

I-REACH 2, INC.  
HEALTH AND SAFETY  
POLICIES AND PROCEDURES



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## **Section 1: General Information**

### **HIPAA REQUIREMENTS FOR CONFIDENTIALITY**

#### **POLICY:**

I-REACH 2, Inc. is required by law to maintain the privacy of health and personal information about our participants and to provide participants with notice of our legal duties and privacy practices with respect to health information. These privacy practices and duties are described in detail in our HIPAA Notice of Privacy Practices, which is given to the participant or his or her guardian at the time of enrollment. The notice requires a signature to acknowledge or refuse to acknowledge our privacy practices and procedures.

I-REACH 2, Inc. reserves the right to change the HIPAA Notice of Privacy Practices and the right to make the new notice provisions effective for all health information that we maintain, including information created or received by us prior or after the effective date of the new notice in 2013 (SEE HIPAA NOTICE IN FORMS INDEX).

#### **PROCEDURE:**

- A complete copy of our current HIPAA Notice of Privacy Practices is given to participants at the time of entrance to any program or service. Signatures are required at the time of entrance to acknowledge understanding of our HIPAA policies and practices).
- At any time, anyone may obtain a copy of the current Notice of Privacy Practices by contacting I-REACH 2, Inc. at 307-265-8086 and/or at P.O. Box 1060, Evansville, Wyoming 82636.
- All complaints should be submitted in writing. If you believe your privacy rights have been violated by I-REACH 2, Inc., submit a complaint in writing to:

I-REACH 2, Inc.  
Attention: Executive Director  
P.O. Box 1060, Evansville, WY. 82636.  
All complaints should be submitted in writing.

- If your complaint is not sufficiently addressed within (14) days of the date of receipt, you may file a complaint with the United States Secretary of Health and Human Services.
- Send your complaint to him or her in care of:

Office for Civil Rights  
U.S. Department of Health and Human Services  
200 Independence Avenue SW, Washington, D.C. 20201.

- You will not be retaliated against for filing a complaint.

### **I-REACH 2, Inc. GENERAL SAFETY POLICY**

#### **POLICY:**

It is the policy of I-REACH 2, Inc. to comply with all applicable Federal, State and Local safety/health laws, rules and regulations. The organization is responsible for leadership of the Health and Safety programs implemented on site at all I-REACH 2, Inc. locations and will continually strive to develop and implement safeguards required to ensure and maintain safe conditions.

All I-REACH 2, Inc. employees are expected to maintain a proper attitude toward safety in the workplace for both themselves and the participants they supervise.

Everyone at I-REACH 2, Inc. is responsible for genuine cooperation with all aspects of the Safety and Health program, including compliance with all rules and regulations and for continuously practicing safety while performing their duties.

I-REACH 2, Inc. voluntarily participates in the State of Wyoming OSHA self-inspection program

**PROCEDURES:**

All participants and staff at I-REACH 2, Inc. are expected to participate in any or all trainings, drills, or safety programs that directly apply to creating a SAFE work/learning or living environment.

A list of drills and the month they are scheduled for is included in the appendix of this section. Assigned staff is responsible for ensuring those drills are conducted and documented.

## **HEALTH AND SAFETY INSPECTIONS**

**Procedure: External**

Comprehensive External Health and Safety Inspections are conducted annually by a qualified external authority i.e. OSHA, local fire department etc. These inspections are completed to enhance and maintain I-REACH 2, Inc. health and safety practices. Any areas of non-compliance or recommendations will be followed up by the Health and Safety Coordinator documented and filed per the inspection location. Follow up will be completed by deadlines required by the authority that authors the report. All noted inspection follow up will also be reviewed on a monthly basis during leadership meetings.

**Procedure: Internal**

A thorough and objective evaluation of the overall health and safety of I-REACH 2, Inc. facilities requires that an inspection be completed on each shift with a variety of staff members. Regular inspections help determine if safety practices are being followed. Semi-annual inspections will occur at all sites not owned by the organization in **May and November**. I-REACH 2, Inc. also completes quarterly comprehensive health and safety self-inspections at both the main office, day services, and the Evansville group home sites. These inspections are due by the 15<sup>th</sup> in **March, June, September, and December**. Staff will receive training on how to perform these inspections during new hire orientation. If there is a need for improvement noted on the inspection, a Request for Maintenance Order should be attached to the inspection. The area supervisor/coordinator and Health and Safety Coordinator is responsible for follow-up on the action to be taken for improvement. The repair or plan for repair must be completed with 72 hours after receiving the Request for Maintenance Order. All noted inspection follow up will also be reviewed monthly during leadership meetings.

## **ON THE JOB INJURIES (Personnel)**

**POLICY:**

We value our employees and participants. Our agency provides and pays for Workers Compensation Insurance each quarter to ensure that any employee or participant worker is covered appropriately in the event of injuries sustained while on the job at our facilities.

To validate and ensure that our workers receive immediate medical attention/intervention, we require that any injury sustained by workers while at any I-REACH 2, Inc. supported residence, facility or in the course of providing direct services to participants in the community or work settings must be reported by the employee immediately to their direct supervisor, the on-call personnel or a member of the Administrative team.

**PROCEDURES:**

EMPLOYEES (including participant workers) of I-REACH 2, Inc. shall report injuries to their direct supervisor IMMEDIATELY. The supervisor, on-call personnel or a member of the Administrative team shall review the injury and ensure that all injuries which require immediate professional medical attention are acted upon and reported on a Workers Compensation Wyoming Report of Injury. A Workers Compensation incident and injury report must be completed immediately and filed within (72) hours of the reported injury by the employee. If the injury is evaluated and recognized as an "immediate threat or possible eminent danger to the individual or others", MEDICAL TREATMENT via a call to 911 must follow.

If the Executive Director is injured the on-call personnel must contact the Board President or assigned member to report the injury immediately after emergency services have been called.

This policy applies to all I-REACH 2, Inc. staff and all participants working in any I-REACH 2, Inc. program area. In addition, incident reporting procedures (Section 5 of H&S) also must be followed.

A Workers Compensation Injury Report Form is available from the I-REACH 2, Inc. Executive Director, Health and Safety Coordinator, or the Administrative Specialist.

## **I-REACH 2, INC. QUALITY IMPROVEMENT/HUMAN RIGHTS COMMITTEE**

### **POLICY:**

I-REACH 2, Inc. uses participant meetings, staff meetings and Quality Improvement/ Human Rights Committee meetings to review health and safety policies and receive input regarding safety/health concerns. Meeting notes or staff comments are also recorded regarding any safety/health concern and those potential concerns are addressed immediately by the area coordinator.

The Quality Improvement/Human Rights Committee (which shall include at least one employee and one participant from the I-REACH 2, Inc. program) SHALL MEET QUARTERLY AND SHALL DOCUMENT THE PROCEEDINGS OF THOSE MEETINGS, INCLUDING CONCERNS AND FOLLOW-UP. Standing agenda items include a review of critical incident reports, health and safety concerns, accessibility and barrier concerns, workers comp claims, risk management goals and Plan of care review for human rights violations. This documentation is kept in the Master Business Volumes.

### **PROCEDURE:**

The Administrative Team and all staff/participants in attendance will review, plan and arrange for changes or improvements in any area noted in the review of I-REACH 2, Inc. owned or leased facilities.

The Administration Team at I-REACH 2, Inc. shall be responsible for addressing in writing all concerns that are of a serious nature and shall also respond personally to any health and safety concern addressed in writing to the I-REACH 2, Inc. program.

Concerns can include those about or from any facility or location that is utilized by I-REACH 2, Inc. employees, staff, consumers, guardians or the community.

Minutes from committee meetings shall be documented by the Quality Improvement/Human Right Committee Chair and shall be kept in the I-REACH 2, Inc. Master Business Volume for Review and Follow-up.

## **Section 2: Medication/Medical**

### **MEDICATION HANDLING/MONITORING POLICY**

#### **Geneva Woods Pharmacy:**

All residential participants are requested to use Geneva Woods for all medication distribution if possible.

All prescriptions may be phoned or faxed in by the prescriber directly to Geneva Woods. Geneva Woods telephone number is 307-472-0597 or fax number 307-237-7731. The regular business hours are Monday through Friday 8AM to 6 PM. Geneva Woods is available on Saturday and Sunday 8 AM to 4 PM for new orders or emergencies only.

I-Reach 2, Inc.'s cut off time for delivery of requested medication Monday through Friday is 11 AM for a delivery between noon and 1 PM. Prescriptions requested after the cut off time will be available for pick up at the Geneva Woods main office located at 2646 E 2nd St Ste. 100.

Any Scheduled medications the participant takes will be delivered in TCGRX multi-dose bubble packaging every 14 days. All medication received by the Geneva Woods courier will be reviewed by the Community Housing Coordinator and/or designee prior to monitoring by a medication assistant. Geneva Woods will be notified of any discrepancies with 48 hours of receipt of cycle.

Each 14-day cycle of medication packets will be disbursed to I-Reach 2, Inc. facilities bi weekly. Each individual package may contain 3 individual medications. (I.E. if there are 9 different Medications in the am there will be 3 packets.) Packets are divided by time. Each packet will have the participants name, name of the medications inside the packet, time the medications is to be given, dose of medication, and date for disbursement.

Certain medications are not cycled. These medications are disbursed monthly in blister packs and not bi-weekly bubble packaging. These medications include but are not limited to:

- a. All medications which are required by law to stay in unit of use packaging
- b. Non-Routine orders like antibiotics
- c. Liquids, injectable and inhalers
- d. Controlled substances
- e. PRN medications
- f. Coumadin
- g. Fosamax, Actonel
- h. Narcotics
- i. Odd time medications (once a month, once every 4 days, etc.)

#### **New orders and any non-cycled medication**

- a. Geneva Woods staff will manage all prior authorizations. The facility and doctor's office will be notified in the event of a prior authorization, and the staff given the option of delivering 5 days of medication paid out of pocket until the authorization is approved. New orders will come in blister pack in a quantity sufficient to reach the next cycle start date for bubble packs.
- b. Any non-cycled medication will come packaged in blister packs and not bubble packs.

Arrangements for payment of medications will be set up with the Geneva Woods pharmacy by the individual, guardian, or pay prior to requesting the cycle of medications.

To ensure participant health and well-being, I-REACH 2, INC provides for the safe handling and proper monitoring of all Participant medications. Specific procedures are used for the following:

### **DOCUMENTATION OF CURRENT AND ON-GOING MEDICATIONS**

The Administrative team in collaboration with an individual's team will be responsible for gathering initial lists of current and on-going medications. Supervisors and support personnel are responsible for communicating any problems or side effects from changes in medication. The Administrative Coordinator, Administrative Specialist, medication assistance trainer and/or designated representative are responsible for ensuring that updated information is documented and provided for dissemination to other agency coordinators and direct care personnel.

All medications monitored by staff will be documented on an approved Medication Assistance Record (MAR) located under the Health Tab in Therap. MARs will include the following information: name, allergies, medication names, dosage, routes, special instructions, date and time medication was needed, side effects, purpose of the medication, prescriber and an electronic signature of the Medication Assistant. MARs will be updated as needed by the Community Housing Coordinator, Administrative Specialist, Medication Assistance Trainer, and/or designated representative.

If a participant is out of service when a scheduled medication is needed, staff will document this with a LOA (Leave Of Absence) by opening the detail mode in the electronic MAR in Therap.

- 1. Medication Review:** Prescription medications are received from Geneva Woods Pharmacy on a bi-weekly basis. Any scheduled medications the patient takes will be delivered in TCGRX multi-dose packaging every 14 days, 1-2 days before cycle starts. The cycle will always start with the Early AM med dose.
  - The Community Housing Coordinator or designee will review the cycle medications upon arrival and assure that the delivery/cycle is correct. (I.E. this may be checked against the current MAR in Therap) The Community Housing Coordinator will notify Geneva Woods of any discrepancies within 48 hours of receipt of cycle.
  - Once checked, the packages will be initialed denoting that all medications are correct. The medications will then be delivered to the correct sites by the Community Housing Coordinator and/or designated representative.
- 2. Medication monitoring:** Medication Assistant trained staff are responsible for verifying that the number of pills shown on a med planner/bubble packs or in a vial is correct and correlate with and individual's MAR on each shift and ensure that all medication is on hand AND correct for the next 48 hours of disbursement.

Medication Assistant trained staff are responsible for documenting that a medication was taken. They are also responsible for initiating a reminder to the Participant, if they do not request their medications at the specified dose time.

- 3. Medication Assistance:** To become a Medication Assistant, the provider or provider staff must complete the required training. Medication Assistance Training includes:
  - An instruction course on the Medication Assistance curriculum, adopted in policy by the State of Wyoming, Behavioral Health Division.
  - Satisfactory completion and demonstration of all tasks in the curriculum, and
  - A satisfactory completion of a competency-based test approved by the Division.

Retraining shall be required at least every two (2) years. If a Medication Assistant has a medication error, retraining may be required before assisting with any more medications. Training to become a Medication Assistant will be available on an ongoing basis. Trainers will adhere to all requirements mandated by the Developmental Disabilities Division. Any staff responsible for two (2) errors may result in the staff member repeating the Medication Assistance Training course. Three (3) or more errors may result in a written notice of disciplinary action and/or dismissal of employment.

