

Section 2:

Safety Policies/Health and Safety Plan:



Section 2: Safety Policies/Health and Safety Plan:

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Policy Number: 2-1

Effective Date: 01/01/2020

Topic: Personnel Safety

Applicable Standards:

Policy:

It is expected that all personnel conform to safety procedures when using electrical appliances and when engaged in any potentially hazardous procedures.

Procedures:

1. There is a schedule of safety drills and safety inspections that follow company policy. All such drills are unannounced. Cooperation in these matters is expected and support will be available from management.
2. Evacuation maps for each Recovery Center USA, LLC office are posted conspicuously in all offices to ensure employee and patient safety in the event of an emergency.
3. The Evacuation Plan is available in each office and is reviewed annually by the Health and Safety Officer.
4. All personnel shall review and be familiar with the procedures in the Hazardous Materials Policy during the orientation period and shall sign an attestation to that effect.
5. The Hazardous Materials Policy shall be reviewed annually by the Quality Assurance Committee and revised or updated as needed. Any changes or updates shall be presented to staff in a timely and understandable manner.

Applicable Forms:

Evacuation Plans

Emergency Preparedness Plan



Policy Number: 2-2

Effective Date: 01/01/2020

Topic: Physical Plant and Safety

Applicable Standards:

Policy:

Recovery Center USA, LLC provides a safe environment for staff and clients. Recovery Center USA, LLC facilities meet all federal, state and local requirements for health, safety and accessibility including those requirements in the Rehabilitation Act of 1973, Section 504.

Procedures:

1. In order to ensure the safety of all individuals on the agency's premises, the Quality Assurance Committee will strictly enforce safety policies and procedures.
2. The Health and Safety Officer will monitor all safety activities and will provide written notification of all accidents, injuries and safety hazards to the Quality Assurance Coordinator on a monthly basis for review by the Quality Assurance Committee.

Applicable Forms:

Drill/Inspection Report Monthly

Operations Manager Report



Policy Number: 2-3

Effective Date: 01/01/2020

Topic: Fire Safety

Applicable Standards:

Policy:

The agency shall maintain a fire-safe environment for staff and persons served. All staff shall be familiar with basic fire safety, the evacuation plans for their respective buildings, and with the procedures below.

Procedures:

1. If a small fire is suspected, e.g., smoke in a wastebasket, staff may attempt to extinguish it using appropriate suppression equipment available. In such circumstances, a supervisor is immediately notified verbally, and a written incident report is filed prior to the end of the business day.
2. If it is determined that the fire cannot be contained, evacuation shall commence immediately. If there is an uncontained fire, staff shall call “911” using a cell phone. Individuals on the premises at the time of the fire shall be calmly and quietly exited through the nearest door. Once outside, the individuals shall be moved away from the building.
3. All fire exits shall be clearly marked, unlocked or unbarred from the inside, and illuminated. All fire extinguishers shall be ready for use in an emergency.
4. All fire extinguishers are inspected at least annually, during the annual fire inspection and recharged or replaced as appropriate.
5. Fire drills are held on a quarterly basis to prepare staff for emergencies. Drills are held on all work shifts. All such drills are unannounced. Documentation of the drills and their effectiveness are maintained by a supervisor and the results are reviewed by the Quality Assurance Committee and evaluated for their effectiveness.
6. All offices and office areas will contain evacuation plans.
7. In case of utility failure (i.e., electric failure, water break, gas leak, etc.) a listing of emergency numbers will be maintained in the reception area of each office. In extreme cases, evacuation plans can be followed.

Applicable Forms:

Evacuation Plans

Drill/Inspection/Report Monthly

Operations Manager Report



Policy Number: 2-4

Effective Date: 01/01/2020

Topic: Bomb Threat

Applicable Standards:

Policy:

The agency shall provide a safe environment for staff and persons served by acting upon a bomb threat in a swift and efficient manner. All staff are to be familiar with the evacuation plan in their respective buildings and with the procedures below.

