



EMERGENCY POLICIES HANDBOOK

POLICY BA006

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Table of Contents

- Emergencies** 4
 - Emergency Procedures 4
 - Emergency Events..... 4
 - Calling Emergency Services..... 4
 - Emergency Contacts/Phone Numbers..... 5
 - Medical Emergencies..... 5
 - Emergency First Aid Kit Locations..... 6
 - Standard First Aid Kit Supplies..... 6
 - Emergency Disaster Kit Locations..... 7
 - Standard Disaster Kit Supplies..... 7
- Emergency Preparedness**..... 8
- Tornado/Severe Storm & Emergency Notification** 9
 - Providing for Evacuees; Temporary Shelter; Continuation of Essential Services..... 10
 - All Sites – If Advised to “Shelter in Place” 10
 - Designated “Shelter in Place” Locations..... 11
 - In Case of a Major Catastrophic Event..... 11
 - Coordination Effort..... 11
- Fire**..... 12
 - Designated Assembly Places..... 12
 - Evacuation of People who are Non-Ambulatory 13
 - Evacuation of People who are Noncompliant 13
 - Thumb Alarm Systems Company Fire Alarm Procedures for David Ehardt Center..... 13
 - Thumb Alarm Systems Company Fire Alarm Procedures for Administration Building/Journey Skills Center 14
 - Thumb Alarm Systems Company Fire Alarm Procedures for New Creative Enterprises..... 15
- Fire Extinguisher Locations** 16
- Utility/Power Failure** 16
- Power Lockout**..... 17
- Violent/Threatening Situations** 18
- Chemical/Biological Incident** 20
- Bomb Threat**..... 21
 - For Verbal Threats 21
 - For Written Threats 22
 - For Email Threats..... 22

Bomb Threat procedure practice drills will be held at least annually. 22

Building/Property Security 22

Hearing Conservation..... 23

Ice/Snow Removal at Agency Facilities..... 23

Heat and Humidity Guidelines..... 24

 Heat Exhaustion..... 25

 Heat Stroke 25

Bloodborne Pathogens Exposure Plan 25

Infectious Disease 29

Health and Safety/Maintenance Inspections 30

Safety and Health Committee 30

Emergencies

When an emergency situation occurs within the agency, specific circumstances will determine which personnel are responsible for initiating appropriate action.

Emergency Procedures

Some emergency situations occur with little to no warning such as a fire, medical emergencies, violent situations, etc. These situations require first responders to initiate action.

Immediate action is to be taken to:

1. Avoid/minimize bodily harm to all present
2. Avoid/minimize property damage

Other emergency situations develop over a period of time, providing notice, such as adverse weather, which gets reported to the Chief Executive Officer (or Designee) to initiate action.

Communication to the community regarding an emergency situation that occurred within the agency will be handled through the Chief Executive Officer (or Designee).

When an emergency occurs, the initial responder must complete the report on Incident Form #0233 and forward it to the Health and Safety Chairperson.

For events that require evacuation, seeking temporary shelter, or relocating, officers, supervisors, and the Health and Safety chairperson will assist and ensure compliance.

Emergency Events

Emergency events include:

- Tornadoes
- Severe Storms
- Violent/Threatening Situations
- Medical Emergencies
- Power/Utility Failure
- Chemical/Biological Incidents
- Fire

Calling Emergency Services

When calling for emergency services assistance (911), the following information will be asked by the dispatcher:

- Location
- Caller's Name
- Number of individuals involved
- Telephone number
- Situation/Event
- Individual's Condition
- Type of First Aid Administered

Do not hang up until the Dispatcher indicates to do so.

Emergency Contacts/Phone Numbers

Fire 810-648-3366 or 911
Police..... 911
Poison Control 800-222-1222
DTE – Gas Leak..... 800-947-5000
SEMCO Gas Leak 888-427-1427
DTE – Power Out..... 855-383-4249
Sandusky – Water 810-648-4641

Medical Emergencies

Serious or life-threatening medical conditions requiring outside assistance from trained medical professionals.

EMS or Ambulance needs to be called for:

- Cardiac and/or Respiratory Disorders
- Severe Bleeding
- Stroke
- Poisoning
- Trauma Induced Fractures
- Multiple Injuries
- Anaphylactic Reactions
- Acute Conditions (Asthma Attack, seizures, and/or Diabetic Distress)

How to Respond:

- Respond (Ensure area is safe to proceed)
- Yell for help from others
- Request or obtain items to provide First Aid, if needed
- Check for consciousness, movement, breathing, pulse, and/or bleeding
- Determine if the situation is a medical emergency that would require outside medical assistance
- Request 911 to be called, if necessary
- Be prepared to relay information

Administering Aid:

- Administer necessary or applicable First Aid measures (use personal protection equipment if there is a possibility of exposure to blood and/or bodily fluids)

Medical Emergency Drills will be conducted at least annually.

Emergency First Aid Kit Locations

Administration Building

- Main Records Room
- Data Management Area
- JTI Area
- Prevention (Mobile Unit)
- ABA Room

David Ehardt Center

- MI Adult Conference Room Cupboard
- Receptionist Office (Main Entrance)
- Care Manager Mail Room

New Creative Enterprises/Stoliker Building

- Hallway Shelf Near Bathrooms

Croswell Office

- Receptionist Office (Under the secretary's desk)

Standard First Aid Kit Supplies

- 2" Ace Wrap Bandages
- 3" Ace Wrap Bandages
- 4" Ace Wrap Bandages
- Alcohol Wipes
- 3/4x3 Band Aids
- Extra-large Band Aids
- Knuckle Band Aids
- CPR Mask
- Gloves
- Small Ice Packs
- Large Ice Packs
- Q-Tips
- Non-Stick Dressings
- 2" Roller Gauze
- 3" Roller Gauze
- Scissors
- 2x2 Sterile Dressings
- 4x4 Sterile Dressings
- Hypoallergenic Tape
- Tweezers

- Hand Sanitizer
- 3 Surgical Masks

These kits are smaller in size and are stocked with common First Aid supplies for everyday use by staff and/or individuals receiving services.

All First Aid kits will be checked and re-stocked on a monthly basis by Health and Safety Committee members.

Please inform your Health and Safety Chairperson if more supplies are required in kits.

Each site will have adequate signage indicating the location of that site's First Aid kit locations.

First Aid kits are available at all sites for use by staff who use their personal vehicle for company business.

Emergency Disaster Kit Locations

Administration Building

- Staff Lunchroom Cupboard
- A & B Conference Room

David Ehardt Center

- Care Manager Mail Room
- Receptionist Office (Main Entrance)

New Creative Enterprises/Stoliker Building

- Hallway Shelf Near Bathrooms

Croswell Office

- Receptionist Office (Under the secretary's desk)

Standard Disaster Kit Supplies

- 2" Ace Bandages
- 3" Ace Bandages
- 4" Ace Bandages
- Alcohol Wipes
- Extra-large Band Aids
- Biohazard Bag
- CPR Mask and/or Shield
- Duct Tape / Roll of Plastic
- Flashlight/Batteries
- Gloves
- Hand Sanitizer
- Ice Packs
- Non-Stick Pads
- Oval Eye Pads

- Rescue Blanket
- 2" Roller Gauze
- 3" Roller Gauze
- 4" Roller Gauze
- Scissors
- 2x2 Sterile Dressings
- 4x3 Sterile Dressings
- Surgipad Dressing
- Hypoallergenic Tape
- Tongue Depressors
- Trauma Dressing Triangular Bandages
- Weather Radio / Batteries

All Disaster Kits will be checked bi-annually and re-stocked, if needed, by Health and Safety Committee members. This kit is large and either red or orange in color. This kit is designed to accommodate persons at that site in the event of an actual emergency. Do not remove items from this kit for everyday use. This kit is identified as the Emergency First Aid Disaster Kit and is secured with a plastic locking tie.

