation Services: | [(910) 814-4019](https://www.google.com/search?q=harnett+county+transportation+services&rlz=1C1ZKTG_enUS822US822&oq=harnett+county+transportation+service&aqs=chrome.0.0j69i57.7919j0j4&sourceid=chrome&ie=UTF-8) |  |
| Utility Outages:  Utility Outages:     Electric: Duke Energy           Gas: Piedmont Natural Gas Company     Water and Sewer: Harnett County Department of Public Utilities | 910-893-7575 | 910-893-7575 |
| Telephone/Communications: Century Link | 800-366-8201 | 800-366-8201 |

In the event of an emergency, the program director or designee will make available at all times the following items:

* Portable Emergency Telephones
* Mapped location of all utilities access panels (circuit breaker, fuse box, water shut off valve, gas valve)
* Emergency Telephone List (Police, Fire, Rescue, Ambulance, 2 Local Hospitals, Utilities companies, Poison Control Center, Program Management Staff on-call or after-hours numbers)
* Emergency Food Supply
* Prepared Grab Duffle Bag for each individual
* First Aid Kit
* Portable Emergency Locked Medication Box
* Battery powered radio or television
* Battery powered flashlights or lanterns with back up batteries

The program director or designee will complete a monthly inspection of emergency preparedness kits and supplies to ensure items are available, current and adequate for staff and individuals in the residence.

All personnel will follow the Emergency Preparedness Plan in the event of an emergency involving any of the following:

**NATURAL DISASTERS**—In the event of an area warning for: tornado, hurricane, flood, earthquake, snow/ice storms, drought, windstorms, etc.), all personnel on premises will follow the follow procedures:

* Account for each individual and quickly assess their mental/physical status
* Contact the administrator or immediate supervisor to provide updates and obtain relevant instructions
* Tune local radio and/or television to Emergency Broadcast Stations for weather updates ·
* Mobilize individuals to safest part
* Continue to follow all instructions provided by Emergency Operations Contact Centers & Emergency Broadcast Stations

**If it is determined that an EVACUATION OF THE RESIDENCE is required in the**

**best interest of individuals and personnel, the following EVACUATION PROCEDURES should take place by personnel on duty:**

* Obtain address, telephone number and accurate directions to shelter, alternate program, other residential facility or hotel.
* Staff will obtain for each individual a prepared grab duffle bag located in respective closets which contain: two (2) changes of sweat shirts, pants, underwear, socks, pajamas, travel size personal care items/grooming items, one (1) bath towel, hand towel, wash cloth and demographic identification cards.
* All prescribed and OTC medication and treatments will be gathered and mobilized to one portable locked medication box, any refrigerated medication will be placed in mobile thermal cooler surrounded by ice pack or packed ice, ready for transport.
* Medication Administration Log will be transported with individuals to new location.
* Individual fact sheet and emergency contact information will be temporarily placed in medication administration log and transported to new location.
* The First Aid Kit will be locked and transported with individuals to new location.
* Personnel will gather all crucial adaptive equipment & assistive medical devices/supplies for individual use.
* Personnel on duty will document emergency relocation destination on **EVACUATION REPORT FORM** for all individuals and leave that information placed on bulletin board in main office before departing.
* Personnel will remain in contact with management and transport the Daily Communication Log, a list of all personnel and local emergency telephone numbers and sufficient progress notes for daily documentation to new location.
* Personnel will gather all relevant keys to property and vehicle and ensure the facility is secured.
* Individuals will be escorted to new location, closely supervised and supported, and staff will maintain a head count of each individual every hour.
* The program director or designee will be responsible for contacting the DBHDS Office of Licensing and interested family members, to provide status and location of all individuals within 72 hours of relocation.
* The program director or designee will coordinate movement back to program once deemed appropriate and safe.
* The program director or designee will document the event on the programs incident report.

**SEVERE INCLEMENT WEATHER**—In the event of severe or inclement weather this residential service program will continue to provide services 24 hours a day, 7 days a week, including holidays. The supported employment program will operate services when it is safe to do so again. The staffing pattern will remain at the appropriate ratio for staff to individual and hours will remain constant, therefore all personnel will be expected to report to work as scheduled.

