

Emergency Procedures

This chapter outlines the procedures by which emergencies are identified, managed, and resolved. All reasonable precautions and risk reducing procedures are integrated into routine practices so as to avoid the occurrence of emergencies. However, given the nature of the student population that CALO (Change Academy Lake of the Ozarks) serves (emotionally and behaviorally disturbed adolescents) procedures must be in-place that enables staff members to respond effectively to unexpected events, which pose significant risk to the well being of participants.

General

An “Emergency” is defined as an unexpected occurrence involving serious physical or emotional injury, or the risk thereof. A “Sentinel Event” is any one of a few specific events that may result in the loss of life, limb, eye-sight, or emotional stability: 1) death or serious injury, 2) suicide or suicide attempt, 3) abuse, 4) any action resulting in federal, state, or private legal action against CALO, or 5) the closure of any CALO building due to disaster or emergency situations such as fires or severe weather. Serious injury specifically includes any condition that: 1) cannot be fully assessed, treated, and resolved by CALO residential staff without outside assistance; 2) could/would necessitate the removal of a student from the program for reasons of health and safety; or 3) would impair a student's ability to successfully complete the program.

It is incumbent upon all staff to use CALO's risk management system to avoid, prevent or minimize the potential for serious accidents or injuries. For all emergencies covered in this chapter, the CEO, Leadership Team and Treatment Team (Led by the Treating Masters or Doctoral Level Therapist) manage residential issues as well as all psychological assessment, outside communications, and parental contact. The student's treating therapist will assume the role of ***Emergency Facilitator***. Supplemental staffing needs may require that employees be called in to assist as required.

Emergencies

Those events/occurrences that constitute an emergency at CALO include:

- ❖ Any event that results in the loss of physical safety for any CALO student or employee resulting from: irrational/volatile/impaired thinking, uncontrollable or grossly unstable emotionality, direct or indirect threats of harm to self or others, disregard for the physical or emotional safety of self or others, disregard for program rules and procedures, physical illness, and accidents resulting in physical injury.
- ❖ Any event or development that CALO Residential Coach cannot fully assess, stabilize, and resolve in the on-site without outside assistance.

For clarification purposes, all emergencies fall into one of the following categories:

- ❖ *Psychological/Behavioral* - violence, running away, psychosis, suicidal ideation, etc.
- ❖ *Medical* - injury, illness, etc.
- ❖ *Residential* - facility or equipment failure, inclement weather, staffing, etc.

In all cases, the following general guidelines for management of an emergency apply:

- 1) Staff on the scene should take immediate action to secure the safety of the students involved by:
 - a) *Engage* - Take Charge of the Situation.
 - b) *Approach* - Approach the student(s) safely.
 - c) *Render* - Perform emergency urgent first aid.
 - d) *Protect* - Take appropriate action to further reduce physical/emotional injury.
 - e) *Assess* - Further assess the situation and identify all injuries, risks, and conditions.
 - f) *Plan* - Organize activities so that maximum treatment and control are possible.
 - g) *Follow-Through* - Accomplish treatment and control and ensure safety and wellbeing of all staff and student.
- 2) Staff on the scene should follow the event-specific instructions in the *CALO Policy and Procedures Manual*. Staff on the scene should notify the *Emergency Facilitator (Treating Therapist.)*

Guidelines for Management of Emergencies

Senior Staff Member on the Scene

- 1) Immediately begin to take action in accordance with procedures outlined in this manual (*Engage, Approach, Render, Protect, Assess, Plan, Follow-Through*).
- 2) Notify the *Emergency Facilitator*.
 - a) The emergency facilitator should be the student's CALO Treating Therapist (Primary Contact).
 - b) If for some reason the Treating Therapist is not available the Clinical Director will become the secondary contact.