Procedures:

1. If a bomb threat is received by telephone, mail, or email, the staff person receiving the threat is to remain calm and obtain as much information as possible, including the location of the bomb, the expected time of detonation, and the reason for the threat. If the threat is received in writing, the document and any accompanying envelope shall be retained in order to be given to authorities. The written document shall be handled by as few people as possible and carefully preserved.
2. If the Health and Safety Officer is immediately available, the person receiving the bomb threat shall notify the Health and Safety Officer. The Health and Safety Officer and/or the person receiving the threat shall call “911” using a cell phone. If the Health and Safety Officer is not immediately available, the person receiving the threat shall call “911”. The supervisor and/or the person who received the threat shall provide the authorities with all of the information obtained and shall obtain safety instructions from the authorities.
3. Evacuation of the building shall commence immediately unless otherwise ordered by law enforcement or other emergency personnel. Evacuation procedures for a bomb threat are the same as those for a fire.

Applicable Forms:

Evacuation Plans

Drill/Inspection/Report Monthly

Operations Manager Report



Policy Number: 2-5

Effective Date: 01/01/2020

Topic: Tornado Safety

Applicable Standards:

Policy:

The agency shall maintain the safety of staff and persons served by complying with tornado safety procedures. All staff shall be familiar with the safety procedures below and with basic tornado information.

Tornadoes usually occur in late spring and early summer, last less than two minutes, and sound like a train. A tornado WATCH is issued by the National Weather Bureau and indicates that conditions are such that there could be a tornado.

A tornado WARNING is issued by the National Weather Bureau and indicates that a tornado has been sighted in the area.

Procedures:

1. In the event of a tornado WATCH, the Health and Safety Officer will inform the staff and remind staff of procedures for a tornado WARNING.
2. In the event of a tornado WARNING, the Health and Safety Officer will inform the staff and any persons served who are in the building. All individuals are to remain in the building and will be asked to move away from any windows and, if available, to move to windowless hallways or stairwells in order to shelter in place. These procedures are to be carried out until the warning has been lifted by the National Weather Bureau.
3. Quarterly drills are conducted to ensure that the staff is ready for an emergency. All such drills are unannounced and conducted on all work shifts.
4. Documentation of the drills and their effectiveness is maintained by the Health and Safety Officer and the results are reviewed by the Quality Assurance Committee and evaluated for their effectiveness.

Applicable Forms:

Evacuation Plans

Drill/Inspection/Report Monthly

Operations Manager Report



Policy Number: 2-6

Effective Date: 01/01/2020

Topic: Health and Safety Hazards

Applicable Standards:

Policy:

Recovery Center USA, LLC recognizes that a safe work environment is the responsibility of all staff. All staff shall be familiar with basic safety procedures below, Universal Precautions, and the use of Personal Protective Equipment (PPE).

Procedures:

1. When a health or safety hazard exists, staff members shall remove the hazard when possible. Universal precautions and Personal Protective Equipment (PPE) shall be used, in accordance with the procedures outlined in the Hazardous Materials Policy, when necessary. PPE are located in or near the first aid kit in each office.
2. If the hazard cannot be immediately removed, then others should be shielded from the hazard by physical barricade, warning signs, and/or verbal warnings. Steps should then be taken for the hazard to be removed.
3. If a safety hazard cannot be immediately removed, or if the hazard was removed but the problem requires more attention, the Health and Safety Officer shall be notified immediately.
4. The Health and Safety Officer will perform an on-going inspection of his/her area to ensure that all aisles, halls and storage areas are safe and clutter free, and that the first aid kit is appropriately stocked.
5. RCOUSA staff shall not leave RCOUSA offices with a client for any reason due to safety reasons.
6. RCOUSA staff shall not provide edible reinforcements to client of any age, unless pre-arranged with parent/guardian on a to-go basis, so consumption occurs off-site
7. If any dependent client is transported to RCOUSA offices, the transporter must remain in the waiting room in case of an emergency.

Applicable Forms:

Evacuation Plans

Drill/Inspection/Report Monthly

Operations Manager Report



Policy Number: 2-7

Effective Date: 01/01/2020

Topic: Equipment and Safety

Applicable Standards:

Policy:

The agency shall maintain the safety of staff and persons served by ensuring that all agency equipment is safe and used in an appropriate manner. Office equipment used by agency staff in their day-to-day duties include but may not be limited to computers, printers, fax machines, scanners, phones and copiers. Staff are expected to be familiar with the proper use of equipment and with the procedures below.