Each site will have adequate signage indicating the location of that site's Emergency Disaster Kit locations.

Emergency Preparedness

Shelter in Place

May be advised by local officials to remain inside your worksite and protect yourself there.

Temporary Shelter

For individuals, a location where they will be comfortable and safe until arrangements can be made for transportation to their home.

For Staff, a location from which they will be able to continue with their job responsibilities/duties.

Essential Data and Services

Those services and types of information within each agency department and program that are critical to the agency's mission statement.

Severe Disruption

A situation in which circumstances are such that the agency, a facility, or program is not able to function normally and requires the implementation of this procedure.

Disaster

An event which causes a major disruption to the normal operation of the agency, facility or program.

Administrative staff (Officers and Supervisors) will determine and communicate to staff the most appropriate course of action (based on the nature of the disaster).

All staff need to be aware of emergency response functions unique to their job responsibilities, ex: security of electronic data, preservation of consumer files, availability of individual and staff emergency data, notification of emergency response agencies, and other emergency responses specified in other policies and procedures.

To the degree possible, Sanilac County Community Mental Health Authority (SCCMHA) will participate in the development and execution of county disaster preparedness drills as detailed in the Sanilac County Emergency Action Guidelines (2009). Such practice situations will aid in the development and maintenance of effective contingency plans.

The Safety and Health Committee will conduct and monitor the testing of emergency situations by way of actual drills or questionnaire format to provide proper documentation of the knowledge and understanding of staff.

- Corrective action plans are requested from program supervisors when there are major deficiencies.
- Skill Building sites should continue to conduct fire drills on an annual basis and involve individual participation when possible as required by CARE. Supervisors may conduct drills more often at their discretion.
- Continued Learning Course #SZ M000025 (Violence in the Workplace)

Tornado/Severe Storm & Emergency Notification

Program Supervisors will ensure their staff are familiar with tornado and natural disaster procedures specific to their work site and job responsibilities.

Practice tornado drills and severe storm drills will be conducted at least annually. Drills will be recorded on Emergency Drill Report Form #0033 and provided to the Health and Safety Chairperson.

Each facility site will have areas posted that can serve as “Tornado Safe Areas” that may provide the best protection in the event of an actual tornado strike. Each facility should have access to a battery-operated radio or weather radio to keep informed regarding the possible development of severe weather conditions.

An Emergency First Aid Disaster Kit (including a battery-operated weather radio), which is maintained at each facility, will be brought/utilized during tornado emergencies and/or drills.

If conditions are such that severe weather may develop, staff should take the following precautions:

1. Turn on the radio or weather radio and listen for current weather reports. Listen to **WMIC 97.7** or **660 AM** for weather related announcements.
2. If a tornado watch is announced, staff should prepare for the possible need to take cover. If a notice or warning of threatening weather or other emergency situation is received, staff should notify the site supervisor or receptionist. The supervisor or receptionist will ensure that other sites have also been notified of the emergency. All sites have a National Weather Radio.
3. If a tornado warning is announced, take cover.
4. If outside or in a vehicle and away from a building that could provide cover, lie flat in a ditch or low-lying area.
5. For other emergency situations that may be county, state, and/or nationwide, Sanilac County Emergency Action Guidelines will be implemented and the Emergency Operation Center (EOC) staff will provide notice and information regarding the emergency. This information will likely come over the radio WMIC 97.7 or 660 AM, and/or if a tornado warning via the City of Sandusky siren.

Supervisors and staff at facilities where individuals would likely be involved need to have plans in place to provide for everyone present.

- Site based service facilities should involve individuals in practice drills.
- The needs of specific individuals should be accommodated in the facility's plan to deal with tornado emergencies.

Staff have the option of being notified in inclement weather and emergencies via text message by signing up on agency webpage.

Practice severe storm drills will be conducted at least annually.

Providing for Evacuees; Temporary Shelter; Continuation of Essential Services

CMH Administration/Journey Skills Center

If services can no longer continue at this site, CMH/JTI staff will assist in moving individuals to an alternate location preferably the David Ehardt Center. Individuals will then be assisted home as part of the emergency home calls procedure.

After safe individual evacuation, staff will then be directed to an alternate location determined by Administrative staff.

Supervisors would determine what services would continue and how staff would be utilized.

David Ehardt Center

If individuals are present at the Ehardt Center, they would return home or be directed to an alternate location for continuation of services as appropriate.

Ehardt Center staff will be directed to the Administrative site where staff specific job responsibilities can continue.

Administrative staff would determine which staff and services should be moved to which site.

New Creative Enterprises/Stoliker Building

If services can no longer continue at this site, Creative Enterprises staff will be directed to an alternate location. If individuals are present, designated staff will take them to the alternate shelter at the CMH/JTI Administrative building to be transported home.

After individuals have been returned home, Creative Enterprises staff will be directed to an alternate location.

Supervisors would determine what services would continue and how staff would be utilized.

Croswell Office

If individuals are present at the Croswell office, they would return home or be directed to an alternate location for continuation of services as appropriate.

All Sites – If Advised to “Shelter in Place”

All staff should proceed to a designated internal room(s) away from windows.

Take Disaster Response Kit (which includes a weather radio) to the designated room.

If the emergency is a Chemical/Biological Incident:

- Staff should attempt to shut down HVAC (Heating Ventilation Air Condition) systems
- Once everyone arrives, shut door(s) to room(s) and seal door(s) and vents with duct tape

Designated “Shelter in Place” Locations

Administration Building (2 Locations)

- Conference Rooms A & B
- Staff Lunchroom

Ehardt Building (2 Locations)

- Center Conference Room
- Care Manager Mail Room

New Creative Enterprises/Stoliker Building (2 Locations)

- Bathroom Area
- Lunchroom (for Chemical/Biological Emergency only)

Croswell (1 Location)

- Southeast Room

In Case of a Major Catastrophic Event

Individual staff will no doubt decide their position on priorities between personal and job responsibilities. The mission of the agency may fall to those willing and able to remain. The above listed elements of disaster preparedness will need to be implemented in light of the situation at the time by those able to do so.

Key staff in the agency and its programs will need to coordinate efforts with established County Disaster Preparedness agencies and services. Sanilac County Community Mental Health Authority should be a resource for providing people with the support and services for which it is known throughout the community.

For other emergency situations that may be county, state, and/or nationwide, Sanilac County Emergency Action Guidelines will be implemented and the Emergency Operations Center (EOC) staff will provide notice and information regarding the emergency. This information will likely come over the radio WMIC 97.7 or 660 AM.

