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Aspire to Excellence

Health and Safety Practices


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 <p>FOHFS</p>	Fountain of Hope Family Services Inc.		Policy and Procedures	
	Policy Type:-	Aspire to Excellence	Policy# ATE-112	
	Subject:-	Agency Maintains Healthy and safe environment	Adopted:- 05/06/2014	
	Section:-	(1.h.1)	Effective:- 06/11/2015	
	Approval By:-	Michael Oladipo	Revised:- 08/15/2020	

It is the policy of **FOHFS Agency** to comply with all applicable **federal**, **state** and **local** health and **safety regulations**, and to provide an environment as **free** as **feasible** from recognized hazards. Employees and clients are expected to comply with all safety and health requirements. Employees are also expected to complete all necessary training to fulfill their responsibilities to the individuals receiving services, co-workers and visitors in all areas of safety. Clients are provided with information upon intake of emergency procedures to ensure their safety and low risk of harm or incident.


 <p>FOHFS</p>	Fountain of Hope Family Services Inc.		Policy and Procedures	
	Policy Type:-	Aspire to Excellence	Policy# ATE-113	
	Subject:-	The agency has written procedures to promote the safety of	Adopted:- 05/06/2014	
	Section:-	(1.h.2)	Effective:- 06/11/2015	
	Approval By:-	Michael Oladipo	Revised:- 08/15/2020	

- a. **Persons served:** Each client is provided with a safety pamphlet.
- b. **Personnel:** Each employee/contract therapist is provided with a safety pamphlet.

 <p>FOHFS</p>	Fountain of Hope Family Services Inc.		Policy and Procedures	
	Policy Type:-	Aspire to Excellence	Policy# ATE-114	
	Subject:-	Educates person served	Adopted:- 05/06/2014	
	Section:-	(1.h.3)	Effective:- 06/11/2015	
	Approval By:-	Michael Oladipo	Revised:- 08/15/2020	

It is the policy of **FOHFS Agency** to comply with all applicable **federal**, **state** and **local** health and safety **regulations**, and to provide an environment as **free** as **feasible** from recognized hazards. Employees and clients are expected to comply with all safety and health requirements. Employees are also expected to complete all necessary training to fulfill their responsibilities to the individuals receiving services, co-workers and visitors in all areas of safety. **Clients** are provided with information upon intake of emergency procedures to ensure their safety and low risk of harm or incident.

2. Clients received information and training designed to reduce identified physical risks. Each Client receives and reviews an Orientation Handout that includes information and training designed to reduce identified physical risks.


 <p>FOHFS</p>	Fountain of Hope Family Services Inc.		Policy and Procedures	
	Policy Type:-	Aspire to Excellence	Policy# ATE-115	
	Subject:-	Personnel received competency based training	Adopted:- 05/06/2014	
	Section:-	(1.h.4)	Effective:- 06/11/2015	
	Approval By:-	Michael Oladipo	Revised:- 08/15/2020	

a. Both:

- (1) **Upon hire:** Training is completed prior to working with Clients.
- (2) **At least annually:** Training is completed during the annual employee evaluation.

b. In the following areas: The following areas are included in the Provider Training Guild and in the Safety Procedures handouts that are provided and reviewed by all personnel bi-annually.

- (1) Health and safety practices.
- (2) Identifications of unsafe environmental factors.
- (3) Emergency procedures.
- (4) Evacuation procedures.
- (5) Identification of critical incidents.
- (6) Reporting of critical incidents.
- (7) Medication management, if appropriate.
- (8) Reducing physical risks.
- (9) Workplace violence

 FOHFS	Fountain of Hope Family Services Inc.		Policy and Procedures	
	Policy Type:-	Aspire to Excellence	Policy# ATE-116	
	Subject:-	There are written emergency procedures	Adopted:- 05/06/2014	
	Section:-	(1.h.5).(a)(1) Fires Protection	Effective:- 06/11/2015	
	Approval By:-	Michael Oladipo	Revised:- 08/15/2020	

FOHFS Agency Offices are in a facility equipped with smoke detector devices. In the event of fire everyone will proceed in an orderly manner to exit the building per emergency evacuation plan posted.

Manual type fire extinguishers are located within easy reach in the office for quick response in the event of a fire. They are placed in full view and architecturally unobstructed for ease of access.


Prompt, accurate notification must be made to all necessary authorities upon discovery of fire, and all personnel and Clients must be evacuated quickly and safely from the building. **Fire evacuation** plans are posted in the offices, and the **Safety Officer** will ensure that all offices have copies of the fire plan and are thoroughly familiar with this procedure. All flammable products will be stored in a flammable storage cabinet. Fire drills must be conducted at a minimum of one per quarter; attendance and results must be documented for each drill.

→ **Procedures:**

Upon discovery of a fire, conduct the following:

1. **Perform the following regulations described below:**
 - A. **RESCUE** anyone in immediate danger.
 - B. **ALERT** personnel, contractors, Clients, visitors, and call **911** from a safe location
 - C. **CONFINE** the fire by closing all doors
 - D. **EXTINGUISH** the fire only (if possible) using the nearest fire extinguisher
2. **Perform the following regulations to use a fire extinguisher described below:**
 - A. **PULL** the pin located at the top of the extinguisher
 - B. **AIM** the extinguisher at the base of the flames
 - C. **SQUEEZE** the two handles of the extinguisher together
 - D. **SWEEP** the extinguisher from side to side covering the entire fire
3. **Evacuate the building as described below:**
 - A. Move swiftly but remain calm. Assure Clients and visitors everything is all right.
 - B. Evacuate Clients, visitors, and staff.
 - C. Check all rooms and bathrooms to ensure that no one remains in the building.
 - D. If time allows obtain medical records and transport to designated storage location.
 - E. A roll call of all Clients and staff will be conducted by the **Compliance/Safety Officer** in charge upon evaluation. Fire officials will be notified if anyone is missing.

4. Return to the building once danger is **ALL CLEARED**.

 <p>FOHFS</p>	Fountain of Hope Family Services Inc.		Policy and Procedures
	Policy Type:-	Aspire to Excellence	Policy# ATE-117
	Subject:-	Bomb Threat Notification	Adopted:- 05/06/2014
	Section:-	(1.h.5).(a)(2)	Effective:- 06/11/2015
	Approval By:-	Michael Oladipo	Revised:- 08/15/2020

► **Purpose:** - To reduce risk, prevent injury and promote safety in the home and/or office when a bomb threat is made by identifying and responding to the situation quickly and by taking immediate actions for the protection of Clients/families/employees.

→ **Policy:** - **FOHFS Agency** is committed to ensuring the safety of its employees/Clients/legal guardians when bomb threats are made by handling the situation with composure, effectiveness and speed, in accordance with Occupational Safety and Health Administration (**OSHA**) guidelines.


→ **PROCEDURES**

1. Do not disregard a bomb threat or take it lightly.
2. If the threat is made in writing:
 - a. keep it as well as the envelop or container that it came in;
 - b. avoid unnecessary handling; and,
 - c. Make every effort to retain possible evidence such as fingerprints, handwriting, paper and postmarks.
3. If the threat is made by telephone:
 - a. try to keep the caller on the phone as long as possible;
 - b. do not transfer call;
 - c. do not interrupt the caller; and,
 - d. Fill in the “Bomb Threat Checklist” while still on the phone -- if impossible; fill in as soon after the call as possible.
4. People responsible for answering the phone shall keep a “Bomb Threat Checklist” next to the phone for immediate and easy access.
5. Call the emergency number (911) as soon as the call ends or as soon as feasible.
6. Do not touch or go near unusual or suspicious objects.
7. Follow the specific directions of the Emergency Response Team.
8. Provide information about objects and articles in the area.
9. Evacuate the area immediately if there is even the slightest indication of pending danger such as a suspicious object(s), etc.
10. Direct whoever else is there to help search the premises for any suspicious object(s).
If any object(s) is found:
 - a. do not touch it;
 - b. evacuate immediately; and,
 - c. once in a safe spot, call the emergency number (911)

11. All emergency procedures will be tested annually, analyzed for performance possible improvement, and review is documented.

→ **GUIDELINES**

1. The employer places as much importance on employee safety and health as on serving the Client.
2. Every effort to prevent and minimize assaults shall be attempted, if possible, by:
 - a. being aware of any individual(s) who has a traceable history of problems, conflicts, disputes, and/or failures;
 - b. determining the coping skills of potentially violent individual(s) during stress, including any thoughts or attempted violence against others or self;
 - c. being alert for individual(s) who show a compulsive or excessive interest in a possible target;
 - d. being alert for individual(s) who obtain or practice with weapons; and,
 - e. Contacting local law enforcement when an individual makes a bomb threat.
3. Employees, who have not already received instruction on how to deal with bomb threats, shall be trained to do so.
4. **FOHFS Agency** management is responsible for:
 - a. ensuring that safe working environments exist for employees (as much as practically possible); and,
 - b. Ensuring that local law enforcement is notified of any bomb threats they become aware of, whether by observing the situation firsthand or by receiving the information from employee/others.
5. Employees are responsible for:
 - a. reporting to **FOHFS Agency** management all bomb threats they observe or are involved in;
 - b. Calling the emergency number if they believe/feel there is an immediate danger to someone's safety.
 - c. participating in all training courses arranged by the **FOHFS Agency** management; and,
 - d. Following the policy guidelines.
6. Anytime there is an incident, the situation shall be documented in an incident report, providing as many details as possible.

 <p>FOHFS</p>	Fountain of Hope Family Services Inc.		Policy and Procedures	
	Policy Type:-	Aspire to Excellence	Policy# ATE-118	
	Subject:-	Natural Disasters	Adopted:- 05/06/2014	
	Section:-	(1.h.5).(a)(3)	Effective:- 06/11/2015	
	Approval By:-	Michael Oladipo	Revised:- 08/15/2020	

► **Purpose:** - To reduce risk, prevent injury and promote safety in the home and/or office when an emergency/disaster arises by identifying and responding to the situation quickly and by taking immediate actions for the protection of Clients/families/employees.

→ **Policy:** - **FOHFS Agency** is committed to ensuring the safety of its Clients/families/employees when an emergency/disaster situation develops by having a harmonized plan to handle the situation with composure, effectiveness and speed.

→ **PROCEDURES**


The Plan

1. In the office environment, employer shall prepare for an environmental emergency/disaster by:
 - a. assigning **Executive Director** or **Clinical Director** to the leadership role;
 - b. developing a plan of action with staff;
 - c. determining the location of the escape routes;
 - d. determining an outside location to go to;
 - e. determining who to call, in case they are separated from one another;
 - f. Maintaining a current, electronic Client list in a secure, off-site location.
 - g. working with outside community resources, applicable to the current emergency, by contacting and consulting with them;
 - h. Giving priority attention to Clients who are in the most danger i.e. high danger first, medium danger second, lowest danger third.
 - i. Prioritizing Client care, for the acute stage of the emergency, according to the assessed risk level, with high risk first, medium risk second, and low risk third.
 - j. giving a list of telephone numbers for emergency assistance to employees, Clients/families;
 - k. posting a list of telephone numbers for emergency assistance in the office;
 - l. preparing a list of names and contact information for each employee, to be kept in the office;
 - m. ensuring that each employee carries with them their own personal list of names and contact information;
 - n. developing and maintaining a current list of names and contact details for individual staff members, who have training for emergencies (e.g. all levels of first aid and emergency preparedness);
 - o. providing emergency survival kit in the office; and,
 - p. Providing a first aid kit, which is stocked and accessible?

2. In the home environment, employees/Clients/legal guardian shall prepare for environmental emergencies/disasters by:
 - a. assigning the employee the leadership role;
 - b. developing a plan of action;
 - c. determining the location of the escape routes;
 - d. determining an outside location to go to;
 - e. determining who to call, in case they are separated from one another;
 - f. preparing an emergency survival kit;
 - g. ensuring a first aid kit is on-site, stocked and accessible;
3. In the event of an environmental emergency/disaster:
 - a. ensure employee/Client/legal guardian discuss what needs to be done.
 - b. Make sure everyone knows where to meet and who to call in case they are separated.
 - c. Determine which employee/Client/legal guardian may need help.
 - d. Ensure utilities are cut off at the main valves, if instructed to do so.
 - e. If evacuating, and there is time, tell others where you are going.
4. Follow the procedures and guidelines in the employer's individual policies on environmental emergencies/disasters for:
 - a. fire;
 - b. earthquake;
 - c. hurricane;
 - d. tornado;
 - e. power outages; and,
 - f. Chemical spills.
5. Attempt to communicate or receive communication via:
 - a. phone (cell or land);
 - b. email, if the Client has a computer/laptop; (Client computers/laptops may used during emergencies only.) and/or,
 - c. Listening to radio/television broadcasts.
6. All emergency procedures will be tested annually, analyzed for performance possible improvement, and review is documented.

→ **GUIDELINES**

1. Practice and test the action plan regularly.
2. Ensure everyone knows their roles and responsibilities.
3. Provide instruction and training to employees on how to handle environmental disasters/ emergencies during orientation and annually thereafter.
 - a. Training records shall include:
 - i. dates when training was given;
 - ii. summary on what training was given;
 - iii. names and credentials of person(s) providing the training; and,
 - iv. Names and positions of people attending the training sessions.
 - b. Records are to be maintained for 3 years from the date of training.

 <p>FOHFS</p>	Fountain of Hope Family Services Inc.		Policy and Procedures	
	Policy Type:-	Aspire to Excellence	Policy# ATE-119	
	Subject:-	Utility/Power Failure	Adopted:- 05/06/2014	
	Section:-	(1.h.5).(a)(5)	Effective:- 06/11/2015	
	Approval By:-	Michael Oladipo	Revised:- 08/15/2020	


Policy:

To provide personnel with basic guidelines in the event of an electrical service failure. This facility will maintain a sufficient amount of flashlights and batteries located in the office within easy access to all personnel.

Procedure:

In the event of a power failure, additional lighting sources may include flashlights, natural window lighting, and emergency lighting. On site administrator or designee shall determine whether or not Clients shall be removed to a safe lighted area or released for the day. Office staff will call Building Management to investigate and correct the power failure problem.

1. Emergency lighting system will activate.
2. Each staff member will have a battery powered flashlight in their desk drawer for use.
3. All persons in the building will be directed to the east conference room for further instruction from the Director or designee.


 <p>FOHFS</p>	Fountain of Hope Family Services Inc.		Policy and Procedures	
	Policy Type:-	Aspire to Excellence	Policy# ATE-120	
	Subject:-	Medical Emergencies	Adopted:- 05/06/2014	
	Section:-	(1.h.5).(a)(6)	Effective:- 06/11/2015	
	Approval By:-	Michael Oladipo	Revised:- 08/15/2020	

EMERGENCY TELEPHONE NUMBERS:

OKC POLICE	911
OKC FIRE DEPARTMENT	911
AMBULANCE	911
CHEMICAL SPILLS	911
POISON INFORMATION HOTLINE	271-5450

FIRST AID KITS ARE LOCATED IN THE SUPPLY CABINET. PLEASE READ THE FOLLOWING INSTRUCTIONS.