- 4. Right of medication refusal:** Participants of I-REACH 2, INC have the right to refuse to take medications. It shall be the procedure of I-REACH 2, INC to attempt to encourage the participant based on medical/health reasons to take the medication. **AVOID** over prompting participants about their medication. Over prompting increases the anxiety level of the participant which may cause the participant to shut down. Staff will verbally ask the participant a maximum of one time per every fifteen minutes during the two-hour window. Staff will remind the participant of the benefits of taking their scheduled medications. If this fails, the staff shall contact the area supervisor or emergency on-call immediately.

The area supervisor or designee will contact the participant's Case Manager and guardian if we are unable to monitor medications due to participant refusal to take medication. I-REACH 2, INC staff cannot under any circumstance physically force a participant to take his or her medications. Documentation of the refusal and reason will be recorded under the detail mode on the electronic MAR in Therap found under the Health tab. In addition, a medium level GER will also be completed via Therap as long as it is a prescribed medication. Over the counter medications or treatments will not require a medium level GER. This is NOT a reportable incident to the Division as a critical incident/medication error.

**Proper storage of medications:** Medications should be stored in a locked cabinet or locked area (i.e. lock boxes in refrigerator for medications requiring refrigeration or in a dark area, away from light, if applicable) within I-REACH 2, INC sites. Exceptions to this would be: when medications are being taken or supported living sites where the

individual and/or guardian do not require medications to be locked. Also, there are instances in which a participant may be working and may need to take his/her medication doses with them for that period of time. This will be documented per team approval.

Medications shall be stored in containers with labels on them. Medications brought to an I-REACH 2 facility will not be accepted in unlabeled containers.

5. **Transfer of Medications:** Staff at I-REACH 2, INC are responsible for examining med planners, medication receptacles and their contents prior to receiving or forwarding medications to any other person or agency and must have the signature of the individual who is transferring it (both receiving or forwarding it) acknowledging that the ENTIRE contents being represented are intact. (See Medication/Transfer form on page 9 of the health and safety section of the P&P for further instructions)
6. **Transfer of Medications:** Staff at I-REACH 2, INC are responsible for examining med planners, medication receptacles and their contents prior to receiving or forwarding medications to any other person or agency and must have the signature of the individual who is transferring it (both receiving or forwarding it) acknowledging that the ENTIRE contents being represented are intact. (See Medication/Transfer form on page 9 of the health and safety section of the P&P for further instructions.)
7. **Reporting Discrepancies or Shortages in Medications and Missed Medication Doses:** Should a discrepancy occur (lack of appropriate number of doses, missing pills, pills that do not match the MAR's description or additional pills that the staff is unfamiliar with) they should document the discrepancy and notify the guardian or pharmacy representative for immediate correction. If the problem is noted sometime after the transfer, employees must contact their area supervisor or Emergency On-Call for immediate assistance in resolving the issue.

If a participant misses a dose of medication **FOR ANY REASON** it must be documented on an I-REACH 2, INC General Events Report, (GER) via THERAP. The participant's Case Manager and Guardian must be notified in order to submit the GER for approval. Missed medication must also be reported to the Division as a critical *incident/medication error* (except in the case of a refusal).

8. **Precautions:** There is a one-hour window of opportunity both before and after the dose time for an individual to take the dose and not miss it. This means a dose that is supposed to be taken at 2:00 pm may be taken between 1:00 pm and 3:00 pm without noting it on a General Events Report.

In addition, medication can be monitored outside of this window in the event of a planned outing/activity to avoid taking med-sets into the community. In this case, staff would consult with the individual and/or guardian to obtain consent to move outside of the one-hour window

If the hour window of opportunity for taking the medication has expired, **DO NOT MONITOR THE DOSE**. Report it immediately to the Emergency On-Call. In addition, staff will call Geneva-Woods Pharmacy to obtain instructions on giving the medication or skipping the dose.

Due to the inability to follow the five rights staff are not allowed to monitor medication in the community without prior approval from an on-call administrator.

All I-REACH 2, INC employees are trained and evaluated on their ability to successfully follow outlined procedures in reference to medications.

Medication Error categories **reportable to the Division** include any occurrence of the following:

- Wrong medication
- Wrong dosage
- Wrong participant
- Wrong route



- Wrong Time – Deviation from accepted standard time frame
- Missed medication

Other Medication **Incident Reporting categories for internal incidents** include:

- Refusal to take medication
- Dropped medication
- Expired or damaged medication
- Lost or missing medication (doctor renewal approval)
- Other medication events determined to need action

Medication General Events Reports will be tracked according to I-REACH 2, Inc. General Events Report Tracking procedures.

Any staff making a medication error will be accountable to assist with the reporting process as noted under item F. If a Medication Assistant has a medication error, retraining may be required before assisting with any more medications.

9. **PRN Protocol:** Before a PRN medication is taken by a participant, staff must check the Medication Consent form and the Over the Counter Medications List in each plan of care located in Therap, to ensure the PRN requested is allowed to be taken and follow all specific instructions.

Staff will monitor the PRN medication and document on the participant's electronic Medication Assistance Record (MAR) if they take regular scheduled medications at the IR2 Facilities. If the participant does not have regularly scheduled medications at the I-REACH site, staff will fill T-log with all complete information including: name of medication names, dosage, routes, special instructions, date and time medication was needed, forward the information via S-COMM to case manager and Guardian. If the PRN is to be taken longer than a 48-hour period an electronic MAR will be created for documentation purposes by the area Supervisor. Staff will communicate PRN medications to other providers via communication logs or by telephone.

**GUIDANCE FOR THE USE OF A PRN PSYCHOACTIVE MEDICATION:** A participant may have an order for a psychoactive PRN medication, which is prescribed medication to be given as needed for specific symptoms as a standard treatment for a diagnosed disorder. PRN medications may not be administered against the wishes of the participants. When a PRN is given the following steps will be followed:

1. The PRN shall be specific to the person's condition and considered standard treatment for the Individuals condition.
2. IR2 staff will verify that the prescription details the symptoms that call for the use of the PRN. **STAFF WILL NOT GIVE A PYSCHOACTIVE PRN IF THE SYMPTON ARE NOT LISTED IN THE ORDER.**
3. Staff shall attempt to de-escalate the situation using non-pharmacologic interventions (CPI) and document such interventions prior to the use of a PRN.
4. All other documentation standards for the use of a PRN shall be followed as outlined above.

**Disposal of Medication** All expired or discontinued medications will be routed to the Community Housing Coordinator for safe disposal. Per local standards this individual will deliver the medications to the Casper Police Department for disposal within 24 hours.

## **MEDICATION MONITORING CONSENT**

### **POLICY:**

Providers assisting participants with medications shall receive permission to help a participant with medications; therefore, the standardized Medication Consent form as determined by the Division shall be completed for each waiver participant receiving medication. The form shall include:

- Participant's name

- Legal guardian's name, if applicable
- The names of provider(s) who are given permission to assist with medications
- A statement explaining that assistance with medications shall be delivered as specified in the participant's plan of care
- A statement regarding when or why the consent may be rescinded by the participant or guardian
- The participant or legal guardian's signature
- Date of signature
- Expiration date of consent form, not to exceed one year from date signed

## **MEDICATION RECEIVING/TRANSFER FORM**

### **POLICY:**

In order to ensure the health, safety and well-being of the participants we serve, as well as to protect individual staff members and our organization, I-REACH 2, Inc. has implemented a form for completion when receiving or transferring medications, which is in the Forms Index of this manual. The following procedure describes the process that I-REACH 2, Inc. employees use when receiving or transferring medications. I-REACH 2 Inc., employees may sign transfer sheets belonging to the other providers or guardians if the information is correct and any discrepancies are noted on that form.

### **PROCEDURES:**

Staff members will ensure that I-REACH 2, Inc. has a release or permission to MONITOR MEDICATIONS.

- Medications being received by or transferred from I-REACH 2, Inc. are in a safety cap container or med box.
- There is a prescription and/or dosage label on the medication container.
- The name of the participant is on the container or med box.
- The date on the prescription is current, (within the month for antibiotics and within the expiration date for medication which are so labeled or within the year otherwise.)
- Prescribers name/pharmacy name and telephone number
- The dosages, names of drugs, and frequency of dosage are provided on the label.
- The med planner or safety capped bottle contains the following pills for the days listed:
- Number of single dosages
- Number of days of dosages
- All dosages of all medication are present upon receipt or transfer.

**DISCREPANCIES AND FOLLOW UP MUST BE DOCUMENTED ON THE MED-TRANSFER FORM. WE RESERVE THE RIGHT TO REFUSE MEDICATION THAT IS NOT LABELED ACCORING TO THE ABOVE POLICY.**

## **POLICY ON MEDICAL TREATMENT**

All I-REACH 2, Inc. program participants will receive appropriate, immediate and necessary medical treatment for any medical condition or injury they may have. Information on participant's medical needs will be documented and utilized by I-REACH 2, Inc. staff. The health, safety and well-being of all participants served are the primary responsibility of all I-REACH 2, Inc. staff. All staff will adhere to medical procedures relating to the following:

- Documentation of medical needs and treatment
- Emergency medical intervention
- Routine medical care
- Medical supply requirements
- Knowledge and use of basic CPR/First Aid
- Knowledge of emergency medical procedures
- Documentation of all reported injuries/accidents within any I-REACH 2, Inc. Program Area or while participants are in our care.
- Documentation of reported injuries sustained in the community or at places other than I-REACH 2, Inc. that we are made aware of by the Participant.

#### **PROCEDURE:**

At the time of intake to the program, as well as annually and as often as additionally necessary, the participant and/or guardian of the participant will complete and update the Release/Permission Acknowledgement form. The form includes Permission Regarding Medical Attention and Permission Regarding the Monitoring of Medications.

### **LIFE THREATENING EMERGENCY POLICY**

In the event of a life-threatening emergency staff must implement the following procedure:

1. Call 911.
2. Administer Standard First Aid and/or CPR.
3. Notify administrative on-call. If administrative on-call personnel are not available then the Executive Director must be notified.
4. Administrative on-call or Executive Director will notify Guardian.
5. Administrative on-call or Executive Director will notify Case Manager.
6. Staff involved in the incident shall complete the General Events report.

In the event that a participant is under Doctor's care following a medical visit and/or procedure the following protocol must be followed:

1. **Follow Doctors orders exactly as ordered (i.e. monitor pain medication and document results, ice for 30 minutes etc.) If Doctor's orders do not resolve the situation then proceed with:**
2. Call 911.
3. Administer Standard First Aid and/or CPR.
4. Notify administrative on-call. If administrative on-call personnel are not available then the Executive Director must be notified.
5. Administrative on-call or Executive Director will notify Guardian.
6. Administrative on-call or Executive Director will notify Case Manager.
7. Staff involved in the incident shall complete the General Events Report.

Notice that the word "must" is used. This indicates mandatory adherence as opposed to "may or should", which would indicate permission to comply if desired.

## **Section 3: On the Job Hazards**

### **HAZARD COMMUNICATION PROGRAM**

CARF Standard 1H.10

#### **GENERAL**

The following written hazard communication program has been established for I-REACH 2, Inc. This program, a listing of hazardous chemicals, and Safety Data Sheets (SDS), will be available at the community integration center/administrative offices and I-Reach 2, owned residential facilities for review by all employees.

#### **POLICY**

Education and training will be provided for all employees who may be or potentially may be exposed to hazardous chemicals in the work place. The training will be conducted prior to first exposure to the chemical during new-employee orientation, at the employee's assigned work site and whenever a new hazardous chemical is introduced into the work place. All employees will be informed of the location of the written hazard communication program, chemical listing, and SDSs.

## **CONTAINER LABELING**

The Health & Safety Coordinator will verify that all containers received and used by this company are clearly labeled as to the contents and appropriate hazard warnings. No containers will be released for use until the above data is verified.

Existing labels on incoming containers of hazardous chemicals will not be removed or defaced, unless the container is immediately marked with the required information.

All employees who transfer hazardous chemicals into portable containers (such as bottles, spray bottles, parts cleaning cans, etc.) will ensure the containers are appropriately labeled and the contents identified.

## **SAFETY DATA SHEETS**

It is the responsibility of the Health & Safety Coordinator to obtain necessary SDSs for hazardous materials so a comprehensive SDS file can be maintained. Copies of the SDSs for all hazardous chemicals to which employees may be exposed will be kept at all I-REACH 2, INC sites and will be readily available for review to all employees during each work shift. The locations of the SDS will be clearly labeled and accessible at all times. It is recommended that employees take a copy of the applicable SDSs to the medical facility if emergency treatment is necessary due to exposure.

## **INFORMATION AND TRAINING**

Employees will be provided information on these training requirements, any operations in their work area where hazardous chemicals are present, and the location of the written hazard communication program, chemical listing, and material safety data sheets. Training will be conducted as part of the new-employee orientation and presented prior to first exposure to the hazardous material. Additionally, refresher training will be conducted annually in January. Attendance will be documented and placed in the employee file under "training".