Coordination Effort

Sanilac County Community Mental Health Authority will participate with other agencies and community service organizations in the maintenance of Sanilac County Emergency Action Guidelines.

In the event of a disaster, Sanilac County Community Mental Health Authority will participate with other agencies in ways consistent with its purpose and mission.

- Red Cross
- Sheriff Department, Local, and State Police

- County Disaster Preparedness Office (Emergency Operations Center – EOC of the County Emergency Action Guidelines)
- Sanilac County Human Services Coordinating Body
- PIHP Board and Alliance Members
- McKenzie and other area hospitals
- Department of Human Services

Fire

In the event of a fire, the person discovering the fire will activate the closest fire alarm pull box. This will automatically sound the alarm and provide notification to the Thumb Alarm Systems Company and to the Sanilac County Central Dispatch.

Staff will ensure that everyone evacuates the building at the nearest exit and proceed to the designated assembly place. During the evacuation process, staff need to remain clam. As staff leave, verify rooms are empty and close the door(s). Check bathrooms to make sure they are empty. If there is smoke, stay low to the floor.

Designated Assembly Places

Administration Building

- Garage behind Administration building
- Flagpole in front of the Administration building

David Ehardt Center

- Flagpole in front of the Administration building
- Bus Stop in West parking lot

New Creative Enterprises/Stoliker Building

- Flagpole in front of the Administration building

Croswell Site

- Parking Lot

First Aid and Disaster Kits, a cell phone, and list of vital phone numbers shall be taken to the assembly place by designated personnel.

Fire Drills will be held twice a year when Rapid Fire Protection Inc. does agency inspections unless prohibited by inclement weather, in which case alarms will be silenced and on the next fair-weather day, alarms will be engaged to perform an evacuation drill.

The assigned supervisors of each site or senior staff in charge will monitor and assess the situation to ensure that all procedures are being followed by direct staff as needed. Supervisors will be responsible for evaluating and documenting the procedure on Form #0033 – Emergency Drill Report.

Staff will take care to meet the special needs of individuals with difficulties in ambulating to evacuate the building.

If it is a practice drill, the Maintenance Supervisor and/or Safety & Health Chairperson in charge will verify the building is empty and all inside doors are closed. They will then announce an ALL CLEAR so everyone may return to the building and resume work routine.

If the situation is such the building is not habitable, administrative staff will initiate arrangements to reassign staff and provide services at alternate locations. In case of an accidental activation of the fire alarm, inform all staff that it is a false alarm and there is no need to evacuate. Any staff is able to immediately call the Thumb Alarm System to cancel the alarm in order to avoid the cost of an unnecessary run by the Fire Department. Call 911 and tell them it is a false alarm and not to activate the fire department. Make certain administration is notified of all false alarms as soon as the alarm company has been notified.

In order to avoid the risk of mistaken judgement regarding the degree of danger to staff and individuals, everyone will evacuate the building when the alarm sounds.

Stay low when smoke or hot gases are present; air near the floor is cooler and contains less smoke. If possible, hold your breath and cover your nose and mouth with a damp cloth as you escape.

Don't rush into other rooms or hallways if you think fire may be present. Put the palm of your hand against the door. If it feels cool, it should be safe to enter the room or hallway. Brace the door with your foot, open slightly and place your hand across the opening to determine how hot the air is. If the adjacent room or hallways seems to be cool, and there are no flames or smoke, you may be able to use this regular route of escape. If the door feels hot, that room or hallway is already filled with deadly heated gases. Keep the door closed and use an alternate escape route.

If a window may be the only alternate escape, be sure the window works easily and is large enough and low enough to be used. If a window cannot be opened, use a chair or heavy object to break the glass and clear off the jagged edges.

All persons evacuating a building need to assemble in the designated place of safety to help account for everyone who was present in the building. Let fire personnel know if someone is missing.

Evacuation of People who are Non-Ambulatory

If the need for wheelchairs is acute, use any chair with wheels or ask those who have reached safety to yield their chairs in order that others may be evacuated.

Individuals, who are able to comply with drills, may be given to untrained staff to be assisted to the nearest exit for evacuation.

Evacuation of People who are Noncompliant

Certified Physical Intervention Techniques (CPI) may be used by trained staff to evacuate these individuals. If persons need such intervention and are served through an Individual Plan of Service, the plan should address noncompliance with evacuation procedures.

If there is any question regarding the safety of an appliance, tool or equipment, complete a Track-It for maintenance.

Thumb Alarm Systems Company Fire Alarm Procedures for [David Ehardt Center](#)

The fire alarm is monitored by an outside monitoring agency. When the alarm is activated, the monitoring agency will

contact the fire department which will then respond. The primary purpose of the monitoring agency is to monitor the building after hours when no one would be present to call 911.

If the alarm is activated while staff are in the building and it is a false alarm, **911 and the monitoring agency must be contacted immediately** to notify them of the false alarm. Our agency would be financially liable for the expense of a false alarm run by the fire department.

The number to call the **cancel** the fire alarm notice is **1-810-664-5725**.

You will need to identify the building with its account number and pass code.

Building	Account Number	Pass Code
David Ehardt Center	053745	0217

To turn off the alarm, you will need to enter the following code into the Control Panel:

12341 – To turn off the horn

Then

12341 – To turn off the strobe lights

Hit RESET button on the Control Panel

If the LED display still shows an alarm is activated, hit 12341 a third time.

When a site wishes to conduct a practice fire drill using the alarm horn and strobe lights, notify maintenance who will notify the fire department and the monitoring company in advance to notify them of the impending practice fire drill.

To reset the Fire Alarm Pull Box from which the alarm was activated:

1. Use the small Allen Wrench inserted in the side of the Pull Box to open the box
2. Flip the black switch upward
3. Close the door, lock it, and return the Allen Wrench

If there are problems with the alarm system, notify maintenance who will call Thumb Alarm Systems Company at **1-810-664-5725** giving them the account number and passcode for the building as listed above.

Thumb Alarm Systems Company Fire Alarm Procedures for [Administration Building/Journey Skills Center](#)

You will need to identify the building with its account number and pass code.

Building	Account Number	Pass Code
Administration Building	053744	0227

To turn off the alarm, you will need to enter the following code into the Control Panel:

123456 – To turn off the horn

Then

123456 – To turn off the strobe lights

The display pad in the maintenance office will tell you what ZONE the problem is in. **You must fix the problem BEFORE you can push the RESET button.**

To reset the Fire Alarm Pull Box from which the alarm was activated:

1. Use KEY 1347 to open the door
2. Flip the black switch up
3. Close door
4. Then hit RESET on the display keypad

Administrative staff will proceed to the North Door and if after brief assessment, the door feels cool and upon opening slightly, there are no flames or smoke, people may enter the hallway and proceed to assist Freedom Room staff with evacuating individuals that do not require specific physical or behavioral techniques out the northwest EXIT to the garage area.

Receptionists will proceed to the nearest EXIT and assist with evacuation of individuals being handed off to them by staff as stated above. One receptionist from front office will monitor front doors to keep visitors from entering the building during the drill.