Safety is everyone's responsibilities. All of us must be alert to potential hazards and dangers. Emergencies and disasters are unpredictable and most of the time will strike without warning. The effects of emergencies and disasters can be minimized by preparedness.

 FOHFS	Fountain of Hope Family Services Inc.		Policy and Procedures	
	Policy Type:-	Aspire to Excellence	Policy# ATE-121	
	Subject:-	Violent or Threatening	Adopted:- 05/06/2014	
	Section:-	(1.h.5).(a)(7)	Effective:- 06/11/2015	
	Approval By:-	Michael Oladipo	Revised:- 08/15/2020	

(**FOHFS Agency**) will never use physical force or seclusion or restraint as a method of crisis intervention. If a situation begins or gets out of hand, emergency procedures/help will be utilized and followed:

- Youth Respite or other temporary shelter needs that are closest geographical resource such as Emergency youth shelter or other appropriate referral in local service area.
- Adult resources are the, Salvation Army, Good Shepherd industries, or The Referral Center.

Clinical Staff is encouraged to seek training and continued education in this area.

PROCEDURE:

ACTION PLAN:

(**FOHFS Agency**) staff, working directly with consumers, is trained in legal and ethical principles related to modifying the behaviors, proper utilization, documentation, and the function of behavior techniques. In a crisis situation, the least restrictive techniques are utilized first, and the safety and well-being of individuals are considered at all times. All crisis interventions will be documented. Generic intervention will include, but not be limited to:

- Inappropriate behavior = call attention to behavior
- Behavior continues = Redirect back into appropriate behavior
- Behavior continues/increases = Separate, counsel briefly, use relationship with consumer to deescalate situation
- Behavior continues/increases = Send to different room for 15 minute cooling down period followed by counseling/relationship building
- Behavior does not improve, refuses to comply with above interventions = Escort to separate area, counsel until relationship is appropriate
- Refuses, inappropriate behavior = Contain in area, counsel, attempt to see beneath the acting out
- Out of control behavior (i.e., AWOL, Assault, Loss of control) = Contain, insure safety of consumer/staff, alert supervisor
- Behavior continues after repeating above interventions = Emergency treatment team staffing to determine if consumer requires a higher level of care

PERSONAL SAFETY PLAN:

Clinical staff has available a Personal Safety Plan if a client experiences threatening or violent behavior perpetrated upon them.


Alcohol intoxication is often a contributor to violent behavior. Studies suggest that alcohol abusers have a neurological defect in serotonin turnover this deficit increase the chance for violent behavior. Clinicians, working directly with consumers who assess at moderate to high probability of aggressive or assaultive tendencies shall include a personal safety plan for themselves and family.

One of the most important steps the client can take to protect themselves and their family is to develop a personal safety plan. This plan is the steps that felt necessary to help insure personal & family safety. No one can control the actions of others, but having a safety plan in place can help the client and their family from a violent crime. The Clinician may incorporate these steps jointly with the client to develop a personal safety plan that covers:

- Knowing when to call **911** or other emergency services; teach your children how to call **911** and what information to give the operator. That information includes their names, address and telephone number as well as a brief description of the emergency that is taking place at that specific time.
- Tell a trusted friend or family member if you feel threatened by anyone, such as a stalker or someone in your own household. You should also let your employer or co-workers know about your situation. If you have children, their child care provider should also know about what is going on. Don't forget to tell your healthcare provider as well. Give them as many details about the threat as you feel comfortable with.
- Know where you will go if you feel that violence is about to occur. This could be a family member or friend's home, but only if the person who is threatening you is unaware that you would go there. Another option is the police station, hospitals or even a fire station, if you are being followed. You can also go to the drive-through of a fast food restaurant. If the person who is threatening you also lives with you, many communities have domestic violence safe houses where you would be able to go. Remember that domestic violence is not just when a family member or spouse is threatening or abusing you. It also applies to roommates and someone you have a child in common with. Depending on local laws, it can even be someone you have lived within the past.
- Keep copies all important paperwork in a safe and easily accessible location. You can even give copies to people you trust. This paperwork would include identification for you and your children (driver's licenses, social security cards and birth certificates), insurance and medical information. Keeping an extra set of

keys in a safe location is also something else that could help you should you have to leave quickly.

- If you are unable to leave the location or call for help, go to a place there that is free of weapons. The kitchen and garage are not the best choices because there are many objects that can be used as weapons. As soon as possible, leave and call **911**.
- The locks on your doors should be changed if you feel threatened by someone who you have given a key to your home. If possible, install metal doors to replace wooden doors. They are much more sturdy and harder to break down. Adding additional locks to doors and windows will also hinder someone from breaking into your home.
- Screening your phone calls, both at home and at work, is another part of your personal safety plan. Let the answering machine or voicemail pick up the call. Your co-workers can also screen calls for you, taking messages without admitting if you are at work or not.
- Ask people you trust to walk you to your car. If no one you is available to walk with you, stay within a group and in a well-lit area. Constantly be aware of your surroundings. Talk to someone on your cell phone (or pretend to talk to someone) as you are walking alone.
- Carry a cell phone with you at all times. Even if the phone has been turned off or you're pre-paid account is low or without minutes, you will still be able to call 911 in case of an emergency.
- Having a security system installed is something else you can do. Be sure to include motion detectors in the system, both inside and outside your home. Adding more outdoor lighting will also act as a deterrent to someone trying to get into your home.
- Remember to yell "fire" if you feel you are in danger. This will draw more attention than screaming "help." Think of something shocking to say that would attract attention, such as "naked man" or "ugly woman." It may sound rude at the time, but people will turn to look.
- Always be aware of your surroundings, whether walking or driving. Pay attention to poorly lit areas. Look around and under your car for people hiding or something that could damage your car. Always keep your car doors locked so no one can hide in your car.

 <p>FOHFS</p>	Fountain of Hope Family Services Inc.		Policy and Procedures	
	Policy Type:-	Aspire to Excellence	Policy# ATE-122	
	Subject:-	Suicidal Behavior and Client Suicide	Adopted:- 05/06/2014	
	Section:-	(1.h.5).(c)(6)	Effective:- 06/11/2015	
	Approval By:-	Michael Oladipo	Revised:- 08/15/2020	

► **Policy:** - All forms of suicidal ideation or suicide threats will be taken seriously. Action must be taken in the case of every person contemplating suicide – whether it is a chronic or an acute ideation. When in doubt whether a situation is high or low risk, the response must be in line with the high-risk possibility.

The agency management will be immediately informed (regardless of hour or time of day) and will provide advice in all cases of suicide threats, attempts or actual Client suicide.

→ DEFINITION

Suicide Risk Factors: Individuals may be more likely to contemplate suicide at certain points in their lives or if certain conditions exist. The following factors should be considered in assessing suicide risk:

- **Means** is what the Client intends to use to commit suicide. The more lethal the means, the more serious the risk (e.g., a gun is a more serious threat than pills). Moreover, the more available the method, the more serious the risk (e.g., loaded gun).
- **Plan** is how the Client will carry out his/her suicide. A more detailed and specific suicide plan indicates a greater risk.
- **Intent or motivation** reflects whether the Client has a reason to live or not. The greater the motivation to die, the greater the risk.
- **History:** An individual who has attempted suicide in past may be at higher risk of achieving their goal than someone who has no history of suicide attempts.
- **Age:** There is an increased rate of suicide in persons under **20** years of age and elderly persons also present a serious risk.
- **Gender:** Men have a higher rate of suicide than women. Men tend to seek help only when problems have reached serious proportions.
- **Stress:** Someone with a lot of stress in their life is at greater risk for suicide.
- **Resources:** A person with fewer resources and supports is at greater risk than a person with considerable resources. The more socially isolated the individual, the greater the risk.

→ PROCEDURES

1. Assess suicide risk

- **1.1** Client's suicide risk will be assessed at intake (e.g., by the Service Access Unit, by the **FOHFS Agency** office). If there are any concerns with respect to this, the duty day staff person will be contacted immediately.
- **1.2** Staff working with Clients will continue this assessment during service and respond accordingly.
- **1.3** To determine the seriousness of the suicide risk, assess the Client against the suicide risk factors (see definition above).

2. Serving Clients with suicidal ideation (on the phone or in the office)

- **2.1** Staff will establish a relationship with Clients presenting a suicide risk and will continually assess for means (what they will use), plan and motivation/intention (reasons to live or die) to commit suicide. When in doubt whether a situation is high or low risk, pursue a response that assumes high-risk possibility (that the Client has means, plan and motivation).
- **2.2** In high-risk situations of a Client with active suicidal ideation (i.e., Client has the means, plan and motivation), the Client must be continuously engaged while the staff person tries to get help (whether the Client is on the phone or in your office). Clients who are in **FOHFS Agency** offices must be continuously engaged and not left alone.
- **2.3** Communicate clearly that you do not want the person to take his/her life.
- **2.4** Help the person identify the problem and reframe it. Do not offer unrealistic outcomes.
- **2.5** Establish a suicide prevention plan with the Client (e.g., direct the person to hospital, to a supportive friend or family member).
- **2.6** Go with the Client or make direct contact with a resource (e.g., police, family doctor, psychiatrist) to ensure follow-up happens.
- **2.7** Get the assistance of 911 (e.g., if available, asks a colleague to make this call).
- **2.8** Immediately consult the manager (or first available manager) with respect to the situation and the prevention plan.
- **2.9** Document all actions and responses in the Client record.

3. Reporting a Client suicide


- **3.1** Upon learning that a current **FOHFS Agency** Client has committed suicide, a staff person should immediately notify his/her manager.
- **3.2** The manager reviews the case with the service provider. Together, they review the Client record and service history (e.g., identification of risk factors; suicide prevention planning; precipitating factors to the suicide; circumstances of the death; police or other legal involvement). Ensure that the Client record is as complete as possible, given the available information.
- **3.3** Where funders require, the manager will notify the funder using a serious occurrence report within an hour of being advised of the Client suicide.

→ **3.4** The **executive director** is immediately notified of all preliminary information and updated throughout the follow-up process. The Safety Officer will determine whether or not to advise the **Executive Director**.

4. Arranging for case debriefing and support to staff involved

→ **4.1** The manager will organize a follow-up session with involved staff to discuss the Client's case and possible changes in policy or procedure.

→ **4.2** The director and manager will ensure that post-traumatic support is provided to staff and Clients affected by a suicidal death or injury. How this debriefing support is provided will be decided on a case by case basis.

 <p>FOHFS</p>	Fountain of Hope Family Services Inc.		Policy and Procedures	
	Policy Type:-	Aspire to Excellence	Policy# ATE-123	
	Subject:-	Weapons	Adopted:- 05/06/2014	
	Section:-	(1.h.5).(b)(1)	Effective:- 06/11/2015	
	Approval By:-	Michael Oladipo	Revised:- 08/15/2020	

► **Purpose:** - To reduce risk, prevent injury and promote safety in the home and/or office when a weapon is used in a threatening manner by identifying and responding to the situation quickly and by taking immediate actions for the protection of Clients/families/employees.

→ **Policy**

FOHFS Agency is committed to ensuring the safety of its Clients/ families/employees, when being threatened with a weapon(s), by handling the situation with composure, effectiveness and speed, in accordance with Occupational Safety and Health Administration (**OSHA**) guidelines.

→ **Definition**

Weapons are instruments used in fighting to injure and/or kill someone or something or to protect oneself from an aggressor such as a gun, knife, sword, etc.


→ **PROCEDURES**

1. If the person(s), with the weapon, is in the same room:
 - a. call emergency number (911), or have somebody else phone, as soon as possible;
 - b. remain calm and composed;
 - c. give the person(s) with the weapon whatever property he/she wants;
 - d. calm the situation down by saying whatever the person(s) with the weapon wants you to say, (even if it's upsetting and untrue);
 - e. when possible, get out of the house/office; and,
 - f. if evacuation is not possible, move to a safer location in the house/office such as another room or under/behind furniture.
2. If the person(s), with the weapon, is outside the room:
 - a. call emergency number (911);
 - b. remain calm and composed;
 - c. stay away from windows and doors;
 - d. when possible, get out of the house/office; and,
 - e. if evacuation is not possible, move to a safer location in the house/office such as another room or under/behind furniture.

→ **GUIDELINES**

7. The employer places as much importance on employee safety and health as on serving the Client.
8. Every effort to prevent and minimize assaults shall be attempted, if possible, by:

- f. being aware of any individual(s) who has a traceable history of problems, conflicts, disputes, and/or failures;
 - g. determining the coping skills of potentially violent individual(s) during stress, including any thoughts or attempted violence against others or self;
 - h. being alert for individual(s) who show a compulsive or excessive interest in a possible target;
 - i. being alert for individual(s) who obtain or practice with weapons; and,
 - j. Contacting local law enforcements when a weapon is used in a threatening manner.
9. Employees, who have not already received instruction on how to deal with weapons, shall be trained to do so.
10. **FOHFS Agency** management is responsible for:
- c. ensuring that safe working environments exist for employees (as much as practically possible); and,
 - d. Ensuring that local law enforcement is notified of any weapon situations they become aware of, whether by observing the situation firsthand or by receiving the information from employee/others.
11. Employees are responsible for:
- e. reporting to the **FOHFS Agency** management all weapon situations they observe or are involved in;
 - f. Calling the emergency number if they believe/feel there is an immediate danger to someone's safety.
 - g. participating in all training courses arranged by **FOHFS Agency** management; and,
 - h. Following the policy guidelines.
12. Anytime there is an incident, the situation shall be documented in an incident report, providing as many details as possible.
13. All emergency procedures will be tested annually, analyzed for performance possible improvement, and review is documented.

 FOHFS	Fountain of Hope Family Services Inc.		Policy and Procedures	
	Policy Type:-	Aspire to Excellence	Policy# ATE-124	
	Subject:-	Assaults	Adopted:- 05/06/2014	
	Section:-	(1.h.5).(b)(2)	Effective:- 06/11/2015	
	Approval By:-	Michael Oladipo	Revised:- 08/15/2020	

► **Purpose:** - To reduce risk, prevent injury and promote safety in the home and/or office when an assault occurs by identifying and responding to the situation quickly and by taking immediate actions for the protection of Clients/ families/employees.

→ **Policy**

FOHFS Agency is committed to ensuring the safety of its employees/Clients/legal guardians when assaults are made by handling the situation with composure, effectiveness and speed, in accordance with Occupational Safety and Health Administration (OSHA) guidelines.

→ **DEFINITION**

An assault refers to the threat of violence caused by an immediate show of force.

*** PROCEDURES**

1. Phone the emergency number (**911**) or ask somebody else to do so.
2. Maintain telephone contact with emergency support until Emergency Response Team arrives.
3. Get a description of the aggressor, including approximate age, height, weight, race/color and clothing worn.
4. If you become involved:
 - a. do not put your own safety at risk;
 - b. tell the aggressor who you are;
 - c. request that the aggressor stop immediately;
 - d. use his/her name; if name is not known, use sir or madam;
 - e. make it clear that his/her actions are not acceptable; and,
 - f. do not intervene;
5. Remain with the victim(s) until the Emergency Response Team arrives, unless it is unsafe for you to do so. If unsafe, leave the immediate area and call for assistance from nearest available phone.
6. All emergency procedures will be tested annually, analyzed for performance possible improvement, and review is documented.

