


HEALTH & SAFETY

TEAM MENTAL HEALTH SERVICES		SIGNATURE	APPV.	REV.	REV.	REV.
	Administration			11/09		
Policy: CONSUMER AND PERSONNEL EMERGENCY INFORMATION						

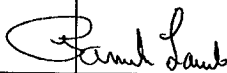
Policy

It is the policy of Team Mental Health Services (TMHS) to ensure that in an emergency situation that requires the need to evacuate a facility; information about the consumers and personnel is readily accessible to assist in providing medical care, monitoring consumer's whereabouts and sharing pertinent information that effects service delivery.

Procedure

The Program Director will keep a book with basic emergency information on personnel and consumer emergency information can be retrieved from the medical record. The emergency information book will be kept in a confidential location that is easily accessible to supervisory staff. If an emergency situation requires that the facility must be evacuated, the Program Director or the senior leadership member present will be responsible for retrieving the emergency information book from the building. All medical records will be secured in a locked file cabinet or room on the site location or administrative offices.

In the event of a fire or other emergency that results in the destruction of records and back-up disks, basic consumer information may be retrieved from the referral source or MCPN.

TEAM MENTAL HEALTH SERVICES		SIGNATURE	APPV.	REV.	REV.	REV.
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Policy: EMERGENCY PROCEDURES						

Policy

It is the policy of Team Mental Health Services (TMHS) to provide guidelines for response in case of any of the following: emergency/threatening situations, on-site violence, fire, natural disaster, utility failure or medical emergency. All TMHS staff will receive training and orientation on emergency procedures at hire and annually.

Procedures

Consumer Preparation

All TMHS consumers entering a TMHS program will be oriented to emergency procedures.

Consumer Emergencies

At intake, and annually thereafter, each consumer shall be offered the opportunity to develop, with TMHS staff, a Crisis Plan. This plan will identify the consumer's wishes and instructions in the case of their involvement in an emergency situation (i.e., hospitalization).

Accidents or incidents occurring at the consumer's community setting or in the community are reported immediately to the Program Director. All consumer related incidents are also documented. In addition, telephone orders given by the consumer's attending physician during/following the course of the incident are also documented.

Medical Emergency

If the consumer is in a life-threatening situation, CPR and or other first aid procedures will be initiated immediately. In addition, 911 will be called and the on-call staff will be paged, who will notify others. If the attending physician cannot be reached, the staff physician will be contacted. The on-call staff will notify guardians. Assigned staff will accompany the consumer and remain with consumer at the hospital, until relieved or until the consumer is officially admitted. TMHS staff are oriented to ensure that the consumers are transported to the nearest emergency room from the facility.

Any medical emergencies that involve staff or visitors will be handled in the same manner. CPR or first aid may be initiated by a trained individual present. In addition, 911 will be called and the on-call staff will be paged. The on-call staff will remain with consumers if the assigned staff should require transport and hospitalization.

Psychiatric Emergency

If a consumer is having a psychotic episode and cannot be redirected, calmed or maintained in their setting, emergency procedures will be initiated. 911 will be called and the appropriate staff will be contacted and/or notified. The staff assigned to the consumer will attempt to keep the consumer safe and prevent injury to self or others while awaiting

transport to the psychiatric urgent care. Staff will notify administrator, physician and guardian. Assigned staff will accompany consumer, with emergency information and remain with consumer until relieved or until the consumer is psychiatrically admitted.

Bomb Threats

In the event that a TMHS facility receives a bomb threat, the following procedures will be implemented:

- Evacuate the building according to posted evacuation processes
- Keep the caller on the line and remain calm (only if the facility has more than one phone line)
- Find out caller demands and reasons for the threat
- Notify the police by calling 911
- Notify supervisory staff

Do not Resuscitate Order

Team Mental Health Services must comply with current opinions as issued by the Michigan Attorney General's office regarding the implementation of valid Do-Not-Resuscitate Orders pursuant to the Michigan Do-Not-Resuscitate Procedure Act.

On-Site Violence/Intrusion/Weapons

All consumers are notified, at orientation, of TMHS's policy that no weapons, illegal or illicit drugs or violence of any kind shall be allowed on TMHS property.