JTI Supervisors and Staff – evacuate individuals through nearest EXIT to garage area. Hand off individuals that do not require specific physical or behavioral techniques to assisting staff, i.e., receptionists, administration, case managers, etc.

Case Managers – EXIT nearest EXIT, then assist staff with evacuation of individuals as they are handed off to you at EXITs and proceed to garage area.

There are to be extra wheelchairs at EXITs or areas of program where there is need.

Using prearranged quadrants, Supervisors, Officers or Designee will conduct room to room search looking for any open doors to ensure all have exited.

Quadrants are as follows: (Primaries are to designate a secondary person in their absence)

- Journey OT/PT Supervisor
- Journey Classrooms/Workroom Supervisor
- CSM office and Tech Bay – DD Supervisor
- Officers: Administrative areas, IT area and lobby, conference rooms and bathrooms

Thumb Alarm Systems Company Fire Alarm Procedures for [New Creative Enterprises](#)

You will need to identify the building with its account number and pass code.

Building	Account Number	Pass Code
New Creative Enterprises	053814	0237

To turn off the alarm, or to reset the Fire Alarm Pull Box, access is required to the IT closet. In the IT closet, push the Silence Alarm Button then the Reset Button on the control panel.

Fire Extinguisher Locations

Administration Building

- Outside maintenance office
- Classroom One
- Craft room
- JTI Lunchroom
- IT Office
- ABA Room
- North Data Mgmt Hallway
- West Admin Hallway Exit
- West Maintenance Hallway Exit
- A & B Conference Room
- North (Back) Entrance Exit
- South (Front) Entrance Exit
- Lunchroom
- East JTI Exit
- East Tech Exit
- East Children's Exit

David Ehardt Building

- DEC Main Entrance
- Care Manager Outside entrance
- Care Manager break room
- Care Manager north back hallway
- Care Management Services hallway entrance
- Care Management Services hallway exit
- Janitor closet
- IT room
- ACT break room
- Clinic Services main front entrance
- Clinic Services back west entrance/exit
- Clinic Services copy room
- Clinic Services bathroom
- Clinic Services West Hallway

New Creative Enterprises/Stoliker Building

- Front Door (south exit)
- West Door (west exit)
- Back Door (north exit)
- Candle Room Door (south east exit)

Croswell Office

- Server room closet – north side
- Receptionist room
- West break room
- East break room
- South hallway – east end

Utility/Power Failure

The following procedure shall be followed when a power failure occurs at a building site:

- Individuals should be calmed and reassured.
- To the extent possible, the Maintenance Coordinator should attempt to determine the cause and probable duration of the power failure.
- The Supervisor or Maintenance Coordinator should contact the Chief Executive Officer or his Designee and notify the IT Department
- The Chief Executive Officer or his Designee may decide to close down a program or reassign staff if the power failure is of significant duration.

- Closure of one site due to a power failure may not result in all sites being closed. The Supervisor should make every attempt to accommodate staff and individuals at a site that is not experiencing a power failure.
- Staff who are working in the community or are off site when a power failure occurs, and the site is closed, are expected to continue with their normal routine or contact their supervisor for direction.
- If individuals are involved, staff will need to ensure that all their needs for safety and transportation are met.
- Each site should have on hand, in easily accessible locations, several working flashlights.
- When a power failure occurs, turn off computers, office machines and other electrical equipment in use.

The following procedures must be followed regarding computers:

Desktop Computers

As soon as power is lost or if a low or high voltage situation occurs (a brown out), all desktop computers should be shut down by turning off the power strip to which the computer is connected.

Fax and Copy Machines

If power is running at partial capacity, the machines should be turned off immediately. If power is lost, the normal shut off switch should be turned to the off position.

Phone System

For all agency locations, cell phones may be used for calls.

Each site is unique and will need effective supervisory coordination to ensure an orderly decision process in the event of a power failure.

Doors

All buildings are equipped with electrically controlled locks that must be physically locked to avoid unauthorized entry during a power failure.

Practice Utility/Power Failure drills will be conducted at least annually.

Power Lockout

All machinery and powered equipment must be safeguarded by means of a power lock out procedure when maintenance, repair, or other functions could cause injury through access to pinch points, electrical charge, or through injury by other means. This is an OSHA standard.

Lockout

The placement of a lockout device on any energy isolating device, in accordance with an established procedure, ensuring that the energy isolating device and the equipment being controlled cannot be operated until the lockout device is removed.

Lockout Device

A device that utilizes a positive means such as a lock, either key or combination type, to hold an energy isolating device in a safe position and prevent the energizing of a machine or equipment.

Tagout

The placement of a tagout device on any energy isolating device, in accordance with an established procedure, to indicate that the energy isolating device and the equipment being controlled may not be operated until the tagout device is removed.

Tagout Device

A prominent warning device, such as a tag and a means of attachment, which can be securely fastened to an energy isolating device in accordance with an established procedure, to indicate that the energy isolating device and the equipment being controlled may not be operated until the tagout device is removed.

For Industrial Equipment

All equipment requiring repair or service must be referred to the Maintenance Department.

Alert the operator or person likely to use the equipment that power is being disconnected.

Before starting repair, service, or set up work, the person performing the work must make sure power is disconnected and any hazardous residual pressure must be relieved prior to and during such work. A padlock must be placed at the point of main power disconnect where lockout is required by each person performing work. Individual locks must be used, or an authorized employee of each crew must be responsible for placing the lock and determining that each crew member is clear before removing the lock. A Supervisor may place a lock for which he/she has the only key and assure that all crews are clear before removing the lock. Keys must be removed at time of lockout. Before work is started, equipment must be tested to ensure power is off.

No one other than the Maintenance Supervisor or maintenance staff placing the padlock on the power lockout is allowed to remove the padlock and restore power.

A copy of these procedures and lockout devices will be easily visible and available at or close to the devices that require such lockout.

For Office Equipment

A machine or other piece of equipment connected to an electrical source by a plug-in cord shall be considered in compliance if the plug is disconnected and a "Lockout" tag is attached to the plug provided the plug is a legal disconnecting means (plugs are acceptable as disconnecting means only for portable motors and 110v equipment).

Violent/Threatening Situations

To increase a sense of security and create a workplace that is as safe as possible for staff, general public and individuals that receive services at our facilities, staff are encouraged to take the following precautionary measures:

1. If provider staff have people on their case load who are known to be prone to aggressive and/or combative behavior, addressing the potential manifestation of these types of behaviors within the context of our interventions should be a routine topic of supervision.
2. Among the topics covered in those supervision sessions should be the decision making process around when to continue to work towards de-escalating the situation and when to separate yourself from the situation.