If staff is unable to drive to work as scheduled, attempts will be made by the management staff or their emergency designee drivers to transport staff to work for scheduled shifts. Regardless of conditions, staff on duty will remain on duty until staffing relief is available (staff will be instructed to prepare an emergency duffle to remain in their cars for such unexpected extended stays at the program). The administrator and designee will make reasonable accommodations for detained staff to reduce risk of impaired judgment while supervising individuals.

**Individuals** will not be transported anywhere by staff if road conditions pose an unsafe and hazardous risk. If emergency evacuation & travel becomes necessary, staff will contact the immediate supervisor for special instructions or the local Fire and Rescue Department at 911. Once destination is obtained, personnel will follow the EVACUATION PROCEDURES.

**FIRE**—In the event of an actual fire, smoke, or gas leak, personnel on duty will:

* Personnel on duty should attempt to locate source of smoke, fire or gas fumes.
* Sound fire alarm and yell "fire" as a trigger for individuals and other persons to evacuate home immediately.
* Check bedroom and common living areas for persons still in home, assist persons as needed to safest exit and evacuate.
* Attempt to contain the fire, using the fire extinguisher if deemed possible and safe.

* Gather and account for each individual then CALL 911 FIRE RESCUE using the programs emergency telephone or nearest neighbor home telephone, provide address and general location.

**GAS**—In the event of a gas leak, personnel on duty will:

* If deemed as a possible gas leak, staff will open windows, turn off main electrical switch, and evacuate all persons from residential facility, then contact the local utilities company for immediate inspection. If deemed safe staff will also: turn off gas connection to home from main valve. No one will return until deemed safe by utility representative.
* Contact the team leader(s) or immediate supervisor for notification of problem and any special instructions.
* Team leader(s) or designee will document event on the programs incident report.

In the extreme event that staff and individuals are trapped inside the home and are unable to exit, personnel on duty will attempt to contain the fire as much as possible using the fire extinguisher, mobilize individuals to most accessible room for escape and keep door shut, if possible seal doorway with wet cloth. Staff should use a cordless or emergency telephone to CALL 911 FIRE RESCUE providing the address and location of the facility.

* If trapped from major exits and on first floor of program staff will evacuate individuals through nearest window as safely as possible.
* If trapped from major exits and on second floor of program staff will direct individual to uppermost part of the residence, and if possible seal doorway with wet cloth, open window, then hang a bright color sheet out the window for fire authorities to locate everyone faster. Staff will make use of fire ladders (if accessible} located in closet on second floor of program.
* In all circumstances, when everyone has been evacuated or rescued the program director and/or immediate supervisor will follow the Fire Marshall's instructions whether the home is safe to inhabit again or if deemed unsafe and relocation will be necessary.
* If emergency evacuation and travel become necessary, staff will follow the above **EVACUATION PROCEDURES** or proceed as instructed by management personnel.
* The program director or designee will contact family, legally authorized represent, and other relevant parties.

**LOSS OF UTILITIES**—The team leader(s) will immediately be responsible for contacting the local power supply company and place a one-time-request to be listed as a "priority reconnection service" based on the population served in the program. In the event there is a loss of power for heat and air conditioning and the temperature drops below 55 degrees or rises above 85 degrees, or there is a loss of gas or water services, the personnel on duty will:

* Check electrical or fuse box for tripped circuit or blown fuse. If circuit is tripped, staff will position switch to "on" position. If a fuse is blown, staff will obtain a new fuse and replace.
* Check home for restored electricity. If problem persists:
* Staff will contact team leader(s) or immediate supervisor to inform of loss utility and follow any special instructions.
* Staff will contact respective utility companies to immediately notify them of problem, document time of contact name of representative, and expected time of service restoration.