Procedures:

1. The Health and Safety Officer will maintain the manuals for the operation of this equipment and will make these manuals available to staff members upon request
2. All employees are provided instructions prior to initially operating any unfamiliar office equipment.
3. All local fire codes are met, and all extension cords and grounding adaptors must meet local codes and permitted only when approved by Recovery Center USA, LLC
4. The use of unvented kerosene, gas, or oil heaters is prohibited on RCOUSA property.
5. The Health and Safety Officer is responsible for monitoring safety, including the inspection of office equipment and surge protector extension cords on at least a quarterly basis. This inspection will be documented, and the findings are submitted to the Quality Assurance Committee

Applicable Forms:

Evacuation Plans

Drill/Inspection/Report Monthly

Operations Manager Report



Policy Number: 2-8

Effective Date: 01/01/2020

Topic: Disruptive Clients or Visitors

Applicable Standards:

Policy:

The agency strives to maintain the safety of staff and persons served by recognizing that clients or visitors may, at times, pose a possible risk to staff and that procedures to address these risks may need to be enacted. All staff are required to be familiar with the procedures and assist in any way possible in the event of a disruptive client or visitor.

Procedures:

1. When a staff member anticipates difficulties with a particular client, he/she will notify an Clinical Supervisor prior to the client's arrival, with as much notice given to the Clinical Supervisor as soon as possible, preferably one day. If appropriate, the Clinical Supervisor or his/her designees will supervise, assist, or be available for the visit.
2. If a client or visitor becomes disruptive while in session, the clinician shall utilize appropriate verbal de-escalation techniques, as taught in annual de-escalation training. If further assistance is required, the clinician shall call the secretary or another staff member and use the code: "Please tell my next client I am running late." The secretary or other staff member shall then ask the clinician, using closed-ended questions (requiring only a 'yes' or 'no' from the clinician) if staff assistance is needed or if "911" needs to be called. The secretary or other staff member shall follow the instructions of the clinician.
3. If a client or visitor becomes disruptive in the waiting room or other common area of the building, the Clinical Supervisor, on-call clinician, or any available independently licensed clinician shall be notified. All other clients or visitors shall be escorted out of the immediate vicinity of the disruptive individual. The Clinical Supervisor and/or intervening clinician shall initiate verbal de-escalation with the disruptive individual. If further assistance is needed, the Clinical Supervisor or intervening clinician shall call "911" or instruct another staff member to call "911" by using the above code system if needed.
4. If the disruptive individual is a child or person with special needs, the intervening clinician shall interact in a way that is appropriate and meaningful for the client, such as using understandable and/or age-appropriate language, utilizing the support of a trusted family member or RCOUSA staff, safely accommodating any physical needs, and accessing any necessary communication assistance services.
5. After the situation is resolved, an incident report shall be completed, and standard incident report procedures followed (see 'Incident Reporting' Policy 2-11).
6. It is not agency policy or practice to utilize physical or chemical restraints or seclusion (See 'Special Treatment and Safety Measures' Policy 2-13).

7. We encourage our staff to empower persons served to manage their own behavior.

Applicable Forms:

Incident Report Form



Policy Number: 2-9

Effective Date: 01/01/2020

Topic: Dangerous or Unauthorized Items on Premises

Applicable Standards:

Policy:

All Recovery Center USA, LLC staff shall adhere to the following procedures which outline the action to take if any dangerous, illegal, or unauthorized items are brought onto the premises. RCOUSA defines dangerous, illegal, or unauthorized items as any item which the staff member assesses to be of concern and/or poses a possible threat to the safety of staff, persons served, agency property or any other stakeholder. Such items may include, but are not limited to weapons, illicit drugs, and licit drugs.

Procedures:

1. Any dangerous, illegal, or unauthorized item found will be given to the Health and Safety Officer. If the Health and Safety officer is not available, the staff member will contact a Clinical Supervisor.
2. The Health and Safety Officer will adhere to all local and state laws and, when necessary, will contact the local police.
3. The Health and Safety Officer will document all contact and steps taken and forward this information to the agency President within 24 hours.
4. The staff member will complete a Reportable Incident form and the Incident Reporting Form and forward them to the appropriate individuals.

Applicable Forms:

Incident Reporting Form

Reportable Incident Form



Policy Number: 2-10

Effective Date: 01/01/2020

Topic: Illness or Injury

Applicable Standards:

Policy:

The agency shall respond to illness or injury of staff or persons served in a prompt and appropriate manner. The agency shall also investigate the circumstances, if needed, to help prevent further occurrences.