3. If you are meeting with someone that may become combative, alert your supervisor, receptionist or office neighbors ahead of time. If the person that you notify hears any disturbances coming from the meeting location (office/conference room) that cause concern, the employee/supervisor should determine if the meeting should be interrupted and/or notify other co-workers/supervisors to call 911. Staff may leave a situation if it becomes unsafe and get another person to assist with the situation.
 - a. Note that under certain circumstances, the Police Department may need to be notified ahead of time and alerted that there is the potential for an unsafe situation to develop. The program supervisor/assigned staff would contact the local police and ask that they be available in the building, parking lot or nearby at a specified time. The Mental Health Code (State Law) and HIPAA rules must be followed at all times and there are only certain circumstances that would allow for identifying information to be released.
4. If, during the course of the day, you overhear a conversation that appears combative, staff are expected to immediately notify a Supervisor/Officer. If a Supervisor/Officer is unavailable, the staff should immediately notify another co-worker and determine if the meeting should be interrupted, 911 called, etc. It is everyone's responsibility to ensure the safety of the staff in the meeting as well as anyone that may come in contact with the situation.
5. If a situation that becomes concerning and has the potential of escalating to an unsafe level, co-workers are expected to assist in securing the area and limit others (co-workers/individuals) from being involved with the situation. If the situation is deemed "seriously unsafe", requesting everyone vacate the building may be instituted.
6. Note that any of these situations may occur in the CMH workplace, i.e.; in the lobby, staff offices, meeting rooms, parking lots, tec. CMH staff need to stay diligent in being aware of their surroundings.

Lock-Down Definition

A lock-down is when the building is closed to staff and the general public due to a situation occurring either inside or outside the building. When lock-down occurs, a 911 call is initiated and other buildings are notified via email, staff texting notifications, paging/telephones, or face-to-face notification. Supervisors, Officers or designated staff may initiate a lock-down.

After any unsafe occurrence, a Report of Incidence Form (#0233) will be completed and a de-briefing will be conducted within 24 hours/next business day. This de-briefing will also serve as a time for agency self-analysis and specific short-term planning.

The debriefing will incorporate the following:

- A review of the situation at a meeting with staff/individuals/others who were directly/indirectly involved, as appropriate.
- What went well and what would we do differently in how the situation was handled.
- For people we serve – is a change in provider, environment or treatment plan needed?
- For staff – is there is a need for further intervention, more intense supervision, time off, involvement of external parties, etc.
- For public – Determine if we need to notify the Police, review building protocol, and staff responses
- Form completed and sent for Safety and Health to review

Debriefings will minimally have the following attendees:

For Employee Issues

- HR Manager, staff that were involved in the situation, and potentially Supervisors of those staff

For People We Serve

- Chief Medical Officer, Chief Clinical Officer and Treatment Team

For General Public

- All Officers available and anyone involved directly with the situation

To assist with isolation of potentially volatile situations, staff should enter other buildings from certain entrances only (entrances to be determined).

In extreme situations, the agency will utilize the emergency/snow texting system to send notifications about situations occurring within the buildings. This will be useful for staff that are traveling and coming back to the building. Other systems may be implemented for those staff that do not carry cell phones during the day.

Violent/Threatening Situation procedure practice drills will be held annually.

Chemical/Biological Incident

In most situations involving chemical releases, you will be instructed to remain (or go) inside IMMEDIATELY and do the following:

External Leak

- DO NOT CALL 911 unless you require immediate emergency assistance.
- Designated staff will turn off all ventilation devices (fans, air conditioners, furnaces, etc. Electrical panels are labeled at each location to note which breaker to turn off).
- If required to go to a designated shelter area, seal doors, vents and windows shut with duct tape and plastic from Emergency First Aid Disaster Kit, if necessary. Receptionist or designated staff should take an Emergency First Aid Disaster Kit, cell phone, and vital phone numbers to the assembly area. Once receptionist should attend the main entrance to the building to keep visitors from entering during a drill.
- Immediately go/stay inside of building (most situations) until incident is over or further instructions have been given.

Internal Leak

- Notification is received from the local utility company or authority and informs senior staff in charge
- Senior staff/designee ensures staff are notified/alerted on how to proceed (evacuate the building or remain inside).
- If time permits, receptionist/designated staff should transfer telephones to answering machines with appropriate message and post signage on the building door(s) with crisis information.
- If requested to leave/evacuate, staff are to leave the area and go to the designated site.
- After evacuating the building, staff need to attempt to notify individuals being served if appointments need to be cancelled or rescheduled.

- Before the end of the workday, staff should receive notification regarding the procedure for the following business day.

Document the incident of Report of Incident form #0233. Provide completed forms to the Health and Safety Chairperson.

Chemical/Biological Incident procedure practice drills will be held annually.

Officers/Supervisors/Health and Safety Chairperson monitor all evacuation/Shelter in Place procedures for compliance, directing staff as needed.

For a practice Chemical/Biological incident drill, no one may re-enter the building until the charge person announces ALL CLEAR.

Supervisors will be responsible for evaluating and documenting the practice drill on Form #0033 – Emergency Drill Report. Completed forms will be provided to the Health and Safety Chairperson.

Bomb Threat

Bomb threats are most commonly received via phone, but are also made in person, via email, written note, or other means. Every bomb threat is unique and should be handled in the context of the environment in which it occurs. Facility supervisors and law enforcement will be in the best position to determine the credibility of the threat. The following guidance on receiving a threat is provided by the US Department of Homeland Security at <https://www.cisa.gov/publication/dhs-doj-bomb-threat-guidance>

Threats Made via Phone

- Remain calm and DO NOT HANG UP
- Keep the person engaged in conversation and gather as much information as possible. Be polite and show interest to keep them talking.
- If possible, signal or pass a note to other staff to listen and help notify authorities. Indicate for someone to call 911.
- Ask the person to repeat the message. Document every word spoken.
- Record the date, time and duration of the phone call.
- If the person does not indicate the location of the bomb or the time of possible detonation, you should ask, where is the bomb located? When will it go off?
- Pay particular attention to the background noises such as motors running, background music, and any other noise that may point to the location of the caller.
- Listen closely to the voice (male, female), voice quality (calm, excited), age of the person, accents and speech impediments.

For Verbal Threats

- If the perpetrator leaves, note which direction they went.
- Notify a supervisor and make sure the authorities are notified
- Write down the threat exactly as it was communicated

- Note the description of the person who made the threat, such as name (if known), gender, body size, height/weight, race, type/color of clothing, hair/eye color, voice (loud, deep, accent, etc), other distinguishing features.

For Written Threats

- Handle the document as little as possible
- Notify a supervisor and make sure the authorities are notified.
- Rewrite the threat exactly as is on another sheet of paper and note the following:
 - Date/time/location document was found
 - Any situations or conditions surrounding the discovery/delivery
 - Full names of any personnel who saw the threat
 - Secure the original threat; DO NOT alter the item in any way
 - If small/removable, place in a bag or envelope
 - If large/stationary, secure the location

For Email Threats

- Leave message open on the computer
- Notify a supervisor and make sure the authorities are notified.
- Print, photograph, or copy the message and subject line; note the date and time.

Immediately after the incident, contact a supervisor and make sure the police are notified. Since law enforcement will want to talk to the person who received the threat, that person should remain available.

Inform other staff/programs in the same building.

Staff will ensure that everyone evacuates the building at the nearest exit and proceed to the designated assembly place.

First Aid Disaster kits, a cell phone, and a list of vital phone numbers shall be taken to the assembly area by designated personnel.

Document the threat/incident on Report of Incident Form #0233. Provide completed forms to the Health and Safety Chairperson.

Bomb Threat procedure practice drills will be held at least annually.