**If temperature is between 70–80 degrees residential staff will open windows for cross ventilation. Excess of 80 degrees, there may be a need to evacuate. If temperature is between 56-69 degrees, residential staff will provide individuals with additional layers of clothing. When temperature is at 55 or below, there may be a need to evacuate.**

* For electrical loss staff will turn on battery powered lanterns (in safety preparedness kit) for common living areas and assist individuals to obtain available flashlights from their bedroom closets, and other staff to obtain extra flashlights for bathroom use. NEVER BURN CANDLES FOR LIGHTING. If electrical or gas utility loss is expected to last more than 6 hours, management staff will prepare for safe use of available power generators. If deemed safe for individuals to remain in the program staff will maintain a close to normal schedule for the individuals. When power generators are not available as backup electrical sources, plans will commence to evacuate to a more appropriate facility by the 8th hour, and this plan will be coordinated by the immediate supervisor, individuals and staff on duty. Staff will follow EVACUATION PROCEDURES.
* If there is a serious water leak staff will turn off water at immediate water source within the home, or if a water pipe bursts staff will access the MAIN water shut off valve and turn "off'. When available, staff will utilize two large utility buckets with lids (emergency kit) and obtain/store water in bathrooms to help facilitate flushing and prevent septic waste build up in the toilets until plumbing issues are resolved and regular water access is restored.
* Drinking water will be used from emergency food supply. If body care is required, disposable body wipes will be used. If water utility loss is expected to last more than 6 hours, management will plan to evacuate to a more appropriate facility by the 8th hour and this will be coordinated by the immediate supervisor, individuals and staff on duty. Staff will follow EVACUATION PROCEDURES.

**MISSING PERSON**—at the first sign of individual missing personnel on duty will alert all other staff on duty, in order to secure & mobilize remaining individuals and assist with the coordination and search for individual not accounted for. Staff will contact administrator or team leader(s) to alert them of situation or to follow any special instructions. The administrator or team leader(s) will be available to physically assist or immediately contact additional staff to report to work to assist with missing person search. In the meantime, staff on duty should attempt to utilize neighbors to assist with the search by requesting that they inspect their property for the missing person. Staff searching for individual will carry the portable emergency telephone and provide this number to all individuals involved in search.

Staff will immediately begin an active search of the program and grounds of the

program; if in the community staff will retrace steps of all activities conducted. If after 10 minutes the search does not result in finding the individual, staff will continue to report status to immediate supervisor.

At the end of 10 minutes, and the individual has not been located the supervisor or staff member will call 911 POLICE for additional locality assistance. Staff will provide the police with the following information on missing person:

* Detailed physical description of individual and clothing worn that day.
* Detailed description of individuals' mannerisms, behavior characteristics, diagnosis and length of time missing.
* Picture of individual.
* Stress that all information about missing person will remain confidential, unless permission is granted by family or legally authorized representative to release details provided.
* Staff will document the names, times, and telephone numbers of contacted neighbors, and police officers arriving to assist.
* Staff will continue to update immediate supervisor assisting with situation.

If the individual has not been located within one hour of contacting the police, the immediate supervisor or staff person coordinating the search will contact the parents, legal authorized representative and case manager. The Program Director/CEO or immediate supervisor will contact the DBHDS Office of Licensing alerting them to the incident of missing person and providing available details within 72 hours of the incident.

When the individual is found by the staff member, staff approach to the individual will be calm. Staff will immediately contact the police to inform of location and any needed assistance. Staff will immediately observe individual for injuries, or other signs of distress. Staff will survey the area for obvious dangers to the individual and ensure staff safety, if judge to be safe staff will assist individual into their care and escort back to program. Staff should retrieve the individual in the least intrusive manner possible, always keeping in mind safety. If required, first aid will be applied to individual by staff. Staff will provide appropriate care, supervision and support to individual during the situation, but conversation will be kept to a minimum. There will be no negative discussion regarding the incident.

When deemed **unsafe** to approach individual, staff will request urgent assistance from police or 911 RESCUE.

If individual chooses to run, staff will make all efforts to maintain visual contact and follow the individual, with continuous efforts to deescalate the situation. Staff will keep police informed of location and also contact immediate supervisor to provide an update on events.

When individual has been returned to the program, all parties involved with search: staff, neighbors, police, family, case managers and DBHDC Office of Licensing will be notified and updated on individual's retrieval.

**Noted Exception of staff pursuit:** When an individual has demonstrated the capacity to understand his actions and has demonstrated some adaptive skills in common sense survival, and chooses to exercise his right to dignity at risk, and takes an unauthorized leave from the

program, and pose a physical threat to staff, he will be fully informed by staff of the potential consequences of the unauthorized leave, to include potential discharge from the program.