Employee training will include at least the following:

- Methods and observations that are in place or may be used to detect the presence or release of a hazardous chemical in the work area;
- The physical and health hazards of the chemicals in the work area;
- The measures employees can take to protect themselves from the hazards, such as in place work practices, emergency procedures, and personal protective equipment to be used;
- Details of the hazard communication program, including the labeling system.
- Safety data and how employees can obtain and use the appropriate hazard information.
- If an employee is instructed to use a hazardous material for which he/she has not been trained, it will be their responsibility to inform the employer prior to handling such material, so proper training can be given.

## **NON-ROUTINE HAZARDOUS TASKS**

Generally, these tasks are outsourced, however since many tasks are not done on a routine basis (example: boiler cleanout or replacing hazardous chemical piping), they will be handled through specific pre-task actions and training. Before performing non-routine tasks, the Health & Safety Coordinator will review applicable SDS; instruct employees in the associated hazards and recommended first aid treatment; and assure all essential personal protective and emergency equipment is available and operational. He/she will notify all other employees working in this area that non-routine tasks are scheduled or being performed.

## **HAZARD ASSESSMENT**

To assess the need for PPE, a survey of the workplace will be conducted annually at all I-REACH 2 facilities. The purpose of the survey is to identify activities, tasks or equipment that create hazards that can be minimized by use of appropriate personal protective equipment. This completed form will be used during new employee orientation to educate and document employee review.

## **EYE AND FACE PROTECTION**

Employers must select and require the use of appropriate respirators in areas where employees are exposed to inhalation hazards more than the established exposure limits. Inhalation hazards may consist of exposure to gases, vapors, dusts, mists, fumes or fibers. All respirator usage shall be in accordance with the employer's Respiratory Protection Program and ANSI Z88.2-1969 (Standard Practice for Respiratory Protection). Occupations/activities that may be exposed to these types of hazards include abrasive blasting, spray painting, welding, chemical related activities and asbestos maintenance.

## **RESPIRATORY PROTECTION**

Employers must select and require the use of appropriate respirators in areas where employees are exposed to inhalation hazards in excess of the established exposure limits. Inhalation hazards may consist of exposure to gases, vapors, dusts, mists, fumes or fibers. All respirator usage shall be in accordance with the employer's Respiratory Protection Program and ANSI Z88.2-1969 (Standard Practice for Respiratory Protection). Occupations/activities that may be exposed to these types of hazards include abrasive blasting, spray painting, welding, chemical related activities and asbestos maintenance.

## **HEAD PROTECTION**

Employees must wear protective helmets when working in areas where there is a potential for injury to the head from falling objects. Employees that are working near exposed electrical conductors, which could contact the head, shall wear protective helmets that are designed to reduce electrical shock hazards. Protective helmets shall comply with ANSI Z89.1-1986 or be equally effective. Occupations/activities that may be exposed to these types of hazards include crane operations, overhead work areas and low clearance work areas.

## **FOOT PROTECTION**

Employees must wear protective footwear when working in areas where there is a danger of foot injuries due to falling or rolling objects, or objects piercing the sole, or where employees' feet are exposed to electrical hazards. Protective footwear must comply with ANSI Z41-1991 or be equally effective. Occupations/activities that may be exposed to these types of hazards include steel fabrication, compressed gas cylinder distribution, recycling centers and warehousing.

## **HAND PROTECTION**

Employers must select and require employees to use appropriate hand protection when employees' hands are exposed to hazards such as those from skin absorption of harmful substances; severe cuts or lacerations; severe abrasions; punctures; chemical burns; thermal burns and harmful temperature extremes. Employers shall base the selection of the appropriate hand protection on evaluation of the performance characteristics of the hand protection relative to the tasks to be performed, conditions present, duration of use and the hazards and potential hazards identified. Occupations/activities that may be exposed to these types of hazards include painters, welders, electricians, parts cleaning and food preparation.

## **Lifting Procedures**

All individuals that require lifting to and from a wheelchair will require a two man lift and or the use of a Hoyer machine. Instruction on lifting and Hoyer usage will be given at during new hire training.

## **PPE DETERMINATION**

Each of the basic hazards should be reviewed and a determination made as to the type, level of risk, and seriousness of potential injury. Consideration should be given to the possibility of exposure to several hazards at once.

The general procedure for determining appropriate protective equipment is to:

- Evaluate the level of risk and seriousness of potential injury.
- Identify the type of protective equipment that is available, and what protection it provides.
- Compare the capabilities of various types of PPE to the hazards employees are exposed to.
- Select the PPE that provides a level of protection greater than the minimum required to protect employees from the hazards.

- Select PPE that will fit each employee properly and provides protection from the hazard.
- It is strongly recommended that employees are involved in the selection of personal protective equipment.

### **EMPLOYEE TRAINING**

After proper PPE for each task or area has been selected, the employer must train each employee in its proper use. At a minimum, each employee using PPE must know:

- When PPE is necessary
- What PPE is necessary and which PPE has been selected for each process the employee operates
- How to properly put on, take off, adjust and wear PPE
- The limitations of the PPE
- How to determine if PPE is no longer effective or is damaged
- How to get replacement PPE
- How to properly care for, maintain, store, and dispose of PPE

You can learn this information from the manufacturer's instructions, Internet sites (such as the manufacturer, distributor or related associations), safety associations, books and videos. After employees have been trained, periodic assessment of the hazard assessment should be conducted to ensure that the PPE and training is adequate.

Retraining of employees is required whenever:

- Changes in the workplace render the previous training obsolete.
- Changes in the type of PPE render previous training obsolete.
- Employer observed inadequacies in an employees' knowledge or use of assigned PPE that indicates an employee has not retained the necessary understanding or skill.
- Employers must verify that each employee who is required to use PPE has received and understood the required training.

## **BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN**

I-REACH 2, Inc.

In accordance with the OSHA Blood borne Pathogens Standard, 1910.1030, the following exposure control plan has been developed:

### **A. Purpose**

The purpose of this exposure control plan is to:

- Eliminate or minimize employee occupational exposure to blood or certain other body fluids;
- Comply with the OSHA Blood borne Pathogens Standard 1910, 1030.

### **B. Exposure Determination**

OSHA requires employers to perform an exposure determination concerning which employees may incur occupational exposure to blood or other potentially infectious materials. The exposure determination is made without regard to the use of personal protective equipment (i.e. employees are considered to be exposed even if they wear personal protective equipment). This exposure determination is required to list all job classifications in which all employees may be expected to incur such occupational exposure, regardless of frequency. At this facility the following job classifications are in this category:

- DIRECT SUPPORT PERSONAL
- INDIVIDUAL SUPERVISOR
- ON-CALL SUPPORT PERSONNEL
- INDIVIDUAL COORDINATOR/HEALTH AND SAFETY COORDINATOR
- ADMINISTRATIVE TEAM

### **C. Implementation Schedule and Methodology**

OSHA also requires that the I-REACH 2, Inc. plan include a schedule and method of implementation for the various requirements of the standard. The following complies with this requirement.

#### **1. Compliance Methods**

Universal precautions will be observed at I-REACH 2, INC in order to prevent contact with blood or other potentially infectious materials. All blood or other potentially infectious material will be considered infectious regardless of the perceived status of the source individual.

Engineering and work practice controls will be utilized to eliminate or minimize exposure to employees at this facility. Where occupational exposure remains after institution of these controls, personal protective equipment shall also be utilized.

Hand washing facilities shall be made available to the employees who incur exposure to blood or other potentially infectious materials. OSHA requires that these facilities be readily accessible after incurring exposure.

Employees shall ensure that after the removal of personal protective gloves, employees shall wash hands and any other potentially contaminated skin area immediately or as soon as feasible with soap and water.

On-Call Support Personnel or the Individual Coordinator shall ensure that if employees incur and report exposure to their skin or mucous membranes then those areas shall be washed or flushed with water as soon feasible following contact.

#### **2. Needles**

Contaminated needles and other contaminated sharps will not be bent, recapped, removed, sheared or purposely broken. OSHA allows an exception to this if the procedure would require that the contaminated needle be recapped or removed and no alternative as feasible and the action is required by the medical procedure. In this case the needle would be taken to Natrona County Health Department for disposal.

#### **3. Containers for REUSABLE Sharps**

I-REACH 2, Inc. does not allow the use of needles in this facility unless prescribed by a doctor or under the supervision of a nurse however in the event of the need for a sharps container (i.e. addition of a diabetic participant needing or requiring such) a sharps container would be purchased and maintained by the Supervisor directly responsible for the care of the participant. The sharps container would be kept in the site office and proper disposal of such items are the responsibility of the Health and Safety Coordinator.

#### **4. Work Area Restrictions**

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.

All procedures will be conducted in a manner, which will minimize splashing, spraying, splattering, and generation of droplets of blood or other potentially infectious materials. Any medical treatment beyond standard emergency First Aid must be performed by medically licensed persons.

#### **5. Contaminated Equipment**

The Health & Safety Coordinator is responsible for ensuring that equipment, which has become contaminated with blood or other potentially infectious materials, be examined prior to servicing or shipping and shall be decontaminated as necessary unless the decontamination of the equipment is not feasible. Equipment not decontaminated shall be tagged/labeled.

## **6. Personal Protective Equipment**

### **PPE Provision**

The Health & Safety Coordinator is responsible for ensuring that the following provisions are met.

- All personal protective equipment used at this facility will be provided without cost to employees.
- Personal protective equipment will be chosen based on the anticipated exposure to blood or other potentially infectious materials.
- The protective equipment does not permit blood or other potentially infectious materials to pass through or reach the employees' clothing, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of time that the protective equipment will be used.
- Biohazard prep packs are located at each site for use by employees at each I-REACH 2, INC residence. Packs, gloves, goggles, gowns and masks.

### **PPE Use**

I-REACH 2, Inc. employees shall use appropriate PPE unless the employee temporarily and briefly declined to use PPE when under rare and extraordinary circumstances. For example, it was the employee's professional judgment that in the specific instance its use would have prevented the delivery of healthcare or posed an increased hazard to the safety of the worker or co-worker. When the employee makes this judgment, the circumstances shall be investigated and documented to determine whether changes can be instituted to prevent such occurrences in the future.

### **PPE Accessibility**

I-REACH 2, Inc. Health & Safety Coordinator shall ensure that appropriate PPE, in various sizes, is readily accessible at the work site and is issued without cost to employees. PPE and Biohazard prep packs are located and signs posted at each I-Reach 2 owned locations. Each month the Health & Safety Coordinator or designee will do a check via First Aid check list that all PPE is in stock and available. Hypoallergenic gloves, glove liners, powder-less gloves, or other similar alternatives shall be readily accessible to those employees who are allergic to the gloves normally provided.

### **PPE Cleaning, Laundering and Disposal**

All personal protective equipment will be cleaned, laundered, or disposed of by the employer at no cost to the employees. All repairs and replacements will be made by the employer at no cost to employees.

All garments, which are penetrated by blood, shall be removed immediately or as soon as feasible. All PPE will be removed prior to leaving the work area. Contaminated PPE will be laundered and/or disposed of immediately.

### **Gloves**

Gloves shall be worn where it is reasonably anticipated that employees will have hand contact with blood, other potentially infectious materials, non-intact skin, and mucous membranes; and when handling or touching contaminated items or surfaces.

Disposable gloves used at this facility are not to be washed or decontaminated for re-use. They are to be replaced as soon as possible when they become contaminated or as soon as feasible if they are torn, punctured, or when their ability to function as a barrier is compromised. Utility gloves may be decontaminated for re-use provided that the integrity of the glove is not compromised. Utility gloves will be discarded if they are cracked, peeling, torn, punctured, or exhibits other signs of deterioration or when their ability to function as a barrier is compromised.

### **Eye and Face Protection**

Masks in combination with eye protection devices, such as goggles or glasses with solid side shield, or chin length face shields, are required to be worn whenever splashes, splatters, or droplets of blood or other potentially infectious materials may be generated and eye, nose, or mouth contamination can reasonably be anticipated. Situations at this facility or at other locations, which would require such protection, are as follows:

- Severe bleeding from head cuts or injury sustained
- Accidents with injuries involving vehicles
- Cleaning of urinals or assisting with toileting of Participants



## 7. Housekeeping

I-REACH 2, INC sites/residences will be kept neat and clean and will be thoroughly cleaned and decontaminated according to the following schedule:

<u>AREA</u>	<u>SCHEDULE</u>	<u>CLEANER</u>
Bathrooms	Daily	Bleach water mix/APPROVED disinfecting cleaner
Floors	Daily	APPROVED disinfecting floor cleaner
Countertops/Sink areas	Daily	Bleach water mix/APPROVED disinfecting cleaner
Door handles	Weekly/As needed	Bleach water mix/APPROVED disinfecting cleaner
Telephones	Weekly/As needed	Bleach water mix/APPROVED disinfecting cleaner
Table tops	Daily	Bleach water mix/APPROVED disinfecting cleaner

Decontamination will be accomplished by utilizing the following materials: Bleach Solution mixed appropriately (1 part bleach to 10 parts water) and using strips to identify strength before using. All contaminated work surfaces will be decontaminated after completion of procedures and immediately or as soon as feasible after any spill of blood or other potentially infectious materials, as well as the end of the work shift.