→ **GUIDELINES**

14. The employer places as much importance on employee safety and health as on serving the Client.
15. Every effort to prevent and minimize assaults shall be attempted, if possible, by:

- k. being aware of any individual(s) who has a traceable history of problems, conflicts, disputes, and/or failures;
- l. determining the coping skills of potentially violent individual(s) during stress, including any thoughts or attempted violence against others or self;
- m. being alert for individual(s) who show a compulsive or excessive interest in a possible target;
- n. being alert for individual(s) who obtain or practice with weapons; and,
- o. Consulting with local law enforcement when an individual makes an assault. Employees, who have not already received instruction on how to deal with assaults, shall be trained to do so.


16. **FOHFS Agency** management is responsible for:

- e. ensuring that safe working environments exist for employees (as much as practically possible); and,
- f. Ensuring that local law enforcement is notified of any assault situations they become aware of, whether by observing the situation firsthand or by receiving the information from employee/others.

17. Employees are responsible for:

- i. reporting to **FOHFS Agency** management all assault situations they observe or are involved in;
- j. Calling the emergency number (911) if they believe/feel there is an immediate danger to someone's safety.
- k. participating in all training courses arranged by **FOHFS Agency** management; and,
- l. Following the policy guidelines.


18. Anytime there is an incident, the situation shall be documented in an incident report, providing as many details as possible.

 <p>FOHFS</p>	Fountain of Hope Family Services Inc.		Policy and Procedures	
	Policy Type:-	Aspire to Excellence	Policy# ATE-125	
	Subject:-	Seclusion and Restraint	Adopted:- 05/06/2014	
	Section:-	(1.h.5).(1)	Effective:- 06/11/2015	
	Approval By:-	Michael Oladipo	Revised:- 08/15/2020	

► Policy: - **FOHFS Agency** will not utilize seclusion or restraint in any emergency intervention procedure in response to assault or aggression.

→ **PROCEDURES**

1. If a Client/legal guardian should become aggressive and/or assaultive, **FOHFS Agency** personnel will follow the procedures set forth in the Assault Policy.

 <p>FOHFS</p>	Fountain of Hope Family Services Inc.		Policy and Procedures	
	Policy Type:-	Aspire to Excellence	Policy# ATE-126	
	Subject:-	Hostage Situation	Adopted:- 05/06/2014	
	Section:-	(1.h.5).(c)(2)	Effective:- 06/11/2015	
	Approval By:-	Michael Oladipo	Revised:- 08/15/2020	

► **Purpose:** - To reduce risk, prevent injury and promote safety in the home and/or office when a hostage situation develops by identifying and responding to the situation quickly and by taking immediate actions for the protection of Clients/families/employees.

→ **Policy:** - **FOHFS Agency** is committed to ensuring the safety of its Clients/families/employees when a hostage situation develops by handling the situation with composure, effectiveness and speed, in accordance with Occupational Safety and Health Administration (OSHA) guidelines.

→ **DEFINITION**

Hostage Situation

A hostage situation is one in which one or more individuals are unlawfully abducted or restrained with the intent to restrict their freedom.

→ **PROCEDURES**

1. If witnessing a hostage:
 - a. get out of the area;
 - b. call emergency number (911);
 - c. provide as many details as possible on the following:
 - i. the location of the incident;
 - ii. the number of hostage takers;
 - iii. a physical description of the captor(s) takers;
 - iv. the name of the captor(s), if known;
 - v. the number of people taken hostage;
 - vi. the types and number of weapons the captor(s) has; and,
 - vii. Your name and phone number.
 - d. lock all doors and windows and close blinds;
 - e. stay inside unless directed to do something else;
 - f. wait for direction from Emergency Response Team; and,
 - g. Allow only Emergency Response Team in.
2. If you are the hostage:
 - a. attempt to convey what is going on;
 - b. do not try to take any weapons from the captor;
 - c. remain calm and quiet and be polite to the captors;

- d. be submissive and follow the kidnapper's directions;
 - e. do not complain or be belligerent;
 - f. comply with all commands;
 - g. do not attempt to escape unless there is a high chance of survival;
 - h. do not draw attention to yourself by making sudden body movements, making comments or projecting hostile looks;
 - i. attempt to establish a relationship with the captor(s) and get to know them;
 - j. do not get into political or ideological discussions with the captor(s);
 - k. note the captor's physical traits, clothing or any other details that can be used in providing a description later;
 - l. if made to state the captor's demands, advise that the demands are from the captor(s) and avoid making pleas on your own behalf;
 - m. stay close to the ground and away from windows and doors;
 - n. be aware that the Emergency Response Team may be able to hear what is going on; and,
 - o. Be aware that the Emergency Response Team may try to break into the premises.
3. In a rescue attempt:
- a. do not run - drop to the floor and remain still, if impossible, cross arms, bow head, and remain still;
 - b. do not make any sudden moves, which may be misinterpreted by the rescuer(s);
 - c. wait for directions and obey all given;
 - d. do not get anxious, resist, or argue if a rescuer(s) isn't sure whether you are a captor or a hostage; and,
 - e. do not resist if handcuffed and searched – there will be time for clarification later.
4. All emergency procedures will be tested annually, analyzed for performance possible improvement, and review is documented.

→ **GUIDELINES**


19. The employer places as much importance on employee safety and health as on serving the Client.
20. Every effort to prevent and minimize assaults shall be attempted, if possible, by:
- p. being aware of any individual(s) who has a traceable history of problems, conflicts, disputes, and/or failures;
 - q. determining the coping skills of potentially violent individual(s) during stress, including any thoughts or attempted violence against others or self;
 - r. being alert for individual(s) who show a compulsive or excessive interest in a possible target;
 - s. being alert for individual(s) who obtain or practice with weapons; and,
 - t. contacting local law enforcement, if possible, when a hostage situation develops
21. Employees, who have not already received instruction on how to manage a hostage situation, shall be trained to do so.
22. **FOHFS Agency** management is responsible for:
- g. ensuring that safe working environments exist for employees (as much as practically possible); and,

- h. Ensuring that local law enforcement is notified of any hostage situation they become aware of, whether by observing the situation firsthand or by receiving the information from employee/others.

23. Employees are responsible for:

- m. reporting to **FOHFS Agency** management all hostage situations they observe or are involved in;
- n. Calling the emergency number if they believe/feel there is an immediate danger to someone's safety.
- o. participating in all training courses arranged by **FOHFS Agency** management; and,
- p. Following the policy guidelines.

24. Anytime there is an incident, the situation shall be documented in an incident report, providing as many details as possible.

 <p>FOHFS</p>	Fountain of Hope Family Services Inc.		Policy and Procedures	
	Policy Type:-	Aspire to Excellence	Policy# ATE-127	
	Subject:-	Pregnant Employee	Adopted:- 05/06/2014	
	Section:-	(1.h.5).(c)(3)	Effective:- 06/11/2015	
	Approval By:-	Michael Oladipo	Revised:- 08/15/2020	

► **Policy:** - **FOHFS Agency** is committed to ensuring the health, safety and welfare of its pregnant employees, in accordance with Occupational Safety and Health Administration (OSHA) and National Institute Occupational Safety and Health (NIOSH) guidelines.


→ **PROCEDURES**

Employees shall:

1. advise the **Clinical Director** as soon as they become aware of their pregnancy;
2. advise the **Clinical Director** about their intentions regarding continued working;
3. consult with her Physician for advice on what procedures warrant additional protection or avoidance;
4. submit any physician certified work restrictions or limitations to the **Clinical Director**;
5. use good hygienic practices;
6. be capable of performing essential elements of the position, while pregnant;
7. report any unsafe working hazards or conditions to the **Clinical Director**,

Supervisor shall:

1. counsel the pregnant employee quickly, on the hazards the job duties may present;
2. not remove an employee from a hazardous job simply because the employee is pregnant and the fetus may be affected;
3. if possible, re-assign a pregnant employee to different duties if she is not capable of performing the physical requirements of the existing job;
4. not discriminate against pregnant employees;
5. identify and reduce hazards in the workplace;
6. provide operation-specific training to the employees;
7. accommodate employee's work restrictions or limitations, as identified by Physician;
8. Control exposures to potential hazards through
 - A. Designing or modifying processes
 - B. Implementing or modifying administrative procedures, and /or
 - C. Providing and ensuring use of personal protection equipment.

 <p>FOHFS</p>	Fountain of Hope Family Services Inc.		Policy and Procedures	
	Policy Type:-	Aspire to Excellence	Policy# ATE-128	
	Subject:-	Evacuation Plan	Adopted:- 05/06/2014	
	Section:-	(1.h.5).(c)(4)	Effective:- 06/11/2015	
	Approval By:-	Michael Oladipo	Revised:- 08/15/2020	


►Policy

A. The evacuation plan will be evaluated at least once annually. The **Compliance/Safety Officer** is the current health and safety person who shall prepare a written analysis of the emergency plans and evacuations which documents the effectiveness of each test and identifies corrective action to be taken. Since Clients, visitors, and stakeholders will be required to sign in/out, staff will take sign in/out log sheets during evacuation to make sure that all persons are accounted for building has to be evacuated. When Clients, staff, and visitors evacuate from the office area/building they are instructed to exit to a safe distance/area to reduce any chance for injury. In tornados staff, Clients, visitors, and stakeholders will be instructed to process to designated areas within the building (i.e. inside walls away from windows).


FOHFS Agency Safety Officer shall collect the data on all evacuation drills conducted during the course of the year.

- B. All data will be collected by and reported to staff on an annual basis.
- C. Evacuation Drills will be conducted on a semiannual basis.
- D. Drills will be documented on Evacuation drill forms, by **Safety Officer** after each exercise.
- E. Forms should indicate:
 - Time/date.
 - Number of occupants in building.
 - Solutions to difficulties.
 - Type of exercise.
 - Difficulties experienced during drill.
 - Recommendations.
- F. All emergency situations are reported to the **Safety Officer**. The **Safety Officer** will determine the need, immediacy and intensity of the debriefing. Immediate, informal debriefing within the program by the **Safety Officer** will be conducted.
- G. Assessment, Counseling, Psychosocial Rehabilitation Services, and Case Management services are determined to be essential services required by persons served.
- H. Contractors providing services designated as essential by **FOHFS Agency** are expected to use all means at their disposal to continue to provide such services, in accordance with the terms and conditions of their contracts.

- I. Since **FOHFS Agency** is not a residential facility; temporary shelter will not be needed for continued counseling services to Clients (Home based services will continue to be provided). **FOHFS Agency** will seek safe and appropriate temporary office space for the provision of administrative services if an evacuation of current facility displaces the office.
- J. Services will continue to be provided in an environment configured appropriate to meet the needs of children, adolescents and adults. These locations will provided reasonable accommodation appropriate to children, adolescents, and adults. The physical plant, furniture, and equipment will be appropriate for the Client served. **FOHFS Agency** will continue to provide the essential counseling services at any reasonable location required by an individuals needs including:
- (1) Individuals home (2) School (3) Correctional Settings (4) Shelters (5) Hospital (6) Nursing homes
- (7) Community resources sites (Library) (8) Medical and behavioral health site
- The phone number of the local poison control will be posted on bulletin board near the first aid supplies.

 <p>FOHFS</p>	Fountain of Hope Family Services Inc.		Policy and Procedures	
	Policy Type:-	Aspire to Excellence	Policy# ATE-129	
	Subject:-	Abuse or Neglect	Adopted:- 05/06/2014	
	Section:-	(1.h.5).(c)(5)	Effective:- 06/11/2015	
	Approval By:-	Michael Oladipo	Revised:- 08/15/2020	

► **Policy:** - All personnel have the responsibility to report any situation(s) that may involve abuse and/or neglect. In the event you are unclear as to the identification of an abusive and/or neglectful situation, you should immediately report the circumstance(s) to the **Executive Director** for administrative determination. In cases where personnel are accused of the abuse or neglect of an individual receiving service, he/she will be suspended until an investigation has been completed. Substantial accusations are grounds for dismissal. Administrative staff will immediately contact the funding source, parent/guardian, police, and child/adult protective services, or other applicable entities as appropriate.

 FOHFS	Fountain of Hope Family Services Inc.		Policy and Procedures	
	Policy Type:-	Aspire to Excellence	Policy# ATE-130	
	Subject:-	Infection Control	Adopted:- 05/06/2014	
	Section:-	(1.h.12 (a)(1)(2) & (b)(1)(2)	Effective:- 06/11/2015	
	Approval By:-	Michael Oladipo	Revised:- 08/15/2020	

Scope: This policy applies to all **FOHFS** Staff/Clients. To provide knowledge to employees/clients/families/other individuals on infectious/communicable diseases that may arise in the work place/Direct Care environment/or community, which could potentially threaten their health and safety, and to give direction on how to effectively and efficiently control them.

The goal of this policy is to provide a safe, accessible, effective and efficient environment for members, staff and others in the care and service settings. The goal of infection control is to promote health and the prevention and spread of diseases. There must be a systematic method of collecting, consolidating and analyzing data concerning the distribution and dissemination of a given disease or event followed by dissemination of the information to those who can improve the outcomes.

This policy is written to diminish the risks of infections in individuals served, behavior health care providers, and employees through prevention, control, identification, and observation/surveillance. Implementation of infection control practices, including provision of a sanitary environment and an active program for the prevention, investigation, management, and control of infections and communicable diseases in client's residence.

This policy is also written to establish/designate roles and responsibilities of **Infection Control Officer (ICO), Clinical Director, Executive Director**, staff responsibilities, and roles defined through mental health occupational accountabilities.

Policy

The “**Direct Care**” outpatient behavior/mental health care setting have unique circumstances and population risks to consider when designing and implementing an infection control program. Psychosocial needs are recommended to be balanced with infection control needs in the mental health care setting.

FOHFS is committed to ensuring the safety of its employees/clients/families/other individuals, by establishing procedures for responding to infectious/communicable diseases and for protecting the privacy of infected persons, in accordance with federal/state and local laws associated with **Occupational Safety and Health Administration (OSHA) Standard 29 CFR 1910.1030** also recommendations for prevention of HIV Transmission in Health Care Settings, U.S. Department of Health and Human Services, Public Health Services, Centers for Disease Control; Oklahoma City, Oklahoma.

FOHFS shall design, implement, and document educational programs to orient new employees and develop and improve employees' skills to carry out their job responsibilities. **FOHFS** is also required to educate staff (verbal and written) regarding specific tasks being delegated to them.

A staff orientation program is mandatory. Each staff should/must have an orientation program for job responsibilities in the agency. The agency is responsible to maintain a record of staff orientation. If the agency provides special care services then staff needs to be trained to meet client's requirements.

On annual basis, all employees shall receive in-service training in at least the Following:

- a.) Fire and accident prevention and safety.
- b.) Mental and physical health needs of the residents, including behavior problems.
- c.) Prevention and control of infections, including universal precautions.**
- d.) Clients Rights.