If violence occurs on-site, it will be handled by those personnel available/present trained in CPI, with a view to minimize risk to staff, consumer and visitors.

Every effort will be made to deal with violence in a non-confrontational manner.

Police assistance will be requested as required and as time permits. In those incidents where weapons are discovered, the police shall be notified immediately. If feasible, staff should instruct the person to relieve themselves of the weapon and it should be placed in a locked area that is only accessible by TMHS staff. The police should be notified that the weapon has been confiscated.

- Staff will remain calm and attempt to keep all involved parties calm.
- Staff and consumers not in the immediate presence of the individual are to exit by the closest, out of view door.
- The most senior personnel will take charge and summon assistance by calling 911.
- Personnel will not make unnecessary movements that might upset the individual or exacerbate the situation.
- Personnel will comply, if possible, with demands by the individual which would de-escalate the situation.
- The senior staff person will try to determine the cause of the individual's behavior and calm him down.

- If the individual causing the disturbance is unknown to staff, they are to note the personal characteristics of the intruder such as: sex, race, height, dress, complexion, eye color, age, scars, tattoos and vocal patterns.

As soon as the situation ends:

- 911 is to be called if not yet done;
- Administration notified if unaware.

Tornados

In the event of a severe weather "watch", staff will monitor the radio or weather alert units. In the event of a severe weather "warning", staff will immediately move consumers to the designated tornado shelter. Remain in the shelter area until all-clear weather broadcast or danger has passed.

Snow Storms/Ice Storms/Blizzards

When winter storms are such to prevent the use of regular transportation systems, all personnel on duty at the time will be required to remain until released by the Program or Clinical Director.

Floods/Rainstorms

In the case of severe floods, procedures will be the same as indicated under winter storms. Employees and consumers:

- will not be allowed to leave the building
- will not drink the water
- will not be allowed to drive

Fire

Any person discovering a fire will notify the identified Safety Person for that site and/or calmly inform all others in the facility of the fire. In those apartment locations where available, activate the nearest pull station fire alarm. Smoke detectors located in the facility are designed to sound the alarm.

- The Safety Person will begin the evacuation process. If a consumer has limited mobility and requires assistance, assistance will be provided as needed
- Feel all doors carefully before opening. If they are hot that means the fire has reached that point. Do not open the door if it is hot. Seek an alternate route. Close all doors and windows after exiting to keep fire from spreading.
- Keep close to the floor as smoke and hot gasses rise. Breathe through a cloth (wet if possible) and take short shallow breaths.
- Meet all consumers outside the facility at the designated meeting place. Assure all staff and consumers are present.
- Once everyone is safely removed from the building, call 911. When calling, the caller should give his his/her name, the location and the nature of the fire. The caller should remain on the line long enough to make sure the person receiving the call understands the location and directions.
- When the Fire Department arrives, follow their instructions
- Contact supervisory staff, guardians and Payers
- Complete an incident report and turn it in no later than 24 hours from the time of the fire.

Utility Failure

In the event of utility failure, the staff shall take the following steps:

- Check circuit breakers in case of power failure and reset if able.
- Cancel any scheduled appointments and call AFC Home Staff to pick consumers up from Skill Building Program.
- Make sure consumers are kept warm with blankets and proper clothing.
- Check with the power company to determine how long power will be out and contact the Program Director.
- If problem is determined to be with facility equipment, contact the Program Director.
- If appropriate temperatures cannot be maintained, evacuation should be done by the Program Director or on site staff.
- The buildings are equipped with emergency lighting, which will stay lit when the power is lost.
- Candles are not to be used as a source of light if the power is lost.
- Emergency kits are on-site at each location.

Evacuation

In the event that evacuation of the physical facility is required, the facility will be evacuated according to the evacuation map for that site. The identified Safety Person for each facility will:

- lead the evacuation process;
- evacuate with emergency equipment, as necessary (i.e., flashlights, lanterns, etc...)
- account for all persons at the site;
- evacuate with pertinent information (i.e., the appointment book, emergency numbers, consumer information, medications);
- notify the appropriate emergency authorities and TMHS leadership;
- make arrangements for temporary shelter, if required.