All bins, pails, cans, and similar receptacles shall be inspected and decontaminated on a regularly scheduled basis.

Any broken glassware, which may be contaminated, will not be picked up directly with the hands.

## 8. Laundry Procedures

Laundry contaminated with blood or other potentially infectious materials will be handled as little as possible. Such laundry will not be sorted or rinsed in the area of use. Contaminated laundry must be washed separately than all other laundry.

## 9. Hepatitis B Vaccine and Post-Exposure Evaluation and Follow-Up

I-REACH 2, Inc. shall make available the Hepatitis B vaccine and vaccination series to all employees who have occupational exposure, and post exposure follow-up to employees who have had an exposure incident.

All medical evaluations and procedures including the Hepatitis B vaccine and vaccination series and post exposure follow-up, including prophylaxis are:

- Made available at no cost to the employee;
- Made available to the employee at a reasonable time and place;
- Performed by or under the supervision of a licensed physician or by or under the supervision of another licensed healthcare professional or Public Health Agency; and
- Provided according to the recommendations of the U.S. Public Health Service.

An accredited laboratory at no cost to the employee shall conduct all laboratory tests.

## HEPATITIS B VACCINATION

The administrative specialist along with the administrative coordinator oversees the Hepatitis B vaccination program.

Hepatitis B vaccination shall be made available after the employee has received the training in occupational exposure (see information and training) and within 10 working days of initial assignment unless the employee has previously received the complete Hepatitis B vaccination series, antibody testing has revealed that the employee is immune, or the vaccine is contraindicated for medical reasons.

Participation in a pre-screening program shall not be a prerequisite for receiving Hepatitis B vaccination.

If the employee initially declines Hepatitis B vaccination but later while still covered under the standard decides to accept the vaccination, the vaccination shall then be made available. All employees who decline the Hepatitis B

vaccination offered shall sign the OSHA required waiver indicating their refusal. A routine booster dose of Hepatitis B vaccine is recommended by the U.S. Public Health Service at a future date, such booster doses shall be made available.

### **Post Exposure Evaluation and Follow-up**

All exposure incidents shall be reported, investigated, and documented. When the employee incurs an exposure incident, it shall be reported to the Health & Safety Coordinator and shall also be reported to The Natrona County Health Department. Following a report of an exposure incident, the exposed employee shall immediately receive confidential medical evaluation and follow-up, including at least the following elements:

- Documentation of the route of exposure, and the circumstances under which the exposure incident occurred;
- Identification and documentation of the source individual, unless it can be established that identification is infeasible or prohibited by state or local law.
- The source individual's blood shall be tested as soon as feasible and after consent is obtained to determine HBV and HIV infectivity. If consent is not obtained, the Natrona County Health Department shall establish that legally required consent cannot be obtained. When, the source individual's consent is not required by law, the source individual's blood, if available, shall be tested and the results documented.
- When the source individual is already known to be infected with HBV or HIV, testing for the source individual's known HBV or HIV status need not be repeated.

Results of the source individual's testing shall be made available to the exposed employee, and the employee shall be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.

Collection and testing of blood for HBV and HIV serological status will comply with the following:

- The exposed employee's blood shall be collected as soon as feasible and tested after consent is obtained
- The employee will be offered the option of having their blood collected for testing of the employee's HIV/HBV serological status.
- The blood sample will be preserved for up to 90 days to allow the employee to decide if the blood should be tested for HIV serological status.

All employees who incur an exposure incident will be offered post-exposure evaluation and follow-up in accordance with the OSHA standard. All post exposure follow-up will be performed by the Natrona County Health Department.

### **Information provided to the Healthcare Professional**

The Health & Safety Coordinator shall ensure that the healthcare professional responsible for the employee's Hepatitis B vaccination is provided with the following:

- A written description of the exposed employee's duties as they relate to the exposure incident;
- Written documentation of the route of exposure and circumstances under which exposure occurred;
- Results of the source individual's blood testing, if available; and
- All medical records relevant to the appropriate treatment of the employee including vaccination status.

### **Healthcare Professional's Written Opinion**

The Health & Safety Coordinator shall obtain and provide the employee with a copy of the evaluating healthcare professional's written opinion within 15 days of the completion of the evaluation.

The healthcare professional's written opinion for HBV vaccination shall be limited to whether HBV vaccination is indicated for an employee, and if the employee has received such vaccination.

The healthcare professional's written opinion for post exposure follow-up shall be limited to the following information:

- A statement that the employee has been informed of the results of the evaluation
- A statement that the employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation or treatment.

Note: All other findings or diagnosis shall remain confidential and shall not be included in the written report.

## 10. Labels and Signs

Biohazard labels shall be affixed to containers of regulated waste, refrigerators and freezers containing blood or other potentially infectious materials, and other containers used to store, transport or ship blood or other potentially infectious materials. The universal biohazard symbol shall be used. The label shall be fluorescent orange or orange-red. Red bags or containers may be substituted for labels. However, regulated wastes must be handled in accordance with the rules and regulations of the organization having jurisdiction.

## 11. Information and Training

Training is provided at the time of initial assignment to tasks where occupational exposure may occur, and it shall be repeated within twelve months of the previous training. Training shall be tailored to the education and language level of the employee and offered during the normal work shift. The training will be interactive and cover the following:

- A copy of the standard and an explanation of its contents;
- A discussion of the epidemiology and symptoms of blood borne diseases;
- An explanation of the modes of transmission of blood borne pathogens;
- An explanation of the I-REACH 2, INC Blood borne Pathogen Exposure Control Plan and a method for obtaining a copy.
- The recognition of tasks that may involve exposure.
- Explanation of the use and limitations of methods to reduce exposure, for example engineering controls, work practices and personal protective equipment (PPE).
- Information on the types, use, location, removal, handling, decontamination, and disposal of PPEs.
- An explanation of the basis of selection of PPEs.
- Information on the Hepatitis B vaccination, including efficacy, safety, method of administration, benefits, and that it will be offered free of charge.
- Information on the appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious materials.
- An explanation of the procedures to follow if an exposure incident occurs, including the method of reporting and medical follow-up.
- Information on the evaluation and follow-up required after an employee exposure incident.

Employees who have received training on blood borne pathogens in the twelve months preceding the effective date of this policy shall only receive training in provisions of the policy that were not covered.

Additional training shall be provided to employees when there are any changes of tasks or procedures that affect the employee's occupational exposure.

## 12. Record keeping

### Medical Records

The I-REACH 2, INC Administrative Team is responsible for maintaining medical records as indicated below. These records will be kept at the I-REACH 2, INC main office. Medical records shall be maintained in accordance with OSHA Standard 1910.20. These records shall be kept confidential, and must be maintained for at least the duration of employment plus 10 years. The records shall include the following:

- The name and social security number of the employee.
- A copy of the employee's HBV vaccination status, including the dates of vaccination.
- A copy of all results of examinations, medical testing, and follow-up procedures.
- A copy of the information provided to the healthcare professional, including a description of the employee's duties as they relate to the exposure incident, and documentation of the routes of exposure and circumstances of the exposure.

### Training Records

The I-REACH 2, INC Administrative Team is responsible for maintaining the following training records. These records will be kept on site at the I-REACH 2, INC facility in the main office.

Training records shall be maintained for three years from the date of training. The following information shall be documented.

- The dates of the training sessions;
- An outline describing the material presented;
- The names and job titles of persons conducting the training;
- The names and job titles of all persons attending the training sessions.

**Availability**

All employee records shall be made available to the employee in accordance with 1910.20. All employee records shall be made available to the Assistant Administrator for Wyoming Workers' Safety and Compensation and the Director of the National Institute for Occupational Safety and Health (NIOSH) upon request.

**Transfer of Records**

If this facility is closed or there is no successor employer to receive and retain the records for the prescribed period, the Director of the NIOSH shall be contacted for final disposition.

**13. Evaluation and Review**

The Administrative Team of IREACH 2 Inc. the Quality Improvement Committee and the Board of Directors are responsible for annually reviewing this program, and its effectiveness, and for updating this program as needed.

## **Section 4: Crisis Prevention**

### **USE OF NONVIOLENT PHYSICAL CRISIS INTERVENTION**

**POLICY:**

It is the policy of I-REACH 2 Inc. that we are a “hands-off” organization. Most crisis situations can be avoided if identification of precipitating factors and early use of CPI, non-physical, de-escalation techniques can be utilized. Any potential crisis situation should be reported immediately to the direct supervisor, or on-call personnel who will notify the Executive Director of the problem. Any explosive or violent behavior shall be treated as an emergency situation and the response is the same for any serious injury, accident or other crisis.

I-REACH 2, Inc. employees are trained and certified in Crisis Non-Violent Intervention techniques and shall use “ALL” non-physical means of intervention. Most crisis situations can be avoided if warning signs are noticed and prevention techniques are used to resolve many potential situations.

**PROCEDURE:**

1. When behavioral events occur staff observe and identify behavior levels, and approach should be according to the methods they have been previously trained to use.

<u><b>Behavior</b></u>	<u><b>Staff approach</b></u>
Anxiety	Supportive
Defensive	Directive
Risk Behavior	Non-violent Physical Crisis Intervention
Tension Reduction	Therapeutic Rapport

2. IF AN EMPLOYEE IS ALONE WITH A PARTICIPANT WHEN A PHYSICAL BEHAVIOR BEGINS:

- Notify On-Call personnel at 258-5959 after 4:00 p.m. M-F and all day on Saturdays and Sundays.
- Give your name, precise location, and any other information that you feel is necessary (i.e., phone the police for me, an ambulance, guardian, etc.)
- The employee should do what is necessary to protect them self, others, and the participant served from eminent danger. This includes but not limited to the use of CPI, and/or removing themselves or others from an area in which they feel physically compromised or threatened. Eminent Danger is described as an immediate threat to any participant’s physical safety, i.e. running out in traffic, cutting on oneself, threat of using a weapon etc.

- Wait at a safe distance until assistance arrives or the participant calms down and can be reasonably subdued via communication and verbal commands or requests.
- DO NOT TRANSPORT any participant you believe to be at the anxiety level.

3. Employees will make every effort to de-escalate the participant by removing all other participants, potential on-lookers or citizens from the immediate area. Employees, supervisors or the Executive Director will determine the need for use of Physical Intervention based on the level of danger or threat to the participant and to others in his/her immediate area and will designate and coordinate other employees to provide specific assistance. If the situation cannot be successfully handled without physical intervention, a call to the local police department will be made to aid in the de-escalation of the participant. Employees, supervisor, etc. will then secure the scene and other participants until additional help arrives. On-call support personnel shall respond immediately to any residence or community location to assist with the crisis.

IN THE INTERIM OF WAITING FOR LAW ENFORCEMENT ASSISTANCE, ANY INCIDENT INVOLVING THE USE OF PHYSICAL INTERVENTION FROM STAFF TO PROTECT THEMSELVES, OTHERS, AND PARTICIPANTS SERVED FROM EMINENT DAGER (RUNNING OUT INTO TRAFFIC, CUTTING ONESELF, THREAT OF USING A WEAPON ETC.) , MUST BE DOCUMENTED AS A CRITICAL INCIDENT AND BE FILED ON THE DIVISION'S WEB SITE WITH PAPER COPIES FAXED TO THE CASE MANAGER, DEPARTMENT OF FAMILY SERVICES (ADULT PROTECTION) AND PROTECTION & ADVOCACY. THE ADMINISTRATIVE TEAM OR APPROPRIATE DESIGNEE IS RESPONSIBLE FOR NOTIFICATION TO ALL ENTITIES ABOVE IMMEDIATELY (AS SOON AS THE SITUATION IS OVER AND THE PARTICIPANT IS SAFE).

The on-call personnel or a designee of their choice is to remain available for mediation or therapeutic rapport with participants involved directly in the crisis once the initial immediate crisis is over.

All injuries, severe behavioral problems, accidents are to be reported to the Participant's guardian or care provider and their case manager as soon as possible. If they cannot be reached immediately it shall be I-REACH 2, Inc.'s policy to continue to place calls in an effort to contact them within a reasonable time frame and to document those attempts on the report.

When an emergency restraint is used for reasons stated above, the Participant's case manager shall facilitate a participant plan of care meeting to identify the appropriate changes to the plan of care to address the issues that arose resulting in the use of the restraint.

## **Section 5: Reporting**

### **REPORTS TO CASE MANAGERS**

#### **POLICY:**

#### **Reporting:**

I-REACH 2, Inc. recognizes the importance of timely notification of incidents and situations which may require outside individual case managers to receive **IMMEDIATE NOTIFICATION OF CRITICAL EVENTS** even those which require immediate input into situations where our agency determines that we are unable to provide immediate follow-up and resolution. It is our agency policy to ensure that emergency and important issues are addressed in a timely manner.

Regardless of this generalized agency policy, the specific needs and decisions dictated in participant Plans of Care will determine any needed exceptions. For example, if a participant's team determines that all general event reports relating to a money issue need to be communicated to all team members as they occur, then the agency will follow that protocol for that participant.