Interpretive Guidelines

- Annual is defined as 12 months from the previous in-service of the same topic.
- Records of training should be kept for all staff members.
- The record should include: a.) date of training b.) agenda or synopsis of training and name of the presenter

Definitions

Infectious Diseases

An infectious disease is an illness caused by a specific infectious agent or its toxic produces, which can be passed on from one individual to another. It may be transmitted directly from one body to another, without the help of other objects such kissing, sexual contact, droplet spray from sneezing, coughing, spitting, singing or talking. It may be passed indirectly when an object transmits the organism.

Objects of transmission could be utensils, food, water, milk, clothing, linens, air, soil or insects. They include, but are not limited to: malaria, strep throat, influenza, common cold, HIV/AIDS, measles, mumps, rubella, SARS, Tuberculosis, chicken pox, conjunctivitis, hepatitis (A, B, C), lice, ringworm, scabies, scarlet fever, yeast infections, and sexually transmitted diseases.

TABLE OF DEFINITIONS

Airborne Pathogens	Microorganisms capable of causing diseases that may be transmitted through excretions or secretions from the upper or lower respiratory system.
Blood	Human blood, human blood components and products made from human blood.
Blood Borne Pathogens	Microorganisms present in blood and body fluids that are capable of causing disease. These pathogens include but are not limited to HBV, HCV and HIV.
Body fluids	Applies to all body fluids, secretions and excretions except sweat and tears regardless of whether or not they contain visible blood.
Contaminated	The known or suspected presence of blood or other potentially infectious materials on an item or surface.
Decontamination	The use of physical or chemical means to remove, inactivate or destroy blood borne pathogens on a surface or item.
Exposure	Percutaneous (needle stick, human bite, or cut) or mucous membrane (splash to eyes, nose or mouth) exposure to blood and other potentially infectious material, or accutaneous (above the skin) when the employee's skin is chapped, abraded or otherwise non-intact.
Exposure Control Plan	Spells out how each Board location will address requirements of the blood borne pathogen standard. Includes determining employee's potential exposure, standard precautions, engineering controls, work practices, personal protective equipment and housekeeping practices, Hepatitis B vaccination program, post-exposure procedures, warning labels and signs, employee training and record keeping. It shall be reviewed and updated annually or whenever it is necessary to reflect new or revised employee job positions or job tasks and procedures or other laws.
HBV	Hepatitis B Virus

HCV	Hepatitis C Virus
HIV	Human Immunodeficiency Virus (AIDS)
ICO	Infection Control Officer
TB	Tuberculosis
Occupational Exposure	Skin, eye, mucous membrane or parenteral contact with blood or other potentially infectious materials that may result from the performance of an employee's duties.
Other Potentially Infectious Materials	The following human body fluids: semen, synovial fluids, vaginal secretions, pleural fluids, amniotic fluid, cerebrospinal fluid or where it is difficult or impossible to differentiate between body fluids. Also includes unfixed human tissues or organs.
Personal Protective Equipment	Specialized clothing or equipment worn by an employee for protection against a hazard.
Regulated Waste	Liquid or semi-liquid blood or other potentially infectious materials; contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed; items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling; contaminated sharps; and pathological and microbiological waste containing blood or other potentially infectious materials.
Sharps	Refers to intact or broken objects capable of puncturing, lacerating or otherwise penetrating skin or mucous membranes.
Source Individual	An individual, living or dead, whose blood or other potentially infectious body fluids may be a source of occupational exposure.
Standard Precautions	An approach to infection control to treat all human blood and other body fluids as if they contained blood borne pathogens.
Sterilize	The use of a physical or chemical procedure to destroy all microbial life including highly resistant bacterial endospores.
Transmission Based	Precautions designed for persons documented

Precautions

or suspected to be infected with highly transmissible or epidemiologically important pathogens for which additional precautions beyond Standard Precautions are needed to interrupt transmission of the disease.

Work Practice Controls

Risk reduction through altering the manner in which a task is performed.

→¹ Hepatitis B Virus (HBV)

HBV is a potentially life threatening blood borne pathogen. Centers for Disease Control estimates there are approximately **280,000 HBV** infections each year in the United States. Approximately **8,700** health care workers each year contract Hepatitis B, and about 200 will die as a result. In addition, some who contract HBV will become carriers, passing the disease on to others. Carriers also face a significantly higher risk for other liver ailments, which can be fatal, including cirrhosis of the liver and primary liver cancer.

HBV infection is transmitted through exposure to blood and other infectious body fluids and tissues. Anyone with occupational exposure to blood is at risk of contracting the infection. The incubation period of Hepatitis B ranges from **45 to 180 days**. The onset of the acute illness occurs gradually and is discovered in the patient only after the illness has become fully involved at which time symptoms of anorexia, malaise, nausea, vomiting, abdominal pain, jaundice, skin rashes and arthritis appear. Hepatitis B may be clearly asymptomatic or as mild as “flu” symptoms.

Employees must use standard precautions and protective clothing and equipment to prevent exposure to potentially infectious materials. The best defense against Hepatitis B is vaccination.

→¹ Hepatitis C Virus (HCV)

HCV is a blood borne pathogen that can lead to severe illness, life-long disease, and cirrhosis of the liver, liver failure, liver cancer or even death. Almost 4 million people in the **US** have **HCV** and don’t even know it. Almost **75,000** people get **HCV** each year. Signs of the disease may show up quickly or it may take **10-40** years before there are any signs of liver problems. The majority of those infected with **HCV** become chronic carriers of the virus. There is no vaccine to protect against an **HCV** infection and there is no treatment that results in a cure once the person becomes infected. Because **HCV** is more prevalent in the general population than HIV, it is logical that it is a greater threat to healthcare workers who experience needle sticks. Patients with Hepatitis C infection are now the largest fraction of patients undergoing liver transplantation in the United States.

→¹ Human Immunodeficiency Virus (HIV)

The Human Immunodeficiency Virus (HIV) attacks the body’s immune system increasing risk to disease and eventually causing the disease known as AIDS or Acquired Immune Deficiency Syndrome. Currently there is no vaccine to prevent infection. Persons infected with HIV may carry the virus without developing symptoms for a number of years. They may also eventually

develop AIDS. They may suffer from flu-like symptoms, fever, diarrhea and fatigue a few weeks after exposure. HIV is transmitted primarily through sexual contact and intravenous drug use, but also may be transmitted through exposure to blood and body fluids. Touching, feeding, or working around other persons who carry the virus does not transmit HIV. There are no known cases of HIV transmission by insects such as mosquitoes. Dogs, cats and domestic animals are not a source of infection from HIV. Persons with the HIV virus may develop AIDS related illnesses including neurological problems (dementia), cancer (Kaposi's Sarcoma) and other opportunistic infections (e.g., Pneumocystis Carini pneumonia, mycobacterium tuberculosis).

→ **TUBERCULOSIS (TB)**

TB is an airborne disease that can damage a person's lungs or other parts of the body and cause serious illness. In almost all instances, with medication, **TB** can be cured.

TB is spread when people who have active **TB** germs in their lungs or throat cough, sneeze, or speak and send their germs into the air. **TB** is usually contracted if there has been very close, day-to-day, contact with an infected individual. It is not spread through the use of dishes, drinking glasses, sheets or clothing.

If **TB** germs enter a person's body, in most cases the body's defenses control the germs by walling them off. The germs can stay alive inside these walls for years in an inactive state. While the germs are inactive they cannot be spread to other people.

TB disease can occur when the body defenses are weak, even after many years of being inactive. The germs then break out of the walls, begin multiplying and damage the lungs or other organs. The most common symptoms of **TB** are cough, fever, weight loss, night sweats, constant tiredness, and loss of appetite.

If people with **TB** do not take their medication, they can become seriously ill, and may even die. But, people with **TB** can be cured, if they have proper medical treatment and take their medication as prescribed. Usually, after a week or more of taking their medication, most people with **TB** disease will stop spreading germs.

► **Universal/Standard Precautions**

Universal Precautions are measures that can be followed to help prevent the spread of infection through contact with potentially infectious materials. All blood and body fluids are considered potentially infectious materials and every client is handled as if he/she could have an infectious disease.

Standard Precautions/Universal Precautions also refers to infection prevention practices that apply to all residents, regardless of suspected or confirmed diagnosis or presumed infection status. It is a combination and expansion of Universal Precautions and Body Substance Isolation.

Transmission – Base Precautions – refers to the actions (precautions) implemented, in addition to Standard precautions that are based upon the means of Transmission standard precautions that are based upon the means of transmission (airborne, contact, and droplet) in order to prevent or control infections.

► **Universal/Standard Precautions include:**

- Hand Washing
- Personal Protective Equipment
- Body Specimens
- Blood and Body Fluid Spills
- Sharp Objects
- Household Waste
- Laundry
- Hygienic Measures in the Home

The **Centers for Disease Control and Prevention (CDC)** identifies hand washing as the single most effective way to prevent the transmission of disease. Hand Washing refers to washing hands with plain soap and water. Hand Hygiene is a general term that applies to washing hands with water and either plain soap or soap/detergent containing an antiseptic agent; or thoroughly applying an (ABHR).

► **Hand Washing**

Hand washing remains the single most effective means of preventing disease transmission. Wash hands often and well, paying particular attention to around and under fingernails and between the fingers. Wash hands whenever they are soiled with body substances, before food preparation, before eating, after using the toilet, before performing invasive procedures and when each outpatient direct care resident's care is completed.

► **Key situations where hand hygiene should be performed include:**

- Before contact with a patient.
- Before performing an aseptic task (e.g., insertion of IV, preparing an injection).
- After contact with the patient or objects in the immediate vicinity of the patient.
- After contact with blood, body fluids or contaminated surfaces.
- If hands will be moving from a contaminated-body site to a clean body site during patient care.
- After removal of personal protective equipment (PPE).

► **Proper hand washing technique includes these steps:**

- Use a sink with warm running water, soap, and paper towels.
- Push sleeves up above wrists (some recommend removing jewelry and wristwatch).

- Apply soap to the hands and wash the hands vigorously using plenty of lather and friction for 10 or more seconds; interlace fingers and rub palms and the back of the hands in a circular motion; clean between fingers and vigorously clean the fingertips and nail beds.
- Rinse hands and wrists thoroughly, keeping hands down and elbows up.
- Dry hands thoroughly from the fingers down to the forearms and wrists with a paper towel; if available, use clean paper towel to turn off the water.

The use of antiseptic hand washing soaps are recommended during outbreaks, following gross contamination, prior to performing invasive procedures and prior to caring for high risk.

►Personal Protective Equipment

Personal Protective Equipment (**PPE**) refers to wearable equipment that is intended to protect HCP from exposure to or contact with infectious agents. Examples include gloves, gowns, face masks, respirators, goggles and face shields.

The selection of **PPE** is based on the nature of the patient interaction and potential for exposure to blood, body fluids or infectious agents. Examples of appropriate use of **PPE** for adherence to Standard Precautions include: use of gloves in situations involving possible contact with blood or body fluids, mucous membranes, non-intact skin or potentially infectious material; use of a gown to protect skin and clothing during procedures or activities where contact with blood or body fluids is anticipated; use of mouth, nose and eye protection during procedures that are likely to generate splashes or sprays of blood or other body fluids. Hand hygiene is always the final step after removing and disposing of **PPE**.

Each outpatient facility should evaluate the services they provide to determine specific needs and to assure that sufficient and appropriate PPE is available for adherence to Standard Precautions. All **HCP** at the facility should be educated regarding proper selection and use of PPE.

►Gloves

Wear gloves when it can be reasonably anticipated that hands will be in contact with mucous membranes, non-intact skin, any moist body substances (blood, urine, feces, wound drainage, oral secretions, sputum, vomitus, or items/surfaces soiled with these substances) and/or persons with a rash. **Federal OSHA laws require that gloves must be changed between residents and between contacts with different body sites of the same resident.** If the glove is torn or a needle stick or other injury occurs, the glove should be removed, discarded in the trash and a new glove used promptly as resident safety permits.

REMEMBER: Gloves are not a cure-all. They should reduce the likelihood of contaminating the hands, but gloves cannot prevent penetrating injuries due to needles or sharp objects. Dirty gloves are worse than dirty hands because microorganisms adhere to the surface of a glove

easier than to the skin on your hands. Handling medical equipment and devices with contaminated gloves is not acceptable.

Always select the type of glove that is appropriate for the task being performed. **Non-powdered gloves are preferred as they decrease the risks for acquiring a latex allergy.**

The following general guidelines are recommended:

1. Use sterile gloves for procedures involving contact with normally sterile areas of the body.
2. Use examination gloves for procedures involving contact with mucous membranes (unless sterile gloves are indicated) and for other resident care or diagnostic procedures that do not require the use of sterile gloves.
3. Change gloves between contacts (as defined above) with different residents or with different body sites of the same resident.
4. Do not wash or disinfect surgical or examination gloves for reuse. Washing with surfactants may cause "wicking," i.e., the enhanced penetration of liquids through undetected holes in the glove. Disinfecting agents may cause glove deterioration.
5. Use general-purpose utility gloves (e.g., rubber household gloves) for housekeeping or plant engineering chores involving potential blood contact and for instrument cleaning and decontamination procedures. Utility gloves may be decontaminated and reused but should be discarded if they are peeling, cracked, or discolored; or if they have punctures, tears, or other evidence of deterioration.
6. If two pairs of gloves are worn, one on top of the other, both pairs are considered contaminated after use and **both** pairs must be changed.
7. Medium sized non-powdered gloves should be available for use. Other sizes should be available in a supply closet/area. If gloves are creating an allergic response, hypoallergenic gloves or glove liners must be made available.
8. Use hand lotions to protect skin; however, petroleum-based hand lotions such as Vaseline will cause latex to deteriorate.
9. Be alert to and report signs and symptoms of latex sensitivity (e.g.: dry, itchy, irritated areas on hands; rash that begins 24-48 hours after contact to latex; immediate skin redness; hives or itching; and/or respiratory symptoms from runny nose to difficulty breathing).

►Face and Eye Protection

Wear masks and/or eye protection when it is likely that eyes and/or mucous membranes will be splashed with body substances, (e.g., when suctioning a resident with copious secretions, emptying fluids, irrigating a wound). These items should be available and accessible for personnel when needed. After use, either discards disposable masks/eye shields in the resident's room or place reusable goggles or face shields in a specified container in the utility room until they can be washed with soap and water.

►Apron or Gown

Protect clothing with a plastic apron or gown when it is likely that clothing will be soiled with body substances. These items are primarily designed to reduce the soiling of the clothing of personnel with moist body substances. They should be worn any time soiling of clothes is anticipated. They should be removed and discarded after completion of each resident contact task. Outer garments, coats when soiled with blood or body fluids should be removed as soon as feasible and placed in the facility laundry for cleaning.