All TMHS staff will assist all consumers throughout the evacuation process and until temporary shelter/assistance is obtained, if needed or evacuation of the facility is no longer required.

Evacuation drills will be held at each facility on a quarterly basis, for each shift, and the written report of such submitted to the Safety Committee for review.

If an emergency results in the closure of a building for greater than one day, notices will be posted for consumers of the relocation of services to one of the alternate TMHS sites.

Essential staff will be requested to work on alternate sites to assure that any emergency situation can be effectively triaged.

Staff will assist consumers in returning home and/or to their residential facility, if necessary.

Emergency Equipment

Each TMHS site will have:

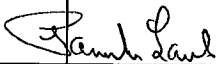
- NOAA Weather Radio(s) with battery back-ups;
- First Aid Kits that contain the following:
 - Sterile Strips
 - Adhesive Tape
 - Gauze Bandages

- Eye Pads
- Eye Flush
- Gloves
- Cold Pack
- Triangle Bandages
- First Aid Instructions
- CPR Barrier
- Flashlights;
- Drinking water and emergency supplies;
- Safety equipment;
- Directional signage;
- Communication devices;
- Blankets;
- Disposable plates, cups and utensils.

Supplies will be inventoried on a monthly basis and restocked as needed. All staff will be orientated on the use and direction of the kits.

Debriefing

Debriefing of staff and consumers after emergency situations shall occur as needed. Debriefing shall be organized by the Clinical Director or TMHS Vice-President. Documentation of the debriefing shall be attached to the related Incident Report and submitted with that report.

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Policy: ENVIRONMENTAL INSPECTIONS						

Policy

It is the policy of Team Mental Health Services (TMHS) to conduct environmental inspections (both internal and external) of all facilities/sites, which are owned, leased, or operated by the organization. Environmental inspections assure that TMHS facilities/sites remain safe and hazard free for consumers and staff.

Procedure

Internal Environmental Inspections

Internal environmental inspections will be completed every six months. A written report of the environmental inspection will be forwarded to the facility/site manager and the Health & Safety Committee. It will include areas inspected, recommendations for improvement. It will be the Health & Safety Committee will develop an action plan for improvement and submit the action plan to the Health & Safety Committee Chair for implementation. The Health & Safety Committee Chair will respond to the action plan within 30 days of the receipt of the report.

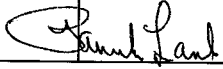
Areas to be monitored will include:

- Checking of fire extinguishers
- Checking of refrigerators (temperature to be checked and noted daily)
- Replacement of light bulbs to assure working order
- The absence of extension cords unless inspected and tagged
- Checks of bathrooms hourly for cleanliness and supplies of paper products

External Environmental Inspections

External environmental inspections will be completed on a yearly basis by a compliance/safety officer and include inspection of:

- Emergency warning devices, means of egress and emergency plans;
- Handling and storage of materials;
- Operations involving hazardous materials and processes, including the safe and effective management of biohazardous materials;
- Walking and working surfaces;
- Electrical systems;
- Health and sanitation provisions with regard to food preparation, eating area and air contaminants;
- The working environment, including ventilation, illumination, noise and air contaminants;
- The provisions for fire protection, to ensure they are in accordance with applicable state and local fire safety requirements.

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Policy: Exposure Control Plan						

Policy

The Occupational Safety and Health Administration (OSHA) and MIOSHA, the Michigan Agency administration and enforcement of OSHA regulations, have determined that health care workers may face significant health risk resulting from occupational exposure to blood on potentially infectious materials. The purpose of an exposure control plan is to reduce the occupational exposure to Hepatitis B virus, Human Immunodeficiency Virus and other blood borne pathogens.