Incidents of non-critical proportion in which no case manager follow-up is necessary, will be available in Therap via the end of month documentation process by no later than the 10th of each month.

ALL reports shall be legible and should be easily understood. General Event Reports shall not be sent out without supervisory review, follow-up and required approval of the Community Employment/Living Coordinator.

**FOLLOW UP REQUIRED**

**POLICY:**

All general events reports shall be submitted by employees to their immediate Supervisor for review. The Community Employment/Living Coordinator will approve all General Event Reports and the Executive Director will provide any needed follow-up. GER reports are available to all program guardians and case managers via Therap once the GER has been approved and received follow-up.

**PROCEDURE:**

Employees will submit complete reports to their immediate supervisor. The supervisor shall review the report and determine if there is further follow-up or re-training needed. If additional follow up is needed, the manager shall conduct the follow-up and document what was done or comment on the actions of the employees as described in the body of their report or recommended training strategies.

The supervisor then forwards the report to the Community Employment/Living Coordinator for final review and any further follow-up or recommendations that might be needed.

If the case manager or guardian is requesting further review of the incident, based on our agency policies or procedures, staff action or training issues, the Administrative Team shall provide any information requested.

If a case manager, guardian, consumer or employee is not satisfied with the follow-up or resolution conducted or presented by the Administrative Team, they are encouraged to follow the formal Grievance Procedures outlined in this manual and contact.

**USE OF GENERAL EVENTS (INCIDENT) REPORTS**

**POLICY:**

I-REACH 2, Inc. promotes and requires that employees document specific situations, issues and especially incidents which are considered critical events in the participant’s life. Critical Events are those occurrences or incidents which can be considered of a crisis nature for any participant.

Failure to document any of these issues can result in disciplinary action. These types of incidents are all imperative in the scope of the services we are providing. It is our responsibility to be aware of not only the obvious immediate crisis, but to notice and document any incident that may play a role in the long-term health, safety, and well-being of the consumer.

Non-critical General Event Reports would include the following types of situations:

<b>Non-Critical General Event Reports</b>	<b>Report to</b>
Change in behavior, habits, personal hygiene, and health	Internal- Supervisor and Community Employment/Living Coordinator
Verbal or Physical Behavioral Incidents	Internal- Supervisor and Community Employment/Living Coordinator
Minor but repeated difficulties with specific tasks or program	Internal- Supervisor and Community Employment/Living Coordinator

**PROCEDURE:**

All Employees are trained on the use of general event reports and the definition of critical events as it applies to the participant served. Employees receive training in documenting, responding or problem-solving situations, incidents and Critical Events when they are hired and continually each year:

- General event reports must contain the 4 W’s and an H, (Who, What, Where, When and HOW)!

- General event reports should be written as soon as possible after an event or incident takes place. This keeps information fresh and reduces the chance that some crucial element will be forgotten.
- Names of any other participant involved in incidents should not be used in the body of the report. (Refer to them as another participant or participant A and Participant B along with). This is essential based on current HIPAA and Confidentiality Standards and regulations.
- If you are not in a place where internet access is readily available, jot down the time, date, and the pertinent details on a piece of paper for review later before you actually write the report. Obviously, if there is a medical emergency or behavioral situation, it may be some time (1-2 Hours) before you can sit down to write the report. That is why it is critical to carry a small pocket notebook while you are on duty, especially if you are outside of a typical I-REACH 2, Inc. site or in the public.
- General Event Reports should be understandable and must be reviewed and/or followed-up by the area supervisor, the Administrative Team and Community Employment/Living Coordinator before being sent in an S-COMM to case managers or guardians. This review should alleviate reports that have not been written in a manner that is clear and concise.
- All General Event Reports must be completed before an individual employee ends their shift and submitted through Therap. Critical incident reports will be kept on file for 7 years.

## **CRITICAL INCIDENT EVENTS AND REPORTING**

All Critical Incidents are REPORTED IMMEDIATELY to the Area Supervisor or by contacting ON-CALL PERSONNEL AT 258-5959, 24 hours a day- 7 days a week.

All incidents as defined by the State of Wyoming Behavioral Health Division and CARF Standard 1H.8 must be reported through the Notification of Incident Process outlined in the State of Wyoming Medicaid rules.

By state statute, some Critical Incidents must be reported to the Department of Family Services (DFS) and Protection and Advocacy Systems, Inc. (P & A) as well

### **CRITICAL INCIDENTS THAT NEED REPORTED**

<b>Incident</b>	<b>Reported to:</b>
<b>Suspected Abuse:</b> defined as intentionally or recklessly inflicting physical or mental injury, unreasonable confinement, intimidation, cruel punishment and may include sexual offenses.	Division, DFS, P & A
<b>Suspected Self Abuse:</b> characterized as abuse (Intentionally or recklessly inflicting physical or mental injury, unreasonable confinement, intimidation, cruel punishment and may include sexual offenses) inflicted by self.	Division, DFS, P & A
<b>Suspected Neglect:</b> defined as the act of depriving a vulnerable adult of the minimum food, shelter, clothing, supervision, physical and mental health care, and other care necessary to maintain life or health, or which may result in a life-threatening situation.	Division, DFS, P & A
<b>Suspected Self Neglect:</b> when a vulnerable adult is unable, due to physical or mental disability, or refuses to perform essential self-care tasks, including providing essential food, clothing, shelter, or medical care, obtaining physical or mental health care, emotional well-being and general safety, or managing financial affairs.	Division, DFS, P & A
<b>Suspected Exploitation:</b> defined as the reckless or intentional act taken by any person, or any use of the power of attorney, conservatorship or guardianship of vulnerable adult, to obtain control through deception, harassment, intimidation or undue influence over the vulnerable adult's money, assets, or property with the intention of depriving the vulnerable adult of those assets, or to intentionally misuse the principal's property, and in so doing, adversely affect the principal's ability to receive healthcare or pay bills for basic needs or obligations.	Division, DFS, P & A
<b>Suspected Abandonment:</b> defined as leaving a vulnerable adult without financial support or the means or ability to obtain food, clothing, shelter or health care	Division, DFS, P & A
<b>Death:</b> PARTICIPANT DEATH due to any cause.	Division, DFS, P & A
<b>Intimidation:</b> defined as the communication by word or act to a vulnerable adult that he, his family, friends or pets will be deprived of food, shelter, clothing, supervision, prescribed	Division, DFS, P&A

medication, physical or mental health care and other medical care necessary to maintain a vulnerable adult's health, financial support or imply that they will suffer physical violence.	
<b>Sexual Abuse:</b> means sexual contact including, but not limited to, unwanted touching, all types of sexual assault or battery as defined in W.S. 6-2-302 through W.S. 6-2-304, sexual exploitation and sexual photographing.	Division, DFS P&A
<b>Police Involvement:</b> defined as any incident that results in police involvement with participants, including but not limited to arrests of participants, questioning of participants by law enforcement, or police calls to participant's home or service delivery site. This includes vehicle accidents, burglaries, bomb threats and personal threats.	Division
<b>Crime Committed By Participant:</b> CRIME as defined by the Wyoming Criminal Code.	Division
<b>Use of Restraint:</b> EMERGENCY USE OF RESTRAINTS is an unplanned event where restraints were used to restrain a participant.	Division
<b>Injuries Caused By Restraints:</b> INJURIES caused by restraints, including drugs used as restraints, physical restraints, and mechanical restraints.	Division
<b>Serious Injury or life-threatening injury, illness or episode</b> (seizures, behavioral, fatalities, etc.): An injury, such as suspected fractures, wounds requiring stitches, or injuries due to falls, which requires an emergency room visit, hospital visit, or non-routine visit to a doctor or clinic.	Division
<b>Elopement:</b> The unexpected or unauthorized absence of an individual for more than four hours when that person is receiving waiver services or the unexpected or unauthorized absence of any duration.	Division
<b>Medication Errors:</b> is an event where a participant is given (1) the <b>wrong medication</b> , (2) the <b>wrong dosage</b> , (3) medication which should have gone to a <b>different participant</b> , (4) medication via an incorrect <b>delivery route</b> (such as oral vs. topical), or (5) medication at the <b>wrong time</b> (by an hour or more from the scheduled time). Missing medication or theft of medication discovered at the site also need to be reported.	Division
<b>Medical/Behavioral Admissions:</b> indicates that the participant was admitted to a Medical or Behavioral care facility for additional treatment. <ul style="list-style-type: none"> <li>o Emergency Rooms (All unscheduled visits)</li> <li>o Hospitals (Inpatient only)</li> <li>o Surgical Clinics (Inpatient only)</li> <li>o Hospice Care Centers (Inpatient and outpatient)</li> <li>o Substance Abuse Treatment Centers (Inpatient only)</li> <li>o Mental Health/Behavioral Health Treatment Centers (Inpatient only)</li> </ul>	Division

The report must be submitted immediately after taking actions to address the participant's health and safety needs. An Incident Report must also be completed per I-REACH 2, Inc.'s Incident Reporting Policy. The report to the Division must be fully completed by using the report available on the Division's website at <https://health.wyo.gov/behavioralhealth/DD/> and clicking on **Report a Critical Incident**.

The following parties must be notified of the incident:

- The participant's case manager
- The participant's guardian (if applicable)
- Local law enforcement if the reporter believes a crime has been committed

## **I-REACH 2, Inc. GENERAL EVENT/INCIDENT REPORT TREND ANALYSIS**

### **POLICY:**

I-REACH 2, Inc. recognizes the importance of General Event/ Incident Report tracking and analysis in the overall approach to the delivery of individual service design. Through tracking and analysis, it is hoped that potential cyclic or unusual behavioral or medical problems can be identified, tracked and perhaps prevented in the future, based on information gathered that may help prevent or provide early recognition of potential problems or difficulties.



**PROCEDURE:**

After each General Event Report is written, the follow-up has been completed, and it has been routed to all appropriate entities, it shall be filed electronically under the participants name in Therap, All critical incident reports will be upload and saved to the corresponding General Events Report.

The Quality Improvement Committee/Human Rights is responsible for reviewing the "General Event Report Tracking Form" at least quarterly to assess for trends. If a trend requiring additional follow-up or training occur, the Committee Chair is responsible to ensure the appropriate actions are taken to the Administrative team. Written documentation of the follow-up action taken will be attached to the corresponding "General Event Report Tracking Form".

Critical Incident Reports filed to the Division are reviewed quarterly by the Administrative Team and during regular business meetings of the Board of Directors. In addition, the Administrative Coordinator will compile all general event report data from all "Incident Report Tracking Forms" collected throughout the year onto an annual "General Event Report Tracking Form" and graph. This will show the general event report data and trends of the organization for the entire year and be utilized at all 6-month updates or annual staffing to provide information related to the participant's needs and/or personal areas of concern. The Executive Director will issue an annual review of critical incidents as part of the organization's annual report.

**REPORTING OF PARTICIPANT MISSING FROM SITE****Policy:**

It is our policy to ensure the safety of everyone we serve in all program areas. In the main building, features including a camera system that covers the front door and courtyard area, signing in/out procedures and video monitoring in non-private areas. For those individuals who present an elopement risk in our residential facilities, the Individual's team may direct the use of window and door alarms as needed.

If a participant is found to be missing from any residence, premise, or area the following procedures should ensue immediately.

**Procedure:**

Staff shall immediately notify their direct supervisor or on-call personnel for assistance in locating the individual and notifying proper authorities. The supervisor or on-call manager will then notify the Executive Director who will in turn coordinate the following:

- The individual's guardian and case manager shall be notified.
- If the individual is not located within 5 minutes of the time it was noted that they were missing, 911 should be called and police should be summoned to the area or location. A complete description including all pertinent participant information shall be given immediately to responding officers.
- The on-call personnel shall coordinate search efforts by I-REACH 2, Inc. employees.
- A staff person shall be assigned to remain at the original location until further notice, if the person returns.

The Board of Directors shall be notified immediately following law enforcement contact by the Executive Director.

THE EXECUTIVE DIRECTOR IS THE DESIGNATED MEDIA CONTACT FOR THE ORGANIZATION AND EMPLOYEES OF I-REACH 2, INC. DO NOT HAVE THE AUTHORITY TO MAKE STATEMENTS TO MEDIA PERSONNEL REGARDING ANY ELOPEMENT, FATALITY, SERIOUS INJURY OR OTHER INCIDENT ON BEHALF OF OUR ORGANIZATION.

**REPORTING OF A FATALITY OR SERIOUS INJURY:****POLICY & PROCEDURE:**

It is the direct responsibility of the employees or managers at I-REACH 2, Inc. to notify the Executive Director immediately in the event of any fatality, serious injury or accident.

In the event of a serious accident/injury or fatality it is the responsibility of the Executive Director to immediately notify:

- The guardian (If applicable)
- Case Manager
- Behavioral Health Division
- Department of Family Services
- Protection & Advocacy
- Local law enforcement to provide further information
- I-REACH 2, Inc. Board of Directors/President

The incident shall be investigated and a report containing all pertinent information shall be provided to the above designated persons and agencies.

A formal release of information to the press may be developed by the Executive Director after all information has been gathered and relatives have been appropriately notified of the death or serious injury.