Emergency Facilitator

- 1) Assess the need to establish an emergency control center in the administration building for the purposes of communications and residential support.
- 2) Take action in accordance with procedures outlined in this P & P.
- 3) Determine whether additional CALO staff should be called in to assist with the emergency.
- 4) Upon notification, take primary responsibility for all communications with parents, local authorities, outside agencies/services, and consultants.
- 5) Notify parents or guardians and referral sources (as appropriate) of incident. Remain in communication with parents until incident is resolved.
- 6) Coordinate with the Clinical Director who is responsible for reporting "Sentinel Events" to the Missouri Department of Social Services, Children's Division within 48 hours of its occurrence. Phone number is 1-573-751-4954. Children's Abuse & Neglect Unit Hotline 1-573-751-3448. State regulations require the following events to be reported to DSS:
 - a) **Death or serious injury requiring hospitalization (or significant medical care)**
 - b) **Suicide attempt**
 - c) **Abuse**
 - d) **Legal action by or against CALO**
 - e) **Closure of CALO due to disaster or emergencies such as fire or severe weather.**
- 7) Maintain detailed log of all actions taken regarding the incident. Log includes date, time, action, and who performed the action.

Monitoring Emergency Management Procedures

The following procedures are utilized to monitor the effectiveness of the Emergency Management System at CALO:

- 1) As per procedure outlined in the Performance Improvement, a *Failure Mode Effects Analysis* (FMEA) is performed at least once a year.
- 2) Twice annually, the CEO and the Admissions Director attends each current team's Treatment Team Meeting and reviews the P & P for Emergency Management.

- 3) Quarterly, closed class files are pulled and daily *Shift Reports*, *Medication & Wellness Records*, and *Incident Reports* are cross-referenced to insure that Emergencies are being properly identified, documented, and investigated.

On-Call Staff/Emergency Facilitator

General

CALO maintains an on-call/emergency facilitator system in order to provide the staff and students with immediate assistance and backup. Should an emergency occur after normal business hours or during the weekend, the Treating Team Therapist shall assume the role of "*Emergency Facilitator*" for each student under their care. If more than one student is involved in the incident then the Treating Therapist for each student will be contacted.

On-Call Personnel

The Clinical Director of CALO designates the employees assigned to the Emergency Facilitator Role. Administrative Staff members at CALO who have a clinical background and training will serve as backup or secondary staff to support the emergency staff. Those individuals serving on the on-call rotation are the Masters or Doctoral Level Treatment Team Therapists. Each Team has a Treating Therapist who is responsible for the care of their caseload of nine families. An emergency or incident involving a student on the Treating Therapist Team would place them in the role of the Emergency Facilitator. During weekends and non-business hours the Emergency Facilitator becomes the on-call staff. However, it is standard procedure for the Clinical Director to be notified of all emergencies by the on-call staff in order to assist with residential related matters.

Duties of the Emergency Facilitator

On-call personnel will ensure that they can respond to a call within ten minutes, and re-locate to the CALO Administration building within 30 minutes if necessary. The ability to meet these time frames can ensure timely decision-making and assist in maintaining a safe environment on campus.

In the event that an individual needs to relinquish on-call duties for a time period, these duties can only be passed on to an individual previously approved as a member of the on-call rotation. In order to avoid confusion and miscommunication, all responsibilities of the on-call staff shall be transferred to the new person; employees involved in the on-call rotation shall not "split" duties. In the event that duties are temporarily transferred, the accepting individual shall maintain the on-call duties throughout the remainder of that calendar day. This shall minimize any confusion on who is responsible at any given time. Upon transfer of on-call duties, both the person giving up the on-call duties and the person receiving the duties shall notify the Clinical Director or another Member of the CALO Leadership Team if the Clinical Director is unavailable. .

The on-call staff shall maintain documentation on all interactions they have with the program, parents or professionals during their rotation. Documentation shall be made in the each student's individual file in the Case Notes section. The on-call staff shall assure that all policies and procedures are followed as outlined in the Policy & Procedures Manual.