The individual will be extended 24 hours to return to the program on a probationary status. Staff will notify management, case management and relevant family members of events, and provide the individual with the program telephone number and immediate supervisors' number, in the event he would like transportation back to the program. The immediate supervisor or designee will immediately contact the local police and notify them of the individuals' unauthorized leave, and request for assistance. The supervisor will request that the police place the individual on the critical missing persons list for immediate pick up.

If the individual chooses not to return to the program within the identified time frame, discharge proceeding will begin and DBHDC Office of Licensing will be notified within 72 hours of events by the program/service director. The individual may have an opportunity to return to the program, however he will be required to complete the full assessment process again and all previous actions of elopement will be considered in defining his appropriateness for program admission.

The program/service director designee will document event on the programs incident report.

When an individual cannot be located, all local and statewide search efforts and resources will continue to be fully utilized in attempts to retrieve individual in a positive status.

**SERIOUS INJURY/ILLNESS**—In the event of serious injury or illness to an individual that requires emergency medical attention, the following protocols will take place:

* + - * **NON-LIFE THREATENING**: When possible, staff will transport individual to hospital for injury or illness.
      * **LIFE THREATENING**: Staff will call 911 AMBULANCE for immediate medical assistance.
      * Staff will contact immediate supervisor to advise and follow any special instruction.
      * Immediate supervisor will contact the CEO/Program Director, family, case manager and DBHDS Office of Licensing.
      * Immediate supervisor will coordinate appropriate staffing for remaining individuals at program, as needed.
      * When possible staff on duty will escort individual in ambulance as a resource for medical team and a familiar face for individual to remain calm. The individuals' medical record will be taken by staff, or given to emergency medical personnel, to the hospital to provide any relevant needed information to physicians on duty.
      * Staff accompanying individual to hospital will take detailed notes of all procedures and medical personnel assisting individual and provide updates to the immediate supervisor on individual progress and potential staffing needs.
      * Immediate supervisor will provide updates to Program Director, family, case manager and DBHDS Office of Licensing.
      * When discharged from hospital, individual will be escorted home by staff and all required medical discharge instructions provided by assigned physician for individuals' continued care once home will be followed.
      * The team leader(s) or designee will document the event on programs incident report.

**WORK PLACE VIOLENCE**—the program director and all staff will enforce a zero-tolerance rule regarding any level of workplace harassment and violence. Any implied threatening act or actions by any person on staff, against another staff member or personnel in the residence will be construed as serious, and management will take immediate action to include permanent dismissal.

Management will be available to review with all personnel any concerns they have regarding a potential threat in the workplace, either by observing an action or being the subject of that action. Staff will document the full details of the incident and present statement to management at the time of the initial meeting. If the reported allegation is determined to be a legitimate concern, the administrator or designee will investigate the matter within 24 hours of the initial report. When developing a course of action to correct a concern, management will refer to policy and procedure, and will proceed with a course of action that is reasonable, fair and in the best interest to ensure everyone's safety.

In the event an act of violence occurs on the residential premises, the staff on duty will use the emergency or nearest available telephone, mobilize individuals and visitors to the safest area in home or on property, and attempt to safeguard everyone from actions taking place. Staff will utilize large pieces of furniture (large items) to block personnel from obtaining serious injury.

The following actions should occur:

* Contact 911 POLICE for immediate assistance; provide location and details of incident.
* Contact immediate supervisor immediately or at the first available opportunity.
* Provide any required emergency care assistance if deemed safe to do so.
* If deemed safe to do so, attempt to deescalate the situation or eliminate the immediate threat.
* The team leader(s) or designee will document the event on the programs incident report.
* The program director or designee will arrange for local crisis counselors to meet with all the victims involved with the event to monitor their mental status and assess need for additional therapeutic follow up.
* Any person committing a violent act on the premises of any program will be restricted and barred from returning to the properties.

**TERRORISM**—AMERICAN RED CROSS RECOMMENDATIONS—The Disaster Strikes

Staff will be in constant communications (as available) with the program director or team leader(s), providing updates and status reports on all persons involved in incident. Staff will follow directions provided by immediate supervisor and emergency personnel.