EMPLOYEES OF I-REACH 2, INC. DO NOT HAVE THE AUTHORITY TO MAKE STATEMENTS TO MEDIA PERSONNEL REGARDING ANY FATALITY, SERIOUS INJURY OR OTHER INCIDENT ON BEHALF OF OUR ORGANIZATION.

## **REPORTING OF VEHICLE ACCIDENTS**

### **POLICY:**

Employees are required to report ANY accident to local law enforcement and to maintain the safety and security of the people being transported.

I-REACH 2, Inc. requires that employees be trained and be familiar with both preventive and intervention practices regarding the operation of vehicles owned or operated by I-REACH 2, Inc. Written emergency procedures are posted in all transport vehicles.

### **PROCEDURE:**

In the event of a motor vehicle accident immediately take the following steps:

- Ensure all participants are accounted for and responsive.
- **If any participant is ejected from the vehicle, unresponsive, or injured call 911 immediately.**
- Assess your vehicle's condition to determine if it is safe to occupy.
- Call 911 and wait for assistance.
- If it is safe to do so, participants should remain in the vehicle with seat belts fastened for everyone's safety until help arrives.
- If it is unsafe to remain in the vehicle, participants should cautiously exit and move to a safe location away from traffic but adjacent to the accident site.
- Turn on hazard lights, set out warning devices if possible, to do so without endangering yourself or others.
- Do not smoke or place lit flares within 25' of damaged vehicles or fluids which have leaked from them.
- Contact EMERGENCY ON-CALL for assistance at 258-5959 24 hours a day-7days a week or the I-REACH 2, Inc. main office during Monday-Friday hours 8:00 to 4:00 at 265-8086.
- Do not move the vehicle until law enforcement arrives unless it is a severe hazard to other motorists.
- The manager or on-call personnel will respond ASAP to relieve you and coordinate transportation or to assist in accompanying the injured participants to the hospital or emergency room.
- The manger or on-call personnel will notify the Executive Director who will notify guardians/ case managers of those involved in the accident beginning with anyone who may have sustained injuries which resulted in medical treatment.

Finally, it is the responsibility of the Executive Director to notify the I-REACH 2, Inc. Board of Directors of any accident in which there are injuries.

## **REPORTING OF MAINTENANCE/SAFETY CONCERNS**

### **POLICY:**

I-REACH 2, Inc. will make every effort to correct any potential maintenance concern IMMEDIATELY or devise an alternate work area schedule or plan should any repair require more time to resolve.

### **PROCEDURE:**

It shall be the responsibility of all I-REACH 2, Inc. employees to be constantly aware of potential safety problems, concerns, etc. These concerns should be documented on a "Maintenance Request Form" and submitted to the Health & Safety Coordinator immediately for review and resolution. Any reported safety problem not corrected immediately must be reviewed by the Health & Safety Coordinator.

A plan to correct, resolve or repair any problem should be immediately put into effect (i.e. contacting sources for repair or replacement of an item, etc.) All plans for remediation need to be developed and ideally completed within 72 hours. Subsequent follow up will be documented on the Maintenance Request Form as well as monthly during leadership meetings.

### **Equipment:**

All equipment in need of maintenance or repair shall be reported immediately to the area supervisor and/or Health and Safety Coordinator and a MAINTENANCE REQUEST FORM shall be completed immediately.

Equipment reported and shall be rendered inoperable until the problem noted is corrected. Equipment shall be left clean and shall be stored properly when not in use. Due care shall be used to maintain all furnishing, appliance and other equipment in the residences.

## **ON CALL POLICY AND PROCEDURE**

**POLICY:** I-REACH 2, Inc. will have on-call personnel on duty 24 hours a day. That person will carry the IR2 on-call phone and a computer/technology with access to Therap. This person is to be available to assist staff when they need information or assistance. This service is also available to guardians, case managers and individuals.

On-call numbers will be posted by the telephones in all I-REACH 2, Inc. facilities and in vehicles utilized by I-REACH 2, Inc.

### **THE I-REACH 2, Inc. ON CALL NUMBER IS 307-258-5959.**

On-Call is to be utilized for the following reasons:

- Immediately after 911 emergency call is made and CHECK/CALL/CARE procedure has been carried out.
- Individual needs non-emergency medical assistance.
- When an individual is absent without knowledge of support staff or possible elopement has occurred.
- When a guardian or other authorized person has a serious medical condition or there has been a death in the family.
- When staff need backup if a behavioral incident is happening.
- When staff needs to be relieved due to illness or family emergency.
- Whenever there is a utility failure or an adverse condition that needs immediate attention.
- When there is a traffic accident in which a person(s) receiving, services are involved.
- Whenever there is a suspicion of abuse or neglect.
- When staff have not reported for their assigned shift.
- When staff are calling in for an assigned shift. (Refer to PTO/Leave policy)
- When there are discrepancies in participant funds, petty cash, or grocery money.
- When a medication error has occurred
- When any other reportable critical incident has occurred (refer to Critical Incident Reporting policy).
- If a staff person is exhibiting behavior that may indicate the use of drugs/alcohol. (See Drug and Alcohol Workplace Free Policy)
- Any other situation that support staff feels needs immediate attention.

# **Section 6: Transport**

## **OPERATION OF ANY VEHICLE USED FOR TRANSPORTATION**

### **POLICY:**

The use of personal vehicles to transport participants unless it is an emergency, specific outing or transportation to and from home or work due to unavailability of other resources is unauthorized. No individual or person employed by the I-REACH 2, Inc. program shall use their personal vehicle for transportation unless they possess:

- Current insurance certificate, registration
- Acceptable driving record
- Correct acceptable insurance coverage required by I-Reach 2 current insurance carrier.
- A Roadside Emergency Kit containing 1 bottle of water, 1 blanket, first aid kit, jumper cables, and reflectors.
- Emergency information sticker placed in the passenger side.

Staff transporting participants consistently in their personal vehicles shall be required to complete a pre-trip inspection once a week to assure their vehicle is in good working condition. They will also receive an external inspection completed by the Health and Safety Coordinator quarterly. All company owned vehicles will be inspected annual by an external source to ensure proper Maintenance.

I-REACH 2, Inc. provides insurance coverage on its own vehicles and a copy of current insurance cards shall remain in the I-REACH 2, Inc. vehicles always.

Drivers of I-REACH 2, Inc. vehicles must have a valid Wyoming Driver's License and must meet eligibility requirements to be insured on the I-REACH 2, Inc. policy. Any changes of valid driving status must be reported to the I-REACH 2, Inc. Executive Director IMMEDIATELY!

All vehicles used for transportation must have documented service and mileage records on file. This documentation is filed by the Transportation Specialist. Employees will be reimbursed for mileage for use of their personal vehicle at a rate of \$.45 per mile.

## **USE OF VEHICLES**

### **POLICY:**

All employees shall receive proper training concerning the care and maintenance of vehicles owned by the I-REACH 2, Inc. program. This includes any privately-owned vehicle that I-REACH 2, Inc. may be reimbursing for mileage on.

All vehicles are to be operated in accordance with state and local ordinances including the use of seat belts at all times when operating a motor vehicle. Written emergency procedures are posted in all transport vehicles.

### **PROCEDURE:**

All employees of the I-REACH 2, Inc. program are required to complete a vehicle pre-trip inspection before transporting participants. If a vehicle has operational or mechanical defects that may interfere with safe operation of the vehicle, the vehicle is NOT TO BE USED. The Transportation Specialist will assist in completing a Vehicle Repair Report Form, obtaining an estimate for repairs, and forwarding this information to the Executive Director for review.

The Pre-trip Inspection should be forwarded to the Transportation Specialist for review at the end of every month.

Current insurance certificate and Vehicle Registration in addition to the Roadside Emergency Kit shall be carried in I-REACH 2, Inc. vehicles at all times when transporting.

Employees and participants may NOT SMOKE while driving or operating any vehicle designated for transportation of I-REACH 2, INC participant. The use of cellphones and texting is prohibited while driving. All calls need to be made by a hands-free device or Bluetooth while car is in motion.

## **Section 7: Emergency Drills**

### **EMERGENCY DRILL POLICY**

All employees of I-REACH 2, Inc. are responsible for conducting drills and documenting the time, date and results of the drill so that any problem or potential problem can be addressed and corrected prior to the next drill, i.e. special problems with wheel chairs, assistive devices or exits. **Note: If there is a concern that needs to be addressed, i.e. participant does not evacuate, drill time lasts longer than 5min. etc. that constitutes a need for the drill to be re-run. Staff has two weeks from the first drill to rerun a second drill.**

#### **POLICY:**

I-REACH 2, Inc. will conduct regular monthly drills for the following emergency procedures: Fire, bomb threat, utility failure, violent or threatening situation (Strange/erratic person), natural disasters, medical emergency etc.

Unannounced tests of ALL emergency procedures are conducted at least annually: on each shift, at each location. They should include complete actual or simulated evacuation drills. Implementation of an emergency procedure in response to an actual emergency and its subsequent documentation can be used in place of a test of a medical emergency drill.

EVACUATION GUIDES ARE POSTED IN ALL I-REACH 2, INC. FACILITIES. ALL I-REACH 2, INC. ASSOCIATED SITES ARE REQUIRED TO HAVE UPDATED EMERGENCY EVACUATION PLANS IN PLACE. ALL SITES WILL CONDUCT DRILLS ACCORDING TO OUR POLICIES AND PROCEDURES.

ALL SUPPORTED LIVING SITES WILL BE REQUIRED TO COMPLETE AN ADMINISTRATIVE ARRIVAL DRILL ANNUALLY.

In addition, all participant information is in Therap. This vital information should be easily accessible during an evacuation or drill. All staff/personnel should have knowledge of where to find this information.

#### **Medical Emergency Procedure (all locations)**

In the event of a medical emergency; including but not limited to a serious or life-threatening injury, illness or episode (seizure, stroke, choking, anaphylaxis, etc.) the following procedure shall be used:

- Call 911 and remove as many participants as possible from the scene. (GO to another house or another room at the building)
- Depending on the type of emergency, perform First Aid or use CPR skills until emergency responders arrive and take over.
- Call or have another staff call the emergency on-call number (258-5959)
- Notify the participant's guardian
- Notify administrative staff
- Notify Case Manager
- Complete the general events report on Therap.

#### **EMERGENCY IN THE COMMUNITY:**

All Participants are familiar with the "FOLLOW THE LEADER" procedure in the event of an emergency in a COMMUNITY BUILDING or in the OUTDOORS.

Employees are trained to consider individual safety first in all situations and follow standard safety procedures for all potential emergency situations according to this manual and their individual training with regard to both accidents/injuries as well as acts of nature, God, or fire.

**Drill Procedure:** Have an individual act out a medical emergency (seizure, stroke, choking, anaphylaxis). Designate someone to ask what number they would call to get assistance and where would they go to use the phone. Note if other participants in the room moved to a designated area to remain in line of site but out of the immediate area to offer space to the person in crisis. Take note of any barriers or issues during this time and note it on the drill form.

#### **FIRE- INDIVIDUAL RESIDENCES**

In the event of fire in the house or apartment:

- Call 911 and evacuate participants calmly and according to designated routes.
- Employees Contact Emergency On-Call immediately for assistance, after notifying the Fire Department and securing participant and employee safety.
- Employees at residences should be able to define upon request the individual residence, escape.

#### **FIRE IN THE I-REACH 2, INC. MAIN FACILITY**

- Notify all areas of the facility via the intercom if possible. If not, yell or scream loudly "EMERGENCY in the \_\_\_\_\_ room." If near the fire monitoring system located at the front desk, pull the fire alarm.
- Immediately evacuate the area.
- CALL 911 AND REPORT THE FIRE.
- The staff in each of the rooms shall lead and assist participants from their area to the closest exit. Each participant must be accounted for once outside and at the MEET POINT.
- Community Integration staff will take the attendance book and make a last sweep of the bathrooms and exit the building. Community Integration staff will perform roll call outside to ensure all participants are accounted for.
- Once all participants are accounted for at the MEET POINT, if needed move vehicles away from the front parking area.
- In the event the Fire Department determines we cannot return to the building within 10-30 minutes, I-REACH 2, Inc. Emergency On-call will contact guardians, and participants will be taken home, to their work-site or to the Curtis Street homes.
- During inclement weather, I-REACH 2, Inc. participants and staff would sit in staff's personal vehicles or transport vehicles.

#### **MARKED EXITS ARE AS FOLLOWS:**

EXIT #1- THROUGH THE MAIN ENTRANCE (WEST DOOR).

EXIT #2- LOCATED THROUGH SOUTH PARTICIPANT DOOR AT THE SIDE OF THE BUILDING, DOWN THE BACK FENCE TO THE BIKE PATH.

**Drill Procedures:** Run the drill as real as possible. Press the smoke detector button to set off the alarm. All individuals at the site must completely evacuate the area and meet at the designated meeting point. Staff must be knowledgeable to participant attendance and be able to accurately account for all participant whereabouts. Note any accessibility or barriers on the drill form. Examples: Sidewalks were not clean and clear from snow, so we could not evacuate out the back door. Participants floor was cluttered and hindered proper evacuation.