The on-call staff shall notify the Clinical Director of any call or event that results in the implementation of Emergency Procedures, a change in residential activities, or a change in the physical or emotional

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safety status of a student. The Clinical Director will provide support and assistance as needed in order to maintain the health and safety of the students, and the operational integrity of the program.

All Leadership Team Members are expected to respond to requests for assistance regardless of their on-call status. These employees may be assigned a variety of duties to assist in covering the facility and assuring safety. Administrative staff members are expected to be proactive in determining the needs of the program and should arrange to be available when there is a notice of inclement weather.

Psychological/Behavioral Emergencies

General

It is expected that the emotional and behavioral characteristics of CALO students will be problematic at times. However, student actions should only be regarded as an emergency when they directly or indirectly result in the loss of physical safety.

Psychological Instability, Volatility, or Impairment

A student who demonstrates through words or actions evidence, or suspicion, of psychological instability, volatility, or impairment, which would result in the loss of physical safety, presents the need for immediate clinical assessment by qualified CALO staff. The emergency facilitator, in conjunction with the Clinical Director, is to assess the nature and severity of a student's exhibiting psychological or behavioral instability and communicate concerns to the CEO. Based upon the recommendation of the treatment team members, the CEO will determine if signs and symptoms of psychological or behavioral instability are sufficient to warrant emergency management (discharge or psychiatric hospitalization).

Specific Procedures for Behavioral Instability, Volatility, or Impairment

- 1) Follow *General Guidelines for Management of Emergencies* as outlined above.
- 2) Lead Residential Coach should contact the "emergency facilitator" and request a clinical assessment.
- 3) If it is determined that the student can be kept safe by Lead Residential Coach, then the "emergency facilitator" should arrange for a clinical assessment to take place as soon as possible.
- 4) If it is determined that the student cannot be kept safe by Residential Staff, then the "emergency facilitator" is to initiate procedures for *Psychiatric Hospitalization* as outlined below.

Refusal or Non-Compliance

A student who refuses to comply with CALO *rules regarding safety* exposes himself or herself, along with other students and staff members, to potential danger. As a result, such refusals could result in an emergency.

Specific Procedures for Refusal

- 1) Follow *General Guidelines for Management of Emergencies* as outlined above
- 2) Refusal to participate or comply with rules is NOT grounds for Physical Therapeutic Holds UNLESS the student's refusal is creating a highly volatile and chaotic environment, or places him or her, or another individual, in potential physical danger.
- 2) If the student or group of students is off-site:
 - a. If the student agrees to return to campus, then the emergency facilitator schedules a treatment team meeting the following business day to review case.

- b. If the student will not agree to return to campus, then the emergency facilitator directs the residential staff to stay with the student until additional residential staff can be brought in to assist.

Runaway or Missing Student

A runaway or missing student constitutes an emergency because of the dangers involved with running away. Although we have a contract that places the responsibility of finding the runaway with the parents/guardians once the student leaves campus, it is CALO's responsibility to immediately make every reasonable effort to locate a runaway or missing student.

Specific Runaway Procedures

- Immediately report missing student to lead residential coach on shift who then notifies the CALO emergency facilitator.
- Initiate Run Team Procedures

Upon Notification, the Emergency Facilitator should:

- 1) Notify the parents/guardians and all appropriate referral sources/consultants. Inform them:
 - a) That CALO has runaway procedures and that the CALO Run Team has been activated and had begun search procedures.
 - b) That the local sheriff's department has been involved, to include the filing of a missing person's report, provision of photo and description, and the utilization of sheriff patrol cars looking-out for the student.
 - c) That they should NOT contact the sheriff. CALO will relay all information to and from sheriff.
 - d) That their child may attempt to contact and manipulate them: forewarn of probable dishonesty and threats to get their parents to remove them from CALO.
 - e) That they are to encourage their student to return to CALO and to give CALO their location so staff can pick the student up. Once the student is safely back at the CALO, facility, further discussion will ensue about the student's status.
 - f) That they should contact any family member or friends that the student may contact, and to ask those family members or friends to help with locating and returning the student to CALO.
- 2) Ask parents how we can contact them with updated information.
- 3) Inform parents of their legal responsibility to locate and return the student to CALO or coordinate other arrangements. The student becomes the parent/guardian's responsibility once he/she is off campus. Give the parent a recommended Private Investigator to help locate the missing student and return him to CALO. If the parent/guardian uses an educational consultant, make the recommendation to the consultant and the parent.

