

(was MCCMH Policy 5-04-030))

Chapter: **DIRECTLY-OPERATED PROGRAM MANAGEMENT**  
Title: **EMERGENCY PREPAREDNESS PLAN**

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Approved by: \_\_\_\_\_

Executive Director

7/2/12  
Date

**I. Abstract**

This policy establishes the standards for emergency preparedness for employees, independent contractors, volunteers, and interns, of the Macomb County Community Mental Health Board (MCCMH) in the event of a natural or man-made disaster or threat of disaster, injury to consumers or staff, or other dangerous incidents.

**II. Application**

This policy shall apply to administrative offices and directly-operated network providers of the MCCMH Board.

**III. Policy**

It is the policy of the MCCMH Board to promote the safety of provider employees, independent contractors, volunteers, and interns (staff members), and consumers in the event of a disaster or threat of disaster caused by weather conditions; power / utility failures; bomb threats / explosions; fire; and medical and psychiatric emergencies, or other dangerous incidents.

**IV. Definitions**

A. Evacuation Coordinator or Designee  
MCCMH employee(s) designated by the Program Supervisor at each work site for each shift (as applicable for program sites with extended hours) who:

1. During an evacuation or drill:

Alerts staff, briefly checks his/her immediate work area to ensure that individuals, important property or documents are secure; ensures that employees, contractors, volunteers, interns, consumers, and other visitors evacuate; ensures that staff report to the assigned assembly area; and

2. After an evacuation (may be different staff than as designated in IV.A.1, above):  
Accounts for staff and other individuals known to be on the premises and reports any missing individuals to the emergency responder (e.g. police, fire department).

**B. External Safety Inspector**

An external safety inspector may include the following:

1. A representative of the fire department;
2. A representative of a local health department;
3. A licensed or registered safety engineer;
4. A representative of a state or federal agency that provides OSHA, health, or physical plant inspections on a consultative or licensing basis.
5. An engineer involved in industrial operations. This person is knowledgeable regarding the health and safety requirements applicable to the services provided;
6. A plant engineer or safety specialist;
7. A safety consultant who represents the organization's fire or workers' compensation carrier or who is in private practice; or
8. An industrial health specialist; or a representative of the organization's insurance carrier or a private insurance carrier.

**C. Internal Safety Inspector or Designee**

A MCCMH employee(s) designated by the Program Supervisor at each work site for each shift (as applicable for program sites with extended hours) who conducts Safety and Sanitation/Infection Control self inspections quarterly, and who shall be responsible for the submission of written reports associated with each inspection according to the terms of this policy.

**D. MCCMH Health Care Personnel**

For purposes of this policy, MCCMH Health Care Personnel are employees or independent contractors of MCCMH who are physicians, physician assistants, nurses, nurse practitioners, or are other CPR/first aid trained individuals.

**E. Power / Utility Failure**

Electrical failure; furnace/gas/oil or electrical heat failure; water stoppage/sewer backup; or the bursting of a water main, etc.

- F. Severe Storm  
Storm(s) which may be accompanied by damaging winds, large hail, deadly lightning or heavy rains. These storms can and occasionally do produce a tornado with little or no advance warning.
- G. Tornado Warning  
A tornado has been sighted in the defined area.
- H. Tornado Watch  
Imminent danger that a tornado is possible in a defined area.

**V. Standards**

- A. The Program Supervisor at each work site or program shall designate an:
  - 1. Evacuation Coordinator(s), a back-up(s), and an alternate back-up(s) for each shift (as applicable for program sites with extended hours) who shall be responsible for performing activities associated with the role as defined in Section IV.A.
  - 2. Internal Safety Officer, a back-up, and an alternate back-up for each shift (as applicable for program sites with extended hours) who shall be responsible for performing activities associated with the role as defined in Section IV.C.
- B. At least once per quarter, for each shift (as applicable for program sites with extended hours) according to the Emergency Plan Testing Schedule established by the Deputy Director or designee and the QA Coordinator (Exhibit A), different portions of the emergency plan shall be tested at all locations to ensure that all portions of all emergency plans are tested at least annually. During the third quarter of each fiscal year, following the Macomb County Human Resources and Labor Relations Department's annual safety inspection at each MCCMH administrative office or directly-operated service location, Human Resources and Labor Relations Department's safety inspection report shall be reviewed by the MCCMH deputy for risk management monitoring.
- C. The Safety Inspection, the Sanitation and Infection Control Inspection (Exhibits B and C, respectively) and the Emergency Plan Performance Reports (Exhibits E, F, G, I, J and O) shall be conducted by the Internal Safety Inspector, a back-up, or alternate back-up at the service sites and the Administrative Office for each shift (as applicable for program sites with extended hours) according to the Emergency Plan Testing Schedule (Exhibit A) and shall be submitted to the Deputy Director or designee and to the Quality Assurance (QA) Coordinator from the Clinical Strategy and Clinical Improvement (CSI) Division for risk management monitoring no later than 10 days following the end of the previous quarter.
- D. Actual emergency or disaster-related events (fire/explosion, storm/lightning, tornado, power/utility failure, snow/ice/wind chill factor, bomb threats, workplace

violence/ potential threat to persons, hazardous materials, medical emergency, psychiatric emergency) shall be documented according to the procedural provisions contained in VI. A.- J., and reports submitted to the Deputy Director or designee and to the CSI QA Coordinator for risk management monitoring.

- E. The Quality Assurance (QA) Committee shall provide risk management monitoring regarding effectiveness of the MCCMH Emergency Preparedness Plan via quarterly reports submitted by the CSI QA Coordinator.
- F. For risk management monitoring, MCCMH Consumer Incident, Accident, Illness, Death or Arrest Report pertaining to consumer critical incidents shall be provided to the Clinical Risk Management Committee by the Office of Recipient Rights Director or designee on a quarterly basis.
- G. Each report shall address individuals with disabilities which may be accomplished via discussion or role play of applicable procedures. If tests of emergency plan procedures are handled by discussion only, the discussion shall be documented in staff meeting minutes and submitted along with the test report.
- H. MCCMH shall have a comprehensive inspection conducted annually at all administrative and service sites by an external safety inspector that results in a report that identifies the areas inspected, recommendations for areas needing improvement, and actions taken to respond to the recommendation(s).
- I. Programs shall monitor environmental conditions (e.g., fire extinguishers, cleanliness of vents and rest rooms, etc.) at their sites and correct deficiencies or report uncorrectable deficiencies to the Deputy Director's office for further action. If corrective action is required, the service site must be able to demonstrate via correspondence, purchase requisition, work order, etc., that the activity occurred.
- J. Universal Precautions shall be applied to all aspects of medical and psychiatric emergency situations according to the applicable provisions of the MCCMH Infection Control Plan (Exhibit A to MCO Policy 10-056, "Infection Control Plan.") The Infection Control Binder shall be located next to the First Aid Kits at each site.
- K. With the exception of the MCCMH Crisis Center night shift (where there are only two staff present), staff trained and certified in cardiopulmonary resuscitation (CPR) and basic first aid shall be available on every shift at each program site. All nurses shall maintain current certifications in CPR and basic first aid.
- L. First aid supplies and spill kits shall be available at designated location(s) at each building/service site, and shall be secured in county-owned vehicles as appropriate.
- M. Hazardous materials shall be handled according to the manufacturer's warnings and instructions, used for the purpose intended, stored in the original containers in a secured area, and disposed of at the County's hazardous waste disposal drop-off and collection site. Biomedical and pharmaceutical waste shall be disposed of according to the terms of a professional biomedical/pharmaceutical

waste services agreement. The MCCMH Medical Waste Management Plan, as part of the MCCMH Infection Control Plan, can be found in the Infection Control Binder. The Infection Control Binder is located next to the First Aid Kits at each site.

- N. Emergency telephone numbers, including but not limited to 911 and Poison Control, shall be visibly posted on all phones at the Administrative Offices and at buildings/service sites.
- O. Evacuations
1. Evacuation Procedures shall be developed for each service site and the Administrative Offices, and posted visibly at the service site/Administrative Offices. (For sample see Exhibit D). They shall contain, at a minimum:
    - The location of each office or area in relationship to the nearest building EXIT;
    - All evacuation routes, along with a notice of the assembly point for occupants outside of the building in the event of evacuation;
    - The name and location of a building which can provide temporary shelter for staff, consumers, and visitors during an extended or inclement evacuation as directed by the Deputy Director/designee;
    - The names of the Evacuation Coordinator(s), and the names of back-up Evacuation Coordinators and alternate back-up Evacuation Coordinators;
    - Identification of essential services and continuation of essential services to consumers in the event of evacuation;
    - Plans for assisting individuals with disabilities in exiting the building;
    - Instructions for responding to auditory warning devices;
    - Plans to secure any monies and confidential documents prior to the evacuation and to retrieve them upon returning to the building/service site.
  2. Staff shall ensure that consumers are familiarized with exit routes, including emergency exits.
  3. All buildings/service sites shall have either a manual warning device or automatic means for alerting employees, independent contractors, volunteers, interns (staff), consumers, and visitors in the event an emergency requires evacuation of the premises.
  4. Disaster evacuation drills shall be conducted at each site on each shift (as applicable for program sites with extended hours) in accordance with the Testing Schedule to assure orientation of new staff members. In County-owned or leased facilities, staff shall follow Macomb County policy regarding practice drills. All persons present in the building/service site at the time of a disaster evacuation drill shall participate in the drill.

5. In the event of an evacuation, the Chairman of the Macomb County Board of Commissioners or designee, in conjunction with the MCCMH Executive Director or designee, may send all non-essential employees home. If MCCMH employees are directed to go home by the Executive Director or designee, employment issues such as paid leave and compensation shall be dealt with on a case by case basis at a later date.
6. The Chairman of the Macomb County Board of Commissioners has the sole authority to declare an Inclement Weather Day.
- P. In order to guarantee the safety of, and to account for, all persons at each building site, MCCMH staff who accept visitors will be responsible to assist those visitors in following all evacuation plans, in the case of an actual evacuation or drill.
- Q. Program Unit Manuals shall contain operational procedures for explanation and implementation of this policy by the program staff, contractors, volunteers, and interns.
- R. This Emergency Preparedness Plan policy shall be reviewed with MCCMH employees, independent contractors, volunteers, and interns as part of the MCCMH New Employee Orientation Program and/or supplemental, mandatory training and, as appropriate, by program staff at the service sites.

## VI. Procedures

Procedures regarding different types of emergency/disaster situations are contained in sections A.-J. which follow. These include:

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## **VI. PROCEDURES (Continued)**

### **A. FIRE/EXPLOSION**

#### **1. Immediate Actions**

- a. Any person noting a fire or threat of fire (smoke, etc.) on the premises shall immediately inform the Supervisor or designee of the situation.
- b. If feasible, emergency equipment (i.e., a fire extinguisher) shall be used to extinguish the fire.
- c. If it is determined that the fire cannot be readily extinguished, and the facility should be evacuated, the Supervisor or designee shall initiate site Evacuation Procedures.
- d. Staff shall immediately call 911 for assistance.
- e. In the event the Supervisor or designee initiates an evacuation of the building, MCCMH staff, contractors, volunteers, interns, consumers, and visitors shall exit from the facility, close doors (if feasible) and congregate at a pre-designated assembly area. MCCMH staff shall assist persons who are non-ambulatory and those with mobility impairments to the pre-designated areas as necessary.
- f. During the evacuation of the building, the Supervisor or designee shall physically take with him/her the appointment book or sign-in/sign-out book and staff list (as applicable) from the facility and join staff, contractors, volunteers, interns, consumers, and visitors at the pre-designated assembly area.
- g. Those persons present at the designated assembly area shall be checked off in the appointment book and a count of persons present shall be made to determine whether the offices, waiting room and all other areas in the facility have been fully evacuated, and that an accounting has been made for all persons listed in the appointment book, staff or contractor list, inclusive of volunteers, interns, and visitors in the facility.
- h. The Supervisor or designee shall immediately alert the Fire Department or other Emergency Personnel on the scene to any individuals presumed missing.
- i. Reentry of the premises shall not occur until the situation is declared under control by the Fire Department, or other Emergency authority, and reentry is deemed safe. Staff shall remain at the assembly area until directed to re-enter or to leave by the Fire Department, other Emergency authority or the

Supervisor, Program Manager, Division Director, Deputy Director, or Executive Director.

- j. The MCCMH Crisis Center may be contacted for Macomb Emergency Response Group (MERG) assistance. A list of other [resources for free or low cost services and/or information](#) may be found on the Macomb County Human Resources and Labor Relations Department website or the MCCMH intranet website.

2. Post-evacuation

- a. Following the evacuation, the Supervisor or designee shall notify the MCCMH administration of the emergency situation requiring evacuation.
- b. An Emergency Plan Performance Report / Fire (Exhibit E) shall be completed by the Supervisor or designee and submitted to the Deputy Director or designee. The Deputy Director/designee will forward the information to the CSI QA Coordinator who shall prepare a summary report for risk management monitoring.