Procedures:

1. If an individual becomes ill or injured on agency premises, the Health and Safety Officer is immediately notified. The local emergency service (“911”) may also be contacted if needed.
2. An Incident form shall be completed by any staff members involved in the incident or response. The incident report shall include details concerning the illness or injury, precipitating events, responses taken, EMS involvement or refusal of EMS, and any other pertinent information. The incident report shall be forwarded to the Quality Assurance Committee for further actions. See ‘Incident Reporting’ Policy.

Applicable Forms:

Reportable Incident Form

RCOUSA Incident Form



Policy Number: 2-11

Effective Date: 01/01/2020

Topic: Incident and Reportable Incident (Major Unusual Incident) Reporting Applicable

Applicable Standards:

Policy:

In order to assure agency quality, safety and integrity, Recovery Center USA, LLC shall document and monitor all incidents and take any necessary corrective action. Recovery Center USA, LLC shall follow State Regulations (MD, OH KY, GA), CARF, and Federal guidelines for defining, reporting, and acting upon incidents. All staff shall be familiar with the criteria and procedures for incident reporting. The agency shall also conduct debriefings when appropriate. Incidents are defined as any event(s) that poses a danger to the health and safety of clients and/or staff and visitor of the agency and is not consistent with routine care of persons served or routine operation of the agency. Incidents must be reported to RCOUSA administration and a RCOUSA Incident Report must be completed, but do not require reporting to the State or county Boards.

Incidents include, but are not limited to, the following:

Category	Incident Definition
Fire	Fire on provider grounds not resulting in agency closure.
Injury	Injury of client or staff occurring on provider grounds, not requiring hospitalization.
Criminal Acts	An incident involving criminal activity on provider grounds.
Theft or Destruction of Property	Theft from provider or destruction of provider property by client or staff. (Must be reported to local police if puts another person at risk)
Threat of Physical Harm or Destructive Act	Threat of physical harm toward another client, staff or visitor by client or staff. Threat of destructive act by client or staff. (Must be reported to local police if another person is at risk)
Suicide Attempt or Threat	Suicide attempt or serious suicide threat by client while on RCOUSA property.
Abuse or Neglect	Abuse or neglect, alleged abuse or neglect, or threats of abuse or neglect of children, elderly, or developmentally disabled persons. (Must be reported to appropriate DD Board and/or CSB/JFS agency).

Procedures:

1. All incidents require completion of RCOUSA Incident Report.
2. RCOUSA Incident Report should be returned to the appropriate Clinical Supervisor within 4 hours of the incident occurring or knowledge of the incident.

3. In the case of Abused or Neglected Children (individuals under the age of 21), a verbal report will also be made to the appropriate county child protective agency.
4. In the case of an Abused or Neglected elderly person (any person sixty years of age or older within this state who is handicapped by the infirmities of aging or who has a physical or mental impairment which prevents the person from providing for the person's own care or protection, and who resides in an independent living arrangement), a verbal report will also be made to the appropriate county department of jobs and family services.

Reportable Incidents/Major Unusual Incidents (MUI's) are defined as the alleged, suspected, or actual occurrence of an incident when there is reason to believe the health or welfare of an individual may be adversely affected or an individual may be placed at a likely risk of harm. MUI's are of a more serious nature and require reporting to RCOUSA administration as well as the appropriate county Board, Incidents involving abuse may also be reported to local child protective services agency, and incidents involving developmentally disabled clients may also be reported to the local DD Board. Major Unusual Incidents include, but may not be limited to the following:

Category	Reportable Incident Definition
Suicide	The intentional taking of one's own life by a client.
Homicide by Client	The alleged unlawful killing of a human being by a client.
Accidental Death	Death of a client resulting from an unusual and unexpected event that is not suicide, homicide or natural, and which happens on the grounds of the provider or during the provision of care or treatment, including during provider off-grounds events.
Physical Abuse	Allegation of RCOUSA or residential staff action directed toward a client of hitting, slapping, pinching, kicking, or controlling behavior through corporal punishment or any other form of physical abuse as defined by applicable sections of the Revised or Administrative Code.
Sexual Abuse	Allegation of RCOUSA or residential staff action directed toward a client where there is sexual contact or sexual conduct with the client, any act where staff cause one or more other persons to have sexual contact or sexual conduct with the client, or sexual comments directed toward a client. Sexual conduct and sexual contact have the same meanings as in Section 2907.01 of the Revised Code.
Neglect	Allegation of a purposeful or negligent disregard of duty imposed on an employee by statute, rule, organizational policy, or professional standard and owed to a client by that RCOUSA or residential staff member
Defraud	Allegation of RCOUSA or residential staff action directed toward a client to knowingly obtain by deception or exploitation some benefit for oneself or another or to knowingly cause, by deception or exploitation, some detriment to another.
Involuntary Termination Without	Any allegation of one or more of the following sexual offenses as defined by Chapter 2907 of the Revised Code committed by a non-staff against another individual, including staff, and which happens

Appropriate Client Involvement	on the grounds of the provider or during the provisions of care or treatment, including during provider off-grounds events: Rape, sexual battery, unlawful sexual conduct with a minor, gross sexual imposition, or sexual imposition.
Sexual Assault by Non-staff, Including a Visitor, Client or Other	Knowingly causing physical harm or recklessly causing serious physical harm to another individual, including staff, by physical contact with that person, which results in an injury requiring emergency/unplanned medical intervention, hospitalization, or death, and which happens on the grounds of the provider during the provision of care or treatment, including during off-grounds events.
Physical Assault by Non-staff, Including Visitor, Client or Other	Any allegation of one or more of the following sexual offenses as defined by Chapter 2907 of the Revised Code committed by a non-staff against another individual, including staff, and which happens on the grounds of the provider or during the provisions of care or treatment, including during provider off-grounds events: Rape, sexual battery, unlawful sexual conduct with a minor, gross sexual imposition, or sexual imposition.
Medication Error	Any preventable event while the medication was in the control of the health care professional or client, and which resulted in permanent client harm, hospitalization, or death. Such events may be related to professional practice health care products, procedure, and systems, including prescribing; order communication, product labeling, packaging, and nomenclature; compounding; dispensing; distribution; administration; education; monitoring; and use.
Adverse Drug Reaction	Unintended, undesirable or unexpected effect of a prescribed medication(s) that results in permanent client harm, hospitalization, or death.
Employee Theft of Medication	Allegation of employee theft of prescribed medication under the control of or stored by the provider.
Medical Events Impacting Provider Operations	The presence or exposure of a contagious or infectious medical illness Special within the agency, whether brought by staff, client, visitor or unknown origin, that poses a significant health risk to other staff or clients in the agency, and that requires special precautions impacting operations. precautions impacting operations include medical testing of all individuals who may have been present in the agency, when isolation or quarantine is recommended or ordered by the health department, police or other government entity with authority to do so, and/or notification to individuals of potential exposure. Special precautions impacting operations does not include general isolation precautions, i.e. suggesting staff and/or clients avoid a sick individual or vice versa, or when a disease may have been transmitted via consensual sexual contact or sexual conduct.
Temporary Closure of One or More Provider Sites	The provider ceases to provide services to one or more locations for a minimum period of more than seven consecutive calendar days due to:

Subcategory	<ol style="list-style-type: none"> 1. Fire 2. Disaster (flood, tornado, explosion, excluding snow/ice) 3. Failure/Malfunction (gas leak, power outage, equipment failure) 4. Other (name)
Misappropriation of Funds	Any intentional misappropriation of significant value, exploitation or stealing from client.
Criminal Charges	Client is charged, incarcerated or arrested by law enforcement.
Missing	Client is missing
Physical/ Sexual Abuse	Peer to peer acts of physical abuse with intent to harm; verbal abuse with intent to threaten, coerce, intimidate, harass or humiliate; any sexual abuse; any exploitation.