Run Team Procedures

In the event of a run, safety is the number one concern. The run team consists of those with specific assignments, and those who are on shift. The Shift Leader shall be the run team coordinator whenever there is a run.

If a door alarm sounds (the 8 corner doors shall be alarmed both upstairs and downstairs) the following procedures should occur:

1. The shift lead will radio in to the other coaches for a student check to confirm which students are visually accounted for. Coaches must make visual or auditory contact with each student.
2. The shift leader may immediately send out one or two staff to pursue the student(s) running. The remaining coaches are to keep the students calm. The first coach to go out will go directly to the lake with the lifesaver ring, life jacket and a spotlight if it's dark. This is to prevent students from trying to swim away.
3. During the daytime, the remaining students will be centralized in the classrooms. The use of movies should only be used in emergency. As soon as the students are calm and positively self-regulating the schedule should continue as normal with the exception of outside activities. School should continue as normal. If the run is at night and there is a safety/run risk concern with the other students the shift lead can wake the rest of the students and have them sleep in the hallway with the boys and girls separated by the atrium.
4. The shift lead will call the run team starting with the CEO, Clinical Director, and the Admissions Director. Other residential coaches and therapists will then be notified. The calling sequence will begin with the coaches who can respond the quickest.
5. The shift leader will organize the searchlights if darkness could potentially be an issue. The Nextel phones will be utilized for communication in the event of a run.
6. The first member of the run team to arrive should get the first aid kit.
7. If the run is during the night shift, constant rounds shall be initiated until the runner returns or the run is called off.

Designated Search Areas

- Building quadrants
 - Outside towards the back of the building before the new driveway.
 - Outside towards the front of the building after the new driveway.
 - Outside towards the back near the water treatment plant.
 - Outside towards the front after the water treatment plant.
- Road watch
 - The corner of Anemone road and Bittersweet
 - The corner of Goldenrod and Bittersweet
 - The corner of Bittersweet and HH

Search Team Instructions

- Watch for students in cars or on foot.
- If a student has hitched a ride call 911 and have the license plate ready.
- Do not pursue or attempt to apprehend. Let the Sheriff's office pick up the student.

Emergency Procedures

❖ When the student is found:

- 1) Notify the Emergency Facilitator.
- 2) Use calm, direct approach, emphasizing choices.
- 3) Begin verbal coaching with the student. Process with the student why he/she's making the choice to run away. Be supportive and offer alternative options for coping.
- 4) Encourage student to return to CALO.
- 5) If student refuses to return:
 - a. Notify the emergency facilitator who will then notify all outside parties that the student has been located and request appropriate support staff.
 - b. Contact sheriff
 - c. Take note of current location, direction of travel, and description of student(s)
 - d. If the student becomes a danger to him/herself or others, a therapeutic hold may be used as a last resort to prevent harm.
 - e. When support staff arrives, work with the support staff to return the student to CALO.
- 6) Conduct personal search of student and all of his/her clothes and equipment.
- 7) Assess student's need for medical aid and take appropriate steps to provide needed aid.
- 8) In keeping with the directions of the emergency facilitator, initiate "safety Procedures" and reintegrate student into the milieu at CALO. Determine and implement consequences/limits approved by the Treating Therapist, Clinical Director, and the CEO.