## **VI. PROCEDURES (Continued)**

### **B. STORM/LIGHTNING (Extreme Weather)**

1. In the event that an emergency situation may be created at a program site by severe storms or lightning, MCCMH staff shall monitor a radio or television for National Weather Bureau bulletins to determine whether there are any weather watches or warnings in effect in the area.
2. When there is lightning present during a storm:
  - a. The Supervisor or designee shall advise all persons in the program to remain within the building, stay away from doors, windows, heat vents, sinks, pipes and any objects that might conduct electricity. MCCMH staff shall assist persons who are non-ambulatory and those with mobility impairments.
  - b. During the storm/lightning period, at least one telephone line shall remain free from use for incoming communications.
  - c. In the event lightning strikes the program building resulting in a fire, the procedures provided under VI.A., "FIRE/EXPLOSION" shall be implemented.
  - d. If a person is struck by lightning, staff shall immediately call 911; enlist the help of MCCMH medically trained staff, if available; and provide CPR until such time as emergency medical support arrives. Staff shall adhere to Universal Precautions in providing assistance, as identified in applicable provisions of the MCCMH Infection Control Plan (Exhibit A to MCO Policy 10-056, "Infection Control Plan," located in the Infection Control Binder)
  - e. If the severe weather requires building evacuation, the Supervisor or designee shall initiate the site Evacuation Procedures.
  - f. During the evacuation of the building, the Supervisor or designee shall physically take with him/her the appointment book or sign-in/sign-out book and staff list (as applicable) from the facility and join other staff, contractors, volunteers, interns, consumers, visitors, and at the assembly area.
  - g. Those persons present at the designated assembly area are checked off in the appointment book, sign-in/sign-out book or staff list (as applicable) and a count of persons present shall be made to determine whether the offices, waiting room and all other areas in the facility have been fully evacuated, and that an accounting has been made for all persons listed in the appointment, sign-in/sign-out books or staff list (as applicable), inclusive of contractors, volunteers, interns, and visitors in the facility.

- h. The Supervisor or designee shall immediately alert the Fire Department or other Emergency personnel on the scene to any individuals presumed missing.
  - i. Reentry of the premises shall not occur until the situation is declared under control by the Fire Department or other Emergency authority and reentry is deemed safe. Staff shall remain at the assembly area until directed to leave by the Fire Department, other Emergency authority or the Supervisor, Program Manager, Division Director, Deputy Director, or Executive Director.
  - j. The Crisis Center may be contacted for Macomb Emergency Response Group (MERG) assistance. A list of other [resources for free or low cost services and/or information](#) may be found on the Macomb County Human Resources and Labor Relations Department website or the MCCMH intranet website.
- 3. Post-evacuation
  - a. Following the evacuation, the Supervisor or designee shall notify MCCMH administration of the emergency situation requiring evacuation.
  - b. An Emergency Plan Performance Report / Tornado/Extreme Weather (Exhibit F) shall be completed by the Supervisor or designee and submitted to the Deputy Director or designee. The Deputy Director/designee will forward the information to the CSI QA Coordinator who shall prepare a summary report for risk management monitoring.

## VI. PROCEDURES (Continued)

### C. TORNADO

1. In the event that weather conditions portend the possibility of a tornado, MCCMH staff shall monitor a radio or television for National Weather Bureau bulletins, and obtain messages over the Macomb County Plectron system, if available.
2. If a tornado watch is issued
  - a. Clinical operations of the program shall continue as usual; however,
  - b. MCCMH staff shall be prepared to assist consumers and visitors to shelter if a tornado warning occurs.
3. If a tornado warning is issued:
  - a. MCCMH staff who have been monitoring the radio and television shall disseminate information when a tornado warning has been issued.
  - b. MCCMH staff, contractors, volunteers, interns, consumers, and visitors shall take cover in bathrooms, center stairwells, or other enclosed areas without windows on the lowest floor available. End stairwells shall not be used.
  - c. Persons shall remain in the center stairwells only if there is no room on the ground floor.
  - d. MCCMH staff shall assist persons who are non-ambulatory and those with mobility impairments to the areas designated as safe.
  - e. MCCMH designated staff shall check their assigned areas to ensure that all individuals have been moved to areas designated as safe.
  - f. All persons shall remain in the designated areas until an All Clear has been sounded by the National Weather Bureau.
  - g. During the tornado warning period, at least one telephone line shall remain free from use for incoming communication.
4. If a tornado occurs and directly affects the building/service site:
  - a. As soon as possible the Supervisor or designee shall notify the Police and Fire departments and the MCCMH Deputy Director.

- b. If a building evacuation is necessary, the Supervisor or designee shall initiate the site Evacuation Procedures.
- c. Until emergency assistance arrives, if feasible, MCCMH staff shall provide aid to co-workers, consumers, and visitors, as needed.
- d. MCCMH staff, contractors, volunteers and interns shall cooperate with emergency authorities as directed by the commander of the crew on the scene.
- e. The MCCMH Crisis Center may be contacted for possible Macomb Emergency Response Group (MERG) assistance. A list of other [resources for free or low cost services and/or information](#) may be found on the Macomb County Human Resources and Labor Relations Department website or the MCCMH intranet website.

5. Post-Event

- a. Following the event, if not already done, the Supervisor or designee shall notify the MCCMH Administrative Office of the emergency situation.
- b. If there was an evacuation, an Emergency Plan Performance Report / Tornado/Extreme Weather (Exhibit F) shall be completed by the Supervisor or designee and submitted to the Deputy Director or designee. The Deputy Director/designee will forward the information to the CSI QA Coordinator who shall prepare a summary report for risk management monitoring.

## **VI. PROCEDURES (Continued)**

### **D. POWER / UTILITY FAILURE**

1. If there is advance notice that a power / utility failure has occurred:
  - a. The MCCMH program site may be closed until the utility is restored at the discretion of the MCCMH Deputy Director. When possible, persons expecting to come to the site shall be informed of the closing by phone, including the reason for closing.
  - b. MCCMH staff shall be provided instructions regarding reassignment to an alternate site by the Deputy Director or designee, the Division Director, the Program Manager, or the Supervisor.
2. If the power / utility failure takes place suddenly during the work day:
  - a. The Supervisor or designee will check circuit breakers and restore power, if possible.
  - b. If restoration of electrical power is not possible, MCCMH staff shall turn off and disconnect the computer power strip from the wall, unplug air conditioners and other electrical equipment.
  - c. The Supervisor or designee shall notify the Deputy Director and the Program Manager of the electrical power/utility failure and notify County Facilities and Operations if the building is County owned or leased.
  - d. The Deputy Director or designee shall provide further instructions regarding whether MCCMH staff should report to an alternate worksite, vacate the building/service site, or remain at the site pending restoration of the power/utility.
  - e. If the service site must be closed, MCCMH staff shall ensure that MCCMH consumers have transportation to leave the service site.
  - f. When possible, persons expecting to come to the building/service site shall be informed of the closing by phone, including the reason for the closing.
3. Gas Leak
  - a. If gas is smelled at the building / service site, the following procedures shall be followed:

- b. MCCMH staff shall notify the Supervisor/designee who shall notify the utility provider, or, if the building is County owned or leased, notify County Facilities and Operations. The Supervisor/designee shall notify the Deputy Director of the situation.
- c. Do not turn any electrical appliances on or off.
- d. Open all doors (and windows, if possible).
- e. The Deputy Director or designee shall provide further instructions regarding whether MCCMH staff should report to an alternate worksite, vacate the building/service site, or remain at the site pending investigation of the gas leak.
- f. If the service site must be closed, MCCMH staff shall ensure that MCCMH consumers have transportation to leave the service site.
- g. When possible, persons expecting to come to the building/service site shall be informed of the closing by phone, including the reason for the closing.

4. Post-Event

- a. An Emergency Plan Performance Report / Power / Utility Failure (Exhibit G) shall be completed by the Supervisor or designee and submitted to the Deputy Director or designee. The Deputy Director/designee will forward the information to the CSI QA Coordinator who shall prepare a summary report for risk management monitoring.

**VI. PROCEDURES (Continued)**

**E. SNOW/ICE/WIND CHILL FACTOR**

1. If an inclement weather day is declared during the work day by the Chairperson of the Macomb County Board of Commissioners, and upon notice from the Executive Director or designee, the Supervisors shall notify staff, contractors, volunteers, interns, consumers, and visitors who are present of the closing of MCCMH Administrative Offices and directly-operated programs.
2. MCCMH staff shall ensure that MCCMH consumers have transportation to leave service sites.
3. The Supervisor or designee shall attempt to contact MCCMH staff, contractors, volunteers, interns and visitors who are expected at the building/service site to inform them of the closing.

## **VI. PROCEDURES (Continued)**

### **F. BOMB THREATS**

#### **1. Suspicious Object**

- a. MCCMH staff members, contractors, volunteers, and interns shall report any suspicious package, mail, person(s)/activities, or suspected bomb in the service site/building or the parking lot or garage to the Macomb County Sheriff's Department at 469-5502, and to the local law enforcement agency at 911.
- b. MCCMH staff members, contractors, volunteers, and interns shall describe the suspicious package/object, relay the exact location of the device in the service site, building or parking lot/garage, provide his/her name, address, etc.
- c. MCCMH staff members, contractors, volunteers, and interns shall not tamper with any suspicious package/object, vacate the area around it, and keep other persons away to preserve evidence for a subsequent police investigation.

#### **2. Telephone Bomb Threats**

- a. A MCCMH staff member, contractor, volunteer, or intern who receives a telephone bomb threat shall press "mute" on the telephone, if possible, and call someone for assistance in notifying the Supervisor or designee who shall communicate the threat to the Macomb County Sheriff's Department at 469-5502, and to the local law enforcement agency at 911. If time allows, the staff member should try to note any identifying information on the Macomb County Bomb Threat Call Checklist (Exhibit H). If the telephone has no mute button, the staff member, contractor, volunteer, or intern shall attempt to signal a co-worker and communicate the threat via a note. If feasible, a second person shall listen to the call.
- b. If feasible, the staff member, contractor, volunteer, or intern shall keep the talking as long as possible and attempt to complete the Macomb County Bomb Threat Call Checklist (Exhibit H):
  - 1) Note any speech defect or accent, gender, approximate age and other noticeable feature, etc.;
  - 2) Note the caller's voice: calm, excited, disguised, familiar, etc.;



- 3) Note the threat language; was the caller well-spoken (educated), irrational, taped, message read by threat maker, etc.;
  - 4) Note any background sounds: music, airplanes, street, office, long distance, machines, voices, animal noises, etc.;
  - 5) Note whether the caller seems to know the layout of the building;
  - 6) Try to obtain information, i.e., where the device is located, the time it is to detonate, what kind of device it is, what it looks like, why it was planted, what will cause it to explode, etc.;
  - 7) Try to note the length of the call and the exact wording of the threat; and
  - 8) Inform the individual of the possibility of harm to people in the building area.
- c. Immediately after the threat, the MCCMH staff member, contractor, volunteer, or intern shall completely fill out the Macomb County Bomb Threat Call Checklist (Exhibit H), including his/her name, phone number, department, title, and the date, and give it to his/her Evacuation Coordinator or Supervisor.
- d. The Evacuation Coordinator or Supervisor shall question the MCCMH staff person to elicit further information to determine whether the "threat" might, in reality, have been a hoax: was the caller giggling, did the caller sound like a child, etc.
- e. Until the threat is determined to be credible, the MCCMH staff member, contractor, volunteer, or intern and Evacuation Coordinator or Supervisor shall keep the threat confidential so as not to falsely or unduly alarm anyone.
- f. The Evacuation Coordinator or Supervisor shall immediately notify the Macomb County Sheriff's Department at 469-5502 and the local law enforcement agency at 911 – of the bomb threat call.
- g. If the Evacuation Coordinator, Program Supervisor/designee, or Deputy Director/designee evacuates the building, he/she shall:
- 1) Inform staff, contractors, volunteers, interns, consumers, and any visitors who are present of the decision;
  - 2) Initiate the site Evacuation Procedures for that building (for sample see Evacuation Procedures for MCCMH Administrative Building, Exhibit D);

- 3) Carry the Macomb County Bomb Threat Call Checklist (Exhibit H); and give it to the first uniformed official he/she sees.
  - h. MCCMH staff, contractors, volunteers, interns, consumers, and visitors who were on the premises at the evacuation shall proceed immediately to the assembly site. MCCMH staff, contractors, volunteers, and interns must remain at the assembly site until told to return to the building. Failure to do so shall result in a loss of pay for MCCMH staff. Consumers and visitors shall be encouraged to remain at the assembly site until told to return to the building.
3. Written Bomb Threat
- a. Immediately after receiving a written bomb threat, MCCMH staff, contractors, volunteers, or interns shall give it and the accompanying envelope, if any, to his/her Evacuation Coordinator or Supervisor.
  - b. MCCMH staff, contractors, volunteers, and interns shall follow the procedures in VI.F.2.d., f., g.1. and 2., and h. above.
  - c. MCCMH staff, contractors, volunteers, and interns shall take care not to touch the written communication unnecessarily to preserve any fingerprints for the investigating authority.
  - d. The Evacuation Coordinator or Supervisor shall carry the written bomb threat and envelope, if any, and give it to the first uniformed official he/she sees.
  - e. MCCMH staff, contractors, volunteers, and interns must remain at the assembly site until told to return to the building. Failure to do so shall result in a loss of pay for MCCMH staff. Consumers and visitors shall be encouraged remain at the assembly site until told to return to the building.
4. Post-Event
- a. Following the event, if not already done, the Supervisor or designee shall notify the MCCMH Deputy Director or designee of the emergency situation.
  - b. If there is an evacuation:
    - 1) Each MCCMH staff member, contractor, volunteer, and intern shall cooperate fully with the authorities in investigating the bomb or bomb threat; and

- 2) An Emergency Plan Performance Report / Bomb (Exhibit I) shall be completed by the Supervisor or designee and submitted to the Deputy Director or designee. The Deputy Director/designee will forward the information to the CSI QA Coordinator who shall prepare a summary report for risk management monitoring.