►Cardiopulmonary Resuscitation (CPR)

To minimize the need for mouth-to-mouth resuscitation, resuscitation devices (mouthpieces, pocket masks, and resuscitation bags) should be located in designated areas within the facility. No transmission of hepatitis B virus (HBV) or human immunodeficiency virus (HIV) via mouth-to-mouth resuscitation has been documented. However, because of the risk of salivary transmission of other infectious diseases (e.g., herpes simplex and *Neisseria meningitidis*) and the theoretical risk of HIV and HBV transmission during artificial ventilation of residents, resuscitation devices should be used. Disposable resuscitation equipment and devices should be used once and disposed of or, if reusable, thoroughly cleaned and disinfected after each use following manufacturer's guidelines.

►Disposal of Regulated Waste from Client's Homes

According to OSHA, regulated waste is defined as:

- Liquid or semi-liquid blood or other potentially infectious materials (OPIM);
- Contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed;
- Items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling;
- Contaminated sharps; and
- Pathological and microbiological wastes containing blood or OPIM.

All trash generated from individual resident's home, with the exception of fluid-filled containers and regulated waste as above can be disposed of in regular trash bags as per usual practice.

►Fluid-Filled Containers

All fluid-filled containers may be emptied directly into a hopper or toilet. Personnel should wear protective attire (gloves, goggles) to protect themselves from splashes unless a protective mechanical barrier (splash shield) is provided.

If fluid-filled containers are disposed of without emptying, follow the regulated waste handling procedures of the facility. These procedures must utilize closable containers that are

leak proof and are either red or biohazard labeled. If the outside of the container becomes contaminated, the regulated waste must be placed in a second labeled or red container before being transported by a licensed infectious waste hauler. Alternatively, a facility can decontaminate all regulated waste in accordance with Department of Natural Resources

► **Precautions for Clients with Airborne Diseases**

Some diseases are transmitted through an airborne route and require precautions beyond the routine Body Substance Precautions. Airborne diseases are transmitted on tiny particles in the air. Fortunately, there are few airborne diseases seen in the United States (measles, TB, chickenpox and disseminated herpes zoster).

There are basically two types of airborne diseases:

1. Those that people develop immunity to after vaccination or exposure and
2. Those to which you do not develop immunity after exposure.

► **Transportation of the Client with an Airborne Disease**

Clients with diseases transmitted by an airborne route should not be transported unnecessarily to hospital or other facility. If these clients must be transported, they should wear a mask. (The receiving facility/hospital should be notified in advance so that immune personnel can be assigned). Although masks are generally not helpful when care givers wear them to protect themselves from airborne viruses, placing surgical masks on the patient with an airborne disease will minimize the droplets that may be shed into the air when coughing, laughing, and sneezing, etc. Therefore, masks should be placed on any patient with an airborne disease when transporting to another department or facility.

► **Environmental Cleaning**

Proper cleaning of the environment is an essential component of the entire spectrum for preventing and controlling infections. Detailed procedures, schedules and training must be in place for cleaning in all areas in order to reduce bacterial load (quantity of bacteria).

Routine cleaning should be done with a disinfectant or disinfectant/detergent registered with the Environmental Protection Agency (EPA), the evidence of which is an EPA number on the product label. Cleaning agents and disinfectants must be appropriate for the type of soilage and the surface or equipment to be decontaminated.

All equipment, protective coverings on equipment, environmental surfaces, working surfaces (countertops, etc.), bins, pails, cans and similar receptacles must be regularly observed for contamination with blood or other potentially infectious materials (OPIM). If such contamination is known to have occurred, then prompt cleaning and decontamination must be carried out.

Low level disinfectants with or without combined detergents should remove or kill most bacteria within 10 minutes contact time. Low level disinfectants are appropriate for noncritical items; i.e., those that come into contact with intact skin such as bedpans, crutches, bed rails, bedside tables, floors and furniture. Such disinfectants are iodophors, phenolics, quaternary ammonium compounds (QUATS) diluted per manufacturer's recommendations and sodium hypochlorite (bleach solution) diluted to 100 ppm (1/4 oz/gallon water).

Good housekeeping practices begin with fresh cleaning cloths, fresh cleaning or mopping solutions, and clean buckets and mop heads on a daily basis. Solution should be changed frequently throughout the day, but particularly if solution becomes gray (possibly every 3 rooms).

Cleaning should always start with the cleanest part of the room (top areas) and proceeds to the dirtiest-bottom, floor areas and then the commode or toilet area. Always clean grossly soiled areas (feces, urine, vomitus, sputum, and drainage) with an organic cleaner/detergent before using the disinfectant. Mop heads should be bagged and laundered at the end of the day or when grossly soiled.

►Synopsis of Types of Precautions

A. STANDARD PRECAUTIONS

Use Standard Precautions for the care of all patrons/clients.

B. TRANSMISSION-BASED PRECAUTIONS

Designed for persons documented or suspected to be infected with highly transmissible or epidemiological important pathogens for which additional precautions beyond Standard Precautions are needed to interrupt transmission of disease

There are three types: airborne, droplet, and contact precautions.

1. **Airborne Precautions:** In addition to Standard Precautions, use Airborne Precautions for persons known or suspected to have serious illness transmitted by airborne droplet nuclei.
2. Examples of such illness include:
 - a. Measles
 - b. Varicella (chicken pox and disseminated zoster)
 - c. Tuberculosis
 - d. Shingles
 - e. SARS (Severe Acute Respiratory Syndrome)
 - f. Corona virus 19

The following additional measures are to be taken to minimize risk of transmission:

When TB is suspected: Instruct the person to wear a mask. Personnel who are exposed to an unmasked person should be referred to Human Resources for exposure follow-up.

When Chicken Pox or Shingles (in an Immuno-Compromised Person) is suspected, screen all personnel for Chicken Pox before they are allowed to enter the person's room. Personnel who have not had Chicken Pox should not be allowed to enter the room. (If such contact occurs, non-immune personnel should be referred to Human Resources for exposure follow-up).

3. **Droplet Precautions:** In addition to Standard Precautions, A Droplet shall be used for persons known or suspected to have serious illnesses transmitted when administering medications. Examples of such illnesses are:
 - a. Invasive Haemophilis Influenza type B disease, including meningitis, pneumonia, epiglottitis, and sepsis.
 - b. Invasive Neisseria meningitis disease, including meningitis, pneumonia, and sepsis.
 - c. Other serious bacterial respiratory infections spread by droplet transmission, including:
 - Diphtheria
 - Mycoplasma pneumonia
 - Pertusus
 - Pneumonic plague
 - Streptococcal pharyngitis, pneumonia, or scarlet fever in infants and young children;
 - Monkeypox and Smallpox

In addition to Standard Precautions, a mask shall be worn when having contact with the person.

- a. Serious viral infections spread by droplet transmission, including:
 - Adenovirus
 - Influenza
 - Mumps
 - Parvovirus B19
 - Corona Virus 19
 - Rubella
 - Avian Flu
4. **Contact Precautions:** In addition to Standard Precautions, use contact precautions for people known or suspected to have serious illnesses easily transmitted by direct contact or by contact with items in the person's environment. Examples of such illnesses include:
 - a. Gastrointestinal, respiratory, skin or wound infections or colonization with multi-drug resistant bacteria judged by the Infection Control Training Program, based on current state, regional, or national recommendations, to be of special clinical and epidemiological significance.

- b. Enteric infection with a low infectious dose or prolonged environmental survival, including:
 - Clostridium
 - For diapered or incontinent persons; enterohemorrhagic escherichia coli 0157:H7, shigella, Hepatitis A, or rotavirus
 - Respiratory syncytial virus, parainfluenza virus, or enteroviral infections in infants or young children
- a) Skin infections that are highly contagious or that may occur on dry skin, including:
 1. Diphtheria
 2. Herpes simplex virus (neonatal or mucocutaneous)
 3. Impetigo
 4. Major (non-contained) abscesses, cellulitis, or decubiti
 5. Pediculosis
 6. Scabies
 7. Staphylococcal furunculosis in infants and young children
 8. Zoster (disseminated or in the immunocompromised host)
 9. Viral/hemorrhagic conjunctivitis
 10. Viral hemorrhagic infections (Ebola, Lassa, Marburg)

►Infection Control and Prevention

Infection Control Guidelines shall be maintained in the emergency Procedures Manual at each **FOHFS Office**. All employees will comply with health and infection control policies, plan, and guidelines regardless of the setting of the service.

To provide safe care, at a minimum; preventive measures, **behavioral care providers should:**

Recognize their responsibility to implement safe care practices

Practice good **hand hygiene** – including use of alcohol-based hand rubs or hand washing with soap and water, to reduce the risk of spreading infections

To provide safe care, at a minimum **behavior health facilities should:**

1. Develop and maintain infection prevention and occupational health programs
2. Assure sufficient and appropriate supplies necessary for adherence to Standard Precautions (e.g. hand hygiene products, personal protective equipment, injection equipment)
3. Assure at least one individual with training in infection prevention is employed by or regularly available to the facility

4. Develop written infection prevention policies and procedures appropriate for the services provided by the facility and based upon evidence-based guidelines, regulations, or standards
5. Provide job- or task-specific infection prevention education and training to all behavioral care provider professionals
6. Adhere to local, state, and federal requirements regarding behavioral care provider-associated infection surveillance, reportable diseases, and outbreak reporting
7. Perform regular audits and competency evaluations of staff's adherence to infection prevention practices
8. Utilize CDC's infection prevention checklist for outpatient settings to assess infection control practices

Be aware that consequences of failure to adhere to recommended practices include:

- Putting Clients at risk for infection
- Malpractice suits filed by Clients
- Loss of business license, certification, accreditation and/or reimbursement
- Referral of behavioral care provider personnel to licensing boards for disciplinary action

To ensure that they are receiving safe care Direct Care Outpatient Behavior Health service from their provider **Clients** should:

1. Speak up. Talk to your provider/Case Manager about any worries you have about your safety and ask them what they are doing to protect you from acquiring an infection.
2. Keep hands clean. If you do not see your behavior health providers clean their hands, ask them to do so. Also remind your loved ones. They want to prevent infections just like you do. Cleansing hands can prevent the spread of germs.
3. Ask your behavioral care provider, "Will there be a new needle and a new syringe used to draw my medication?" Behavioral care providers should never reuse a needle or syringe on more than one patient.

CDC is committed to helping ensure all Clients receive safe care every time they visit an outpatient behavior health or medical facility. CDC has and will continue to:

1. Provide evidence-based guidance for the prevention of infections in outpatient behavioral care provider facilities
2. Work with partners and professional organizations to ensure behavioral care provider personnel have the information and resources needed to prevent infections
3. Work with federal and state partners to ensure that minimum safe care practices are consistently maintained or exceeded and that behavioral care providers are held accountable for effective infection prevention.

- A. The following precautions and work practice controls are required:
1. All body fluids are to be treated as if they are infectious.
 2. Staff persons are encouraged to keep skin clean, smooth and unbroken. Nails should be appropriate for the work performed.
 3. Eating, drinking, smoking, applying cosmetics or lip balm, or handling of contact lenses are prohibited in work areas where there is a reasonable likelihood of occupational exposure.
 4. Hand lotions or creams with a petroleum or mineral oil base should not be used with latex gloves.
- B. All personal protective equipment used in this agency will be provided without cost to employees. Personal protective equipment used in this agency will be provided without cost to employees. Personal protective equipment will be chosen based on the anticipated exposure to blood or other potentially infectious materials. The protective equipment will be considered appropriate only if it does not permit blood or other potentially infectious materials to pass through or reach the employee's clothing, skin, eyes, mouth or other mucous membranes under normal conditions and durations of use.
1. Disposable gloves shall be worn where it is reasonably anticipated that employees will have contact with blood, body fluids, other potentially infectious material, non-intact skin or mucous membranes.
 2. Utility gloves (rubber and synthetic) are to be used by custodians and others when housekeeping duties are performed. Wash hands prior to and after use. Remove gloves carefully to avoid skin contamination. Utility gloves must be inspected for breaks; holes or cracks prior to each use and must be discarded if potential leaks are found. Disinfections procedures are to be posted in custodial work areas.
 3. Disposable masks and eyewear are to be worn whenever splashes, spray, splatter or droplets of blood or other potentially infectious materials may be generated and eye, nose or mouth contamination can reasonably be anticipated. Disposable masks and resuscitation masks with one-way valves are to be located in each first aid kit at each agency location and in agency vehicles.
 4. Disposable gowns are to be worn to protect the skin and prevent contamination of clothing during procedures that are likely to generate splashes or sprays of blood, body fluids, secretions or excretions or cause soiling of clothes.
 5. Disposable protective equipment soiled with blood or other potentially infectious materials must be disposed of in a biohazard bag. The bag must be tied off and stored for pickup by the licensed medical waste company.
- C. Education and training shall be presented to each new employee, intern and volunteer identified of being at substantial risk for occupational exposure to HIV, HCV, HBV, TB and other communicable diseases. This training will take place upon date of hire and then annually thereafter. Information will also be available to all employees since many of

them may as a collateral duty become involved in the agency of first aid. Blood borne pathogen training will be provided at no cost to the employee.

Included in this program shall be:

1. Epidemiology – modes of transmission and precautionary measures to help prevent the transmission of HIV, HCV, HBV and TB.
2. Possible risk to a fetus from HIV, HCV and HBV and associated infections.
3. Benefits and risks of the Hepatitis B vaccine.
4. Concepts and techniques of standard precautions.
5. Location and proper use of personal protective equipment.
6. Proper handling of contaminated articles.
7. Decontamination procedures for environmental spills.
8. Use and meaning of color codes in biohazard emblems.
9. Procedures to follow subsequent to an exposure.

►Control

- A. In general employees should not report to work when ill with infections or communicable diseases until cleared to return to work by their health care provider.
- B. The employee should notify his/her **Clinical Director/Executive Director** of any condition that could pose a threat to others.
- C. The **Clinical Director** will notify the **Executive Director** and **Human Resources** of any condition that could pose a risk to others in the workplace.
- D. The **Clinical Director** or, in his/her absence, the Executive Director, may institute appropriate measures when it is determined that the risk of exposure for others to epidemiological important disease exists.
- E. Hepatitis B vaccine is offered to all employees. TB screening is offered to employees when there has been a risk of exposure or where evidence of screening is required for agency work, such as work in home base counseling outpatients.
- F. A post-exposure plan for blood borne pathogens is in place.
 1. Any exposed employee should immediately initiate first aid.
 2. Contaminated skin, a cut, scratches or a puncture wound should be vigorously scrubbed for 10 minutes with an iodine solution (such as butadiene) and copious amounts of water.
 3. Contaminated eyes or other mucous membranes should be irrigated for 15 minutes with normal saline or water.
 4. Employees should seek immediate medical attention.
 - a. Employees should be seen by a physician within 24 hours for an exposure to Hepatitis B.
 - b. Employees should be seen by a physician within 2 hours for an exposure to HIV.