* Remain calm and be patient.
* Follow the advice of local emergency officials.
* Listen to the radio or television for news and instructions.
* If the disaster occurs near the home, check for injuries. Give first aid and get help for seriously injured people by calling 911

If the disaster occurs near the home, check for damage. To make sure residence is safe using a flashlight, if needed, but do not light matches or candles. Check for fires, fire hazards and other household hazards. Sniff for gas leaks, starting at the water heater. If you smell gas or suspect a leak, tum off the main gas valve, open windows, and get everyone outside quickly and safely.

* Shut off any other damaged utilities.
* Call emergency contact if it is a life-threatening emergency, by calling 911.
* Coordinate as much as possible with neighbors.

**Situations That May Occur:**

* There can be significant numbers of casualties and/or damage to buildings and the infrastructure. So, maintain up-to-date information about medical needs and how to contact designated family members.
* Heavy law enforcement involvement at local, state and federal levels follows a terrorist attack due to the event's criminal nature.
* Health and mental health resources in the affected communities can be strained to their limits, maybe even overwhelmed.
* Extensive media coverage, strong public fear and international implications and consequences can continue for a prolonged period.
* Workplaces and public facilities may be closed, and there may be restrictions on domestic and international travel.
* All members of the program may have to evacuate an area, avoiding roads blocked for safety.
* Clean-up may take many months.

**Evacuation**

If local authorities ask persons to leave their home, they have a good reason to make this request, and everyone should heed to the advice immediately. Listen to the radio or television and follow the programs EVACUATION PROCEDURES and instructions of local emergency officials, and keep these simple tips in mind:

* Wear long-sleeved shirts, long pants and sturdy shoes so you can be protected as much as possible.
* Take emergency supplies kit.
* Secure the residence if evacuated.
* Use travel routes specified by local authorities—don't use shortcuts because certain areas may be impassable or dangerous.
* Stay away from downed electrical lines.

**Listen to Local Authorities**

Local authorities will provide the most accurate information specific to an event in the area. Staying tuned to local radio and television and following their instructions for the safest choice.

**If time permits:**

* Call family contacts to tell them where location of evacuation destination and expected arrival time. Shut off water and electricity before leaving, if instructed to do so. Leave natural gas service on unless local officials advise you otherwise. You may need gas for heating and cooking, and only a professional can restore gas service in the residence once it has been turned off. In a disaster situation it could take weeks for a professional to respond.

**Shelter-in-Place Fact Sheet**

If advised by local officials to "shelter in place," what they mean is to remain inside the residence and stay protected. Close and lock all windows and exterior doors. Turn off all fans, heating and air conditioning systems. Get emergency supplies kit, and make sure the radio is working. Go to an interior room without windows, above ground level. 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. Using duct tape, seal all cracks around the door and any vents into the room. Keep listening to the radio or television until informed that all is safe or instructed to evacuate. Local officials may call for evacuation in specific areas at greatest risk in the community.

**What Shelter-in-Place Means**

One of the instructions that 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 personnel 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 the entire residence. If told to shelter-in-place, follow the instructions provided in this Fact Sheet.

**The Potential 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 everyone in the program.

Because information will most likely be provided on television and radio, it is important to keep a television or radio on. The important thing is to follow instructions of local authorities and know what to do if they advise everyone to shelter-in-place.

**How to Shelter-in-Place at Home:**

* Close and lock all windows and exterior doors.
* If 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.
* Obtain emergency supplies kit, and make sure the radio is working.

* Go to an interior room without windows that is above ground level. 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. Call the emergency contacts and have the phone available if needed to report a life-threatening condition. Cellular telephone equipment may be overwhelmed or damaged during an emergency.
* Use 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 the radio or television until instructed all is safe or notified to evacuate. Local officials may call for evacuation in specific areas at greatest risk in the community.