## **VI. PROCEDURES (Continued)**

### **G. WORKPLACE VIOLENCE / POTENTIAL THREAT TO PERSON(S)**

1. Workplace violence includes, but is not limited to:
  - a. Harassment
  - b. Threats
  - c. Physical attack or physical damage to personal or County property
  - d. Non-physical expressions such as gestures or threatening looks (subtle actions left unattended over time can grow into physical violence)

NO form of workplace violence is justifiable.
2. Definitions
  - a. Threat  
The expression of intent to cause physical or mental harm. Examples include covert acts such as moving furniture, slamming drawers, lost paperwork, uncooperative behavior, inappropriate etiquette, delaying requests, and threatening gestures.
  - b. Physical Attack  
The unwanted or hostile physical contact such as hitting, fighting, pushing, shoving, biting, spitting, and throwing objects.
  - c. Property Damage  
The intentional damage to property of the County, a service site, employees, contractors, volunteers, interns, consumers, visitors, or vendors.
3. Threats, direct or implied, or physical conduct by or against any MCCMH employee, contractor, volunteer, intern, visitor, guest or other individual shall not be tolerated.
4. An individual who has obtained a protective or restraining order which lists a County-owned or leased location as being a protected area is responsible for providing his/her supervisor with a copy of the order and all legal papers granting the protective or restraining order.
5. If a MCCMH staff member, contractor, volunteer, or intern has reason to suspect that a consumer, a member of the consumer's family, a significant other of the consumer, another employee, independent contractor, volunteer or intern, or any visitor to a MCCMH service site or the Administrative Offices may engage in violent or dangerous behavior, he/she shall:

- a. Alert the program Supervisor or designee; and
- b. Observe the situation and attempt to get information such as the name and description of the potential perpetrator, but only if it can be done without endangering himself/herself or others.

Disciplinary action including contract termination may result if the individual having knowledge of a suspected violent act fails to report the episode.

6. Any person who, in the opinion of the immediate Supervisor, poses a threat to himself/herself or others shall be removed from the premises and shall remain off all service site or County premises pending the outcome of an investigation. The Supervisor or designee shall call the police department or 911 for assistance if needed. Such removal shall be immediately reported to the MCCMH Deputy Director who shall assess the potential for violence.
7. Any individual who believes that he/she has been subjected to workplace violence, or who has witnessed or has direct knowledge that another person has witnessed or been subject to workplace violence, regardless of the relationship between the individuals involved, has the right to report said incident(s) within 60 days of the occurrence of the alleged violent act either in writing or in person to his/her immediate supervisor, Program Supervisor, Program Manager, Division Director, Deputy Director, Executive Director, or to Corporation Counsel or to Human Resources and Labor Relations.
8. MCCMH (or Corporation Counsel or Human Resources and Labor Relations) shall investigate all complaints and incidents filed under this policy and initiate an appropriate response which may include, but is not limited to, reassignment of job duties, suspension and/or termination of employment, suspension and/or termination of any business relationship, and/or criminal prosecution of the person or persons involved.
9. Any individual who has requested that the violence cease but is still subjected to workplace violence by a MCCMH employee, independent service contractor, volunteer, intern, vendor, or appointed official, or by an employee of a MCCMH contract service agency, as applicable, shall report the incident or series of incidents in writing or in person to his/her immediate supervisor, Program Supervisor, Program Manager, Division Director, Deputy Director, Executive Director, or to Corporation Counsel or to Human Resources and Labor Relations.
10. Confidentiality and privacy shall be protected to the extent provided by law, but persons from whom information is taken must be informed that the victim and the alleged discriminator/harasser may have access to some or all of the complaint and the evidence. Complaints and actions

taken to resolve such complaints will be disclosed only when necessary to investigate and resolve the matter or as required by law.

11. In critical incidents, in which serious threats or injury occurs, emergency responders such as County security, police, fire and emergency personnel must be notified immediately.
12. Macomb County prohibits any active retaliation against an individual who, in good faith, files a complaint pursuant to this MCCMH policy against workplace violence / potential threat to person(s). Any supervisor, agent, employee, contractor, volunteer, or intern who is found to have taken actions determined to be retaliatory in nature against a complainant shall be subject to discipline up to and including termination of employment or contract.
13. When a consumer communicates a threat of physical violence against a reasonably identifiable third party, the procedures set forth in MCCMH MCO 9-810, "Duty to Warn Third Parties" shall be followed.
14. No MCCMH employee, independent contractor, volunteer, intern, consumer, or other visitor shall be permitted to bring firearms into the workplace, or onto County-leased or owned property, or into County-leased/owned vehicles or personal vehicles used on County business.
15. MCCMH support and clinical staff, contractors, volunteers, and interns shall take reasonable precautions at all times to ensure their own safety and security, and the safety and security of others who utilize MCCMH facilities. These precautions include, but are not limited to, the following:
  - a. Identifying persons accessing the facility;
  - b. Permitting access to administrative and clinical areas only to persons who should be permitted access to those areas;
  - c. Making sure that appropriate doors are locked;
  - d. Parking their cars at night in lighted areas of the parking lot close to the building entrance;
  - e. Reporting any suspicious activity to MCCMH administration and security; and
  - f. Knowing how to signal for help from others, including the use of 911 or local police emergency telephone numbers.
16. If a building evacuation is necessary, the Supervisor or designee shall initiate the site Evacuation Procedures.

17. When an incident of violent or dangerous behavior of a consumer has occurred, a Consumer Incident, Accident, Illness, Death or Arrest Report (Exhibit A to MCO Policy 9-321), shall be completed by the staff member, contractor, volunteer, or intern who witnessed the incident, with a copy forwarded to the CSI QA Coordinator and to the Office of Recipient Rights.
18. If there was an evacuation, an Emergency Plan Performance Report / Workplace Violence/ Threats, (Exhibit J), shall be completed by the Supervisor or designee and submitted to the Deputy Director or designee. The Deputy Director/designee will forward the information to the CSI QA Coordinator who shall prepare a summary report for risk management monitoring.
19. The CSI Quality Assurance Coordinator shall prepare a quarterly report regarding incidents of violent or dangerous behavior for risk management monitoring.
20. The Crisis Center may be contacted for Macomb Emergency Response Group (MERG) assistance. A list of other [resources for free or low cost services and/or information](#) may be found on the Macomb County Human Resources and Labor Relations Department website or the MCCMH intranet website.

## **VI. PROCEDURES (Continued)**

### **H. HAZARDOUS MATERIALS**

1. Hazardous materials include but are not limited to biohazardous substances, industrial strength cleaning supplies, household cleaning supplies (e.g. liquid bleach) oil-based paints, fluorescent light bulbs, copier toner, and computer monitors.
2. Handling and Storage of Hazardous Materials at MCCMH Sites
  - a. Each supervisor or designee shall examine the warning labels of all chemical products used by staff, contractors, volunteers, interns, or consumers in their programs to determine if ingestion, inhalation or skin contact is hazardous.
  - b. The Supervisor or designee shall ensure that all hazardous materials remain in their original containers with clearly identifiable labels and hazard warnings.
  - c. Hazardous materials are to be stored (in their original containers) in a secured area (i.e. inaccessible to children.)
  - d. The Supervisor or designee shall ensure that all hazardous materials used by staff in the workplace are used for the purpose intended by the manufacturer of the product, and handled according to the instructions / safety warnings on the label.
  - e. See MCCMH MCO Policy 2-051, "Psychotropic Medication in Community-Based Settings," for the standards and procedures regarding the safe handling and storage of pharmaceutical materials.
3. Disposal of Hazardous Materials
  - a. All hazardous waste materials (toners, paint, solvent, pesticides, batteries, fluorescent bulbs, etc.) from MCCMH service sites shall be disposed of monthly at the Macomb County Hazardous Waste drop-off and collection sites. For the drop-off locations, dates and times, call the Macomb County Health Department Hotline at (586) 466-7923.
  - b. Computer screens are to be collected by the MCCMH Information Technology unit of the Deputy Director's Office and delivered to Macomb County's Central Storage where they will be put to auction or disposed of properly.
  - c. Biohazardous materials (biomedical and pharmaceutical waste such as sharps and expired medications) shall be disposed of



according to the terms of the MCCMH professional biomedical/pharmaceutical waste services contractual agreement.

4. If a question arises as to the proper handling, storage or disposal of a hazardous material, the supervisor or designee shall consult the Environmental Health Service Division of the Macomb County Health Department (586-469-5236) or the Michigan Department of Environmental Quality Assistance Center (1-800-662-9278).
5. The Poison Control Center telephone number shall be displayed on all phones and shall be visibly posted in the area(s) where the hazardous materials (utility closet, bathroom, kitchen, etc.) are used.
6. In the event of an emergency due to a chemical hazard (i.e. spill or ingestion), MCCMH staff, contractors, volunteers, and interns shall follow the first aid steps as directed on the product label and call Poison Control as necessary (1-800-222-1222).
7. If necessary, the Medical Emergency procedures set forth in Medical Emergency below shall be followed.
8. If a building evacuation is necessary, the Supervisor or designee shall initiate the site Evacuation Procedures.
9. Post-Event
  - a. Following the event, the Supervisor or designee shall notify the MCCMH Deputy Director or designee of the emergency situation.
  - b. If a consumer received emergency medical treatment or was hospitalized due to injury from contact with hazardous materials, a Consumer Incident, Accident, Illness, Death or Arrest Report (Exhibit A to MCO Policy 9-321) shall be completed by the Supervisor or designee with a copy forwarded to the Deputy Director or designee and to the Office of Recipient Rights.
  - c. If there was an evacuation, an Emergency Plan Performance Report / Fire (Exhibit E) shall be completed by the Supervisor or designee and submitted to the Deputy Director or designee. The Deputy Director/designee will forward the information to the CSI QA Coordinator who shall prepare a summary report for risk management monitoring.

## **VI. PROCEDURES (Continued)**

### **I. MEDICAL EMERGENCY**

(See also MCO Policy 2-034, "End of Life Care, Emergency Assistance, Resuscitation.")

1. If a situation regarding a MCCMH employee, independent contractor, volunteer, intern, consumer, or a visitor who appears to be undergoing a possible medical emergency, MCCMH health care staff/contractor (physician, nurse, other CPR/first aid trained person) shall be immediately alerted to the situation.
2. If the emergency is obviously life-threatening, (e.g., difficulty breathing, severe chest pain, etc.) an immediate call shall be placed to 911 to request emergency medical assistance.
3. MCCMH staff, contractors, volunteers, and interns shall apply Universal Precautions to all aspects of medical emergency situations according to applicable provisions of the MCCMH Infection Control Plan (Exhibit A to MCO Policy 10-056, "Infection Control Plan," also located in the Infection Control Binder.)
4. MCCMH health care personnel shall:
  - a. Assess the situation.
  - b. Provide needed CPR/first aid or other treatment within the scope of their practice to stabilize the individual using available supplies and equipment.
  - c. Make recommendations for additional medical services.
  - d. Provide assistance in accessing those services.
5. If the person requiring assistance is non-ambulatory, or cannot be moved, the Supervisor or designee shall go to the building entrance to meet the emergency medical crew and escort them to the individual. If the program is not on the ground floor, a staff member shall stay and hold the elevator on the ground floor and await the arrival of the emergency medical crew. The person holding the elevator shall continue to do so until such time as the individual is removed from the building.
6. If the MCCMH health care staff/contractor determines that an individual is not undergoing a life-threatening emergency situation, the staff member shall contact a responsible adult family member or friend of the individual and request that the individual be taken to the nearest emergency room. MCCMH staff members shall not transport staff or consumers to obtain medical treatment. (See exception for work-related injuries due to exposure to a blood borne pathogen, VI.I.8.d.)