5. Employees are to report to Human Resources to obtain the needed forms to take to the physician; “Physicians Report For Community Mental Health for Oklahoma”
6. Employees are to be provided free medical evaluation and treatment after they experience an exposure incident. Exposed employees will be referred to a licensed health care provider who will counsel the individual about what happened and how to prevent further spread of any potential infection. The employer shall ensure that the health care professional who evaluates an employee after an exposure incident is provided with:
 - a. A description of the affected employee’s duties as they relate to the exposure incident.
 - b. Documentation of the route or routes of exposure and the circumstances under which exposure occurred.
 - c. Results of the source individual’s blood testing, if available.
 - d. All medical records which are relevant to the appropriate treatment of the employee, including vaccination status, and which is the employer’s responsibility to maintain.
 - e. A description of any personal protective equipment used or to be used.
7. The first step for the exposed employee is to have his/her blood tested. The employee does have the option to give the blood sample but refuse permission for HIV testing at time. The agency must assure that the employee’s blood sample is maintained at a lab for 90 days in case the employee changes his/her mind about testing.
8. The health care provider will counsel the employee based on the test results. If the source individual was HBV positive or in a high-risk category, the exposed employee may be given Hepatitis B immune globulin and vaccination as necessary. If there is no information on the source individual, or the test is negative and the employee has not been vaccinated or does not have immunity, he/she may receive the vaccine.
9. The health care provider chosen by the employer will prescribe appropriate treatment in line with current U.S. Public Health Service recommendations and evaluate any reported illness to determine if the symptoms may be related to HIV, HCV or HBV.
10. The health care provider will provide a written report to the employer, which identifies whether treatment was recommended for the exposed employee, whether or not the employee received treatment and the health care professional’s recommend limitations upon the employee’s use of personal protective clothing or equipment. The employer shall obtain and provide the employee with a copy of the evaluating health care professional’s written opinion within 15 working days of the completion of the evaluation. The health care provider must also note that the employee has been informed of

the results of the evaluation and told of any medical conditions that may result from the exposure which could requires further evaluation or treatment. The employer must keep these reports in a confidential medical file and provide them upon request for examination and copying to the subject employee, to anyone who has a written consent of the subject employee and to the Executive Director/Clinical Director. Any added findings must be kept confidential. The employee must give specific written consent for anyone to see the records. Records must be maintained for the duration of employment plus 30 years in accordance with OSHA standard on Access Employee Exposure and Medical Records.

11. The source individual shall be identified and tested in accordance with Oklahoma Compiled Laws 333.5133 (12). The source individual shall be informed of the exposure and requested to consent to blood testing for HIV, HCV and HBV and to allow a release of information to the exposed employee. If consent is obtained, the testing shall be done at no expense to the source individual or employee. If consent is denied, an employee may be tested without consent provided that the employee is an employee of the agency and was informed in writing at the time of exposure that such a situation might occur. If consent is denied the employee shall be evaluated clinically and offered antibody testing for HIV, HCV and HBV (if not previously immune) as soon as possible. Exposed employees testing sero-negative for HIV shall be offered retesting at 6 and 12 weeks, at 6 months and at one year post-exposure.
 12. The employee shall be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.
- G. Employees who have an exposure incident are to report the incident to their Clinical Director/Executive Director immediately.
 - H. All work areas will be maintained in a clean, sanitary condition.
 - I. All equipment, environmental and working surfaces shall be cleaned and decontaminated as soon as possible after contact with any potentially infectious material.


 <p>FOHFS</p>	Fountain of Hope Family Services Inc.		Policy and Procedures	
	Policy Type:-	Aspire to Excellence	Policy# ATE-130	
	Subject:-	Hazard Communication	Adopted:- 05/06/2014	
	Section:-	(1.h.6 (a))	Effective:- 06/11/2015	
	Approval By:-	Michael Gladipo	Revised:- 08/15/2020	

► **Policy:** - All staff and personnel will be trained in hazardous materials and how to store, dispose of, and/or cleaning areas exposed. It is the policy of that each personnel will be trained regarding hazardous materials. Each work site has available to the personnel a list of hazardous chemical substances in the workplace. Each hazardous chemical has a material safety data sheet and all containers are properly labeled with established workplace safety practices.

 <p>FOHFS</p>	Fountain of Hope Family Services Inc.		Policy and Procedures	
	Policy Type:-	Aspire to Excellence	Policy# ATE-131	
	Subject:-	Handling Storing and Disposal Cleaning Supplies and Gasoline	Adopted:- 05/06/2014	
	Section:-	(1.h.16.(a)(b)(c))	Effective:- 06/11/2015	
	Approval By:-	Michael Gladipo	Revised:- 08/15/2020	

► Policy

All cleaning supplies are green friendly and are not harmful to the environment. Gasoline is prohibited on property. All hazardous cleaning supplies and gasoline that is abandoned on' property will be taken to Household Hazardous Waste Collection Facility at 1621 SW. Portland, Oklahoma City. The facility is open Tuesday through Friday from 9:30 am to 6pm and Saturday from 8:30 am to 11:30 am.

 <p>FOHFS</p>	Fountain of Hope Family Services Inc.		Policy and Procedures	
	Policy Type:-	Aspire to Excellence	Policy# ATE-132	
	Subject:-	Illicit Drugs/Weapons	Adopted:- 05/06/2014	
	Section:-	(1.h.6.(b)(2))	Effective:- 06/11/2015	
	Approval By:-	Michael Gladipo	Revised:- 08/15/2020	

► Policy

→ **Illicit Drugs/Weapons** – All staff and personnel will be trained on proper procedure and policies pertaining to illegal and illicit drugs and/or weapons on agency premises, and proper authorities will be notified. Forbids the possession of illicit drugs or weapons anywhere on the grounds, buildings, or property of.

→ **Drug Procedure**

Should any staff member, Client, or any other person be known to possess an illegal substance, that substance may be confiscated? The police are to be notified of any and every instance of possession of illegal substances. In the case of a minor, his or her guardian shall also be immediately notified. Staff members will be dealt with in accordance to the provisions set out in the Human Resource Policies of.

→ **Weapons Procedure**

Should a Client possess a weapon, the weapon may be confiscated if it does not pose a risk to staff or other Clients.

The decision whether to call the police shall be made after staffing with the **Executive Director**. Should a staff member bring a weapon onto property, he/she will face disciplinary procedures as set forth in the Human Resource Policy.

→ **Training**

All staff will receive training in emergency procedures, evacuation procedures, health and infection control, vehicle safety, first responder techniques, hazard communication, fire extinguisher use, and any safety related issues specific to their work environment as required by their job description or recommended by their supervisor.


All initial training will be completed as specified by CARF and/or state requirements and/or within **90** days of employment.

Supervisors may require staff to retake any of the safety classes should the supervisor determine the retraining is necessary.

All staff will be evaluated on an annual basis through the performance evaluation system on their commitment to safety and their compliance to the safety policies established by

↔ Out of Office Services

- All staff providing services to Clients outside the office setting will be trained in the area of ensuring their safety while in the field. Has a need to have staff deliver some of its services out of the office and usually in the home of the person receiving services. These practice guidelines are required reading and should be followed unless the **Executive Director** has agreed to an exception to these guidelines.
- Initial evaluations shall be performed in the office, unless the Client is completely homebound and cannot leave the home. Staff shall evaluate the need for home-bases and safety of delivering services in the home.
- Staff delivering home-based services must notify their supervisor of their schedules and locations of service delivery.
- Staff is responsible for their own actions and should not proceed if the situation appears to take on any dangerous connotations.
- If at the home and the situation elevates to a serious threatening level you should leave the premises immediately and call your supervisor recommends that when doing out of office visits:
 - a. Position yourself between the outside door and the person you are seeing.
 - b. You should never be alone with someone of the opposite gender unless cleared by your supervisor.
 - c. You should keep your cell phone near you and have it programmed to dial 911 with a one digit speed dial.
 - d. If anyone in the home appears to be under the influence of alcohol or illegal substances, leave the home and reschedule the appointment for another time.
- Has insurance that covers a certain amount of liability for your actions. It includes the following coverage:

 <p>FOHFS</p>	Fountain of Hope Family Services Inc.		Policy and Procedures	
	Policy Type:-	Aspire to Excellence	Policy# ATE-133	
	Subject:-	Critical Incident	Adopted:- 05/06/2014	
	Section:-	(1.h.6.(b)(3))	Effective:- 06/11/2015	
	Approval By:-	Michael Olatipo	Revised:- 08/15/2020	

► **Policy:-** It is the policy of **FOHFS Agency** to be trained in the identification of critical incidents, and properly reporting of them. The Agency follows legal requirements regarding investigation and the reporting of incidents to the proper authorities. **FOHFS Agency** will keep a written record of all critical incidences occurring at any of its service locations or in the course of service delivery at any site outside of the facility such as home visits or off-site activities.

An incident is defined as an adverse or potentially adverse occurrence in the course of the provision of services.

These include all of the emergency contingencies listed above in the Health and Safety section and include but are not limited to:

- ↗ Incidents involving injury
- ↗ Communicable Disease
- ↗ Infection Control
- ↗ Violence or Aggression
- ↗ Vehicular accidents
- ↗ Bio hazardous Accidents
- ↗ Unauthorized use or possession of licit or illicit substances
- ↗ Abuse and Neglectful
- ↗ Suicide or attempted suicide
- ↗ Other Sentinel Events.

→ **PURPOSE**

The purpose of documenting and reporting incidents is to:

1. Maintain a record of significant events occurring during the course of provision of services
2. Identify recurring and or systemic issues
3. Alert the agency and funding sources to potential liability issues
4. To identify areas needing improvement


→ **PROCEDURE**

The staff who witnessed or first recognized the occurrence of an incident should initiate incident reports. This occurs after staff has dealt with the immediate needs of individuals as they relate to the occurrence of the incident. The report is then forwarded to the **Executive Director** for administrative review.

→ **A completed incident report should address each of the following, as applicable:**

1. Identifying information pertaining to the incident (time, duration, specific location, witnesses, etc.)
2. The circumstances preceding the incident (antecedents and/or cue)
3. A clear, detailed, and objective description of the incident
4. The response and actions that occurred as a result of the incident
5. The signature/title of the staff that completed the incident report and the date the incident report was completed.
6. A plan for corrective action as determined by supervisory and administrative staff.
7. The signature of the designated coordinator and/or manager who completed the internal review, along with the date the internal review was completed
8. The date, time and name of the persons notified of the incident (i.e., parent, funding source, DHS, etc.)

Copies of the incident report are forwarded to the **Safety Officer** who will ensure compliance to external reporting agencies.

 <p>FOHFS</p>	Fountain of Hope Family Services Inc.		Policy and Procedures	
	Policy Type:-	Aspire to Excellence	Policy# ATE-134	
	Subject:-	Critical Incident Reporting	Adopted:- 05/06/2014	
	Section:-	(1.h.7.(a)(1)	Effective:- 06/11/2015	
	Approval By:-	Michael Gladipo	Revised:- 08/15/2020	

→ Policy

It is the policy of **FOHFS Agency** to keep a written record of all critical incidences occurring at any of its service locations or in the course of service delivery at any site outside of the facility such as home visits or off-site activities.

An incident is defined as an adverse or potentially adverse occurrence in the course of the provision of services. These include all of the emergency contingencies listed above in the **Health and Safety section and include but are not limited to:**

- ⇨ An incident occurring in the community that may have potential negative impact
- ⇨ Any accident or injury to the individual receiving services
- ⇨ Imminent risk to the health and safety of the individual or others
- ⇨ Property damage or loss
- ⇨ Incidences of Seclusion and Restraint
- ⇨ Communicable disease exposure or hazard
- ⇨ Robberies, thefts, or break-ins on' property
- ⇨ Incidences involving abuse or neglect.
- ⇨ Death of person on property

→ Purpose

The purpose of documenting and reporting incidents is to:

- ⇨ Maintain a record of significant events occurring during the course of provision of services
- ⇨ Identify recurring and or systemic issues
- ⇨ Alert the agency and funding sources to potential liability issues
- ⇨ To identify areas needing improvement

→ Procedure


- ⇨ The staff who witnessed or first recognized the occurrence of an incident should initiate
- ⇨ Incident reports. This occurs after staff has dealt with the immediate needs of individuals as
- ⇨ They relate to the occurrence of the incident. The report is then forwarded to the Executive Director for review.
- ⇨ A completed incident report should address each of the following, as applicable:
- ⇨ Identifying information pertaining to the incident (time, duration, specific location, witnesses, etc.)
- ⇨ The circumstances preceding the incident (antecedents and/or cue)
- ⇨ A clear, detailed, and objective description of the incident

- ⇨ The response and actions that occurred as a result of the incident
- ⇨ The signature/title of the staff that completed the incident report and the date the incident report was completed
- ⇨ A plan for corrective action as determined by supervisory and administrative staff
- ⇨ The signature of the designated Executive Director upon the internal review, along with the date the internal review was completed
- ⇨ The date, time and name of the persons notified of the incident (i.e., parent, funding source, DHS, etc.)
- ⇨ Copies of the incident report are forwarded to the **Executive Director** who will ensure compliance to external reporting agencies.


⇨ **Incident Tracking**

All incident reports are reviewed at two (2) meetings per year to determine significant trends/issues relating to safety, health, staffing rations, and provision of services.

Executive Director reviews all incident reports relating to injury or other safety issues to identify significant trends/issues which may be systematically addressed. These trends and issues are to be included in all reports for the affected department or program.

 <p>FOHFS</p>	Fountain of Hope Family Services Inc.		Policy and Procedures	
	Policy Type:-	Aspire to Excellence	Policy# ATE-135	
	Subject:-	Pharmacotherapy	Adopted:- 05/06/2014	
	Section:-	(1.h.7.(b)(2)	Effective:- 06/11/2015	
	Approval By:-	Michael Gladipo	Revised:- 08/15/2020	

► **Policy: - FOHFS Agency** does not evaluate, prescribe, dispense or administer medications. The medication process is handled external to the **FOHFS Agency**. In the event medications are abandoned on property, the **Executive Director** or assigned Personnel will take the medication to the nearest pharmacy for destruction.

 <p>FOHFS</p>	Fountain of Hope Family Services Inc.		Policy and Procedures	
	Policy Type:-	Aspire to Excellence	Policy# ATE-136	
	Subject:-	Safety Program Revisions	Adopted:- 05/06/2014	
	Section:-	(1.h.7.(c)(1)	Effective:- 06/11/2015	
	Approval By:-	Michael Gladipo	Revised:- 08/15/2020	

► **Policy:** - As a result of data collected by the **Safety Officer**, he/she may determine that there are corrections that need to be made with regard to the policies and procedures of the agency related to its safety program. If this is the case, he /she will amend the corresponding annual safety revisions. Procedures that receive approval will be distributed to all sites/staff with procedure manuals as an addendum. Annually, the procedure manuals will be updated with the new material and outdated material will be discarded.

► Emergency Procedures

FOHFS Agency settings have a plan for meeting potential emergencies, including but not limited to:

- ↳ Procedures to implement in the event of fires, medical emergencies, natural disasters, power failures and workplace violence or catastrophic event
- ↳ Procedures for evacuation including provisions for individuals who have not demonstrated the ability for taking action for self-preservation
- ↳ Procedures for notification of emergency services, law enforcement and the agency administrator or designate
- ↳ Instructions on the use of alarm systems, firefighting equipment and evacuation devices available in the setting
- ↳ Instruction on the procedures for action when threat of violence, bomb threat or other catastrophic event occurs
- ↳ A floor plan of each setting which designates the routes of evacuation, location of firefighting equipment and location of evacuation devices
- ↳ The plan shall be accessible in each setting to direct care staff.