Procedures

A. Responsible persons

- a. Assigned Infection Control Officers: The infection Control Officer is responsible for the overall management and support of our compliance program. Activities which are delegated to the Officer includes but are not limited to :
 - i. Overall responsibility for implementing the plan
 - ii. Working with administration and other employees to develop and administer any additional policies to support the effective implementation of the plan.
 - iii. Collecting and maintaining a suitable reference library on the Standard and current related literature
 - iv. Acting as faculty liaison during MIOSHA inspection
 - v. Staff Education and training

b. Managers:

- a. Managers are responsible for reviewing the specific requirements, according to the employees' assigned tasks.
- b. Monitoring to assure employee compliance and use of education or other correction action, is an on-going responsibility of the managers.

c. Employees:

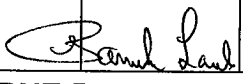
- a. Employees must know what tasks they perform that have the risk for occupational exposure, and the methods to reduce the risks of exposure.

- b. Develop good personal hygiene habits
- c. Attend education and training sessions as scheduled

B. Methods of Compliance

- a. Universal Precautions: are intended to protect health care workers from exposure to potentially infectious agents through the use of barriers and practices. It assumes that infectious agents are potentially present in all patients, and should be uniformly applied, treating all blood and body fluids as if they were infectious.
- b. Personal Protection Equipment: all Personal Protection Equipment (PPE) is provided, repaired, replaced as needed at no cost to employees. Any clothing penetrated by blood is removed immediately or as soon as feasible.
- c. Hand Washing: is considered the most important single procedure for preventing nosocomial infection. Hand washing is a basic form of sanitation and required component of all infection control measures.
 - i. Hand washing will be performed:
 1. After touching blood or other potentially infectious material, mucous membranes, soiled linen, waste on contaminated equipment.
 2. Immediately, or as soon as feasible, after removal of gloves or other PPE
 3. Immediately before performing clean or sterile procedures
 4. Before and after eating, drinking, smoking, applying cosmetics, performing personal hygiene, preparing food, or upon leaving the work area.
- d. Sharp Handling, Disposal, and Injury Prevention
 - i. Needles and other used sharps must not be bent, broken, removed by hand from syringes, or otherwise manipulated by hand after use.
 - ii. All sharps must be disposed of in an impervious container with the orange or red-orange biohazard symbol affixed.
 - iii. Sharps containers are considered regulated waste and will be disposed of as such
- e. Sanitation and Disinfection:

- i. Schedules for cleaning and decontamination will be kept by housekeeping staff
- f. Procedure for Employee Exposure:
 - i. Employees must immediately report any blood and body fluid exposures to immediate supervisor.
 - ii. Employees will complete incident report
 - iii. Infectious Control Officers will coordinate assessment, treatment, and follow-up care
- g. Compliance Monitoring and enforcement:
 - i. All employees receive training and education on exposure control plan.
 - ii. Monitoring and enforcement of employee compliance with the policy and procedures set forth in this plan is an on-going responsibility of the managers.

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Policy: EXPOSURE TO BLOOD BORNE PATHOGENS, COMMUNICABLE DISEASES & HAZARDOUS MATERIALS						

Policy

It is the policy of Team Mental Health Services (TMHS) to have procedures in place to safely handle the exposure of consumers, staff, or visitors to blood borne pathogens, communicable diseases and hazardous materials.

Procedures

Blood borne pathogens/communicable diseases

Those employees/consumers of TMHS that may have been exposed to blood borne pathogens and/or communicable diseases are to observe the following procedures in order to eliminate or minimize the exposure:

- Employees/consumers will wash their hands and any other skin with soap and water, or flush mucous membranes with water immediately or as soon as feasible following contact of such body areas with blood and/or other potentially infectious materials.
- When hand-washing facilities are not available, antiseptic hand cleanser or towelettes shall be used for cleansing hands. Hands will then be washed with soap and running water as soon as feasible.
- Contaminated needles and other sharps will be handled and disposed of in accordance with policy.
- Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses are prohibited in areas where there is a reasonable likelihood of exposure.
- Food and drink will not be kept in refrigerators, freezers, shelves, cabinets or counter tops or bench tops where blood or other potentially infectious materials are present.
- All procedures involving blood or other potentially infectious materials will be performed in such a manner as to minimize splashing, spraying, spattering and generation of droplets of these substances.
- All employees are encouraged to have a Hepatitis B vaccination, which will be provided free of charge upon request. Consumers are, also, encouraged to be vaccinated and will be provided with information on where to obtain vaccinations at little or no cost.
- Employees who are at risk of being exposed will receive additional training on the appropriate action to take in the event of exposure to blood or other potentially infectious materials and on TMHS's exposure control plan, with an explanation of appropriate work practices and personal protective equipment.
- Contaminated laundry will be handled as little as possible. It will be bagged or contained at the location where it was used.
- Materials that are saturated with blood are placed in a red plastic bag with a biohazard label and transported to a biohazard container. This also applies to strength cleaning supplies, oil based paint, fluorescent light bulbs, copier toner and computer monitors.