Building/Property Security

Employees are expected to know and comply with the agency's security procedures for the building to which they are assigned and are expected to report any violations or potential problems to the site supervisor. Employees violating building and property security procedures will be subject to discipline as stated in the appropriate agency policies. Illegal acts committed on agency property will be reported to law enforcement authorities.

- Employees leaving the premises with agency property or equipment must have authorization from their supervisor to do so. Employees are responsible for the proper care and return of all agency property and equipment assigned to their possession.

- Employees are expected to exercise reasonable care for their own protection and for that of their personal property while on the agency's premises and while away from the premises on business. The agency assumes no responsibility for employee losses of personal property resulting from damage or theft while on agency premises or away from the premises on business.

Supervisors are responsible to:

- Recommend and enforce security procedures.
- Complete follow up actions as a result of periodic internal or external inspection reports.
- Develop systems to issue and control employee identification devices and keys and identify and control the agency's physical assets.
- Communicate security procedures to employees as well as train and retrain employees with respect to their security responsibilities.
- Ensure practices are in place to ensure building security.

Hearing Conservation

The following procedures shall be implemented to minimize occupational hearing loss by providing hearing protection to all persons working in areas, or with equipment, that have noise levels equal to or exceeding an eight-hour time-weighted average sound limit of 85 dBA (decibels measured on the A scale of a sound level meter).

1. Monitoring for noise exposure levels will be conducted whenever there is a change in equipment, process or controls that affect the noise levels. This includes the addition or removal of machinery, alteration in building structure, or substitution of new equipment in place of that previously used. The supervisor will inform the Health & Safety chairperson when these types of changes are instituted to determine if decibels should be tested.
2. Management, supervisors, and employees shall properly wear the prescribed hearing protection while working or traveling through any area that is designated as a high noise area.
 - a. Personal stereo headsets, or "Walkmen," are not approved for hearing protection
3. Employees will exercise proper care of issued hearing protection.
4. Signage will be posted in all high noise areas that necessitate hearing protection

Ice/Snow Removal at Agency Facilities

The following procedures shall be implemented following winter ice and snowstorms:

1. Snow shall be shoveled from all sidewalk areas in front of facility entrances/exits. Maintenance staff will distribute ice-melting compound on sidewalk areas and up to facility entrances/exits.
2. Snow shall be removed from "Handicapped Parking" areas, and a clear pathway shall be maintained from the handicapped parking area to facility entrance.
3. At all facilities, snow shall be removed from and salt applied to walkways that serve as an evacuation fire escape route to the facility's assembly area.
4. Maintenance staff should begin snow clearing work early enough in the day to be completed by 8:00 a.m. on workdays.
5. If slippery or snow-covered walkway and entrance way conditions develop during the course of the workday, facility staff or supervisor should distribute ice-melting compound and/or shovel these areas as needed.

6. Maintenance staff shall maintain a container of salt at each facility entrance/exit with means to spread the salt.
7. Snow should be removed from parking lot areas and salt applied before the start of the workday. Additional plowing may be necessary if snow fall continues during the day.
8. As soon as possible after a snowfall, agency cars should be moved to plowed areas to allow snow removal of that area.
9. Staff should always remain alert to the danger of slippery conditions due to ice/snow. Safe footwear is strongly encouraged for overall safety.
10. All agency snow removal vehicles will have clear windows and windshield, strobe light and a back-up warning beep sound.

Heat and Humidity Guidelines

Keep the air circulating. If your facility is not air conditioned, make sure there are an adequate number of fans. Each fan should be routinely inspected for cleanliness and operation. Open screened windows can be used during evening hours to cool the room.

If the room is air conditioned, the system should be routinely checked to ensure proper maintenance. Filters should be cleaned or replaced on a regular basis. Hours of functioning should be adjusted to maximize the effectiveness of the system.

Draw all shades, blinds, and curtains in rooms when exposed to direct sunlight.

Remove people from areas that are exposed to direct sunlight. Relocate people to cooler areas in the building during the daytime hours. Also, it may be cooler outside in the shade in some instances.

Keep outdoor activities to a minimum. If people are outdoors for any length of time, include adequate rest periods during activities. Beware of the danger of sun burn and apply sunscreen as recommended.

Check to see that people are appropriately dressed. Clothing should be lightweight, loose fitting, and that which easily absorbs body perspiration, i.e., cotton or other natural fibers. A sun hat and sunglasses are recommended.

Provide ample fluids. Excessive perspiration depletes large quantities of salt and fluid from the body. Increase the amount of water and fruit juices offered to people. Encourage people to drink more fluids unless restricted by a physician.

Increase the number of baths given. Bathing a person in lukewarm water will help reduce the body's internal temperature and increase general comfort. This can also be accomplished, although not as effectively, by soaking a person's hands and wrists in cool water.

In addition to precautionary measures, all staff should be aware of the signs and symptoms of heat stroke and heat exhaustion and provide continued regular monitoring and assessment. While the first symptoms of these disorders may be similar, later symptoms differ sharply.

Heat Exhaustion

Heat exhaustion is a disorder resulting from overexposure to heat or sun. Long exposure to extreme heat or too much activity under a hot sun causes excessive perspiration, which removes large quantities of salt and fluid from the body. When the amount of salt and fluid in the body falls too far below normal, heat exhaustion may occur.

The early symptoms of heat exhaustion are headache and a feeling of weakness and dizziness, usually accompanied by nausea and vomiting. There may also be cramps in the muscles of the arms, legs, or abdomen. These first symptoms are similar to the early signs of sunstroke, or heat stroke, but the disorders are not the same and should be treated differently.

In heat exhaustion, the person turns pale and perspires profusely, skin is cool and moist, pulse and breathing are rapid. Body temperature remains at a normal level or slightly below or above. The person may seem confused and may find it difficult to coordinate body movements.

Cool the body, give fluids if the person is conscious; let the person rest in a comfortable position. The person should not resume activity in the same day.

Heat Stroke

Heat stroke, also known as sunstroke, is a profound disturbance of the body's heat-regulating mechanism, caused by prolonged exposure to excessive heat, particularly when there is little or no circulation of air. In heat stroke, there is a disturbance in the mechanism that controls perspiration. Since heat stroke is much more dangerous than heat exhaustion and is treated differently, it is important to distinguish between the two. The first symptoms of both disorders may be similar: headache, dizziness, and weakness. However, later symptoms differ sharply. In heat exhaustion, there is excessive perspiration and a normal or below normal temperature, whereas in heat stroke, there is extremely high fever and absence of perspiration.

Heat stroke also may cause convulsions and sudden loss of consciousness. In extreme cases, it may be fatal.

Heat stroke is considered a medical emergency and immediate steps must be taken to prevent death. The primary objective is to reduce the body's high temperature as rapidly as possible. This can be accomplished by immersing the person in a cool water bath or sponging the person with cool water. The physician should be contacted immediately, and the person transferred to the hospital.

Disorders of temperature regulation are particularly important, yet often unrecognized, in the elderly.

Susceptibility is due to impaired temperature control mechanisms and to the frequency of multiple medical problems that occur with aging. Once an elderly individual develops heat illness, the prognosis is poor. Therefore, prevention is extremely important in the general care of the elderly. Many people are unable to verbalize their discomfort. It is important to identify and monitor persons under your care and take extra precautions to ensure their safety.