7. Medical Emergencies Involving Consumers

- a. If the medical situation requires emergency room treatment or hospitalization of a consumer, the MCCMH staff member coordinating the consumer's care shall contact his/her immediate family, parents (if a minor), or legally empowered guardian for notification of the event, and any need for assistance.
- b. The MCCMH staff member responsible for coordinating the consumer's treatment shall contact the facility to which the consumer is referred and transported to facilitate coordination of care and follow-up arrangements.
- c. The Supervisor or designee shall complete a Consumer Incident, Accident, Illness, Death or Arrest Report (Exhibit A to MCO Policy 9-321) with a copy to the CSI Quality Assurance Coordinator and to the Office of Recipient Rights. The Office of Recipient Rights Director shall prepare a quarterly report to the Clinical Risk Management Committee regarding all medical emergencies pertaining to consumers, for risk management monitoring.
- d. For incidents involving vehicle accidents during transportation of MCCMH consumers, see MCCMH MCO Policy 10-052, "Emergency Procedures – County Vehicles."

8. Medical Emergencies Involving Employees

- a. A MCCMH employee shall immediately report all injuries, no matter how minor, to his/her Supervisor or designee, who will notify the Program Manager.
- b. For non-life threatening work-related injuries, the employee shall seek medical care from the County-designated clinic for treatment (see Exhibit K for the authorization for treatment and billing form and for clinic information).
- c. If possible, the employee shall complete the highlighted areas of the Authorization for Treatment and Billing form (Exhibit K) and take this form to the clinic with him/her. In an emergency situation, the Supervisor or designee shall authorize treatment with a phone call.
- d. If a work-related injury is the result of an exposure to a blood borne pathogen, the employee shall be taken by his/her Supervisor for treatment at the designated clinic for treatment (see Exhibit K) unless employee signs a declination letter, per Macomb County Health Department's Bloodborne Pathogens Exposure Control Plan. (See MCO Policy 10-056, "Infection Control Plan," and the Macomb County Bloodborne Pathogens Packet, found in

the Infection Control Binder located near the First Aid Kits at each location.)

- e. In an obviously life-threatening emergency situation, the Supervisor or designee shall call 911 to arrange for emergency medical assistance and transportation for medical care for the employee.
  - f. The Supervisor or designee shall complete the Michigan Occupational Safety and Health Act (MIOSHA) Form 301, Injury and Illness Incident Report (Exhibit L), forward a copy them to the MCCMH Deputy Director or designee. The MCCMH Deputy Director shall review and send to the QA Coordinator and the Macomb County Human Resources and Labor Relations Department.
  - g. An Emergency Plan Performance Report / Medical Emergency, (Exhibit N), shall be completed by the Supervisor or designee and submitted to the Deputy Director or designee. The Deputy Director/designee will forward the information to the CSI QA Coordinator who shall prepare a summary report for risk management monitoring.
  - h. For incidents involving vehicle accidents during transportation of MCCMH consumers, see MCCMH MCO Policy 10-052, "Emergency Procedures – County Vehicles."
9. Medical Emergencies Involving Visitors / Independent Contractors / Interns / Volunteers (Non-Employees)
- a. MCCMH staff members, contractors, volunteers, and interns shall immediately report any injury, no matter how minor, sustained by a visitor to a MCCMH facility to the Supervisor or designee.
  - b. The Supervisor or designee shall obtain details of the injury, complete the Macomb County Employee Accident / Incident Report - Personal Injury (Exhibit M), and forward it to the MCCMH Deputy Director. The MCCMH Deputy Director shall review and send to the QA Coordinator and the Macomb County Human Resources and Labor Relations Department.
  - c. Assistance in arranging for needed medical treatment may be provided according to circumstances.
  - d. An Emergency Plan Performance Report / Medical Emergency (Exhibit N), shall be completed by the Supervisor or designee and submitted to the Deputy Director or designee.

- e. The Deputy Director/designee will forward all information to the CSI QA Coordinator who shall prepare a summary report for risk management monitoring.
  - f. For incidents involving vehicle accidents during transportation of MCCMH consumers, see MCCMH MCO Policy 10-052, "Emergency Procedures – County Vehicles."
10. The Crisis Center may be contacted for Macomb Emergency Response Group (MERG) assistance. A list of other resources for free or low cost services and/or information may be found on the Macomb County Human Resources and Labor Relations Department website or the MCCMH intranet website.
11. Absent an emergency situation, MCCMH health care personnel shall not provide medical care to individuals, other than to consumers according to their scope of practice. This precludes the provision of medical care in any form, including offering advice, giving medical opinions, diagnosing, prescribing, etc. Individuals who are not consumers shall seek assistance for routine medical care from the appropriate sources, such as a primary care physician named under an employee's health maintenance organization.

## **VI. PROCEDURES (Continued)**

### **J. PSYCHIATRIC EMERGENCY**

1. When a consumer contacts the program or his/her primary care clinician by telephone for assistance and is determined to require, or possibly require, psychiatric hospitalization, the consumer shall be directed either to come in to the service site or to go to the emergency room of their choice.
2. When a consumer is present at a program site, and is determined to require, or possibly require, psychiatric hospitalization. The responsible staff or a staff member shall call 911 to arrange for the consumer to be transported to the emergency psychiatric hospital of the consumer's choice.
3. The staff member coordinating the care of the consumer shall contact his/her family, when required, for notification of the event and any need for assistance.
4. If a consumer in need of psychiatric hospitalization refuses to be hospitalized, a family member or the staff member responsible for coordinating the treatment of the consumer may complete a Petition/Application for Hospitalization.
5. The staff member responsible for coordinating the treatment of the consumer shall contact the facility to which the consumer is referred and transported to facilitate coordination of care and follow-up arrangements.
6. If the consumer in need of emergency care leaves the facility prior to the completion of arrangements for emergency care, the staff member responsible for coordinating the treatment of the consumer shall notify the family, and, if the consumer is dangerous to self or others, the police.
7. The staff member coordinating the care of the consumer shall document all emergency treatment, referrals, and plans for follow-up in the consumer's clinical record.
8. For standards regarding approved emergency interventions for implementation in crisis situations, please see MCCMH MCO Policy 8-008, "Behavior Treatment Plan Review Committee."

## **VII. REFERENCES / LEGAL AUTHORITY**

- A. Commission on Accreditation of Rehabilitation Facilities (CARF) 2012 Standards Manual, §1.H, "Health and Safety" pp. 64-75; §2.F., "Nonviolent Practices," 1.a.-b., p.131
- B. Macomb County Personnel Manual, Section 4: Conducting Business Within the Workplace
- C. Macomb County Building Bomb Threat Procedures (7-2-98)
- D. Letter from Macomb County Commission Chairman, dated May 14, 2001 and June 5, 2001
- E. MCCMH MCO Policy MCCMH 2-051, "Psychotropic Medication in Community-Based Settings"
- F. MCCMH MCO Policy 10-052, "Emergency Procedures – County Vehicles"
- G. MCCMH MCO Policy, 10-056, "Infection Control Plan"
- H. MCCMH MCO Policy 9-810, "Duty to Warn Third Parties"
- I. 29 CFR § 1910.1200, et. al.
- J. Michigan Occupational Safety and Health Act, Act 154 of 1974 (MCL § 408.1001, et.al.)

## **VIII. EXHIBITS**

- A. Emergency Plan Testing Schedule
- B. Safety Inspection Report
- C. Sanitation and Infection Control Inspection Report
- D. Evacuation Plan / Procedure Administration Building (Example)
- E. Emergency Plan Performance Report / Fire
- F. Emergency Plan Performance Report / Tornado/Extreme Weather
- G. Emergency Plan Performance Report / Power / Utility Failure
- H. Macomb County Bomb Threat Call Checklist
- I. Emergency Plan Performance Report / Bomb
- J. Emergency Plan Performance Report / Workplace Threats / Violence

- K. Authorization for Treatment and Billing (with location of Clinic for employees' work-related injuries)
- L. MIOSHA Form 301, Injury and Illness Incident Report
- M. Macomb County Employee Accident / Incident Report - Personal Injury
- N. Emergency Plan Performance Report / Medical Emergency



# **MACOMB COUNTY COMMUNITY MENTALHEALTH EMERGENCY PLAN TESTING SCHEDULE**

Quarter 1  
Oct - Dec

Medical Emergency  
Workplace Violence  
Safety Inspection

Quarter 2  
Jan - Mar

Fire Evacuation Drill  
Sanitation & Infection Control  
Inspection

Quarter 3  
Apr - Jun

Tornado/Extreme Weather Drill  
Power Failure  
Safety Inspection (to be performed  
by Macomb County Risk  
Management)

Quarter 4  
Jul - Sep

Bomb Evacuation Drill  
Sanitation & Infection Control  
Inspection

All drills and inspections shall be conducted at each site, on each shift (as applicable for program sites with extended hours), within the quarter indicated and reported prior to the end of each quarter of the fiscal year.

| <b>MCCMH SAFETY INSPECTION</b>   |                   |           |            |  |
|--|-------------------|-----------|------------|--|
| <b>SITE:</b>   | <b>Date:</b>      |           |            | <b>Time:</b> (a.m.) (p.m.)                           |
| <b>STANDARDS</b>   | <b>COMPLIANCE</b> |           |            | <b>PLAN / ACTION / FOLLOW-UP<br/>RECOMMENDATIONS</b> |
|  | <b>YES</b>        | <b>NO</b> | <b>N/A</b> |  |
| <b>SAFETY ORIENTATION (Tornado, Fire, Bomb)</b>  |                   |           |            |  |
| 1. Evacuation Procedure, Evacuation Route and Assembly Point<br>clearly posted in all areas.   |                   |           |            |  |
| 2. Emergency telephone numbers are posted on all phones.   |                   |           |            |  |
| 3. All exits are clearly marked.   |                   |           |            |  |
| 4. Names of medical emergency clinics are posted.  |                   |           |            |  |
| 5. Wet floor signs are posted when necessary.  |                   |           |            |  |
| <b>FIRE SAFETY</b>   |                   |           |            |  |
| 1. Fire extinguishers are readily accessible.  |                   |           |            |  |
| 2. Fire extinguisher tags are current; dated with inspection date; initialed by assessor (holding proper charge and safety pins in place). |                   |           |            |  |
| 3. Emergency exit lighting is working properly.  |                   |           |            |  |
| 4. Emergency corridor lighting is working properly.  |                   |           |            |  |
| 5. Alarm system is working properly.   |                   |           |            |  |
| 6. Backup alarm is readily available and is working properly.  |                   |           |            |  |
| 7. All exits are free from barriers.   |                   |           |            |  |
| 8. All walking areas are unobstructed.   |                   |           |            |  |
| 9. No storage that is directly on floors, obstructs walkways.  |                   |           |            |  |

| <b>MCCMH SAFETY INSPECTION</b>  |                   |              |            |  |                      |
|---|-------------------|--------------|------------|--|----------------------|
| <b>SITE:</b>  | <b>Date:</b>      | <b>Time:</b> |            |  | <b>(a.m.) (p.m.)</b> |
|   | <b>COMPLIANCE</b> |              |            | <b>PLAN / ACTION / FOLLOW-UP<br/>RECOMMENDATIONS</b> |                      |
| <b>STANDARDS</b>  | <b>YES</b>        | <b>NO</b>    | <b>N/A</b> |  |                      |
| 10. No storage is within 18" of any ceiling.  |                   |              |            |  |                      |
| 11. All ceiling tiles are in place.   |                   |              |            |  |                      |
| 12. No Smoking policy is enforced.  |                   |              |            |  |                      |
| 13. Flammables (e.g. cleaning liquids) are stored in closed, labeled containers.      |                   |              |            |  |                      |
| 14. Circuit breaker box(es) are closed.   |                   |              |            |  |                      |
| 15. Sprinkler system is working properly.   |                   |              |            |  |                      |
| 16. Semi-annual fire and/or explosion drills are conducted and recorded.              |                   |              |            |  |                      |
| <b>POISON CONTROL</b>   |                   |              |            |  |                      |
| 1. Cleaning supplies and food and/or drinks are stored separately.                    |                   |              |            |  |                      |
| 2. All products used are clearly labeled.   |                   |              |            |  |                      |
| 3. Poison Control Center number is posted.  |                   |              |            |  |                      |
| <b>TORNADO SAFETY</b>   |                   |              |            |  |                      |
| 1. Tornado emergency warning device is operable.                                      |                   |              |            |  |                      |
| 2. Tornado drills are conducted during months of April through June and are recorded. |                   |              |            |  |                      |