**EMERGENCY SUPPLY KIT**

* Battery operated radio and extra batteries
* Emergency Contact Numbers
* Portable Telephones
* Emergency Preparedness Food, Water & Supplies:
* Suggested foods (3-day supply x 7 people):
* Canned fruit, Applesauce, Canned vegetables, Powder Milk, Plastic Utensils, Plates, Cups, Paper Towels, Manual Can opener, Sanitizing Cleaning wipes and Baby wipes, Boxed Cereal, Graham Crackers, Saltine Crackers, Beef Stews Brunswick stew, Chicken Noodle Soup, Powder Gatorade
* Water 36–48 Bottles, Hand sanitizer, Zip Plastic bags, (10) Garbage bags, Toilet paper, Box of latex gloves, Canned meats (tuna, chicken, sardines, Vienna sausage, etc.) canned pasta meal
* Individual Emergency Contact and Medical Information Sheet
* First Aid Kit
* All Medications in Portable Medication Kit and Medication Administration Record
* Battery powered Flashlights
* Emergency Duffle with Clothing and Personal Care Supplies
* Available bedding (sleeping bags)
* Tools & Supplies: Fire extinguisher, Duct Tape, Whistle, Plastic sheeting, Flare, Waterproof containers or plastic bags, disposable garbage bags, pliers, small bottle chlorine bleach, and a large utility bucket with tight lid

**Additional Positive Steps to Take**

Listen to local radio and television reports that will provide the most accurate information from responsible governmental authorities on what's happening and what actions to take.

People who may have come into contact with a biological or chemical agent may need to go through a decontamination procedure and receive medical attention. Listen to the advice of local officials on the radio or television to determine what steps to take to protect everyone. As emergency services will likely be overwhelmed, only call 9-1-1 about life-threatening emergencies.

**First Aid Primer**

If a person is injured, apply the emergency action steps: Check-Call-Care. Check the scene to make sure it is safe to approach. Then check the victim for unconsciousness and life-threatening conditions. Someone who has a life-threatening condition, such as not breathing or severe bleeding, requires immediate care by trained responders and may require treatment by medical professionals. **Call** out for help. There are some steps to take, however, to **care** for someone who is hurt, but whose injuries are not life threatening, evaluate and take action for the following.

**Control Bleeding**

* Cover the wound with a dressing and press firmly against the wound (direct pressure).
* Elevate the injured area above the level of the heart if you do not suspect that the victim has a broken bone.
* Cover the dressing with a roller bandage.
* If the bleeding does not stop:
  + Apply additional dressings and bandages
  + Use a pressure point to squeeze the artery against the bone.
  + Provide care for shock.

**Care for Shock**

* Keep the victim from getting chilled or overheated.
* Elevate the legs about 12 inches (if broken bones are not suspected).
* Do not give food or drink to the victim.

**Tend Burns**

* Stop the burning by cooling the burn with large amounts of water.
* Cover the burn with dry, clean dressings or cloth.

**Care for Injuries to Muscles, Bones and Joints**

* Rest the injured part.
* Apply ice or a cold pack to control swelling and reduce pain.
* Avoid any movement or activity that causes pain.
* If you must move the victim because the scene is becoming unsafe, try to immobilize the injured part to keep it from moving.

**Be Aware of Biological/Radiological Exposure**

* Listen to local radio and television reports for the most accurate information from responsible governmental and medical authorities on what's happening and what actions to take.

**Reduce Any Care Risks**

The risk of getting a disease while giving first aid is extremely rare. However, to reduce the risk even further:

* Avoid direct contact with blood and other body fluids.
* Use protective equipment, such as disposable gloves and breathing barriers.
* Thoroughly wash your hands with soap and water immediately

**OTHER EMERGENCIES OR INCIDENTS:** Residential staff has been equipped with critical training, resources and information to help them make sound decisions and utilize their best judgment like any other reasonable person would in any given emergency.

Therefore, it is the expectation of the program director and all members of staff will exercise sound, reasonable judgment utilizing his/her experience, training, education and common sense to manage situations in the safest and effective manner. All incidents will be categorized and documented on the program's incident report form. **General guidance around reporting an incident include: first aid is administered/applied, behaviors that result in property damage, observed or discovered cut, scrape, bruise, mark, etc.**

**SURVIVAL TIPS**

**EARTHQUAKE:** Identify a sturdy table or desk to get under in each room. This is important because while the earth is shaking, the movement of the ground will probably make it difficult or impossible to move any distance. When a desk or table is not available, move near an inside wall of the building and protect head and neck areas. Lock your wheels if you are in a wheelchair. In bed, pull the sheets and blankets over you and use your pillow to cover and protect your head and neck.