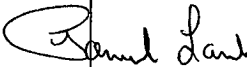
Employees and consumers will report any exposure to blood borne pathogens and/or infectious diseases to their immediate supervisor or staff member (if a consumer). An Incident Report will be completed.

The exposed individual will be referred to a licensed physician for treatment as deemed necessary. Follow-up and documentation of exposure will be the responsibility of the TMHS HR Department. Ultimately, the employee will have responsibility for compliance with recommended follow-up treatment protocols. Employees who terminate before follow-up is completed will have the responsibility for continuing follow-up with their private physician and/or health department.

Hazardous materials

TMHS Employees will be educated on any hazardous material they may be exposed to:

- All employees at all facilities of TMHS will be supplied Material Safety Data Sheets (MSDS) that provide information on all hazardous materials used, including all cleaning supplies.
- All hazardous materials will be kept locked while not in use and protected from consumers.
- Disposal of hazardous materials will be outlined according to manufacturer's recommendations or as outlined on Material Safety Data Sheets.
- TMHS will display the telephone number of the Poison Control Centers in all facilities.

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Policy: FACILITY MAINTANANCE						

Policy

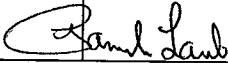
It is the policy of Team Mental Health Services (TMHS) to maintain safe, clean, and attractive facilities.

Procedure

TMHS will assure that the facilities leased, rented, or owned are maintained in a fashion that supports the health and safety of the employees, consumers and visitors of the facilities.

TMHS will employ maintenance personnel, where appropriate, at the facilities to assure that the facilities are maintained in an appropriate fashion

TMHS will contract with organizations to assure that routine services such as pest control, lawn maintenance, and other services are provided.

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Policy: MISSING CONSUMER						

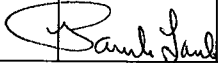
Policy

It is the policy of Team Mental Health Services (TMHS) to have steps in place to address a consumer who becomes missing or is Absent Without Leave (AWOL).

Procedure

In the unlikely event that a consumer shall become missing from a facility operated by TMHS, the following procedure should be implemented:

1. A complete search of the facility should be done (closets, etc.)
2. The Program Director or on-call staff should be contacted immediately after internal search.
3. Program Director will contact the police giving the following information:
 - Your name
 - The situation and location
 - Description of the consumer
 - Characteristic information (no safety skills, seizures, etc.)
 - Length of time the consumer has been missing
 - The amount of money on the consumer (if known)
4. Program Director will make appropriate contacts (Administration, Guardian, Family, Payor, etc.)
5. When the consumer is found, determine if harmful substances have been ingested and determine if changes need to be made in the type and intensity of services provided.
6. Staff will fill out and appropriately route an Incident Report.

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Policy: PERSONAL SECURITY						

Policy

Worker safety is a timely and important issue in today's environment. Mental Illness, substance use, domestic violence, and environmental hazards increase the potential risks social workers face daily. It is the policy of Team Mental Health Services (TMHS) to practice self-protection while visiting a consumer in their residence and while in the community.

Procedure

The following should be practiced:

Before Leaving the Office:

A. Gather information regarding safety issues prior to initial home visit whenever possible. Always review the chart and consumer history prior to initial contact.

Initial contact at TMHS is the ideal place to begin to assess worker safety. Include all information on the Case Management Assessment.