Bloodborne Pathogens Exposure Plan

Bloodborne Pathogens

Pathogenic microorganisms that are present in human blood and can cause disease in humans. These microorganisms can be passed on to others through contact with contaminated blood and bodily fluids.

Body Fluids

Blood, semen, vaginal secretions, fluids surrounding the brain and spinal cord, fluid surrounding bone joints, fluid surrounding the heart, lungs and abdomen, fluid surrounding an unborn baby, saliva in dental procedures, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids.

Medical Waste

Items stained with blood or body fluids; means the contaminated item cannot release blood or body fluids in a liquid or semi-liquid state when compressed or caked and dried blood or body fluids are not capable of being released when handled.

Regulated Medical Wastes

Includes blood or other potentially infected body fluids that are in liquid form. If absorbed liquids can be released when compressed, it is also a regulated medical waste.

Biohazard

Any biological material (i.e. plants, animals, microorganisms, or their by-products) that may present a potential risk to the health and wellbeing of humans, animals or the environment.

HIV

Human Immunodeficiency Virus

HBV

Hepatitis B Virus

Proof of Immunization

In reference to Hepatitis B vaccine, an employee must have a record that all 3 of the series have been given, which includes a copy of the original form where each of the shots were signed or initialed by a nurse. Or a copy of a positive titer that was drawn after the three shots were given which proves that they immunization.

- **Standard Precautions:** Guidelines recommended by the Centers for Disease Control and Prevention to reduce the risk of the spread of infection. These precautions (e.g. hand washing and wearing personal protective equipment such as gloves, masks, eye protection, and gown) apply to blood, all body fluids, secretions, excretions (except sweat), non-intact skin, and mucous membranes. It also includes special expanded precautions for situations concerning communicable airborne diseases.
- **Contact Precautions:** In any situation where you or your clothes may come in contact with body fluids, stool, etc., you would then wear or use personal protective equipment to prevent that (e.g.) a cover gown or gloves.
- **Risk:** Means that there is a possibility that you may come in contact with blood or body fluids in the performance of your job duties.

- **No Risk:** Means there is no risk (or is very unlikely) that you might come in contact with blood or body fluids in the performance of your job duties.

Body fluids are those fluids that have been recognized by Federal Centers for Disease Control (CDC) as directly linked to the transmission of HIV and/or HBV and to which universal (standard) precautions apply (see definition of body fluids).

The CDC has recommended Hepatitis B virus immunization for all persons at risk of occupational exposure. See Policy BA000 Employee Policy & Procedure Handbook in regard to policy and procedures that will be followed for both employees and recipients in relation to Hepatitis B immunization.

Post-exposure treatment, evaluation, and follow-up shall be implemented in the event of employee exposure.

Standard precautions emphasizing engineering controls and workplace practices shall be followed by all employees.

Appropriate signs shall be posted and warning labels, including the orange, or orange-red biohazard symbol, are to be affixed to all containers of biohazard material. Procedures shall be established which implement abatement methods for the protection of employees at risk for exposure to Hepatitis B and HIV.

A list shall be developed indicating the potential for exposure by employee job classification. The list shall indicate two classifications:

- **Category A:** All employees are at risk of potential occupational exposure to HBV/HIV. This category includes all job descriptions whereby the employee in the performance of their job duties is likely to come in contact with a person's body fluids.
- **Category B:** All employees are at no risk of potential occupational exposure to HBV/HIV. This category includes all job descriptions whereby the employee in the performance of their job duties is not likely to come in contact with a person's body fluids.

Standard precautions shall be observed to prevent contact with blood and other body fluids as well as a variety of communicable diseases.

When a potential for occupational exposure exists, the employer shall provide, at no expense to the employee, the utilization of Personal Protective Equipment (PPE) appropriate to prevent such exposure.

- Disposable gloves shall be worn during procedures where body fluids are present. Non-latex gloves will be available as needed.
- Utility (rubber) gloves shall be worn during routine cleaning and maintenance operations.
- Disposable gowns or aprons impervious to blood or body fluids shall be worn when splashes to skin or clothing with blood and/or body fluids are likely to occur.
- Masks and eye protectors shall be worn when splashes or aerosolization of blood and/or body fluids are likely to occur with contamination of mucosal membranes (eyes, mouth, or nose). They are not required for routine care.
- Pocket masks or other ventilation devices shall be provided in strategic locations as well as to in emergency bags where the need for resuscitation is likely.

In work areas where there is a reasonable likelihood of exposure to blood or other potentially infectious materials, employees are not to eat, drink apply cosmetics or lip balm, smoke, or handle contact lenses. Food and beverages are

not to be kept in refrigerators, freezers, shelves, cabinets, or on counter tops or bench tops where blood or other potentially infectious materials are present.

After removal and disposal of contaminated clothing and equipment, hands, and potentially exposed skin areas shall be washed with disinfectant soap. Washing is also required before contact with another person. If employees incur exposure to their mucous membranes, then those areas shall be flushed with water as soon as possible. When antiseptic hand cleansers or towelettes are used, hands shall be washed with soap and running water as soon as feasible.

All contaminated work surfaces will be decontaminated after completion of procedures and immediately or as soon as possible after any spill of blood or other potentially infectious materials using one of the following:

- Chemical germicides that are approved for use as hospital disinfectants and are tuberculocidal when used at recommended dilutions.
- Products registered by the Environmental Protection Agency as being effective against HIV with an accepted “HIV or AIDS virus” label.
- A solution of 5.25% Sodium Hypochlorite (household bleach) diluted between 1:10 and 1:100 with water.

Laundry that is soiled with blood or body fluids must be handled with gloves and additional PPE (Personal Protective Equipment) as needed to avoid contact. Laundry shall be bagged at the location where it was used and shall be transported in leak proof bags where there is potential for leakage.

Reusable equipment contaminated with blood or body fluid shall be disinfected immediately following use.

Immediately after use, all sharps shall be placed in red and/or bio-hazard labeled, leak-proof and closable, puncture-resistant containers for disposal. Refer to agency clinical procedure DC1010 on Disposal of Sharps.

When there is an exposure or suspected exposure to HIV or AIDS virus, the person exposed shall receive counsel from their primary health care provider. A record of each exposure incident is to be maintained in the employee’s personnel file or recipient case record, and post-exposure evaluation provided by their personal physician.

Employee Exposure:

1. Employees, who may have been exposed to HIV during working hours, will be encouraged to be tested for HIV through their primary health care provider.
2. If possible exposure occurred in the performance of their duties, SCCMHA will cover the cost of testing.
3. All test results will remain confidential. Employees are not required to share test results with SCCMHA.
4. Employees should consult with their supervisor regarding completion of the following forms:
 - a. Employer’s Basic Report of Injury – Michigan Department of Consumer & Industry Services Form #BWC-100
 - b. Supervisor’s Report of Accident – Citizens Management Inc. Form #S109-PO620
 - c. Authority for Treatment – Citizens Management Inc. Form #SIWI3NS
 - d. Report of an Injury to Employee (for less than 7 days disability) Citizens Management Inc. Form #CMI 14.