**TORNADO:** The lowest floor or below-ground area of the home or is safest. If there is not basement available, choose a room without windows, such as bathroom or closet.

**HURRICANE OR FLOOD:** If local officials have not provided instructions, leave the area, stay upstairs and in the middle of the building, away from windows. Avoid going to the lowest floor because hurricanes often cause flooding. If visually impaired, use a long cane in areas where debris may have fallen or furniture may have shifted. This is recommended even if the person does not usually use a cane indoors.

**Subject: Access to Emergency Telephone Numbers**

|  |  |  |
| --- | --- | --- |
| **ORGANIZATION** | **OFFICE TELEPHONE** | **Emergency or After Hours Telephone No.** |
| Fire Department | 911 | 911 |
| Law Enforcement | 911 | 911 |
| Ambulance/Rescue Squad | 911 | 911 |
| Poison Control Center | 1-800-222-1222 | 1-800-222-1212 |
| Hospitals: Central Harnett Hospital | **(910) 892-1000** | **(910) 892-1000** |
| Primary & Urgent Care: Edgewater Medical Center & Urgent Care | 910-893-4111 | 910-893-4111 |
| Alarm System: ADT Security Services | 1-866-686-3556 | 1-866-686-3556 |
| Department of Health: Harnett County | Local: 910-893-7550 | 910-893-7550 |
| Department of Social Services: Harnett County | Local: 910-893-7550 | 910-893-7550 |
| Community Service Board: Harnett County | (910) 893-7500 |  |
| Crisis Intervention, Mental Health or Suicide Crisis Line—CSB |  | 911 |
| Humanitarian Aid: Red Cross | (910) 867-8151 |  |
| United Way Services | (910) 892-1733 |  |
|  |  |  |
| Insurance Notifications/Claims | 571-283-5919 | 571-283-5919 |
| Plumbing Problems | 571-283-5919 | 571-283-5919 |
| Transportation Services: | 571-283-5919 | 571-283-5919 |
| Utility Outages:  Utility Outages:     Electric: Duke Energy           Gas: Piedmont Natural Gas Company     Water and Sewer: Harnett County Department of Public Utilities | 910-893-7575 | 910-893-7575 |
| Telephone/Communications: Century Link | 800-366-8201 | 800-366-8201 |

***Emergency Evacuation Program***

**POLICY:**

If the emergency fire alarm system is activated, all employees are to evacuate the building by following the procedures below.

**PROCEDURES:**

* 1. In the event of a fire alarm test or fire drill, an appropriate announcement will be made prior to the test/drill. If this is a test fire drill, the staff on duty will notify the fire department and record the drill in PAMCO Care’s log.
  2. If no announcement was made, you must assume the fire alarm was sounded for an actual emergency. In all emergency or drills, when the fire alarm sounds, all employees should immediately stop what they are doing, ensure that all clients exit the premises safely, and contact their supervisor after safely exiting the building.
  3. Before leaving the building, the manager and/or his designate(s), if possible, will call the Fire Department and leave all doors unlocked to allow the Fire Department easy access.
  4. Once outside the building, a member of management or their designee should:
     1. Confirm with manager and PAMCO Care senior level manager that the Fire Department has been called (911).
     2. Congregate all employees in the {enter designated site, i.e. parking lot}, and confirm that all employees, clients, and visitors are out of the building.
     3. Designate someone to meet the Fire Department at the front entrance to provide additional information.
  5. Staff members trained in CPR and rescue breathing should survey the individuals outside to determine if anyone needs first aid. Appropriate aid should then be given.
  6. Once outside, do not re-enter until the building is declared safe by the Fire Department and you are informed to do so by the most senior level staff member.
  7. Practice drills will be conducted on at least an annual basis.

***Response to Subpoenas, Search Warrants, Investigations and other Legal Actions***

PAMCO Care will comply with legal authorities upon the presentation of a subpoena, court order and search warrants. PAMCO Care shall release records and information when so required by law and will cooperate with lawful searches but will protect confidential information such as client information and legally privileged information, to the extent authorized by law.