#### **WILDFIRE**

In the event of a wildfire, residence will leave as soon as evacuation is recommended by fire officials to avoid being caught in fire, smoke, or road congestion. Officials will determine the areas to be evacuated and escape routes to use depending upon the fire's location, behavior, winds, terrain, etc.

You will be advised of potential evacuations as early as possible. You must take the initiative to stay informed and aware. Listen to your radio/TV for announcements from law enforcement and emergency personnel. You may be directed to temporary assembly areas to await transfer to a safe location. If no designated area is required, staff will follow I-REACH 2 Emergency Continuity Plan.

**FLOODS:**

**(All I-REACH 2, Inc. owned or operated facilities)**

In general, rising waters or severe storms are predictable. I-REACH 2, Inc. Administration shall keep informed of any potential situation that may arise and in the event of notification of the potential for flash flooding, the following shall occur:

- All I-REACH 2, Inc. vehicles will be utilized to move participants from any I-REACH 2, Inc. facility to higher ground.
- All drivers shall meet in the parking lot of Restoration Church on E. 2nd Street.
- From this secure location at Restoration Church on E. 2nd Street, I-REACH 2, Inc. staff shall coordinate notification to guardians and arrange transportation of participants who can be taken directly to their homes (those which are not located in potential flood plain routes) or to guardian’s homes.
- If necessary, staff will remain with participants who cannot be safely taken home at the church or arrange for overnight accommodations and transportation.

**TORNADOS:**

**(On-site I-REACH 2, Inc. Main Office)**

- The Health and Safety Coordinator or designee shall retrieve emergency first aid kit/drive away kit.
- The Programming Specialist or designee shall retrieve the participant transport guide.
- Participants and staff shall move in an orderly fashion into the **designated job coach** area.
- Employees shall assist in keeping participants calm and demonstrate a protective positioning under tables.
- The Administrative Team will use the portable radio to monitor storm reports.
- Follow emergency procedures if any location is damaged or there are participants with injuries.

**On-site Individual Residences**

- Manager on duty or employees shall retrieve the first aid kit/drive away kit, flashlight, telephone and portable radio.
- Participants and staff should close all doors and windows.
- Participants and staff shall move in groups of three or four into the bathrooms.
- Wait until danger passes to move from the location.
- Follow emergency procedures if any location is damaged or there are participants with injuries.

**Outside:**

If staff are driving with participants or staff and participants are outside and see a tornado, go to a nearby sturdy building and seek and area on the lowest level, without windows. If there are no buildings nearby, get out and away from the vehicle and lie down in a low spot on the ground. Protect the head and neck.

**EARTHQUAKES (All Locations)**

In the event of an earthquake and inside a building, **stay there.**

- Find cover under a sturdy table, in a sturdy door way, or crouch in a corner against a wall
- Cover you head and neck area and hold on to the table, if applicable
- Stay away from windows and bookcases.

If you are outside, **stay there, but away from power lines, buildings, and anything that can fall.**

If you are in a vehicle or transporting, **stay inside the vehicle but park in a safe place. Avoid stopping on bridges, near buildings or trees, or under overpasses and power lines.**

After the initial earthquake I-REACH 2, Inc. staff/personnel shall follow standard procedures, taking Participant Records, first aid kit, and medications into the nearest room without windows, preferably in the following areas in each facility:

I-REACH 2, Inc. 2 Main Office	Designated Job Coach Area
INDIVIDUAL RESIDENCES	Bathroom Areas

- A battery-operated radio and flashlight should be with you at all times during the emergency. Tune radio or TV for the latest emergency information.
- Contact 911 if an individual location has been hit and there are injuries to anyone.
- Give First Aid Treatment to any injured participant.
- Check facility for structural damage; inspect water lines, and electrical lines.
- Check appliances and utilities. If you smell gas, open a window and leave and call the gas company. Shut off the main gas valve.
- Staff will contact emergency on-call and advise of situation.
- Emergency on-call and/or administration will coordinate contact to guardians and/or providers.

**Drill Procedure:** Discuss all potential Natural Disaster and what the procedure is for each. Then choose one Natural Disaster to act out. Ensure that all proper procedures were carried out for that disaster. For example, if you ran the earthquake drill did all individuals find a safe place under a sturdy table, doorway or crouch under a table? Did they cover their heads and neck and stay away from the windows? Did they have their battery-operated radio and flashlight with them? When running the Blizzard drill, individuals must fill up container full of clean water and locate all warm blankets as well.

#### **POWER FAILURES:**

##### **(On-site I-REACH 2, Inc. Main Office)**

I-REACH 2, Inc. has emergency lighting which can be activated in the event of any power outage in the main programming area, hallway and front reception area. Administrative staff and Community Integration staff shall be familiar with the location of flashlights and other emergency equipment that may be necessary.

##### **(On-site Individual Residences)**

I-REACH 2, Inc. residences have emergency flashlights and equipment that can be used in the event of a sustained power outage. Power outages should be reported immediately to Rocky Mountain Power and if staff is advised that it will be more than (8) hours before power will be turned on, employees should notify the on-call personnel of the situation so alternative power sources or arrangements can be made.

**Drill Procedure:** Turn off the main power source. Evaluate if individuals can access the emergency flashlights or other equipment that can be used light. Did they move to the common area for safety purposes? Are they able to locate the numbers to contact for information about the outage? Note any concerns on the Drill form.

#### **POSSIBLE GAS LEAKS (All Locations)**

- If an employee suspects or detects a possible gas leak, he/she shall report it immediately to the area supervisor or coordinator and follow standard emergency evacuation procedures.
- The Area Supervisor or designee will check appliances and utilities and open a window if applicable. Once outside the facility, the Area Supervisor or designee shall contact the gas company and/or emergency services to notify them of the problem. Then shut off the main gas valve.
- Wait until authorities have checked and cleared the building before returning. If necessary, make alternative placement arrangements for participants for the remainder of the day or night.

**Drill Procedure: No drill required.** However, this should be verbally reviewed when training on the power failure.

#### **BOMB THREATS: (All Locations)**

In the event of a bomb threat at any I-REACH 2, Inc. owned or operated facility:

- The person receiving the call should:
  1. Listen and not interrupt the call. Keep caller on the phone as long as possible. Alert manager, other staff member or another individual via hand gesture to call 911.
  2. See if the caller will identify the location, description (what type of explosive or what it looks like), or time of detonation. Relay all information to authorities.



- Manager, staff member, or individual notifying 911:
  1. Have any individuals in the area evacuate immediately go to your pre-designated meeting location 20 feet or greater from the bomb threat area. Once all participants and staff have been accounted for at the designated "MEET POINT" all persons will be loaded onto vehicles and evacuated all to Restoration Church.
  2. Notify emergency on-call.
- Emergency on-call staff will coordinate notification to guardians and arrange transportation as needed.
- Responding police officials will evaluate the threat. Wait for authorities to check and clear the location before returning.

DO NOT TURN ON OR OFF ANY ELECTRICAL MACHINE SWITCHES.

DO NOT MOVE OR COVER ANY SUSPICIOUS LOOKING PACKAGES OR OBJECT. –Report location to the authorities.

**Drill Procedure:** Staff will hold up a piece of paper with the word BOMB written on it along with a basic picture of a bomb. Individuals will need to immediately evacuate the area and get at least 30 feet away from the location. Staff need to evaluate if anyone brought any belongings with them. Note any concerns on the drill form.

#### **UNKNOWN OR ERRATIC INDIVIDUAL ON PREMISES**

##### **UNKNOWN INDIVIDUAL**

When there are reports from local law enforcement there is an unknown erratic individual in the area, all doors at the group homes and the I-REACH 2, Inc. main facility are to remain securely **closed and locked from the outside at all times when participants are present** as well as when leaving the premises until threat has been cleared.

##### **RESIDENTIAL**

DO NOT OPEN THE DOOR TO STRANGERS UNDER ANY CIRCUMSTANCES. IF YOU DO NOT RECOGNIZE THE INDIVIDUAL WHEN PEERING THROUGH THE DOOR HOLE OR A WINDOW, ASK THE INDIVIDUAL TO STATE HIS/HER NAME AND PURPOSE OF THE VISIT AND TO SHOW PROPER IDENTIFICATION BEFORE YOU OPEN ANY DOOR TO AN UNKNOWN INDIVIDUAL.

##### **MAIN FACILITY**

- Individuals coming into the I-REACH 2, Inc. main building shall enter through the West door and must first check in with the front desk personnel.
- Should any unknown individual appear in any restricted area in the building without an escort or prior notice from the administrative office, employees shall immediately notify the individual that they are in a restricted area without authorization and contact their supervisor or area coordinator immediately.
- Administrative Staff and personnel respond immediately to the area and will attempt to identify the individual, the purpose for their visit and ask them to leave the restricted area.
- It is a requirement that the front desk be attended at all times. If the Administrative Specialist needs to step away from the front desk, a substitute staff/participant must be put in place and the Community Integration Coordinator should be notified.

#### **INDIVIDUAL WITH A GUN/WEAPON OR MAKING THREATS:**

##### **RESIDENTIAL**

- Do not open the door. Advise participants to go to the main room and secure their doors.
- Call 911 for assistance
- Call the area Coordinator and/or emergency on-call for assistance
- Wait until the police arrive

##### **MAIN FACILITY**

- Call 911

- Notify all areas of the facility via emergency phone system (All Page) if possible. If not, yell or scream loudly "EMERGENCY in the \_\_\_\_\_ room."
- Secure participants in a safe area, or evacuate if directed by Emergency Responders.
- Lock the door of individual rooms or barricade with chair or furniture. Cover any windows with paper or anything that blocks view.

### ERRATIC INDIVIDUAL

Should someone enter the I-REACH 2, Inc. main building, any group home or I-REACH 2, Inc. operated facility that appears intoxicated, under the influence of drugs or narcotics, or becomes aggressive, angry or combative, employees shall notify their Area Supervisor and/or emergency on-call immediately for support and shall:

- Remain calm and non-threatening and ask the Individual to speak with you in a private area.
- Request immediate assistance from other employees or your area supervisor to remove participants from the area if the Individual refuses to accompany you to or remain in an isolated entry area.
- Do not lead the individual into any area further inside any building, home or location where you would not be in hearing or calling range if the behavior escalates.
- Follow non-violent crisis intervention and prevention strategies contained in this manual. (CPI)
- If the individual becomes physically aggressive or attempts to take a participant from our premises, contact the Police via 911 immediately.
- If an individual appears to be under the influence of alcohol or any other substance DO NOT ALLOW THE INDIVIDUAL TO REMOVE ANY PARTICIPANT FROM OUR PREMISES. (You must be very creative and suggest that they wait until you get clearance from your supervisor in order to sign the participant out). You need not confront them on your own. Use delay tactics that are calm and calculated until help arrives.

**Drill Procedures:** Drill is ran as real as possible. An individual will demonstrate an erratic or violent person by beating on doors are yelling and screaming in a threatening way. Individuals are to immediately go to their rooms at their homes or the designated area at the center, lock or barricade the door. Individuals should then hunker down away from windows and doors. The acting staff should attempt to enter the area where the individuals are hiding. Note and concerns on the drill form.

### Vehicle Emergency:

In the event of a motor vehicle accident immediately take the following steps:

- Ensure all participants are accounted for and responsive.
  - If any participant is ejected from the vehicle, unresponsive, or injured call 911 immediately.
- Assess your vehicle's condition to determine if it is safe to occupy.
- Call 911 and wait for assistance.
- If it is safe to do so, participants should remain in the vehicle with seat belts fastened for everyone's safety until help arrives.
- If it is unsafe to remain in the vehicle, participants should cautiously exit and move to a safe location away from traffic but adjacent to the accident site.
- Turn on hazard lights, set out warning devices if possible to do so without endangering yourself or others.
  - Do not smoke or place lit flares within 25' of damaged vehicles or fluids which have leaked from them.
- Do not smoke or place lit flares within 25' of damaged vehicles or fluids which have leaked from them.
- Contact EMERGENCY ON-CALL for assistance at 258-5959 24 hours a day-7days a week or the I-REACH 2, Inc. main office during Monday-Friday hours 8:00 to 4:00 at 265-8086.
- Do not move the vehicle until law enforcement arrives unless it is a severe hazard to other motorists.
- The manager or on-call personnel will respond ASAP to relieve you and coordinate transportation or to assist in accompanying the injured participants to the hospital or emergency room.
- The manger or on-call personnel will notify the Executive Director who will notify guardians/ case managers of those involved in the accident beginning with anyone who may have sustained injuries which resulted in medical treatment.

**Drill Procedure:** Drivers should pull to the side of the road or parking lot. Sate to the individual you were just in an accident and ask what they would do next. Participants should be able to articulate the above procedures or where to locate the emergency procedures in the vehicle. Participants should also be questioned on what your name is and if they could give 911 operators their location if needed.