Procedures:

1. All Major Unusual Incidents are verbally reported to the applicable Clinical Supervisor immediately, and prior to submitting an online incident report. An online incident report will then be completed by the employee and submitted via Accreditation Now Web Enabled Incident Reporting System (WEIRS) online portal: <https://www.accreditationnow.com/>
2. When any RCOO staff member is informed either in person or by phone of an unusual incident related to a client or a staff member, the staff member learning the information should do the following:
 - a. Write down the information provided.
 - b. Obtain the person's contact information if contacted by phone.
 - c. Tell the person that they will be contacted by the Executive Director.
 - d. Do not ask additional questions or provide any information to the informant.
 - e. Contact the Executive Director and identify it as an unusual incident. Provide the Executive Director with the contact information for the informant.
 - f. If regarding a client, create a memo to chart to indicate who the caller/informant was, contact information, when the information was received and that the Executive Director was notified to contact the informant. Do not place additional information in the memo to chart.
 - g. In the case of a notification about the death of a client, the support staff should be informed to remove the client from any future scheduled appointments. An agency incident report should be completed and provided to the Executive Director to review. The Executive Director will inform the staff of any additional steps needed.
3. Recovery Center USA, LLC shall forward each reportable incident to the Compliance Officer
 - a. The Compliance Department shall respond/ report all incidents within 24 hours of the incident.
4. The employee's Clinical Supervisor and/or Executive Director shall review the report via the WEIRS portal and may also require additional corrective actions. The Clinical

- Supervisor and/or Executive Director will approve the report to be sent to the Chair of the Quality Assurance Committee or designated member of the Quality Assurance Committee by the end of the business day, notifying them of the report.
5. A copy of the incident or MUI should be forwarded to the Quality Assurance Coordinator after required notification has occurred. The Quality Assurance Committee or designated member of the Quality Assurance Committee maintains all logs of incident reports. Incident Reports and immediate corrective action taken, if any, is documented in a secure log. The log is reviewed by the Quality Assurance Committee at each meeting, and further necessary corrective actions are recommended and carried out.

Applicable Forms:

N/A



Policy Number: 2-12

Effective Date: 01/01/2020

Topic: Special Treatment and Safety Measures

Applicable Standards:

Definitions: Recovery Center of USA, LLC's philosophy on special treatment and safety measures is consistent with State Administrative Code Regulations list for Maryland, Ohio, and Kentucky.

Mechanical Restraint: means any method of restricting a person's freedom of movement, physical activity, or normal use of his or her body, using an appliance or device manufactured for this purpose.

Seclusion: means the involuntary confinement of a person alone in a room where the person is physically prevented from leaving.

Physical Restraint-means any method of physically restricting a person's freedom of movement, physical activity, or normal use of his or her body, without the use of mechanical restraint devices. These methods include the utilization of physical holds by one or more qualified persons with the goal of either assisting the person to reestablish internal and behavioral control, or of stopping a dangerous behavior when verbal directions and/or non-verbal prompts have been ineffective.

Major Aversive Behavioral Interventions: means any behavior management intervention that employs any unpleasant or aversive stimuli, which include: the contingent loss of the regular meal, the contingent loss of bed (mattress must be provided at regularly scheduled hours of sleep), and the contingent use of unpleasant substances or stimuli such as bitter tastes, bad smells, splashing with cold water, and loud or annoying noises.

The staff of Recovery Center of Maryland, LLC, The Recovery Center of Ohio, and The Recovery Center of Kentucky (PHP and IOP only) shall not use mechanical restraint, seclusion, physical restraint, or major aversive behavioral interventions as defined in this policy as a means of assessment, treatment, or intervention.

Policy:

In the event of a crisis or disruptive client or visitor, staff shall employ nonviolent practices that utilize positive approaches to behavioral interventions. During the crisis, staff emphasizes building a positive relationship with the agitated client. It also includes evaluating the environment for any potential health and safety hazards that are then removed by staff. Staff then uses de-escalation techniques learned in annual staff training in order to manage the behavior.

Staff will also contact local law enforcement and/or emergency medical services and follow the procedures outlined in policy 2-8 until emergency personnel arrive. Restraint of a disruptive client or visitor by a peer, or non-emergency personnel, is NOT an acceptable alternative to this policy. RCOUSA staff (Recovery Center of Maryland, LLC, The Recovery Center of Ohio, and The Recovery Center of Kentucky (PHP and IOP only) shall not request, encourage, or otherwise condone peer restraint.

Seclusion or Restraint is only limited to ASPRIE Day School and can only be safety administered by trained personnel.

Applicable Forms:

Incident Report

Debriefing Form

Crisis Log Report

Student Risk Assessment for Seclusion or Restraint