► Safety Officer

The **Safety Officer** is to review and oversee all safety-related concerns and issues related to and promote safety awareness and training for the staff and Clients, thus ensuring a safe working environment. Meetings are held regularly as scheduled by the **safety officer**. The **Safety Officer** maintains a record of all Safety minutes and activities.

► Safety Inspections – Internal

The **Safety Officer** or designated staff, minimally, on an annual basis completes

internal safety inspections. During the internal inspection each site and each shift is evaluated for safety violations and for safe accessibility and evacuation for persons with disabilities and to meet the requirements of the Americans with Disabilities Act (ADA). When safety violations are identified an immediate report is made to the appropriate supervisory staff. The **Safety Officer** maintains records of all related recommendations and reviews the status of corrections on an on-going basis.

Recommendations for corrective actions that have not been satisfactorily responded to, as determined by the **Safety Officer** will be investigated. Further lack of response and/or delay in completing corrective actions will be reported in a special report of delinquencies.


All reports are maintained in the **Safety Officer's** files along with results of the corrective action plan.

► **Safety Inspections - External**

To ensure compliance with all applicable local, state and federal laws and to ensure that services are provided in a safe, clean, and accessible environment, inspections by outside authorized agencies occur at each site on an annual basis or upon occupancy of new quarters, the installation of a new process, or the addition of major items of equipment. A copy of the inspection findings is provided to the **Safety Officer** who prepares a report of the areas inspected, recommendations for areas needing improvement, and a corrective action plan for implementing needed improvements. The report, along with all actions taken to meet standards and/or correct safety violations is provided to the **Executive Director** and filed with the **Safety Officer** files. The report and completed corrective action plan is maintained in the agency master file.

► **Reports of Accident**

Whenever accidents or work-related injuries occur, staff adheres to the reporting procedures as described in the Human Resources procedures. The Safety Officer receives documentation of all personnel or Client related accident reports. The Safety Officer reviews all such reports received and evaluates the need for corrective actions and/or safety violations. The Safety Office shall develop an action plan for any needed improvements. The Safety Officer shall make and file any recommendations within one week of the accident.

 <p>FOHFS</p>	Fountain of Hope Family Services Inc.		Policy and Procedures	
	Policy Type:-	Aspire to Excellence	Policy# ATE-137	
	Subject:-	Personnel Safety for Community/Home Visits	Adopted:- 05/06/2014	
	Section:-	(1.h.7.(c)(2))	Effective:- 06/11/2015	
	Approval By:-	Michael Oladipo	Revised:- 08/15/2020	

→ Policy

All staff will be aware of safety concerns during out of office visits. The following guidelines have been established for community/home visits.

→ PROCEDURES

"Out of Office" Services - Safety Training Guidelines

The program puts the safety of its employees as one of its primary concerns. Because of its commitment to safety the program provides training and guidance to its employees that need to make home visits. The following overview and training is designed to heighten the staff's awareness of safe and appropriate behavior and is not designed to cover every scenario that they may encounter.

↗ Making Home Visits/Approaching the home

- Be vigilant/Observe the surroundings
- Don't enter the home even if the door is open without an invitation

↗ Entering the home:

- Choose a safe place to sit leave yourself an exit or sit near a door
- Sit with your back to a wall
- Living rooms are the safest place to meet/bedrooms are where most guns are kept
- If the meeting is in an interior room leave the door open

↗ In the home:

- Notice exits and escape routes
- Sit near a door with your back to the wall
- Be alert for clues signaling danger
- Carry an ID at all times on your person
- At all costs avoid confrontation
 - Be respectful, calm and agreeable
 - Change directions in the conversations
 - Go to a safety spot/care, room with other family members, outside or neighbors
 - Call supervisor or 911 if situation warrants
 - Have the address of the Client's home available or memorized
- If police raid the home while you are there

- Stay calm as possible what the police say
- Don't reach in your purse or pockets or briefcase for ID
- Establish who you are later when things are calm

⇨ **Automobile (Safety) Maintenance/Common Sense**

- Keep your car maintained
- Know how to change a tire/carry a can of tire sealant/make sure your spare tire is functional
- Equip trunk with flashlight, blanket, local map, and jumper cables
- Make sure your gas tank is not low
- Lock car doors when in car
- Stay on main roads in urban areas especially in poor weather, late at night or when having car trouble
- In rural areas choose roads you think will maximize the chance you will be helped if your car breaks down
- Carry a cell phone
- Take care of personal needs before leaving office or home (going to the bathroom)
- If it is a new neighborhood ride around and check for safety spots
- Have the number of the emergency road service in your car

→ **Going To and From Car**

- Drive around the neighborhood note potential dangers
Abandoned buildings, Dark Streets, Congregation of Groups, possible gangs members, Gang Graffiti, Drug use evidence, Substance impaired persons
- Park under light
- Do a 360 look around/have car keys in hand/available
- Leave thoughts of the Client/family in the car once you leave the car focus your attention on the surroundings
 - Because driving while preoccupied can be dangerous, after an upsetting and/or difficult session, find a safe spot and call to debrief with your supervisor prior to driving home
 - Go to a safe spot to write notes and/or use the cell phone after session/or to wait if Client is not home
- Ask family members to watch you as you go to your car after dark
- If being followed:
 - Drive to nearest safety spot and get help
 - Take time to observe the vehicle and occupants for descriptions
 - Note the direction the vehicle travels

→ **If you Break down or are in an Accident**

- Pull to the right side of road
- Put flashers on
- Open hood

- Get back in car and lock the doors
- Call for assistance
- While waiting for assistance review self-protection strategies
- Talk through the window only for assistance
- Don't accept assistance without considering the risk and reviewing the situation be observant of the person(s) who stop to help
- Don't ask a group of people for help

→ Walking (Safety)


If you **have to walk to see Clients**

- Walk fast/stay on main streets/face traffic
- Be alert, look around keep head up while walking
- Note spots of safety along the way
- Don't carry a purse, if possible, or carry it close to your body
- Don't carry charge cards of a lot of valuable/carry quarters if you don't have a cellular phone
- If you sense danger and/or feel unsafe leave immediately change directions get to safe spot and or you car
- Don't ask groups of people for help or directions

→ If physical violence is threatened

- If over the phone there appears to be a potential for physical violence, ask family members to avoid hot topics until you arrive and/or ask family members to wait in separate rooms
- When violence is threatened during the session, stop what you have been doing and go into active listening mode. Now is the time for problem solving or pointing out irrational thinking
- Use "I" messages regarding your concern about the potential for someone getting hurt
- Use their names when talking or reflecting

Model calmness in your voice and movements/deep breathe if you are becoming anxious

 <p>FOHFS</p>	Fountain of Hope Family Services Inc.		Policy and Procedures	
	Policy Type:-	Aspire to Excellence	Policy# ATE-138	
	Subject:-	Workplace Violence	Adopted:- 05/06/2014	
	Section:-	(1.h.7.(c)(3))	Effective:- 06/11/2015	
	Approval By:-	Michael Gladipo	Revised:- 08/15/2020	

►Policy

Violence covers many types of behaviors and human behaviors are very difficult to predict. If you find yourself face to face with a violent person in the workplace, the following tips may help you diffuse the situation. Review the following and be constantly prepared. Remember that your first priority is to insure your safety and the safety of others.


If a staff member experiences a threat, these steps should be followed.

1. Call the receptionist and say "this is _____, please bring me a glass of water." This indicates that the situation can be diffused with assistance. The receptionist will make contact with the most accessible supervisor who will assist in diffusing the situation.
2. Try to remain calm and try to calm the individual. Try to be sympathetic to the person's distress. Chances are they are not upset with you, personally. They may be angry with another co-worker, the agency or some third party.
3. Maintain comfortable eye contact. Eye contact may also give you a hint as to their intentions.

If a staff member experiences an **extremely serious** situation, these steps should be followed:

1. If the situation is extremely hostile, call the receptionist (ext 21) and say, "this is _____, I'm thirsty. Would be bring us a glass of water with ice."
2. The receptionist will call "911" and then notify the most accessible supervisor of the situation.
3. Until help can arrive:
 - a. Do not put your hands in your pockets.

- b. Take a deep breath before you speak.
 - c. Palms up hand gestures are seen as the least threatening.
4. If an assault is imminent, defend yourself by crossing your arms in front of your head or torso (as appropriate). If a firearm is displayed, attempt to shield yourself behind any obstacle. Distance increases your chances of surviving the attack.

 <p>FOHFS</p>	Fountain of Hope Family Services Inc.		Policy and Procedures	
	Policy Type:-	Aspire to Excellence	Policy# ATE-139	
	Subject:-	Earthquakes	Adopted:-05/06/2014	
	Section:-	(1.h.7.(d))	Effective:-06/11/2015	
	Approval By:-	Michael Gladipo	Revised:-08/15/2020	

►Policy

Although the risk of earthquakes in our immediate area is remote, earthquakes have been reported in all 50 states. The actual movement of the earth is seldom a direct cause of death or injury. The earth movement, however, can cause building and other structures to shake or collapse. Most casualties result from falling debris, splintering glass, or fires. In the event that we should experience an earthquake, the following actions should take place.

DURING THE EARTHQUAKE

1. KEEP CALM. Do not run or panic.
2. Stay where you are. Most injuries occur as people are entering or leaving building.
3. If the quake catches you outside, move away from building and utility wires. Once in the open, stay there until the shaking stops.
4. Do not run through or near buildings. The greatest danger from falling debris is just outside doorways and close to outer walls.
5. If the quake strikes when you are indoors, take cover under a desk, table, and bench or against inside walls or doorways. Stay away from glass, windows or outside doors.
6. Douse all fires. Do not use candle, matches or other open flames during or after a tremor.
7. If you are in a moving vehicle, stop as quickly as safety permits, but stay in the vehicle. Avoid stopping near or under buildings, overpasses or utility wires. As you continue to drive, are alert hazards created by earthquake,

such as fallen objects, drowned electrical wires, or broken or undermined roads.

⇒**TORNADO PROCEDURE**

A Tornado Watch is given when weather conditions are favorable to the formation of tornadoes. Be alert to announcements from the receptionist. A Tornado Warning is given when a tornado funnel is sighted or indicated by radar. Be prepared to take shelter immediately.

ACTIONS TO TAKE:

1. The receptionist will sound the alert.
2. Employees, Clients, and building tenants will report to the "safe room".
3. Sit down and protect yourself by covering your head as much as possible.
4. Receptionist will sound "all clear" after the alert has been lifted so employee, Clients, and building tenants can resume their previous activities.

Accident or Illness


In the event that an accident or sudden illness of an employee, Client, or visitor takes place in your area:

ACTION TO TAKE:

1. Notify the receptionist who will then notify the appropriate services.
2. Give the information of the type and location of the emergency.
3. Keep the victim(s) comfortable and calm and assure them that help is on the way.
4. The receptionist or designated staff person will notify emergency services.
5. A designated person will wait on emergency services outside of the building to direct them the most accessible route to the accident scene.
6. A trained individual, in accordance with **FOHFS Agency** policies, will provide basic First Aid.

ACTIONS NOT TO TAKE:

1. Do not move the individual.
2. Do not allow an injured person to move unless their location presents an additional hazard.

 <p>FOHFS</p>	Fountain of Hope Family Services Inc.		Policy and Procedures	
	Policy Type:-	Aspire to Excellence	Policy# ATE-140	
	Subject:-	Hazardous Material Emergency	Adopted:- 05/06/2014	
	Section:-	(1.h.8.(a))	Effective:- 06/11/2015	
	Approval By:-	Michael Gladipo	Revised:- 08/15/2020	

□ Policy

RESPONSE ACTION

In the event, a hazardous material is released in your area:


1. Call 911
2. Is medical attention required?
3. Notify your supervisor or designated person.
4. Identify the material.
5. Note the time of the accident or discovery.
6. Evacuate the building and proceed to the parking lot.

DON'TS

1. DO NOT walk into or touch any spilled material.
2. DO NOT assume fumes, gases or vapors are harmless because of the lack of an odor.
3. DO NOT inhale fumes, smoke or vapors.

WHAT HAPPENS:

1. The safety officer or designated person will notify emergency personnel.
2. The heating/ ventilation / air conditioning system (HVAC) system will be shut down.
3. All possible ignition sources, i.e. pilot lights, electric lighting, etc. will be turned off.
4. The Oklahoma City Fire Department special trained "HazMat" team will respond to hazardous material spills.

 <p>FOHFS</p>	Fountain of Hope Family Services Inc.		Policy and Procedures	
	Policy Type:-	Aspire to Excellence	Policy# ATE-141	
	Subject:-	Internal Disaster Procedures	Adopted:- 05/06/2014	
	Section:-	(1.h.8.(b))	Effective:- 06/11/2015	
	Approval By:-	Michael Gladipo	Revised:- 08/15/2020	

□ Policy

The **FOHFS Agency** Emergency Preparedness plans provides effective utilization of resources to best meet the physical needs of consumers, visitors and staff during any disaster (included but not limited to, fire, flood, tornado, explosion, prolonged loss of heat, light, water, and air condition). This plan is evaluated by the **Executive Director** annually, and revised as needed.

□ EXPLOSION, OR OTHER THREATENING SITUATIONS IN THE BUILDING

An employee who becomes aware of THESE or other threats to persons or property located within the agency office or building should immediately notify the **Executive Director, Clinical Director, Compliance/Safety Officer**, or designee. Notification should include:

- A. Specific location of **SITUATION**
- B. Seriousness of **SITUATION**
- C. Means taken to manage or control the **SITUATION**

- Once the proper staff personnel have been notified, the employee should immediately proceed with the agency's evacuation/emergency procedure.
- The receptionist will announce over the **TELEPHONE** intercom system "**ATTENTION: CODE RED**".
- This will alert all employees to listen for additional emergency directions
- All employees, consumers, and visitors, should proceed to the nearest exit.
- All staff, visitors, and Clients will be asked to move to the parking lot immediately.
- They shall assemble in the northwest parking lot.
- Once the building is cleared, **Executive Director, Clinical Director**, or designee will do a head counts.
- **DO NOT RE-ENTER** until given clearance by authorized personnel.

□INTERNAL DISASTER PROCEDURES for (FLOOD)

Policy

The following plan has been developed to establish appropriate procedures for responding to a flood emergency that affects **FOHFS** operations.

Scope

This plan addresses flooding as a result of building system failures or natural occurrences.