Suicide, Suicidal Ideation, Suicidal Gestures

Treat any statement or action relating to self-harm, implied or direct, made in a serious manner or jokingly, by any student as a serious threat. Every enrolling student is screened for risk of suicide during the initial admission assessment phase of the program. Individuals who are actively suicidal are not accepted into the CALO program. Similarly, students who become actively suicidal while enrolled in the CALO program are immediately discharged and placed in the care of a psychiatric hospital. The ***Emergency Facilitator***, under direction of the CEO, Admissions Director and the Clinical Director, is responsible for this screening and then informing staff of any student who is at risk for suicide ideation or attempt.

Suicide Threats

- 1) Staff on the scene immediately take all necessary steps to secure the students safety:
 - a. De-escalate student in accordance with Therapeutic Hold procedures.
 - b. Initiate a ***Safety Check*** of the student (systematically search students' person, clothing, and room area).
- 2) Staff on the scene notifies the emergency facilitator as soon as possible and informs him/her of the threat.
- 3) Each staff member who witnessed the threat records the threat in writing (in a n incident report) using the student's exact words.
- 4) Upon notification, the emergency facilitator:
 - a. Assesses the students condition by:
 - i. Discussing behaviors and status with reporting staff and...
 - ii. Talking to the student and...
 - iii. Administering a verbal ***Suicide Risk Assessment***.
 - b. If the risk level is low, the emergency facilitator should:
 - i. Counsel the student and have him/her (document the results of the session).
 - ii. Inform CEO & Clinical Director, and make a recommendation on what action to take with the student based on risk assessment.
 - iii. Notifies parents/guardians and referral source (when appropriate) of suicide threat.
 - iv. Initiates initial report and daily follow-up reports for up to seven days.
 - v. Informs all staff of the risk level.
 - vi. Initiate Suicide Watch Procedures
 - c. If the risk assessment is high, or if the suicide threats continue, the emergency facilitator should:
 - i. Initiate procedures for psychiatric hospitalization (as outlined below).

Suicide Attempts

If a student attempts suicide, staff on the scene should follow the general procedures for the management of emergencies (Assess, Render Aid, De-escalate, Intervene, Re-group, Relocate). In so doing, the following procedures are followed:

- 1) Notify staff in the immediate area and request assistance. If no staff is in the immediate area to assist, enlist the help of the most trustworthy student/s present.

- 2) Medically-qualified staff on site makes preliminary medical assessment and renders emergency first-aid and, and if necessary activate local EMS (call 911, or call the Lake Ozark County Sheriff's office).
- 3) As soon as is safely possible, notify the ***Emergency Facilitator***.
- 4) As soon as is safely possible, notify the CALO contracted Physician.
- 5) If appropriate, or directed to do so by emergency facilitator, nurse, or EMS operator, evacuate the student to a medical treatment facility (following the procedures in the medical treatment and evacuation section of this chapter).
- 6) If the student ingested poison, call poison control at 800 282-5846.
- 7) Staff remains with the student at all times.

Psychiatric Hospitalization

A student may be hospitalized when they exhibit behaviors including, but not limited to, ***self-harming*** (directly or indirectly by failure to provide safety for self), ***self-destructive behaviors***, ***physical aggression***, ***extreme emotional duress or failure to follow through with medical advice such as refusing prescribed medications, psychosis, delusional thinking, and/or catatonia***.

Procedures

In the event a student exhibits these behaviors, the following protocol shall be implemented:

- 1) Notify the emergency facilitator:
 - a) The emergency facilitator will typically be the student's Treating Therapist.
- 2) The emergency facilitator should make a clinical assessment and determine the appropriateness of pursuing hospitalization by:
 - a) Discussing the student's physical and psychological state with reporting staff and...
 - b) Speaking with the student and ...
 - c) Administering any appropriate assessment instrument (i.e.: Suicide Risk Assessment) and
 - d) Contacting CEO & Clinical Director.
- 3) Once the determination has been made to pursue hospitalization:
 - a) The student should immediately remain close to staff and kept as safe and stable as possible by:
 - i) exercising verbal coaching, therapeutic touch and processing and de-escalation techniques.
 - ii) allowing the student to sit or lie quietly
 - iii) placing the student in an approved PCS therapeutic hold if he/she is acting in such a way as to put himself/herself or others in immediate physical danger.
 - b) Assess the ability of on-sight staff to safely transport the student to Royal Oaks Hospital:
 - i) If the student cannot be safely transported:
 - (1) Contact Royal Oaks for transport
 - (2) If Royal Oaks cannot transport, the emergency facilitator should contact the Local County Sheriff's office and request assistance.
 - ii) If the student can be safely transported, or if a involuntary hospitalization form can be completed, the emergency facilitator should:
 - (1) Pack a change of clothing for the student, if possible.
 - (2) Contact the Hospital and notify them that a student is being transported to for assessment.

- c) Notify legal guardian and obtain a written release of information. Note that a verbal release is sufficient for hospitalization, but must be followed up with a written document.
- d) Collect all emergency paperwork on the student (Application for Admission, copy of health insurance card, Enrollment Agreements Form, Medication and Sick Call Record, Treatment Plan), and all medications. These are brought to the hospital with the student to assist in the assessment. Hospital Assessment Team meets the student at the hospital and determines the appropriateness of psychiatric hospitalization.

Medical Emergencies

General

Emergency First Aid/Medical Procedures are outlined in *Chapter 3: Student Health and Safety* in *Section 3.14: Standard First Aid Procedures*. Medical emergencies require immediate response from staff. These medical emergencies require contacting the ***Emergency Facilitator*** as soon as possible.

Procedures

If an accident or injury occurs, staff on the scene should:

- Immediately gain and maintain control of the scene.
- Initiate life saving intervention and secure the injured/ill student for evacuation.
- Notify the emergency facilitator.
- If off-site, transport the injured/ill student in a CALO vehicle to Local Hospital. One staff drives while the other stays with the student in the back of the vehicle.
- If in the vicinity of the CALO campus, activate local EMS by calling 911 or the Local County Sheriff's office. Provide a guide for the ambulance to CALO and the injured/ill student.
- Collect student medical records and deliver immediately to treatment facility/Local Hospital.
- Notify Leadership Team
- Dispensary Staff.
- Fill out ***Incident Report Form***.
- Leadership team determine whether to report the incident to the Missouri Department of Social Services, Child Care Division. If a report is necessary, send the report within 48 hours of the incident or the next working day.

Residential Emergencies

General

Any event or circumstance that renders CALO's facilities, equipment, or personnel unable to maintain the physical safety of its students or staff constitutes a residential emergency requiring the implementation of the ***Emergency Management Plan*** (which is also referred to as the ***Disaster Plan***). Staff duties regarding student welfare and safety (medication administration, sick call, wellness checks, etc.) as outlined in the *Policy & Procedures Manual* are to be maintained at all times regardless of the possible necessity to re-locate students to alternative facilities.

Emergency Management Plan (Disaster Plan)

Procedures

- Identify the type of residential emergency that is occurring or has occurred.
- Follow the general emergency procedures outlined at the beginning of this chapter for initial response as necessary (***Assess, Render Aid, De-escalate, Intervene, Re-group, and/or Re-locate***).
- Follow the specific emergency procedures outlined below for the type of residential emergency (***Facility, Staffing, or Environmental***).
- Temporary facility re-location procedures are outlined below under the section entitled ***Alternate Facilities***.