| <b>MCCMH SAFETY INSPECTION</b>   |                   |              |            |  |
|--|-------------------|--------------|------------|--|
| <b>SITE:</b>   | <b>Date:</b>      | <b>Time:</b> |            | <b>(a.m.) (p.m.)</b>                                 |
| <b>STANDARDS</b>   | <b>COMPLIANCE</b> |              |            | <b>PLAN / ACTION / FOLLOW-UP<br/>RECOMMENDATIONS</b> |
|  | <b>YES</b>        | <b>NO</b>    | <b>N/A</b> |  |
| <b>ELECTRICAL SAFETY</b>   |                   |              |            |  |
| 1. Appliances and light fixtures are clean, dry, work properly and away from combustibles.   |                   |              |            |  |
| 2. Electric cords on all appliances are in good repair, not stretched over traffic areas or heated surfaces, not under themselves; not secured by nails or staples, or overloading circuits. |                   |              |            |  |
| 3. Extension cords used are of the proper wire size (i.e., gauge) for the application.   |                   |              |            |  |
| 4. Circuits are not overloaded.  |                   |              |            |  |
| 5. Surge suppressors are used with surge sensitive equipment and when more than one appliance is connected to a single outlet.   |                   |              |            |  |
| 6. Outlets are not loose or cracked; all outlets and switches are cool to the touch; switch plates are used on all receptacles/switches.   |                   |              |            |  |
| 7. All light bulbs are operational.  |                   |              |            |  |
| 8. All equipment is stable and vibration free.   |                   |              |            |  |
| 9. Personal heating devices with exposed heating elements are not used.  |                   |              |            |  |
| 10. Circuit breakers are clearly labeled, accessible, and unlocked.  |                   |              |            |  |

| <b>MCCMH SAFETY INSPECTION</b>   |                   |              |            |  |
|--|-------------------|--------------|------------|--|
| <b>SITE:</b>   | <b>Date:</b>      | <b>Time:</b> |            | <b>(a.m.) (p.m.)</b>                                 |
| <b>STANDARDS</b>   | <b>COMPLIANCE</b> |              |            | <b>PLAN / ACTION / FOLLOW-UP<br/>RECOMMENDATIONS</b> |
|  | <b>YES</b>        | <b>NO</b>    | <b>N/A</b> |  |
| <b>PLUMBING</b>  |                   |              |            |  |
| 1. Plumbing fixtures are in good working order.  |                   |              |            |  |
| 2. Hot and cold water is available.  |                   |              |            |  |
| <b>FURNITURE AND FIXTURES</b>  |                   |              |            |  |
| 1. Windows are in good repair, and, if appropriate, are operational.   |                   |              |            |  |
| 2. Floor covering is in good repair.   |                   |              |            |  |
| 3. Furniture is safe for use.  |                   |              |            |  |
| <b>MACHINERY SAFETY</b>  |                   |              |            |  |
| 1. Check all of the following machinery/appliances for good operating order and insure that all safety precautions are in place (i.e. ladders, safety chains, stairs, dryer, stove, guards on electrical hand tools, etc.) |                   |              |            |  |
| 2. Protective clothing and equipment is in use when operating machinery. (Examples: safety glasses, gloves, shoes, etc.)   |                   |              |            |  |
| <b>VEHICLES</b>  |                   |              |            |  |
| 1. Is there a first aid kit?   |                   |              |            |  |
| 2. Is there a spill kit?   |                   |              |            |  |
| 3. Is there a fire extinguisher?   |                   |              |            |  |
| 4. Are there blankets, reflectors, and flashlights?  |                   |              |            |  |

| <b>MCCMH SAFETY INSPECTION</b>                          |                   |              |            |  |
|---|-------------------|--------------|------------|--|
| <b>SITE:</b>  |                   | <b>Date:</b> |            | <b>Time:</b> (a.m.) (p.m.)                           |
| <b>STANDARDS</b>  | <b>COMPLIANCE</b> |              |            | <b>PLAN / ACTION / FOLLOW-UP<br/>RECOMMENDATIONS</b> |
|   | <b>YES</b>        | <b>NO</b>    | <b>N/A</b> |  |
| 5. Are written emergency procedures in the vehicle?     |                   |              |            |  |
| 6. Is documentation of insurance in the vehicle?        |                   |              |            |  |
| <b>COMMENTS:</b>  |                   |              |            |  |
|   |                   |              |            |  |
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|   |                   |              |            |  |
| <b>Signature of Staff Member Conducting Inspection:</b> |                   |              |            | <b>Date:</b>   |

## MCCMH SANITATION AND INFECTION CONTROL INSPECTION

**SITE:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_ **(a.m.) (p.m.)**

| STANDARDS   | COMPLIANCE |    |     | PLAN / ACTION / FOLLOW-UP<br>RECOMMENDATIONS |
|---|------------|----|-----|--|
|   | YES        | NO | N/A |  |
| 1. Disposable tissue is available throughout the facility.                |            |    |     |  |
| 2. Only paper toweling is used.   |            |    |     |  |
| 3. Trash receptacles and waste baskets are lined with plastic liners.     |            |    |     |  |
| 4. Hand washing soap is liquid and contained in closed containers.        |            |    |     |  |
| 5. Plungers, if used, are stored in dry containers.                       |            |    |     |  |
| 6. First Aid kit is readily available and free from outdated supplies.    |            |    |     |  |
| 7. Drinking fountain(s), if available, are clean inside and outside.      |            |    |     |  |
| 8. Water temperature is set at a safe level in all areas (105 - 120o F.). |            |    |     |  |
| 9. Floors are clean and the carpet is vacuumed.                           |            |    |     |  |
| 10. Surfaces are clean and free from unpleasant odors.                    |            |    |     |  |
| 11. All bathrooms are cleaned and disinfected.                            |            |    |     |  |
| 12. Fans in bathrooms are clean and operable.                             |            |    |     |  |
| 13. Furnace filters are clean.  |            |    |     |  |

MCCMH Sanitation and Infection Control Inspection (rev. 9/08), MCCMH MCO Policy 10-050 Exhibit C, page 1

**MCCMH SANITATION AND INFECTION CONTROL INSPECTION**

|  |  |              |  |                   |           |                      |  |
|--|--|--------------|--|-------------------|-----------|----------------------|--|
| <b>SITE:</b>   |  | <b>Date:</b> |  | <b>Time:</b>      |           | <b>(a.m.) (p.m.)</b> |  |
| <b>STANDARDS</b>   |  |              |  | <b>COMPLIANCE</b> |           |                      | <b>PLAN / ACTION / FOLLOW-UP<br/>RECOMMENDATIONS</b> |
|  |  |              |  | <b>YES</b>        | <b>NO</b> | <b>N/A</b>           |  |
| 14. Air conditioning unit filters are clean.   |  |              |  |                   |           |                      |  |
| 15. Air vents throughout facility are clean.   |  |              |  |                   |           |                      |  |
| 16. Disinfectant (i.e. isopropyl alcohol) is on hand.  |  |              |  |                   |           |                      |  |
| 17. Refrigerator and microwave oven, if available, are clean and free from odors.  |  |              |  |                   |           |                      |  |
| 18. Food preparation guidelines for clients are posted in kitchen area.  |  |              |  |                   |           |                      |  |
| 19. Refrigerator, if available, does not contain outdated food.  |  |              |  |                   |           |                      |  |
| 20. Staff lunches in refrigerator are labeled with staff members' names.   |  |              |  |                   |           |                      |  |
| 21. All empty beverage cans/bottles are washed and/or stored in appropriate containers.  |  |              |  |                   |           |                      |  |
| 22. Universal Precautions Personal Protection Equipment (E.g. latex gloves, blood-spill kit, CPR disposable face shield) is on hand. |  |              |  |                   |           |                      |  |
| <b>COMMENTS:</b>   |  |              |  |                   |           |                      |  |
|  |  |              |  |                   |           |                      |  |
|  |  |              |  |                   |           |                      |  |
|  |  |              |  |                   |           |                      |  |
| Signature of Staff Member Conducting Inspection:   |  |              |  |                   |           | Date:                |  |





## COMMUNITY MENTAL HEALTH

22550 Hall Road  
Clinton Township, MI 48036  
586-469-5275 FAX 586-469-7674

John L. Kinch  
Executive Director

### BOARD OF DIRECTORS

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A CARF Accredited  
Organization



DATE: July 7, 2010

TO: Macomb County Community Mental Health Services  
Hall Rd. Administration Building

FROM: Jim Losey  
Deputy Director

RE: Evacuation Procedures for MCCMH Administration Building

From time to time, it may become necessary to evacuate the Administration Building or to have staff move to an area of safety because of an actual or potential emergency. Evacuation procedures are as follows:

1. Emergency Coordinators, Back-Up Coordinators, and Alternate Back-Up Coordinators have been identified for each area of the Administration Building (East Area, South Area, North Area), as indicated on the Administration Building Evacuation Floor Plan. Each staff has been provided with a copy of the Administration Building Evacuation Floor Plan. Staff shall familiarize himself/herself with the plan, and post it at his/her work station in a visible location.
2. During an evacuation, the Emergency Coordinator (Back-Up, Alternate Back-Up, as applicable) shall check his or her designated area of the building to ensure that all employees and visitors have vacated, and shall ensure that staff report to the assigned assembly area (as indicated on the Administration Building Evacuation Floor Plan).
3. Each Department shall have designated a staff person responsible for completing the Emergency Plan Roster at the assigned assembly area after an evacuation in order to account for the whereabouts of all staff. The Emergency Plan Roster is located in the front office in the reception area. A designated staff member shall be responsible for removing the Emergency Plan Roster during an evacuation, bringing it to the assigned assembly area, and distributing the applicable portions of the roster to the individuals designated by each Department. Completed rosters shall be returned to the MCCMH Deputy Director or Designee.

### MACOMB COUNTY BOARD OF COMMISSIONERS

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District 6  
Sergeant-At-Arms

William A. Crouchman - District 23  
Michael A. Boyle - District 24  
Kathy D. Vosburg - District 25  
Jeffery S. Sprys - District 26

4. A designated staff member shall be responsible for removing the sign-in/sign-out sheet from the front office in the reception area during an evacuation in order to account for the safety of the other individuals known to be on the premises. Missing individuals shall be reported to the MCCMH Deputy Director or Designee.

It is necessary that any evacuation be carried out in a prompt and disciplined manner. Therefore, practice evacuation drills will be conducted periodically to familiarize staff with these procedures. The success of the program is dependent upon the cooperation of all concerned.

No one is exempt from the requirement of participating in an evacuation or a move to an area of shelter when the order is given by a responsible person. Your safety and the safety of your co-workers and members of the public is dependent upon the cooperation of all personnel.

Personnel will be notified of the need to evacuate or seek shelter. Notification will be made by telephone, verbally, or other warning device (e.g., air horns, whistles, etc.).

#### AREA OF SHELTER PROCEDURE FOR EXTREME WEATHER CONDITIONS

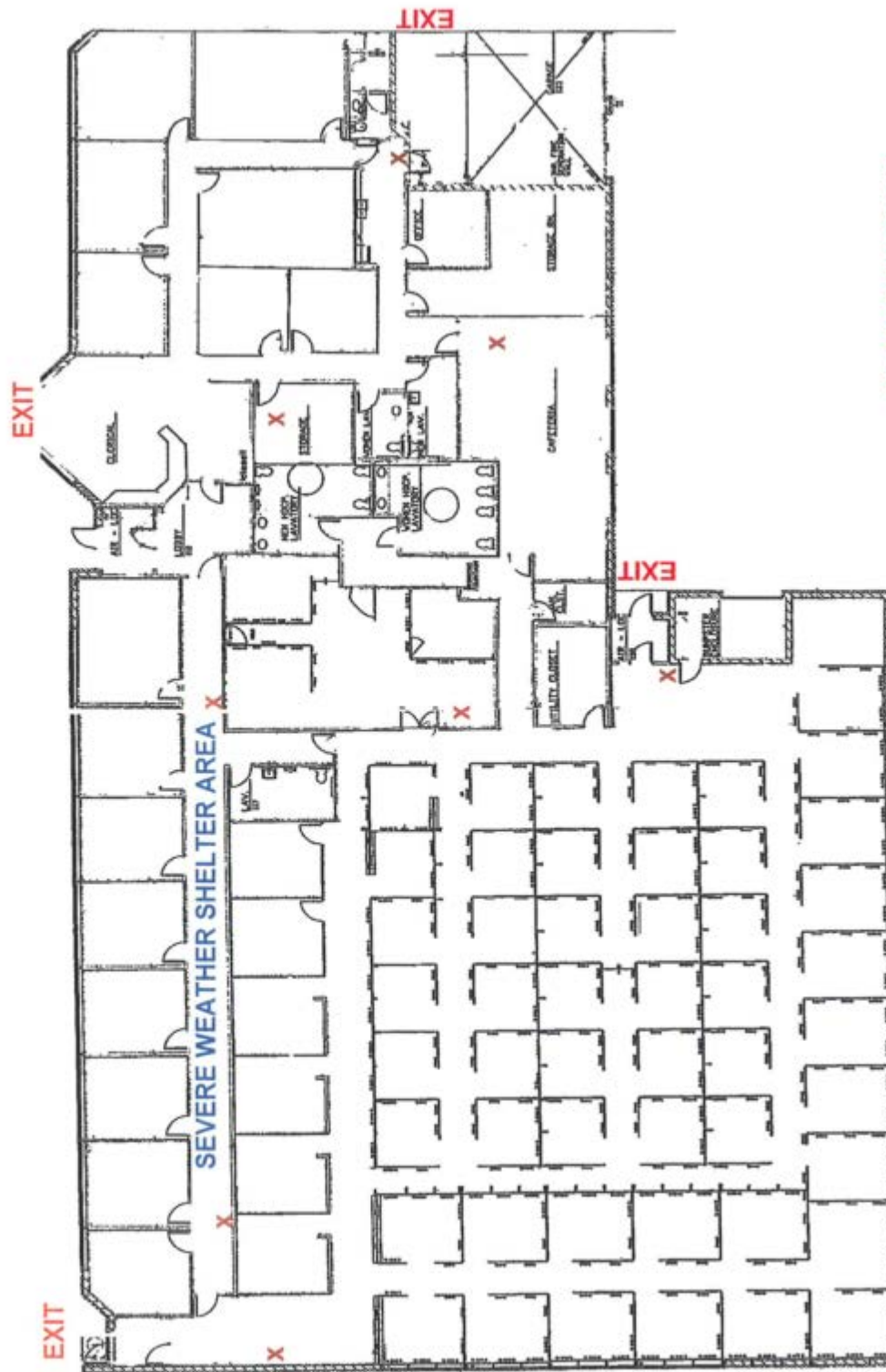
The procedures for taking cover in the event of extreme weather conditions are as follows:

1. After notification to take shelter, the Emergency Coordinator (Back-Up, Alternate Back-Up, as applicable) shall check his or her designated area of the building to ensure that all employees and visitors have moved to the designated area of shelter (the internal hallway outside of the director's offices; refer to Administration Building Floor Plan).
2. At your place of assembly, each Department's designated staff person shall account for all staff and visitors in his/her Department in the same manner as in the event of an evacuation. All visitors shall be accounted for in the same manner as in the event of an evacuation.

#### PLEASE REMEMBER

1. The initiation of notification to move to an area of shelter for extreme weather conditions shall be treated as an actual emergency situation.
2. No one is to re-enter the building or return to his / her work station until clearance has been given by a designated person. In the event of an evacuation drill or extreme weather condition drill, further instructions shall be given by the Deputy Director or Designee. In the event of an actual emergency evacuation, clearance shall be given by the commander of the fire department crew, a Sheriff's official, or other appropriate emergency personnel on the scene.
3. Failure to evacuate and proceed directly to a designated area or to move to an area of shelter (when ordered) and remain there until given further instructions will result in a loss of pay.
4. Individuals who have a disability that require assistance should inform the Emergency Coordinator designated for his/her area as soon as possible (do not wait for a drill or actual emergency) so the Coordinator can check their status in the event of evacuation or notification to take shelter emergency or drill.

# EVACUATION PLAN



**MACOMB COUNTY COMMUNITY MENTAL HEALTH  
EMERGENCY PLAN PERFORMANCE REPORT  
FIRE**

**SITE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_ **TIME:** \_\_\_\_\_ **AM  
PM**

**DESCRIBE EXERCISE:**     ☐ Simulation / Drill / Exercise                      ☐ Actual Emergency

How were procedures tested?

Names of staff participating: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**EVALUATION:**

Evacuation time (\_\_\_\_\_) satisfactory?                      ☐ Yes   ☐ No   ☐ N/A

Overall exercise evaluation:                      ☐ Good   ☐ Fair   ☐ Poor   ☐ N/A

Names of staff randomly questioned concerning knowledge of emergency procedures: \_\_\_\_

\_\_\_\_\_

Number of all staff participating in exercise: \_\_\_\_\_

Number of consumers participating: \_\_\_\_\_ Number of visitors participating: \_\_\_\_\_

Are emergency contact numbers on file for all consumers served by the clinic and accessible at the reception area?

**ENVIRONMENT:**

Alarm worked properly?                      ☐ Yes   ☐ No   ☐ N/A

Evacuation routes obstruction-free?                      ☐ Yes   ☐ No   ☐ N/A

Exterior doors open easily?                      ☐ Yes   ☐ No   ☐ N/A

Adequate inside and outside lighting?                      ☐ Yes   ☐ No   ☐ N/A

Other:

**STAFF PERFORMANCE:**

Fire alarm activated?                      ☐ Yes   ☐ No   ☐ N/A

Staff began evacuation promptly?                      ☐ Yes   ☐ No   ☐ N/A

Fire / 911 authorities notified?                      ☐ Yes   ☐ No   ☐ N/A

Other agencies notified?                      ☐ Yes   ☐ No   ☐ N/A

Staff checked rooms?                      ☐ Yes   ☐ No   ☐ N/A

Doors closed?                      ☐ Yes   ☐ No   ☐ N/A

Staff gathered at appropriate location?                      ☐ Yes   ☐ No   ☐ N/A

All-clear procedures used?                      ☐ Yes   ☐ No   ☐ N/A

Alarm system reset?                      ☐ Yes   ☐ No   ☐ N/A

How was the evacuation of persons with disabilities addressed?

Actual consumer \_\_\_\_\_ or role play? \_\_\_\_\_

Type of disability \_\_\_\_\_

Shift:   ☐ Regular   ☐ After-hours

**OUTCOME OF EXERCISE:**

**RECOMMENDATIONS / CORRECTIVE ACTION:**

Supervisor / Designee

Date

**QUALITY IMPROVEMENT EVALUATION COMMENTS:**

Quality Assurance Coordinator

Date

**PROCEDURES:**

1. Program Supervisor is responsible liaison to Deputy Director / Designee.
2. Necessary reports and survey forms are to be distributed to all direct operated sites as determined by Deputy Director / Designee and Quality Assurance Coordinator.
3. At the time of Program Staff Meeting, a test/simulation/drill of the assigned topic will be conducted under the oversight of the Program Supervisor. The conduct of said test is to be reported in the staff meeting minutes. The relevant report form is completed and returned to the Deputy Director / Designee.

Drills are to include simulations of medical emergencies, injuries, and evacuation of persons with physical or other disabilities (actual consumers do not have to participate in these tests; it is expected that staff members will assume these roles)

**Each test/drill/simulation is to include a verbal test of a random selection of staff to ensure all staff can demonstrate knowledge of the emergency procedures. Note those areas for which staff could not identify the correct procedure(s) in the "Corrective Action" section of the form.**

4. To meet the fire testing requirements, Crossroads Clubhouse will conduct enough drills on different days to assure that the majority of members have participated; in no case will less than two drills be conducted. *Disaster evacuation drills shall be conducted at each site on each shift at least semi-annually.*
5. An actual occurrence of any of the covered emergency situations is to be reported at the time of occurrence and will not count as one of that site's semi-annual tests.

*Return completed form to Deputy Director / Designee*

**MACOMB COUNTY COMMUNITY MENTAL HEALTH  
EMERGENCY PLAN PERFORMANCE REPORT  
TORNADO / EXTREME WEATHER**

**SITE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_ **AM**  
**TIME: PM**

**DESCRIBE EXERCISE:** ☐ Simulation / Drill / Exercise ☐ Actual Emergency

How were procedures tested?

Names of staff participating:

**EVALUATION:**

Evacuation time (\_\_\_\_\_) satisfactory? ☐ Yes ☐ No

Overall exercise evaluation: ☐ Good ☐ Fair ☐ Poor

Names of staff randomly questioned concerning knowledge of emergency procedures:

Number of all staff participating in exercise: \_\_\_\_\_

Number of consumers participating: \_\_\_\_\_ Number of visitors participating: \_\_\_\_\_

Are emergency contact numbers on file for all consumers served by the clinic and accessible at the reception area?

**ENVIRONMENT:**

Alarm worked properly? ☐ Yes ☐ No ☐ N/A

Evacuation routes obstruction-free? ☐ Yes ☐ No ☐ N/A

Was windowless space available? ☐ Yes ☐ No ☐ N/A

Adequate lighting? ☐ Yes ☐ No ☐ N/A

Other:

**STAFF PERFORMANCE:**

Staff proceed to windowless rooms / areas? ☐ Yes ☐ No ☐ N/A

Fire / 911 authorities notified? ☐ Yes ☐ No ☐ N/A

Other agencies notified? ☐ Yes ☐ No ☐ N/A

Staff checked rooms? ☐ Yes ☐ No ☐ N/A

Were persons / staff scheduled for service notified of closing? ☐ Yes ☐ No ☐ N/A

Was aid provided to consumers, visitors or staff? ☐ Yes ☐ No ☐ N/A

If site was evacuated, were consumers transported? ☐ Yes ☐ No ☐ N/A

How was the evacuation of persons with disabilities addressed?

Actual consumer \_\_\_\_\_ or role play? \_\_\_\_\_

Type of disability \_\_\_\_\_

Shift: ☐ Regular ☐ After-hours

**OUTCOME OF EXERCISE:**

**RECOMMENDATIONS / CORRECTIVE ACTION:**

Supervisor / Designee

Date

**QUALITY IMPROVEMENT EVALUATION COMMENTS:**

Quality Assurance Coordinator

Date

**PROCEDURES:**

1. Program Supervisor is responsible liaison to Deputy Director / Designee.
2. Necessary report and survey forms are to be distributed to all direct operated sites as determined by Deputy Director / Designee and Quality Assurance Coordinator.
3. At the time of Program Staff Meeting, a test/simulation/drill of the assigned topic will be conducted under the oversight of the Program Supervisor. The conduct of said test is to be reported in the staff meeting minutes. The relevant report form is completed and returned to the Deputy Director / Designee.

Drills are to include simulations of medical emergencies, injuries, and evacuation of persons with physical or other disabilities (actual consumers do not have to participate in these tests; it is expected that staff members will assume these roles).

Each test/drill/simulation is to include a verbal test of a random selection of staff to ensure all staff can demonstrate knowledge of the emergency procedures. Note those areas for which staff could not identify the correct procedure(s) in the "Corrective Action" section of the form.

4. An actual occurrence of any of the covered emergency situations is to be reported at the time of occurrence and will not count as one of that site's tests for the quarterly period.

*Return completed form to Deputy Director / Designee*

**MACOMB COUNTY COMMUNITY MENTAL HEALTH  
EMERGENCY PLAN PERFORMANCE REPORT  
POWER / UTILITY FAILURE**

**SITE:**

**DATE:**

**AM  
TIME: PM**

**DESCRIBE EXERCISE:** ☐ Simulation / Drill / Exercise ☐ Actual Emergency

How were procedures tested?

Staff participating:

**EVALUATION:**

Overall exercise evaluation:

☐ Good ☐ Fair ☐ Poor ☐ N/A

Names of staff randomly questioned concerning knowledge of emergency procedures:

Number of all staff participating in exercise: \_\_\_\_\_

Number of consumers participating: \_\_\_\_\_ Number of visitors participating: \_\_\_\_\_

Are emergency contact numbers on file for all consumers served by the clinic and accessible at the reception area?

**ENVIRONMENT:**

Could circuit breakers be located?

☐ Yes ☐ No ☐ N/A

Was electrical panel area clear?

☐ Yes ☐ No ☐ N/A

Were landlord staff available?

☐ Yes ☐ No ☐ N/A

Other:

**STAFF PERFORMANCE:**

Were all circuit breakers checked?

☐ Yes ☐ No ☐ N/A

Did resetting circuit breakers work?

☐ Yes ☐ No ☐ N/A

Was power company notified?

☐ Yes ☐ No ☐ N/A

Was building evacuated?

☐ Yes ☐ No ☐ N/A

Were computers, air conditioners & electrical equipment turned off?

☐ Yes ☐ No ☐ N/A

For gas leaks:

Utility provider or County F & O notified (as applicable)

☐ Yes ☐ No ☐ N/A

Doors and windows opened?

☐ Yes ☐ No ☐ N/A

If service site was closed, were consumers transported?

☐ Yes ☐ No ☐ N/A

Were persons / staff scheduled for services notified of closing?

☐ Yes ☐ No ☐ N/A

How was the evacuation of persons with disabilities addressed?

Actual consumer \_\_\_\_\_ or role play? \_\_\_\_\_

Type of disability \_\_\_\_\_

Shift: ☐ Regular ☐ After-hours



**OUTCOME OF EXERCISE:**

**RECOMMENDATIONS / CORRECTIVE ACTION:**

Supervisor / Designee

Date

**QUALITY IMPROVEMENT EVALUATION COMMENTS:**

Quality Assurance Coordinator

Date

**PROCEDURES:**

1. Program Supervisor is responsible liaison to Deputy Director / Designee.
2. Necessary report and survey forms are to be distributed to all direct operated sites as determined by Deputy Director / Designee and Quality Assurance Coordinator.
3. At the time of Program Staff Meeting, a test/simulation/drill of the assigned topic will be conducted under the oversight of the Program Supervisor. The conduct of said test is to be reported in the staff meeting minutes. The relevant report form is completed and returned to the Deputy Director / Designee.