PAMCO Care staff, volunteers, program/student placements shall not attempt to obstruct an investigation or destroy, alter or conceal documents or other evidence sought in an investigation.

This policy provides direction to PAMCO Care staff, volunteers, student/program placements on how to respond to subpoenas, court orders and search warrants issued to PAMCO Care.

**Definitions**

***Subpoena***: For this policy, a subpoena is a type of legal document issued by a court of law or judicial officer. An "appearance only" subpoena requires someone to appear in court and testify as a witness. A "records only" subpoena requires the witness to bring specific records, documents and/or materials to court. An "appearance and records" subpoena requires the individual to both testify as a witness and produce the necessary documents requested by the court.

***Court Order***: For this policy, a court order is a legal document issued by a court of law or judicial officer. The term court order can be used to describe the legal command made by a judge to order someone, or a party, to do something or to refrain from doing something. For example, a court order may demand those involved in a court case from talking about it with others not involved in the case.

***Search Warrant***: For this policy, search warrant is defined as a judicially enforceable order authorizing the search of specific premises for material described in the search warrant with reasonable particularity.

**Procedures**

Subpoenas/Court Orders/Investigations PAMCO Care staff, volunteers, program/student placements presented with a subpoena/court order will:

* Contact the CEO or designate immediately.
* Escort the law enforcement personnel, provincial or federal agent to a conference room or private office until the CEO or designate arrives.

The CEO or designate will:

* Notify the person named on the subpoena (If the CEO has been subpoenaed than the Board Chair will immediately be notified)
* Obtain a copy of the subpoena/court order
* Seek consultation with legal counsel as needed.

* Complete an Incident Investigation Form, maintain records of all subpoenas/court orders and the follow-up action taken.

PAMCO Care staff, volunteers, program/student placements who have been subpoenaed will:

* Testify in court and tell the truth

**Search Warrants**

If PAMCO Care staff, volunteer, student/program placement is approached by law enforcement personnel, provincial or federal agent who wishes to search PAMCO Care’ premises, review certain documents and/or receive copies of certain documents, the PAMCO Care individual will:

* Contact the CEO or designate immediately.
* Escort the law enforcement personnel, provincial or federal agent to a conference room or private office and request that the agent in charge not proceed until the CEO or designate arrives.

Upon arrival, the CEO or designate will:

* Carefully read warrant
* Ask to see official identification and obtain a business card from the agent in charge of the search
* Ask to see and receive a copy of the search warrant
* Make sure the warrant is signed by a judge or magistrate. If there is a discrepancy, notify the agent in charge.
* Determine the scope of the warrant, the area to be searched and type of evidence to be seized.
* If there is any discrepancy between the scope of the search document and the search actually conducted by the agent, notify the agent in charge.
* Remind PAMCO Care staff, volunteers, student/program placements that they must not remove, destroy, alter or otherwise conceal anything subject to the search warrant
* Attempt to assist the agent in retrieving those documents that are the subject of the search by identifying the essential PAMCO Care individuals that can assist in retrieving the documents, computer information, etc.
* Notify the agent in charge that the key PAMCO Care individuals are here to ease the search with minimal disruption of business
* Advise PAMCO Care individuals that agents executing the warrant may ask them questions. Advise PAMCO Care individuals it is their choice whether or not they want to speak with an agent, they are not required to do so.
* Monitor the search, do not impede or obstruct.
* Photocopy each item seized. If the agent in charge refuses to permit you to photocopy, record in detail all items seized.
* Agents sometimes number the rooms they enter. Record the numbering scheme.
* Request backup copies of all documents and computer disks, etc. before agents seize computers.

* If agents attempt to seize privileged documents or other documents that you believe are outside the scope of the warrant, notify the agent in charge. Ask that the privileged material be segregated from the other materials and marked as “privileged”.
* The agent in charge will prepare an inventory of the items seized. Ask for a copy of that inventory before the agent leaves, but do not sign anything verifying the content or accuracy.
* Ask PAMCO Care individuals not to discuss the search warrant or any related events with the press or other employees.

Following any execution of a search warrant, the CEO or designate will:

* Notify the Chair of the Board.
* Complete an Incident Investigation Form; maintain records of seized items, and any follow-up action taken.