LAPEER COUNTY COMMUNITY MENTAL HEALTH

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Date Revised 01/11/12; 02/11/13; 06/25/13, 12/12/17; 04/18/18; 4/20/21; 12/17/24; 02/18/25; 10/21/25

CHAPTER	CHAPTER		SEC	TION	SUBJECT
Human Resources	05 00		003		30
SECTION DESCRIPTION			ION		
Health and Safety		Safety, Conflict Avoidance, and Emergency			
Response Pl			Plan		
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APPLICATION:

⊠CMH Staff	⊠Board Members	⊠Provider Network	⊠Employment Services Providers
□Employment Services Provider Agencies	⊠Independent Contractors	⊠Students	⊠Interns
⊠Volunteers	⊠Persons Served		

POLICY:

Lapeer County Community Mental Health (LCCMH) has a culture of gentleness to ensure the safety of persons served and staff.

STANDARDS:

- A. Staff members are trained to recognize and respond to an individual's signs of distress with positive interventions.
- B. Staff are trained in de-escalation techniques upon hire and annually. Staff participate in safety drills at least annually.
- C. All staff are trained upon hire on how to make an "all agency" page.
- D. Emergency physical interventions are only used when there is an imminent risk of serious physical harm to the individual served or others. For example, if a person is attacking someone, staff can assist the person who is being attacked to get away from the attacker or if a person is running into the road and a car is coming.

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PROCEDURES:

- A. Staff are aware of their surroundings.
- B. Staff notify others in the building when they have a potentially violent person coming in, when a problematic situation may occur and/or when they expect to be with a person served after regular business hours.
- C. Staff take action to avoid a potentially violent situation by using positive interventions
- D. All staff help to ensure the safety of persons served and co-workers.
 - 1. Supervisors and staff are responsible for ensuring other staff are not left in the building alone with persons served and other guests. There is always a second staff member available to assist in an emergency situation.
- E. When staff feel they can no longer control the situation without assistance, if able, make an "all agency" page requesting additional assistance using the "Code Gray" procedures:
 - 1. "Code Grey, Code Grey in the (identify area of the building)" three times.
 - 2. At the Main Center, the Triage staff and the Rapid Response Team immediately become code leaders upon arrival.
 - 3. The responding staff:
 - a. Determine if calling law enforcement is needed to gain control of the situation.
 - b. When appropriate, advise other responding staff who are not able to directly participate in resolving the incident to return to their respective duties.
 - c. Determine when the situation is resolved, and it is safe to resume normal operations.
- F. "Code Grey" results in available clinical staff meeting at the identified area and being briefed on the potential crisis. If a violent/aggressive situation is in progress

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the code lead decides whether the police are to be contacted.

- G. The code leader completes the electronic LCCMH Emergency Response Drill Form link in the templates folder for review by the Health and Safety Committee.
- H. A debriefing is conducted within 24-72 hours of the event. Appropriate action is taken to resolve identified issues.
- I. Supervisors are made aware of anyone who would benefit from additional positive intervention training.

DEFINITIONS:

<u>**Debriefing**</u>: a set of procedures, including counseling and providing information aimed at preventing psychological morbidity and aiding recovery after a traumatic incident.

<u>Code Grey:</u> indicates a dangerous or combative person in the building.

REFERENCE:

Code Gray Procedures-LCCMH Emergency All Hazards Response Plan LCCMH Emergency Response Drill Form

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Supersedes #10/09042 dated 10/16/2009