Possible questions to ask consumer:

1. Is there any history of violence, both reported and/or unreported to law enforcement?
2. Is any member of the family using illegal drugs or drinking alcohol in excess?
4. Are there firearms in the home?
5. Are there any vicious dogs or other animals that may pose a threat?
6. Are there known safety hazards in the home or on the property?
7. Does the consumer fear anyone in the home? What do they base that fear on? Would a social worker be at risk engaging with that individual?
8. Is anyone in the home on probation, or has a known criminal history?

B. All Presenting Issues involving potential safety hazards will be staffed with a Supervisor prior to visiting the home.

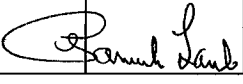
In the Field-After Leaving the Office:

- Always make sure others are aware of your location when you are in the field (use field tracking form and give to supervisor prior to home visits)
- Keep your cell phone charged and on you at all times
- Do not hesitate to ask for assistance from your supervisor if feeling unsafe.
- In areas with higher crime statistics, make calls in the morning or early afternoon (during school hours when possible)
- If groups of people are blocking the approaches to a consumer's house or apartment, use caution and good judgment as to whether to go in or to delay the visit.
- Be aware of where you park the car, noting an exit plan. Park so that you will not be required to back up in order to leave the residence. Be prepared to leave quickly if needed.

- Always lock the car, even when moving. Keep windows rolled up to the point where someone cannot put their arm inside the car. Lock your purse or other valuables in the trunk of the car.
- Be aware of your surroundings. Is the area isolated? Are there unknown people or vehicles parked around the residence?
- Be aware of your attire. For example, wear shoes that you can move quickly in if necessary. Be cautious when wearing jewelry, scarves, ties, etc. that can be potentially grabbed, and where you may be harmed. Wear TMHS ID on break-away lanyards. Carry as few items as possible on your person.
- When you knock on the door, listen to what may be going on at the residence. For example, is there fighting, crying, a dog barking, etc.? Stand to the side of the door, never directly in front of the door.
- Do not enter a residence without being welcomed in by the occupants. Never enter a residence where no one has responded and the door is unlocked or ajar. Do not walk around the residence looking in windows when no one answers the door.
- Be aware of how to exit the client home once they have invited you in, do not sit with back to the door or in front of big windows – always remain aware of your surroundings.
- If invited to sit, be aware of where you sit, so you do not sit on sharp or wet items and avoid sitting on soft couches, chairs, etc when possible.
- Have an adequate amount of gas in the car at all times.
- Always wash your hands once you leave a home visit. Keeping hand sanitizer in the car is recommended.

PRACTICE

- **Awareness**
- **Alertness**
- **Avoidance**

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Policy: RISK MANAGEMENT						

Policy

It is the policy of Team Mental Health Services (TMHS) to maintain an active Risk Management Program at all levels of the company. Every attempt at minimizing exposure and managing risk is made at all times. This includes risks to the health, safety, and liability issues of consumers, staff and visitors to TMHS.

Procedure

IDENTIFICATION OF CONSUMER RISKS

During the admission/assessment phase for an individual to a TMHS program, the consumer's medical record and other admission data is to be reviewed to assess for pre-existing conditions that may affect care and treatment or require programmatic attention, such as:

- Presence of suicidality - Within six months prior to the date of admission. Screen for actual attempts, ideations, statements, evidence of harm to self.
- Harm to others - Within six months prior to the date of admission. Screen for actual behavioral incidents, legal involvement, threats, plans and/or attempts.
- Medical conditions both pre- and post-injury that require ongoing medical and/or nursing care (i.e., Diabetes).
- Psychiatric/Neuropsychiatric/Neurobehavioral/Neurologic conditions - Both pre- and post-injury that require ongoing care and supervision or programmatic accommodation.
- Legal conditions - such as guardianship status, conservatorship, restraining orders, probation, parole or other court mandates that could affect clinical care and treatment.
- History of elopement - six months prior to admission.
- History or presence of alcohol, drugs or other substance abuse.
- Deficits in judgement, cognition, and thinking that exist post injury that would place the individual "at risk" without the application of specific supervision and staff involvement.

In the screening process, the notation of any of the above cited conditions would be reported to the Clinical Director. A review of a consumer's supervision needs, treatment plans and general activities will be done by TMHS Leadership to minimize or eliminate any situation that would compromise the safety of the consumer or others.