Facility Emergencies

- Facility Emergencies may consist of:
 - Burst water pipes.
 - Staff takes immediate action to shut the water supply off to the building by cutting off the main supply located at the main shut-off valve. See the diagram below for a description of the location of the water shut-off valves. After the shut-off valve has been turned off, staff notifies the Facilities Manager who notifies the contracted maintenance crew.
 - Water Failure.
 - CALO prepares in advance for a potential water failure and has water storage on site to be utilized in event of a water failure. During such an event water use would be restricted for students and staff based on necessity determined by the facilities Manager.
 - Structural Damage.
 - If it is determined that CALO has experienced Structural Damage. The damage will be evaluated by the Facilities Manager to determine whether evacuation is necessary. If evacuation is necessary. Students and staff are moved to CALO's alternative facilities until the damage can be corrected and it is determined that it is safe to return to the main CALO facility. If the damage is determined to not be of risk to staff and students. The Facilities Manager will contact and contract with a local provider to correct the damage.
 - Gas leak.
 - Staff takes immediate action to shut the gas supply off to the building by cutting off the main supply located at the main shut-off valve. See the diagram below for a description of the location of the gas shut-off valves. After the shut-off

- valve has been turned off, staff notifies the CEO and the CEO notifies the contracted maintenance crew.
- Electrical short or other electrical problem.
 - Staff takes immediate action to shut the electrical supply off to the building by throwing the main breaker off. See the diagram below for a description of the location of the breaker boxes. After the breaker has been turned off, staff notifies the CEO and the CEO notifies the contracted maintenance crew.
 - Fire.
 - Staff on scene immediately reports the fire to the Local County fire department.
 - If a fire is inside a building and cannot be immediately extinguished by the staff, immediately evacuate the building and assemble and account for all employees and students by the Front CALO Sign.
 - Staff will not attempt to fight a fire that is out of control.
 - Staff and students will remain vicinity of the Front CALO sign until the fire department arrives.
 - The fire department will fight the fire.

If your clothes catch on fire, you should:

- Stop, drop, and roll - until the fire is extinguished. Running only makes the fire burn faster.

To escape a fire, you should:

- Check closed doors for heat before you open them. If you are escaping through a closed door, use the back of your hand to feel the top of the door, the doorknob, and the crack between the door and door frame before you open it. Never use the palm of your hand or fingers to test for heat - burning those areas could impair your ability to escape a fire (i.e., ladders and crawling).

Hot Door	Cool Door
Do not open. Escape through a window. If you cannot escape, hang a white or light-colored sheet outside the window, alerting fire fighters to your presence.	Open slowly and ensure fire and/or smoke is not blocking your escape route. If your escape route is blocked, shut the door immediately and use an alternate escape route, such as a window. If clear, leave immediately through the door and close it behind you. Be prepared to crawl. Smoke and heat rise. The air is clearer and cooler near the floor.

- Crawl low under any smoke to your exit - heavy smoke and poisonous gases collect first along the ceiling.
- Close doors behind you as you escape to delay the spread of the fire.
- Stay out once you are safely out. Do not reenter. Call 9-1-1.

Emergency Shut-Off Locations

[Diagram behind this page](#)

Staffing Emergencies

Any situation or circumstance that results in the reduction of staff supervision to a single staff person should be immediately addressed as follows:

- Implement the general emergency response procedures outlined at the beginning of this chapter as necessary (*Assess, Render Aid, De-escalate, Intervene, Re-group, and/or Re-locate*).
- Cease all off-site activities that could potentially require multiple staff to supervise or render aid.
- Communicate the need for supplemental staffing coordination to the CEO, Clinical Director or the Emergency Facilitator.

Environmental Emergencies (Natural Disasters)

Residential Staff and the CEO constantly monitor weather reports for indication of severe weather that may escalate into disaster.

Environmental emergencies that render the dormitory uninhabitable, alternative facilities are available through [Lodge of the Four Seasons](#) in accordance with the procedures outlined below in the section entitled *Alternative Facilities*.

A. Environmental Emergencies (Natural Events/Disasters):

1. Blizzard/Winter Storm/Extreme Cold

Heavy snowfall and extreme cold can immobilize an entire region. Even areas that experience mild winters can be hit with a major snowstorm or extreme cold. Winter storms can result in flooding, storm surge, closed highways, blocked roads, and downed power lines. CALO has a high probability for experiencing snow/ice storms most commonly between the months of October-April.