Drills are to include simulations of medical emergencies, injuries, and evacuation of persons with physical or other disabilities (actual consumers do not have to participate in these tests; it is expected that staff members will assume these roles).

**Each test/drill/simulation is to include a verbal test of a random selection of staff to ensure all staff can demonstrate knowledge of the emergency procedures. Note those areas for which staff could not identify the correct procedure(s) in the "Corrective Action" section of the form.**

4. An actual occurrence of any of the covered emergency situations is to be reported at the time of occurrence and will not count as one of that site's tests.

*Return completed form to Deputy Director / Designee*

**REPORT CALL IMMEDIATELY TO:**  
**MACOMB COUNTY SHERIFF OFFICE**  
**(586)469-5502**

**BOMB THREAT CALL CHECKLIST**

**CALLER'S VOICE**

1. When is the bomb going to explode? \_\_\_\_\_
2. Where is it right now? \_\_\_\_\_
3. Name and address of location? \_\_\_\_\_  
\_\_\_\_\_
4. What does it look like? \_\_\_\_\_
5. What kind of bomb is it? \_\_\_\_\_
6. What will cause it to explode? \_\_\_\_\_
7. Did you place the bomb? \_\_\_\_\_
8. Why? \_\_\_\_\_
9. What is your name? \_\_\_\_\_
10. What is your address? \_\_\_\_\_  
\_\_\_\_\_
11. Sex of caller: \_\_\_\_\_  
Age: \_\_\_\_\_  
Race: \_\_\_\_\_  
Length of call: \_\_\_\_\_  
Exact wording of threat: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- |                                    |  |                                |
|------------------------------------|--|--------------------------------|
| <input type="checkbox"/> Calm      | <input type="checkbox"/> Laughing        | <input type="checkbox"/> Deep  |
| <input type="checkbox"/> Crying    | <input type="checkbox"/> Angry           | <input type="checkbox"/> Slow  |
| <input type="checkbox"/> Excited   | <input type="checkbox"/> Normal          | <input type="checkbox"/> Rapid |
| <input type="checkbox"/> Distinct  | <input type="checkbox"/> Slurred         | <input type="checkbox"/> Soft  |
| <input type="checkbox"/> Nasal     | <input type="checkbox"/> Cracking voice  |                                |
| <input type="checkbox"/> Loud      | <input type="checkbox"/> Stutter         |                                |
| <input type="checkbox"/> Lisp      | <input type="checkbox"/> Raspy           |                                |
| <input type="checkbox"/> Ragged    | <input type="checkbox"/> Clearing throat |                                |
| <input type="checkbox"/> Disguised | <input type="checkbox"/> Deep breathing  |                                |
| <input type="checkbox"/> Familiar  |  |                                |

If voice is familiar, who did it sound like?

**BACKGROUND SOUNDS:**

- |  |                                 |
|--|---------------------------------|
| <input type="checkbox"/> Street noises     | <input type="checkbox"/> Voices |
| <input type="checkbox"/> House noises      | <input type="checkbox"/> Motor  |
| <input type="checkbox"/> Crockery          | <input type="checkbox"/> Office |
| <input type="checkbox"/> Animal noises     | <input type="checkbox"/> Clear  |
| <input type="checkbox"/> Local             | <input type="checkbox"/> Booth  |
| <input type="checkbox"/> Long distance     | <input type="checkbox"/> Other  |
| <input type="checkbox"/> Factory machinery |                                 |

**THREAT LANGUAGE:**

- ☐ Well spoken (educated)
- ☐ Foul
- ☐ Irrational
- ☐ Incoherent
- ☐ Taped
- ☐ Message read by threat maker
- ☐ Foreign

Fill out completely, immediately after threat:

Name: \_\_\_\_\_

Date: \_\_\_\_\_ Phone: \_\_\_\_\_

Dept./Title \_\_\_\_\_

**MACOMB COUNTY COMMUNITY MENTAL HEALTH  
EMERGENCY PLAN PERFORMANCE REPORT  
BOMB THREAT**

|                    |  |       |          |    |
|--------------------|--|-------|----------|----|
| SERVICE UNIT SITE: |  | DATE: | TIME: PM | AM |
|--------------------|--|-------|----------|----|

**AM**

**DESCRIBE EXERCISE:**     ☐ Simulation / Drill / Exercise     ☐ Actual Emergency

How were procedures tested?

Staff participating:

Staff participating:

**EVALUATION:**

Evacuation time (\_\_\_\_\_) satisfactory? ☐ Yes ☐ No ☐ N/A

Emergency plan satisfactory? ☐ Yes ☐ No ☐ N/A

Overall exercise evaluation: ☐ Good ☐ Fair ☐ Poor ☐ N/A

Names of staff randomly questioned concerning knowledge of emergency procedures: \_\_\_\_\_

\_\_\_\_\_

Number of all staff participating in exercise: \_\_\_\_\_

Number of consumers participating: \_\_\_\_\_ Number of visitors participating: \_\_\_\_\_

Are emergency contact numbers on file for all consumers served by the clinic and accessible at the reception area?

☐ Yes    ☐ No    ☐ N/A

|                              |                             |                              |
|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
|------------------------------|-----------------------------|------------------------------|

☐ Good    ☐ Fair    ☐ Poor    ☐ N/A

Number of consumers participating: \_\_\_\_\_ Number of visitors participating: \_\_\_\_\_

Are emergency contact numbers on file for all consumers served by the clinic and accessible at the

reception area?

| <b>ENVIRONMENT:</b>                 |                              |                             |                              |
|-------------------------------------|------------------------------|-----------------------------|------------------------------|
| Was atmosphere calm?                | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| Did phone system perform correctly? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| Were communications easy?           | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| Other:                              |                              |                             |                              |

☐ Yes    ☐ No    ☐ N/A

☐ Yes    ☐ No    ☐ N/A

☐ Yes    ☐ No    ☐ N/A

|  |                              |  |
|--|------------------------------|--|
| <b>STAFF PERFORMANCE:</b>  |                              |  |
| Was 911 called?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> N/A |
| Did staff note any identifying information?                                  | <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> N/A |
| Did staff check their offices?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> N/A |
| Did staff handle evidence?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> N/A |
| Was decision made to evacuate?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> N/A |
| Were authorities notified?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> N/A |
| How was the evacuation of persons with disabilities addressed?               |                              |  |
| Actual consumer _____  | or                           | role play? _____   |
| Type of disability _____   |                              |  |
| Shift: <input type="checkbox"/> Regular <input type="checkbox"/> After-hours |                              |  |

☐ Yes    ☐ No    ☐ N/A

☐ Yes    ☐ No    ☐ N/A

☐ Yes    ☐ No    ☐ N/A

☐ Yes    ☐ No    ☐ N/A

☐ Yes    ☐ No    ☐ N/A

☐ Yes    ☐ No    ☐ N/A

[\[ 1 \]](#)
[\[ 2 \]](#)
[\[ 3 \]](#)
[\[ 4 \]](#)
[\[ 5 \]](#)
[\[ 6 \]](#)
[\[ 7 \]](#)
[\[ 8 \]](#)
[\[ 9 \]](#)
[\[ 10 \]](#)

Type of disability \_\_\_\_\_

Shift: ☐ Regular ☐ After-hours

**OUTCOME OF EXERCISE:**

**RECOMMENDATIONS / CORRECTIVE ACTION:**

Supervisor / Designee

Date

**QUALITY IMPROVEMENT EVALUATION COMMENTS:**

Quality Assurance Coordinator

Date

**PROCEDURES:**

1. Program Supervisor is responsible liaison to Deputy Director / Designee.
2. Necessary report and survey forms are to be distributed to all direct operated sites by Deputy Director / Designee quarterly.
3. At the time of Program Staff Meeting for the month, a test/simulation/drill of the assigned topic will be conducted under the oversight of the Program Supervisor. The conduct of said test is to be reported in the staff meeting minutes. Within five days, the relevant report form is completed and returned to the Deputy Director / Designee, with a copy to the Quality Assurance Coordinator.

Drills are to include simulations of medical emergencies, injuries, and evacuation of persons with physical or other disabilities (actual consumers do not have to participate in these tests; it is expected that staff members will assume these roles).

Each test/drill/simulation is to include a verbal test of a random selection of staff to ensure all staff can demonstrate knowledge of the emergency procedures. Note those areas for which staff could not identify the correct procedure(s) in the "Corrective Action" section of the form.

4. To meet the fire testing requirements, Crossroads Clubhouse will conduct enough drills on different days to assure that the majority of members have participated; in no case will less than two drills be conducted. *Disaster evacuation drills shall be conducted at each site on each shift at least quarterly.*
5. An actual occurrence of any of the covered emergency situations is to be reported at the time of occurrence and will count as one of that site's tests for the quarterly period.

*Return completed form to Deputy Director / Designee*



**OUTCOME OF EXERCISE:**

**RECOMMENDATIONS / CORRECTIVE ACTION:**

Supervisor / Designee

Date

**QUALITY IMPROVEMENT EVALUATION COMMENTS:**

Quality Assurance Coordinator

Date

**PROCEDURES:**

1. Program Supervisor is responsible liaison to Deputy Director / Designee.
2. Necessary report and survey forms are to be distributed to all direct operated sites as determined by Deputy Director / Designee and Quality Assurance Coordinator.
3. At the time of Program Staff Meeting, a test/simulation/drill of the assigned topic will be conducted under the oversight of the Program Supervisor. The conduct of said test is to be reported in the staff meeting minutes. The relevant report form is completed and returned to the Deputy Director / Designee.

Drills are to include simulations of medical emergencies, injuries, and evacuation of persons with physical or other disabilities (actual consumers do not have to participate in these tests; it is expected that staff members will assume these roles).

Each test/drill/simulation is to include a verbal test of a random selection of staff to ensure all staff can demonstrate knowledge of the emergency procedures. Note those areas for which staff could not identify the correct procedure(s) in the "Corrective Action" section of the form.

4. An actual occurrence of any of the covered emergency situations is to be reported at the time of occurrence and will not count as one of that site's tests for the quarterly period.

*Return completed form to Deputy Director / Designee*



# Concentra Medical Center

## AUTHORIZATION FOR TREATMENT AND BILLING

### Worker's Compensation Injuries or Exposure

Company: Macomb County - Injury Telephone #: (586) 469-5280 Fax #: (586) 469-6795  
Address: 120 N Main St. Mt. Clemens MI 48043  
Street City State Zip  
Work Comp Carrier: CMI Telephone #: (517) 338-3294 Fax #: (517) 338-5124  
Address: P.O. Box 620 Howell MI 48844-0620 Policy Number: WCX 002856  
Street City State Zip  
Designated Employer Rep: See Employer Notes Telephone #: (586) 469-5280 Fax #: (586) 469-6795

Employee: \_\_\_\_\_ SS#: \_\_\_\_\_ DOB: \_\_\_\_\_

#### Authorization for:

☐ BBP Exposure - OR - ☐ Care of Injury AND Brief Description \_\_\_\_\_

Authorization by: \_\_\_\_\_

Position or Title: \_\_\_\_\_

Date: \_\_\_\_\_

#### CONSENT TO TREAT AND AUTHORIZATION TO RELEASE INFORMATION

I hereby give consent to Concentra Medical Center and the attending physician for examination and treatment and authorize release of information pertaining to this specific or physical examination to my employer or employer's insurer.

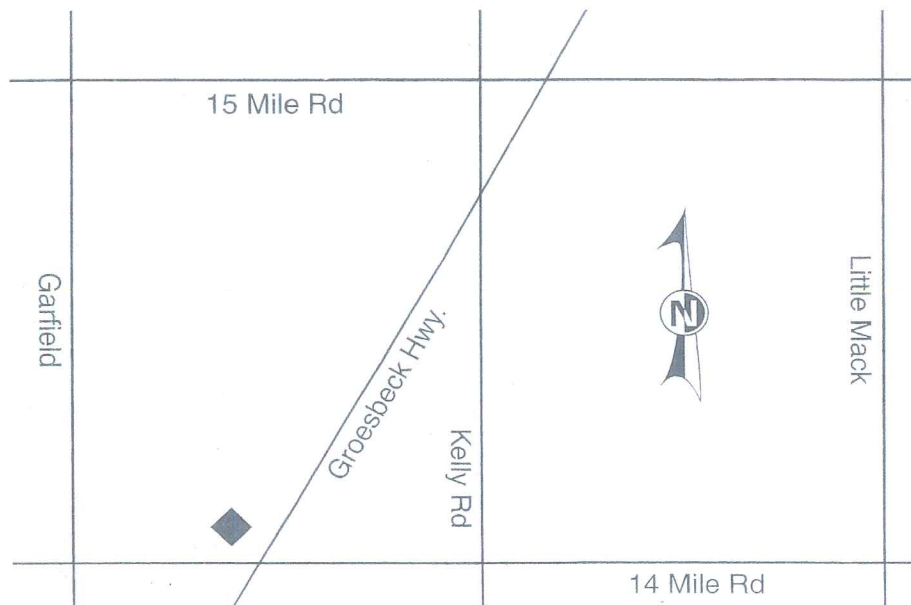
EMPLOYEE SIGNATURE

DATE

### Concentra Medical Center

33089 Groesbeck  
Fraser, MI 48026

Phone: (586) 296-2800 ~ Fax: (586) 296-6190  
Open 24 hours, 7 days a week



**MIOSHA FORM 301** (EQUIVALENT 1/1/02)  
**Injury and Illness Incident Report**

This form is to be completed by the employee at the time of injury/illness

**Attention:** This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employee to the extent possible while information is being used for occupational safety and health purposes.