Clinical Director or Designee shall be responsible for:

1. Notifying the **Safety Officer and Executive Director** in the event of a flood and providing the Safety Officer with contact information for the Facilities personnel on site;
2. Notifying the **Safety Officer** in the event of a severe weather alert;
3. Initiating an evacuation of an area or building by orders of Safety Officer and securing the area to prevent access to unauthorized personnel; and
4. Notifying additional resources to request assistance as determined by Safety Officer

□Building Management & Safety Officer; shall be responsible for:

1. Calling the 1st Responder or Police when a flood occurs and providing them with contact information.
2. Containing a flood and initiating clean up;
 - For minor clean-up operations, contacting Office Staff for additional assistance;
 - For flood areas requiring more than minor cleanup, initiating contact with Building Management (e.g., water in walls, water coming through ceilings, high levels of water over a large area);
3. Flood prevention measures during naturally occurring floods such as placing sandbags or transporting and setting up generators and submersible pumps;
4. De-energizing and locking out equipment in the affected areas if it can be done safely;
5. Regularly checking outside drainage systems for at-risk buildings;
6. Providing access to mechanical rooms for remediation and installation contractors; and
7. Restricting access to buildings.

□ Safety Officer shall be responsible for:

1. Contacting Police and Building Management when a flood occurs in the building.
2. Containing a flood and initiating clean up;
3. Flood prevention measures during naturally occurring floods such as placing sandbags or transporting and setting up generators and submersible pumps;
4. De-energizing and locking out equipment in the affected areas if it can be done safely;
5. Regularly checking outside drainage systems for at-risk buildings;
6. Coordinate with Building Management to determine appropriate remediation procedures.
7. Restricting access to buildings;
8. Coordinate with Building Management to managing contractors for replacement of damaged building materials;
9. Coordinate with Building Management for remediation and installations.
10. Coordinate with Building Management on work schedule for contractors
11. Coordinate with Building Management to provide access to affected areas during remediation and installation; and
12. Coordinate with Building Management to declare affected areas ready for re-occupancy.

Building Management shall be responsible for:

1. Assigning a Project Manager immediately;
2. Coordinating with **FOHFS Health/Safety Officer**, and the remediation contractor to determine appropriate remediation procedures.
3. Managing outside contractors for remediation;
4. Contact and managing contractors for replacement of damaged building materials;
5. Communicate and coordinating remediation and installation
6. Coordinating work schedule for contractors with the Health and Safety Officer;
7. Coordinating with Contractor to provide access to affected areas during remediation and installation;
8. Coordinating with Health and Safety to declare affected areas ready for re-occupancy.

☐ **Health/Safety Officer shall be responsible for:**

1. On-Call twenty-four hours a day, seven days a week;
2. Responding in a timely manner with appropriate action to control, ensure the safety of respondents, and recover from the flood;
3. Acting as Incident Commander (e.g., assigning personnel to key functions or roles), which shall be the **Executive Director or Clinical Director** or in his/her absence a designee;
4. Contacting contractors to obtain supplies (e.g. sand bags, submersible pumps, generators) for flood prevention measures;
5. Acting as the **FOHFS** liaison with the local Police and Fire Departments;
6. Notifying Director of a flood and providing periodic status reports;
7. Contacting remediation contractors if damaged office materials need to be removed or dried and disinfected or when the water is [hazardous](#) or [bio-hazardous](#),
8. Reviewing and amending the Emergency Response Plan for Floods.

☐ **Building Management shall be responsible for:**

1. Responding with appropriate action to control and recover from the flood;
2. Contacting remediation contractors if damaged building materials need to be removed or dried and disinfected or when the water is hazardous or bio-hazardous;
3. Coordinating with Facilities Services, Environmental Health and Safety, CRCS, RH&C, and the remediation contractor to determine appropriate remediation procedures and ensure the remediation procedures are followed;
4. Ensuring the remediation contractor follows the appropriate remediation procedures;
5. Contacting and coordinating with the insurance company;
6. Contacting outside contractors when equipment needs to be tested; and
7. Coordinating with Environmental Health and Safety to declare affected areas ready for re-occupancy.

☐ **Flood**

A flood emergency exists if floodwater is uncontrolled and flowing beyond the area where the source of water is normally contained or controlled.

☐ **Water Emergency**

The Water Emergency Team is comprised of Health/Safety Officer, Building Management, **Executive Director**, **Clinical Director**, and the Police. Building Management shall be included when a building managed by **TJK Classen Bldg.** is affected by a flood. The Health and Safety Officer shall act as On-Scene Incident Commander of a Water Emergency.

□ **Incident Notification**

The Oklahoma City Police Department and Oklahoma City Fire Department shall be notified immediately upon discovery of a flood by dialing 911. The Police and Fire Department receives flood alerts for the Oklahoma City area. The Safety Officer, upon receiving the page, shall contact the Police Dispatcher and provide information pertaining to the incident or alert. Once information is provided, the Safety Officer shall notify the **Executive Director or Clinical Director** in his/her absence. The **Executive Director and/or Clinical Director** is the individuals having full authority to implement and manage an emergency response. In the event of a flood or potential flood, the Safety Officer shall contact the Water Emergency Team to initiate the response plan.

□ **Response – Naturally Occurring Floods**

Once the Safety Officer receives a flood alert they shall contact the Executive Director, who together shall evaluate the potential of flooding at **10326 Greenbriar Parkway, Oklahoma City, Ok 73159**. After evaluation, if Health/Safety Officer determines it is very likely that the building will flood or flooding is actually occurring, the following preventative action shall be taken:

- Health/Safety Officer shall notify the **FOHFS Agency Executive Director** to initiate response;
- Building Management shall be notified to check drainage around affected buildings to ensure it is functioning properly;
- Supplies such as sand bags, flash lights, submersible pumps, hoses, and emergency generators shall be obtained by Building Management representative to prevent the flow of water into buildings;
- Flood response personnel as designated by Building Management shall obtain and put on personal protective equipment which shall be determined by Building Management;
- If flooding occurs and water begins accumulating within the building, Health/Safety Officer shall conduct a hazard assessment of flooded areas prior to entry by response personnel.
- If Health/Safety Officer is not yet on site but other representatives of FOHFS are present, Health and Safety may conduct an assessment over the phone.

- Health/Safety Officer shall assess the following hazards: health hazards (e.g., contaminated water either hazardous or bio-hazardous) and physical hazards (e.g., building design, existence of submerged office or lab furniture, energized water, rushing water);
- If safe to do so, Building Management shall de-energize any electrical equipment and outlets in the affected areas. If flooding occurs, maintain all safe and reasonable efforts to protect the building;
- The building manager or designated personnel shall move any equipment or supplies possible and relocate to a higher floor in the building;
- All personnel not involved in flood response efforts shall be evacuated by Police and Health/Safety; and
- Police shall restrict access to the affected areas by appropriate means.

□ Response – Floods Due to Building Systems

Floods due to building systems shall be handled as follows:

- Building Management shall determine the cause of the flood;
- If water is accumulating within the building, Health/Safety Officer shall conduct a hazard assessment of flooded areas prior to entry by personnel.
- If Health/Safety Officer is not yet on site but other **FOHFS** representatives of the **FOHFS** are present, Safety may conduct an assessment over the phone.
- Health/Safety Office shall assess the following hazards: health hazards (e.g., contaminated water either hazardous or bio-hazardous) and physical hazards (e.g., building design, existence of submerged office or energized water, rushing water);
- If necessary and safe to do so, Building Management shall de-energize any electrical equipment and outlets in the affected areas;
- Building Management shall take measures to stop the flow of water through the building (i.e. Shut off valves controlling the flow of water);
- The Building Management shall move any equipment or supplies possible and relocate to an unaffected area of the building;
- All personnel not involved in flood response shall be evacuated by the Police and Health/Safety Officer; and
- Police shall restrict access to the affected areas by appropriate means.

□ Recovery from Floods Due to Natural Occurrences or Building System Failure:

Recovery for floods due to natural occurrences or building system failures shall be handled as follows:

- Building Management, shall determine if any building systems (e.g., fire alarm, fire suppression), building equipment (e.g., elevator, heating, ventilating and air conditioning equipment), or building materials have been affected and the extent of the damage;
- If the water is not considered hazardous or bio-hazardous, Building Management, shall initiate water removal activities and contact appropriate personnel for additional help;
- Building Management shall immediately contact remediation professionals if damaged building materials need to be removed or dried and disinfected or when the water is hazardous or bio-hazardous.
- Health and Safety Officer, and Building Management shall coordinate with the remediation contractor to determine the proper remediation procedures and ensure these procedures are followed;
- Building Management shall contact, coordinate, and manage outside contractors for installation of new building materials; and
- The affected areas shall be evaluated for safety hazards (e.g., open walls, building materials, tools left out in the area) or any health concerns (e.g., mold/fungal growth due to the flood or contaminated materials).
- Once those concerns have been addressed and resolved, Health and Safety Officer, and Building Management shall declare areas safe for re-occupancy.

□ Re-Occupancy

Health and Safety Officer, and Building Management shall be responsible for assessing areas affected by a flood for re-occupancy. The affected areas shall be declared ready for re-occupancy when the construction work is complete or near complete and no longer poses a hazard to the occupants. The area shall be assessed to ensure that all wall and floor openings are closed up, tools and equipment have been removed from the area, and building systems (e.g., ventilation, fire alarm, fire suppression) have been restored.

□ Infection Control

When there is a possibility that water from flooding is hazardous or bio-hazardous, a remediation contractor shall complete the entire clean-up. The remediation contractor shall coordinate with Building Management to determine appropriate remediation procedures, including infection control. Health and Safety Officer, and Building Management shall ensure that those remediation procedures are followed. The remediation contractor shall use appropriate disinfecting agents to clean affected areas when drying of or removal of building materials is complete. The remediation contractor shall decontaminate any equipment that is in the affected area during flooding from hazardous or bio-hazardous water.

☐ **Training**

When a flood occurs and the water is considered hazardous or bio-hazardous, remediation contractors and other response personnel shall be trained in hazardous waste operations and emergency response.

☐ **Incident Follow-up**

Health and Safety Officer, and Building Management shall determine if and when a follow-up meeting will take place after a flood. A follow-up meeting shall include all parties that are affected the flood and is intended to critique the response.

☐ **INTERNAL DISASTER PROCEDURES (LOSS OF HEAT)**

Policy:

To provide personnel with basic guidelines in the event of an electrical service failure. This facility will maintain a sufficient amount of flashlights and batteries located in the office within easy access to all personnel.

Procedure:

In the event of a power failure, additional lighting sources may include flashlights, natural window lighting, and emergency lighting. If air conditioning stops working then **FOHFS** office staff will make sure all windows are closed maintain heat within the office area affected. Office staff will call Building Management to investigate and correct the problem. On site administrator or designee shall determine whether or not staff, visitors, or Clients shall be removed to a safe lighted and heated area or released for the day.

☐ **INTERNAL DISASTER PROCEDURES (WATER)**

The office building landlord controls the water sources for **FOHFS**; if there was a loss of water the Building Management would be contacted to investigate the reason for loss of water. Currently, **FOHFS** office staff keeps bottle water in their small portable refrigerators. On site administrator or designee shall determine whether or not staff, visitors, or Clients shall be removed to a safe area or released for the day.

☐ **INTERNAL DISASTER PROCEDURES (AIR CONDITIONING)**


Policy:

To provide personnel with basic guidelines in the event of an electrical service failure. This facility will maintain a sufficient amount of flashlights and batteries located in the office within easy access to all personnel.

Procedure:

In the event of a power failure, additional lighting sources may include flashlights, natural window lighting, and emergency lighting. If air conditioning stops working then **FOHFS** office staff will open window to generate some air flow. Office staff will call Building Management services to investigate and correct the problem. On site


administrator or designee shall determine whether or not staff, visitors, or Clients shall be removed to a safe lighted and cool area or released for the day.

 <p>FOHFS</p>	Fountain of Hope Family Services Inc.		Policy and Procedures	
	Policy Type:-	Aspire to Excellence	Policy# ATE-142	
	Subject:-	Emergency Services	Adopted:- 05/06/2014	
	Section:-	(1.h.8.(c))	Effective:- 06/11/2015	
	Approval By:-	Michael Oladipo	Revised:- 08/15/2020	

►Policy

(FOHFS Agency) provides accessible co-occurring disorder capable response services for psychiatric and /or substance abuse emergencies. **FOHFS** policies and procedures include no arbitrary barriers to access emergency services based on active substance use or designated substance levels.

1. Assessment and response to psychiatric and/or substance abuse emergencies are provided directly by qualified **FOHFS** staff during hours of operation.
2. Methods by which consumers and others can access emergency services accessed beyond **FOHFS** scheduled hours/days of operation are posted and visible to the public.
3. Best practice diversion and crisis intervention procedures utilized are stipulated in facility treatment protocols.
4. **FOHFS** provides arrangements for emergency services beyond the facility's scheduled hours/days of operation for consumers admitted to the program.
5. Each Clinician is makes him/her self available 24 hours for referral of their Clients to a higher level of care than those offered by **FOHFS**, including but not limited to inpatient treatment.
6. **FOHFS** provides referral services for additional emergency services, working with local sheriffs and courts regarding the appropriate referral process and appropriate court orders.

 FOHFS	Fountain of Hope Family Services Inc.		Policy and Procedures	
	Policy Type:-	Aspire to Excellence	Policy# ATE-143	
	Subject:-	Corona Virus 19	Adopted:- 05/06/2014	
	Section:-	(1.h.1)	Effective:- 06/11/2015	
	Approval By:-	Michael Oladipo	Revised:- 08/15/2020	

Policy:-

As **COVID-19**, a respiratory illness caused by a coronavirus, continues to spread through our local communities, **FOHFS** is committed to providing the timely resources, care and support our patients need to stay well. Since our patients are among the most vulnerable to this viral infection, we are making every effort to protect them from potential exposure, while continuing to provide the highest quality of care.

We understand the uncertainty surrounding **COVID-19**, and it is our goal to alleviate your concerns by taking immediate action to protect you and your loved ones. As your home healthcare provider, you can count on **FOHFS** to be vigilant to address this situation and provide the extra layer of protection and support you need.

Steps we are taking to protect our patients:

- Training home care employees on **COVID-19** and infection control
- Communicating our Emergency Preparedness Plan to employees
- Increasing hand-washing and hand-sanitizing protocols: upon arrival, before/after direct contact and at regular intervals throughout the day
- Disinfecting client homes to prevent the spread of **COVID-19**, cleaning high-touch surfaces and items such as countertops, doorknobs, light switches, remotes, cell phones, etc.
- Wearing the appropriate personal protective equipment (**PPE**) when exposure to a known or potential case of **COVID-19** is suspected
- Limiting client exposure by helping with pharmacy pick-up, grocery shopping and errands
- Isolating the client in a separate room/area if someone in their home is sick
- Responding quickly to any client symptoms of **COVID-19** (fever, cough and shortness of breath)
- Staying up-to-date with the latest news on **COVID-19**, released by the Centers for Disease Control and Prevention (**CDC**), and sharing relevant information with you
- Complying with all **COVID-19** guidelines from the **CDC**, World Health Organization (**WHO**) and all applicable federal, state and local requirements

As this situation evolves, we will continue to take proactive measures to ensure the safety and well-being of our clients. Please reference the [CDC's website](#) for more information about **COVID-19**, and check this web page regularly for the latest updates from **Healthy Minds agency**.

Questions?

Please contact **FOHFS** Office with any questions you may have concerning **COVID-19**