**CHEMICAL SPILL OR HAZARDOUS MATERIAL LEAK:**

In the event of a chemical spill, evacuation order, or the activation of alarm signals:

- Notify other occupants in the immediate vicinity.
- Follow standard evacuation procedures.
- Staff assists participants to the front of the building. Take your classroom rosters and attendance boards with you so you may later verify account for participants and staff.
- Administration Team and Staff- Shut off electrical equipment such as lights, televisions, microwaves and radios.
- Close doors behind you as you leave; making sure the room has been evacuated.
- Do not use the back exit.
- If the fire alarm is not activated, use a pull station to sound the alarm.
- As you exit, announce the evacuation to other individuals to further ensure that everyone has been notified.
- From a safe location, call 911. Stay on the line and tell the emergency dispatcher known information about the emergency.
- Load vehicles and meet at the Restoration Church on 2nd Street.
- Count staff and participants. Report to the emergency responders any missing person or persons remaining in the building.
- Do not return to the building until emergency responders have deemed it safe.
- Emergency on-call staff will coordinate notification to guardians and arrange transportation as needed.

Finally, it is the responsibility of the Executive Director to notify the I-REACH 2, Inc. Board of Directors of any accident in which there are injuries.

**Drill Schedule**

<b><u>Month</u></b>	<b><u>Drill</u></b>	<b><u>Shift responsible</u></b>
<i>January</i>	Utility Failure (Power Outage)	Overnight M-F and Weekend
<i>February</i>	Bomb Threat	M-F 4p-12a
<i>March</i>	Violent or Threatening Situation (Strange/Erratic Person)	Overnight, M-F 4p-12A
<i>April</i>	Fire	Overnight & Weekend
<i>May</i>	Medical Emergency	Overnight M-F & Weekend
<i>June</i>	Natural Disaster (Tornado, Flood, Earthquake, Wild fire)	weekend & Overnights
<i>July</i>	Vehicle Emergency	M-F 4p-12a & Weekends
<i>August</i>	Fire (all Sites complete evacuation)	M-F 4p-12a
<i>September</i>	Bomb Threat	M-F 4p-12a & Weekend
<i>October</i>	Natural Disaster (Blizzard)	M-F 4p-12a
<i>November</i>	Behavioral Emergency (in the community)	M-F 4p-12 a, Weekend
<i>December</i>	Behavioral Emergency (Elopement)	M-F 4p-12a, Overnights

Please remember these drills must be run as an actual drill and not just a discussion topic. Implementation of an emergency procedure in response to an actual emergency and its subsequent documentation may be used in place of an emergency drill. If personnel have any questions regarding how to run an emergency drill, please see the Health and Safety Section of the PnP.

# Section 8: Emergency Plan

## I-REACH 2, Inc. Emergency Management Continuity Plan

### 351 N. Lennox. Casper WY, 82601

1. **Declaration Statement:** The I-REACH 2, Inc. mission is to provide high quality, innovative, individualized, therapeutic services to adults with developmental disabilities and/or brain injuries. To accomplish this mission, I-REACH 2, Inc. must ensure its operations are performed efficiently with minimal disruption, especially during an emergency. This document provides planning and program guidance for implementing the I-REACH 2, Inc. Emergency Management Continuity Plan to ensure the organization is capable of conducting its essential services and functions under all threats and conditions. While the severity and consequences of an emergency cannot be predicted, effective contingency planning can minimize the impact on the I-REACH 2, Inc. mission, personnel, and facilities.
  
2. **Purpose:** The overall purpose of continuity planning is to ensure the continuation of the essential services under all conditions in the event I-REACH 2, Inc. normal operations are disrupted due to a variety of natural disasters. This plan applies to all I-REACH 2, Inc. personnel. Staff must be familiar with Emergency Management Continuity Plan policies and procedures and respective roles and responsibilities.
  
3. **Risk Assessment:** The Wyoming Office of Homeland Security has identified the following hazards in the State of Wyoming:
  - Drought
  - Dam Failures
  - Earthquakes
  - Expansive Soils
  - Floods
  - Hail
  - Human-Caused Hazards Including Terrorism, Hazardous Materials and Hazardous Waste
  - Landslides
  - Lightning
  - Liquefaction
  - Meteor Impacts
  - Mine Subsidence
  - Snow Avalanches
  - Tornadoes
  - Toxic Elements (naturally occurring)
  - Water Quality
  - Wild land Fire
  - Windblown Deposits
  - Winter Storms and Blizzards
  - Yellowstone Explosive Volcanism
  - a. The Wyoming Office of Homeland Security identifies hazards in the state of Wyoming. In our county of Natrona, the Natrona County Emergency Management has identified the following risks in our area that could affect our facility; **Flash floods, tornados, earthquakes, blizzards, severe thunderstorms and hazard material releases.**
  - b. In addition, I-REACH 2, Inc. has identified the following risk and performs drills for these risks; Fire, Bomb threat, utility failure and unknown or erratic individual.

<u>Item:</u>	<u>Location:</u>
Participant records	In Therap
Organization travel card:	Delivered by administration staff
Communication equipment/cell phone:	On hand by staff/admin.
Emergency Management Continuity Plan:	In drive-away kit
Directions to continuity facility:	In drive-away kit
Maps of surrounding area:	In drive-away kit
Extra clothing:	In drive-away kit
Flashlight:	In drive-away kit
Hearing aids and extra batteries:	Delivered by administration staff
Extra pair of eyeglasses/contact lenses if applicable:	Delivered by administration staff

Medications (at least 2 days worth per participant) Extra medication can be made available by calling Emissary at (307) 472-0597 or 800-281-2026	Delivered by administration staff
Emergency phone numbers and addresses (relatives, medical doctor, pharmacist):	In transport vehicles
Toiletries:	In drive-away kit
Bottled water and non-perishable food (i.e., granola, dried fruit, etc.):	
Medical equipment/ First Aid kit:	In drive-away kit
Insurance information:	In drive-away kit
Driver's license:	On hand by staff/admin.
Portable radio/batteries:	On hand by staff/admin.

4. **Preparedness:** I-REACH 2, Inc. has an Emergency Management Continuity Plan that is shared with The Wyoming Office of Homeland Security, the Natrona County Emergency Management and our temporary shelter site, The Restoration Church. The Health and Safety Coordinator is a member in the Natrona County Community Emergency Response Team and participates in the Emergency Notification System.

I-REACH 2, Inc. will create and maintain drive-away kits. Personnel are responsible for carrying the kits to the continuity facility (Restoration Church 411 S. Walsh Dr. Casper WY 82609) or contacting emergency on-call to retrieve the following items.

The I-REACH 2, Inc. Health and Safety Coordinator or designee will check and maintain the drive-away kits quarterly. In addition, I-REACH 2, Inc. will provide personnel with comprehensive competency based training during new employee orientation and annually thereafter on said procedures and the Emergency Management Continuity Plan. Employee trainings also include CPR, First Aid, Medication Monitoring, PPE, Bloodborne Pathogens and Emergency procedures and drills.

#### 5. Activation of Plan

- a. Based on the type and severity of the emergency situation the Emergency Management Continuity Plan may be activated by one of the following:
  1. The federal, state or county administrator initiates an alert.
  2. I-REACH 2, Inc. director or designee initiates the activation of the plan based on a threat or emergency directed at our facility.
- b. Depending on the type and severity of the emergency situation will determine the need to evacuate or Shelter in Place.
- c. **Delegation of Authority-** During the activation process of the Emergency Management Continuity Plan the delegation of authority will be:
  - **Executive Director** - responsible for interacting with the authorities and doing a sweep of the building to make sure everyone is out.
  - **Community Integration Coordinator-** will ensure all participants and staff are safely evacuated and a roll call is taken following the evacuation.
  - **Health and Safety Coordinator or Staff assigned-** responsible for retrieving the drive away kit and first aid kit.
  - **Administrative Assistant or Personnel-** call CATC, transport, and manager on-call.
  - **Manager On-call-** will notify all guardians and case managers.
  - **Staff/Personnel-** assist participants in evacuating safely during an emergency situation and/or maintaining supervision levels during a Shelter in Place.
- d. I-REACH 2, Inc. personnel who are relocated under this plan will, upon plan activation, disperse to the Restoration Church located at 411 S. Walsh Dr. Casper WY 82609. Upon arrival, personnel will establish and perform operational and essential functions within 5 hours from the time of the activation of the Emergency

Management Continuity Plan. From this secure location staff shall coordinate notification to guardians and arrange transport of participants who can be taken to their homes or to guardian homes. In the event that we are deemed to remain on site, staff will notify on-call and arrangements will be made to rotate staff out as I-REACH 2, Inc. continues its essential functions.

- e. Essential functions for the I-REACH 2, Inc. facility, whether it is in the main building and/or group home setting, encompasses providing the best health, welfare, safety and security for our participants in all settings. I-REACH 2, Inc. is responsible for each participant who is signed into our program each day. I-REACH 2, Inc. PRIDE ourselves in our level of Passion, Respect, Integrity, Dignity, and Education we provide for each of our participants we serve. Our vision is to provide services that promote quality of life, independence and ability. I-REACH 2, Inc. is a place where daily learning experiences is teamed up with community integration to meet participant needs and goals. In the event that the Emergency Management Continuity Plan goes into effect the following items **would not** be considered essential functions:
- Leisure outing
  - Special Olympic activities
  - Supported Employment Program services would be evaluated on a case by case basis and depending on the type/severity of the emergency.
  - Non-emergency medical appointments.
  - Volunteer opportunities

Essential functions **would** include activities of daily living (ADL); hygiene, meals, medication monitoring, etc.

## 6. Response

Implementation of the Emergency Management Continuity Plan follows the delegation of authority of I-REACH 2, Inc. with information from the [Natrona County Emergency Management Administration](#). It is our goal to insure steps of mitigation are completed in each area of responsibility to ensure our response to an emergency situation is as efficient and effective as possible.

### Transportation

#### *Mitigation*

- Maintaining a minimum of ½ tank of gas in each program vehicle. The Programming Specialist will monitor this and instruct the transport driver to maintain the minimum amount of gas in each vehicle.
- Keep all program vehicles maintenance and maintenance records up to date. This documentation is kept and monitored by the Health and Safety Coordinator.

#### *Response*

- Transportation needs will be coordinated by coordinators and personnel who have access to information about vehicle locations and areas affected by the disaster.

### Communication

#### *Mitigation*

- Maintain charged mobile phones.
- Keep one land line available at each facility location.

#### *Response*

- Stay connected with local media via internet, radio and Emergency Notification System.
- Maintain and update employee and participant information annually.
- Utilize land and/or mobile telephones in the event of power loss and text messaging and email for communication.

### Information/Data System

#### *Mitigation*

- I-REACH 2, Inc. will keep participant records up to date in Therap.

- I-REACH 2, Inc. will update the company flash drive weekly to ensure that information is kept current. The Administrative Specialist or Community Employment/Living Coordinator is responsible for this. (Please see Technology Plan-backup policy)

*Response*

- The company flash drive will be kept at our main facility fire safe to maintain confidentiality however in the event of an emergency; the manager on duty will retrieve the flash drive and take it to the Restoration Church during evacuation.
- In the event that power is lost and computer access is unavailable hard copies of contact and vital information is kept in all program vehicles.

### **Individuals/Participants**

*Mitigation*

- Individuals receiving Supported Living Services will review I-REACH 2, Inc. Emergency Management Continuity Plan at their annually.
- Participants who receive services in our Day Habilitation facility will be provided yearly training of I-REACH 2, Inc. Emergency Management Continuity Plan at the Participant meeting.
- Participants who receive services in our Residential facilities will be provided yearly training of I-REACH 2, Inc. Emergency Management Continuity Plan during the House meetings. The residential staff will also discuss with participants at monthly house meetings how they can prepare themselves and the homes for different disasters.

*Response*

- Individuals receiving Supported Living Services-It is the responsibility of the family/provider to develop and follow their own plan in the event the Individual is not in services during an actual emergency.
- Participants in both Day and Residential Services will follow the I-REACH 2, Inc. Emergency Management Continuity Plan along with evacuation plans lined out in our policy and procedure manual.

### **Recovery**

As stated above, during the Recovery phase I-REACH 2, Inc. personnel who are relocated under this plan will, upon plan activation, disperse to the Restoration Church. Upon arrival, personnel will establish and perform operational and essential functions. The Executive Director and/or Health and Safety Coordinator will assess physical and social/economic effects to determine the scope and magnitude of the disaster. Severe disasters may disrupt I-REACH 2, Inc. in a costly manner and may necessitate immediate relief and recovery measures for consumers and property. An assessment of actual personal loss or injury and damage to property will allow I-REACH 2, Inc. to provide assistance to disaster victims. Staff should report any damages they assess to the Executive Director and/or Health and Safety Coordinator. The Executive Director will issue ongoing reports to the I-REACH 2, Inc. Board of Directors during the recovery phase of the disaster.

I-REACH 2, Inc. will also notify the Natrona County Emergency Management and/or City of Casper local authorities of recovery situation and request aid where appropriate.

### **Local Emergency Contacts:**

Natrona County Emergency Management Administration: Stu Anderson 307-235-9205

Restoration Church: Jason Vincent 307-267-8023 or 307-235-9100

Community Risk Reduction Chief: Thomas Solburg 307-235-8222

**Wyoming Office of Homeland Security: Larry Green 307-777-4908**