**EMPLOYEE INFORMATION**

|                            |      |                                 |                      |  |
|----------------------------|------|---------------------------------|----------------------|--|
| Name (Last, First Middle): |      | Social Security Number<br>-- -- | Date of Birth<br>/ / | Sex<br><input type="checkbox"/> M <input type="checkbox"/> F |
| Street Address:            | City | State                           | Zip                  | Home Phone Number<br>( )                                     |

**INJURY / ILLNESS INFORMATION**

|  |  |  |  |
|--|--|--|--|
| Date of Injury (Month, Day, Year):   | Time of Injury:<br><input type="checkbox"/> AM <input type="checkbox"/> PM | Was injury fatal? If yes, please give date:<br><input type="checkbox"/> Yes, date ____/____/____ <input type="checkbox"/> No | Building or work location where injury occurred: |
| Describe Nature of injury / illness (i.e., burn, cut, sprain, rash):   |  | Part(s) of the body effected (i.e., right eye, lower back, left index finger):   |  |
| State what you were doing at the time of incident. Describe what happened and how the injury / illness occurred. Name any objects that directly contributed to the injury/illness: |  |  |  |
| Witness to Incident (Name)   |  |  | Witness' Phone Number:                           |
| First Aide: <input type="checkbox"/> Refused <input type="checkbox"/> Given. If given, Describe: _____   |  |  |  |
| Medical Treatment: <input type="checkbox"/> Employer Clinic  |  |  |  |
| <input type="checkbox"/> Refused Treatment <input type="checkbox"/> Personal Physician <input type="checkbox"/> ER If ER or Personal Physician, Name, Address and Phone Number:    |  |  |  |

**AUTHORIZATION FOR PATIENT RECORDS**

I, the undersigned, do hereby authorize by my signature on this Injury and Illness Report, any hospital, physician, or other person who has attended me or examined me regarding the injury / illness described above to furnish to the County of Macomb, or its representative any and all information with respect to this injury / illness and medical history, consultation, prescription, or treatment, and copies of all hospital or medical records of prior injuries / illnesses similar to this one. A photostatic copy of this Authorization shall be considered as effective and valid as the original.

Signature of Employee:

Date:

**EMPLOYEE INFORMATION**  
**(To be completed by supervisor)**

|  |  |  |                                      |
|--|--|--|--------------------------------------|
| Department Name:   | Job Classification:                      | Shift Time:<br>Start: ____ <input type="checkbox"/> AM <input type="checkbox"/> PM End: ____ <input type="checkbox"/> AM <input type="checkbox"/> PM | Hire Date (Month, Day, Year):<br>/ / |
| Supervisor's Comments -- Including Recommended Corrective Action Plan: _____ |  |  |                                      |
| Name of Immediate Supervisor:  | Signature of Immediate Supervisor:       |  | Date: / /                            |
| Name of Department / Division Head:  | Signature of Department / Division Head: |  | Date: / /                            |





## Employee Incident Report Form

FORM MUST BE COMPLETELY FILLED OUT

\*\* Form should be filled out by injured employee. If injured employee is unable to fill out form within specified time period, the immediate supervisor should fill it out to the best of his/her ability.

Please use your discretion.\*\*

☐ Check box if completing form FOR injured employee

### Section 1: EMPLOYEE INFORMATION

Employee Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Job Title: \_\_\_\_\_ Department: \_\_\_\_\_ Employee ID #: \_\_\_\_\_

Check All That Applies: ☐ Full Time ☐ Part Time ☐ Temporary ☐ Contract Employee

### Section 2: INCIDENT INFORMATION

Incident Date: \_\_\_\_\_ Time of Incident: \_\_\_\_\_ ☐ am ☐ pm Time Shift Began: \_\_\_\_\_ ☐ am ☐ pm

Incident Reported to: \_\_\_\_\_ Date/Time Incident Reported: \_\_\_\_\_

Part of Body Injured (specific): \_\_\_\_\_

Type of Accident:

☐ Slip/Trip/Fall ☐ Extreme Temperature ☐ Repetitive Motion ☐ Material Handling  
☐ Cuts/Sharps ☐ Striking an Object ☐ Abrasion/Bruise ☐ Blood Borne Exposure  
☐ Other: \_\_\_\_\_

Injured on County Property: ☐ Yes ☐ No (Specify Address) \_\_\_\_\_

Incident Location (i.e. lobby, hallway, etc): \_\_\_\_\_

Action Taken: ☐ First Aid ☐ Employer Clinic ☐ Hospital (Specify) \_\_\_\_\_

# of Employees Involved: \_\_\_\_\_ # Injured/Ill: \_\_\_\_\_ # Fatalities: \_\_\_\_\_

How Did the Incident Occur. List safety equipment in use (if any) and specifics as to how the injury occurred. Attach photos, sketches, and/or second page if necessary.

**Section 3: WITNESS INFORMATION (If, any)**

Witnesses (Name &amp; Phone Number): \_\_\_\_\_

**WITNESS (If Any) Please Fill Out Supplemental Witness Form****Section 4: CORRECTIVE ACTIONS (To be filled out by immediate supervisor)**

What Action Can Be Taken to Prevent Incident Reoccurrence?

- |  |   |
|--|---|
| <input type="checkbox"/> Equipment/Machinery Modification or Maintenance | <input type="checkbox"/> Improve Personal Protection      |
| <input type="checkbox"/> Improve Design/Construction                     | <input type="checkbox"/> Enhance Training and Instruction |
| <input type="checkbox"/> Change to Work Procedure                        | <input type="checkbox"/> Use of Safer Material            |
| <input type="checkbox"/> Improve Housekeeping                            | <input type="checkbox"/> Re-Training                      |
| <input type="checkbox"/> Improve Work Organization                       |   |
| <input type="checkbox"/> Other: _____                                    |   |

Specify Measures Already Taken: \_\_\_\_\_

Comments: \_\_\_\_\_

**Section 5: SIGNATURES**

Name of Immediate Supervisor (Printed): \_\_\_\_\_ Phone #: \_\_\_\_\_

Signature of Immediate Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Department Head (Printed): \_\_\_\_\_ Phone #: \_\_\_\_\_

Signature of Department Head: \_\_\_\_\_ Date: \_\_\_\_\_

**AUTHORIZATION FOR PATIENT RECORDS**

I, the undersigned, do hereby authorize by my signature on this injury and illness report, any hospital, physician, or other person who has attended me or examined me regarding the injury/illness described above to furnish the Macomb County, or its representative, any and all information with respect to this injury/illness and medical history, consultation, prescription, or treatment, and copies of all hospital or medical records of prior injuries/illnesses similar to this one. A photostatic copy of this Authorization shall be considered as effective and valid as the original.

Signature of Employee: \_\_\_\_\_ Date: \_\_\_\_\_

Please immediately scan and email these documents to: [employeeincidentreport@macombgov.org](mailto:employeeincidentreport@macombgov.org) or fax them to (586)469-6974 **and** forward the originals via interoffice mail to Human Resources and Labor Relations.

These forms must be returned IMMEDIATELY after completion or within 24 hours of the Incident/Injury/Illness.



## Employee Incident Witness Form

PLEASE FILL OUT AS COMPLETELY AS POSSIBLE

### Section 1: WITNESS INFORMATION

Witness Name: \_\_\_\_\_

Do you work for Macomb County: ☐ Yes (Specify Department) \_\_\_\_\_ ☐ No

### Section 2: INCIDENT INFORMATION

I ☐ WAS or ☐ WAS NOT in the near vicinity of the incident when it happened. If near vicinity, list names of those persons you actually saw in the vicinity at the time of the occurrence.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
If you were not in the area when the incident occurred, but in another pertinent area, please give your location and the names of persons you saw, or believe were present, in your area.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Are you the supervisor of the injured employee? ☐ Yes ☐ No

Give a factual statement of your actions and observations, before, during, and following the incident. Be as specific as possible.

### Section 3: SIGNATURES

Witness Name (Printed): \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Phone Number: \_\_\_\_\_

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**MACOMB COUNTY COMMUNITY MENTAL HEALTH  
EMERGENCY PLAN PERFORMANCE REPORT  
MEDICAL EMERGENCY**

|              |              |                              |
|--------------|--------------|------------------------------|
| <b>SITE:</b> | <b>DATE:</b> | <b>AM</b><br><b>TIME: PM</b> |
|--------------|--------------|------------------------------|

**DESCRIBE EXERCISE:**     ☐ Simulation / Drill / Exercise     ☐ Actual Emergency

How were procedures tested?

Names of staff participating: \_\_\_\_\_

\_\_\_\_\_

Names of staff participating: \_\_\_\_\_

**EVALUATION:**

Overall exercise evaluation: ☐ Good ☐ Fair ☐ Poor ☐ N/A

Names of staff randomly questioned concerning knowledge of emergency procedures: \_\_\_\_\_

Number of all staff participating in exercise: \_\_\_\_\_

Number of consumers participating: \_\_\_\_\_ Number of visitors participating: \_\_\_\_\_

Are emergency contact numbers on file for all consumers served by the clinic and accessible at the reception area? ☐

Overall exercise evaluation: ☐ Good ☐ Fair ☐ Poor ☐ N/A

Names of staff randomly questioned concerning knowledge of emergency procedures:

Number of all staff participating in exercise: \_\_\_\_\_  
 Number of consumers participating: \_\_\_\_\_ Number of visitors participating: \_\_\_\_\_  
 Are emergency contact numbers on file for all consumers served by the clinic and accessible at the reception area?

***ENVIRONMENT:***

Was atmosphere calm? ☐ Yes ☐ No ☐ N/A

Antecedent conditions:

Comments:

Was atmosphere calm? ☐ Yes ☐ No ☐ N/A

Antecedent conditions:

Comments:

**STAFF PERFORMANCE:**

Was 911 called? ☐ Yes ☐ No ☐ N/A

Were Standard Precautions applied? ☐ Yes ☐ No ☐ N/A

Was CPR / First Aid applied using available supplies? ☐ Yes ☐ No ☐ N/A

Did staff transport consumers to emergency room? ☐ Yes ☐ No ☐ N/A

Did staff contact consumer's family or legal guardian? ☐ Yes ☐ No ☐ N/A

How was the evacuation of persons with disabilities addressed?

Actual consumer \_\_\_\_\_ or role play? \_\_\_\_\_

Type of disability \_\_\_\_\_

Shift: ☐ Regular ☐ After-hours

|  |                              |                             |                              |
|--|------------------------------|-----------------------------|------------------------------|
| Was 911 called?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| Were Standard Precautions applied?                     | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| Was CPR / First Aid applied using available supplies?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| Did staff transport consumers to emergency room?       | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| Did staff contact consumer's family or legal guardian? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |

How was the evacuation of persons with disabilities addressed?  
Actual consumer \_\_\_\_\_ or role play? \_\_\_\_\_

Type of disability \_\_\_\_\_

Shift: ☐ Regular ☐ After-hours



**OUTCOME OF EXERCISE:**

**RECOMMENDATIONS / CORRECTIVE ACTION:**

Supervisor / Designee

Date

**QUALITY IMPROVEMENT EVALUATION COMMENTS:**

Quality Assurance Coordinator

Date

**PROCEDURES:**

1. Program Supervisor is responsible liaison to Deputy Director / Designee.
2. Necessary report and survey forms are to be distributed to all direct operated sites as determined by Deputy Director / Designee and Quality Assurance Coordinator.
3. At the time of Program Staff Meeting, a test/simulation/drill of the assigned topic will be conducted under the oversight of the Program Supervisor. The conduct of said test is to be reported in the staff meeting minutes. The relevant report form is completed and returned to the Deputy Director / Designee.

Drills are to include simulations of medical emergencies, injuries, and evacuation of persons with physical or other disabilities (actual consumers do not have to participate in these tests; it is expected that staff members will assume these roles).

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