Recipient Exposure:

1. Recipients, who may have been exposed to HIV while attending or participating in a SCCMHA program, will be encouraged to be tested for HIV.

2. If exposure occurred while attending or participating in a SCCMHA program, if possible, SCCMHA will cover the cost of testing.
3. All test results will remain confidential, will not become part of the recipient's case record and do not have to be shared with SCCMHA.

Education and training regarding the content and purpose of this policy shall be presented to each employee at time of hire and annually thereafter.

The Exposure Control Plan shall be reviewed and updated annually, or whenever necessary to reflect new or revised employee job positions or job tasks and procedures.

The date of the last annual review shall be clearly indicated on the plan.

Infectious Disease

For the purpose of this policy, infectious disease does not include the common cold and other similar disease one would very easily contract through casual social contact in the community outside of the employee's job responsibility.

Signs and symptoms of acute or infectious health conditions include, but are not limited to, the following: elevated or depressed temperature, vomiting or diarrhea, rashes or redness or inflammations, faintness or dizziness, irregular respiration or pulse, unusual lethargy or weakness. These signs and symptoms are not in themselves an indication of an acute or infectious condition and may occur without an acute or infectious disease process present. In these situations, they would not be covered by this policy.

Infectious conditions, whose principle mode of spread is direct contact with infected persons, their belongings or bodily fluids, include, but are not limited to the following: influenza (not the common flu), measles, mumps, chicken pox, respiratory infections, pneumonia, conjunctivitis, ringworm, scabies, impetigo, head lice, tuberculosis.

No staff, contract provider or individual served shall report to, or remain at SCCMHA program, including community activities, when exhibiting signs or symptoms of acute or infectious health conditions.

For serious and infectious conditions which require treatment by a physician, written authorization must be received from the attending physician before the individual resumes attendance indicating that attendance will not adversely affect the individual's health and that they are no longer infectious.

For less serious and non-infectious conditions where a physician has not been consulted, the individual must be free of symptoms for at least twenty-four (24) hours before resuming attendance.

When the individual served lives with a caretaker or in a foster care type setting, a written note must be received from the caretaker, home staff or home nurse at the time of returning to program, verifying the absence of symptoms for at least twenty-four (24) hours.

All SCCMHA staff will monitor for symptoms of acute or infectious conditions whenever individuals served are in attendance at agency programs and will report any occurrence to a supervisor immediately.

The program supervisor will make a determination as to whether or not the individual remains in the program. Until such time as the individual leaves the program site, care will be provided by staff, as needed.

If symptoms of acute or infectious illness are noted when an individual arrives at program, he/she will be sent home with the person(s) transporting them to the program. If the individual arrived on public transportation and/or when the symptoms develop during the course of the day, the home/caretaker will be contacted and required to pick up the individual as expeditiously as possible.

In the event of serious or life-threatening symptoms, an ambulance or other available transportation will be utilized to transport the individual to emergency medical services.

If an employee of SCCMHA can substantiate that they have contracted an infectious disease while in the performance of their job and must take time off work, Worker's Compensation and/or leave of absence policies will be followed.

Health and Safety/Maintenance Inspections

The Health and Safety/Maintenance Inspections (Form #0507 and Form #0508) for each facility should be completed within one week of receiving the inspection from a Health and Safety Committee member. Ideally, this would be a rotating responsibility so that all staff can become aware of the health and safety issues at their site.

All items checked as "NO" on the inspections, MUST be listed at the bottom of the inspections with a short explanation as to why it was checked as "NO" and recommendations of improvements by the person conducting the inspection. This helps to understand the nature and degree of the item checked as "NO".

A follow-up and Corrective Action Report will be filled out by the Health and Safety Committee members. This shall detail the information from the inspection and will remain there as a carry over until the issue is resolved. If needed, a "Track-It" will be submitted.

The validity and reliability of the survey requires that the person completing the inspection be familiar with what the questions are asking. To that end, the Health and Safety Committee members will provide training for persons completing the inspections as necessary. If questions remain, contact the chairperson of the Health and Safety Committee.

Safety and Health Committee

It is the policy of Sanilac County Community Mental Health Authority (SCCMHA) to comply with all applicable federal, state, and local health and safety regulations. The agency is committed to providing a safe and secure environment for employees, visitors and individuals of service. Employees are expected to comply with safety and health requirements established by management and by federal, state, and local regulations.

This committee should meet on a quarterly basis or more often as needed.

Minutes shall be taken at each meeting and disseminated to committee members.

The Chief Executive Officer shall appoint/reappoint the Committee membership and Chairperson annually and as needed.

Each representative on this committee shall be responsible for carrying out tasks assigned to them by the committee chairperson.

Each person on this committee shall advocate for the safety and health of the staff and individuals within their program/facility and present issues and concerns to this committee as needed.

The committee chairperson will present significant concerns, issues and policy modifications or procedural changes to the Quality Improvement Committee for review. Significant concerns will be forwarded to the Quality Improvement Committee and/or the Administrative Committee.

There shall be direct primary individual representation on this committee.

Each of the following shall be represented on this committee.

1. Medical
2. Administration
3. Clinic Services
4. Human Resources
5. Training
6. Maintenance Department
7. Primary Individual
8. Representatives from sites not covered above

Employees should report to their supervisor or the Safety and Health Committee observed safety and health violations, potentially unsafe situations or conditions, and any accidents resulting in injury to employees or individuals.

- A Safety and Health Track-It should be completed which will be forwarded to the Safety and Health Chairperson who will present to the Safety and Health Committee. "Safety Awareness Reporting Form" (#0028) is also available to visitors and individuals receiving services.
- A "Report of Incident" (Form #0233) will be completed on any threat or incident of violence and be reviewed by the supervisor concerned and by the Safety and Health Committee for appropriate action.

Responsibilities of the Safety and Health Committee as a whole include:

1. Monitor compliance with agency safety rules and regulations and the applicable safety and health standards established by the Occupational Safety and Health Act of 1970 and other applicable federal, state, or local safety laws or regulations.
2. Investigate and make recommendations to appropriate personnel as well as review data for the elimination of recognized unsafe and unhealthy working conditions or potential hazards.
3. Conduct semi-annual Health and Safety Inspection (Form #0507 & Form #0508) of facilities and their work areas, machinery, equipment, lift trucks, storage sheds, and facility grounds.
4. Ensure that inspections by external authorities are conducted annually and result in a written report that is forwarded to the Chief Executive Officer detailing recommendations and actions taken.
5. Establish and monitor fire safety procedures, review the results of emergency evacuation drills and evaluate disaster preparedness plans.
6. Arrange for the conduct of emergency preparedness evaluation assessments
7. Develop and review Corrective Action Report (Form #0327) as needed based on results of inspections, evaluations, Safety Awareness Report Form (#0028) or Safety and Health Track-Its.
8. Forward items in #7 above to the appropriate supervisor for follow up action.
9. Submit safety and health concerns and required reports to the Administrative Committee.
10. Review agency policies and procedures dealing with safety and health.

11. Ensure that methods are in place to provide employees with competency-based training in safety practices.
12. Submit required and requested reports to committees and the Board.