Consumers in the residential program, who meet the criteria for emergency psychiatric hospitalization, will be immediately referred to the appropriate agency for evaluation and appropriate treatment. TMHS will make every attempt to communicate with the receiving facility, family, Case Manager and others involved at the time of occurrence.

If, in the course of assessment or treatment, an individual manifests any of the behaviours, conditions or problems as noted, staff is to consider and implement the following as necessary:

- Supervision enhancement of that individual
- Submission of an Incident Report
- Supervisory review of the Incident Report and treatment changes that may be required
- Emergency medical/mental health/law enforcement involvement

IDENTIFICATION OF CORPORATE RISKS

Financial and other liability risks will be reviewed and managed on an ongoing basis by TMHS Leadership and the QMC, as necessary.

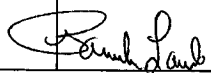
Members of the Executive Leadership team, or their designees will review the General Liability, Professional Liability and Workman's Compensation Insurance policies on an annual basis. The annual review will include the following:

1. Is the plan adequate for operations?
2. Does the plan adequately protect the assets of the organization?
3. Does the plan adequately provide coverage for Property and other Liabilities?

Review of trends associated with incident reporting and employee injury will be completed by the Quality Management Committee (QMC) on a quarterly basis. Policies related to Incident Reports and health and safety will be reviewed for additional information.

The annual Risk Management Plan will include the following:

1. Identification of loss exposures
2. Evaluation and analysis of loss exposures
3. Identification of how to rectify identified exposures
4. Implementation of actions to reduce risk
5. Monitoring of actions to reduce risk
6. Reporting results of actions taken to reduce risks
7. Inclusion of risk reduction in performance improvement activities

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Policy: TRANSPORTATION OF CONSUMERS						

Policy

It is the policy Team of Mental Health Services (TMHS) to ensure safe and efficient transportation for TMHS consumers. TMHS vehicles shall be maintained and operated according to the standards set forth in the following guidelines.

Procedure

As a community based service provider, all efforts will be made to use community based public transportation. However, on occasion staff may be required to use their private vehicles to transport the person served.

Vehicle Safety

All vehicles used to transport consumers, must be adhere to the following guidelines:

- Vehicle tires, lights, fuel and mirrors must be checked before driving;
- All passengers and drivers must wear seat belts;
- Doors must be locked and windows secured;
- Noise within the vehicle must be kept to a minimum;
- Consumers with a seizure disorder or who are physically aggressive should not be seated next to the door;
- Travel in inclement weather should be avoided;
- Staff may not drive if ill or impaired by medications;
- In the event of an accident, follow the procedures established in the Auto Accident policy;
- Only licensed drivers may transport consumers;
- All staff will obey all Michigan state laws;

All TMHS transportation vehicles will have the necessary safety features (i.e., seat belts) and safety equipment. Such safety equipment will include:

- Communication devices;
- Road warning/hazard equipment;
- First aid supplies (secured in vehicle)

Emergency Procedures

In the event of an auto accident while working at TMHS, staff will:

- Survey the accident or scene to check for any life threatening emergencies;
- Contact two (2) bystanders to notify emergency personnel of the location, number and type of injuries and their name.
- Perform any necessary first aid in order of seriousness to all victims;
- Not leave the scene of the accident;
- Ensure that consumers are stabilized and calm;
- Have all parties and witnesses wait for emergency personnel;
- Accompany consumers to the place of treatment;

- Notify the Program or Clinical Director, consumer's guardian and/or Payer;
- Provide emergency personnel with medical history of the consumer;
- Write an Incident Report and turn it in no later than 24 hours from the time of the accident/injury.

Monitoring

Human Resources will have, at all times, an updated copy of all staff drivers licenses and a copy of Michigan Auto No Fault coverage that includes coverage for liability in the case of an accident. Additionally, they must also carry auto liability riders for employees who transport consumers. Human Resources will check the driving record of all employees who drive consumers prior to being hired. The driving record of employees will be reviewed annually.

Staff using their own vehicle will be supplied an emergency bag while the consumers are in the vehicle.