Extreme caution must be exercised after an ice storm. Keep students on-site until ice is melted from tree branches. Tree branches under weight of ice can snap and fall at any time causing severe injury or death to students. Student could also slip on ice surfaces and slide down steep terrain and become severely injured.

Winter Storm and Extreme Cold terms:

Freezing Rain: Rain that freezes when it hits the ground, creating a coating of ice on roads, walkways, trees, and power lines.

Sleet: Rain that turns to ice pellets before reaching the ground. Sleet also causes moisture on roads to freeze and become slippery.

Winter Storm Watch: A winter storm is possible in your area. Tune in to NOAA Weather Radio, commercial radio, or television for more information.

Winter Storm Warning: A winter storm is occurring or will soon occur in your area.

Blizzard Warning: Sustained winds or frequent gusts to 35 miles per hour or greater and considerable amounts of falling or blowing snow (reducing visibility to less than a quarter mile) are expected to prevail for a period of three hours or longer.

Frost/Freeze Warning: Below freezing temperatures are expected.

Procedures:

Prepare CALO vehicles

- **Check the following items on all CALO vehicles:**
 - **Antifreeze levels** - ensure they are sufficient to avoid freezing.
 - **Battery and ignition system** - should be in top condition and battery terminals should be clean.
 - **Brakes** - check for wear and fluid levels.
 - **Exhaust system** - check for leaks and crimped pipes and repair or replace as necessary. *Carbon monoxide is deadly and usually gives no warning.*
 - **Fuel and air filters** - replace and keep water out of the system by using additives and maintaining a full tank of gas.
 - **Heater and defroster** - ensure they work properly.
 - **Lights and flashing hazard lights** - check for serviceability.
 - **Oil** - check for level and weight. Heavier oils congeal more at low temperatures and do not lubricate as well.
 - **Thermostat** - ensure it works properly.
 - **Windshield wiper equipment** - repair any problems and maintain proper washer fluid level.
 - **Install good winter tires.** Make sure the tires have adequate tread. All-weather radials are usually adequate for most winter conditions. However, some jurisdictions require that to drive on their roads, vehicles must be equipped with chains or snow tires with studs.
 - **Maintain at least a half tank of gas** during the winter season.

- **Place a winter emergency kit in each car** that includes:

Dress students for the Weather:

- **Wear several layers** of loose fitting, lightweight, warm clothing rather than one layer of heavy clothing. The outer garments should be tightly woven and water repellent.
- **Wear mittens**, which are warmer than gloves.
- **Wear a hat.**
- **Cover your mouth** with a scarf to protect your lungs.
- **Do not** go outside unless necessary.

Have the following available on-site:

- Shovels, Salt (Ice-Melt)

2. Dam Failure

There are 79,500 dams in the United States, according to the 2005 update to the National Inventory of Dams. Approximately one third of these pose a "high" or "significant" hazard to life and property if failure occurs. Dam failure or levee breeches can occur with little warning. Intense storms may produce a flood in a few hours or even minutes for upstream locations. Flash floods occur within six hours of the beginning of heavy rainfall, and dam failure may occur within hours of the first signs of breaching. Other failures and breeches can take much longer to occur, from days to weeks, as a result of debris jams or the accumulation of melting snow.

CALO is located upstream of the local area Bagnell Dam and is not at risk for flooding due to failure of the Bagnell Dam.

3. Flooding (External)

Floods are one of the most common hazards in the United States. Flood effects can be local, impacting a neighborhood or community, or very large, affecting entire river basins and multiple states. However, all floods are not alike. Some floods develop slowly, sometimes over a period of days. But flash floods can develop quickly, sometimes in just a few minutes and without any visible signs of rain. Flash floods often have a dangerous wall of roaring water that carries rocks, mud, and other debris and can sweep away most things in its path. Overland flooding occurs outside a defined river or stream, such as when a levee is breached, but still can be destructive. Flooding can also occur when a dam breaks, producing effects similar to flash floods.

CALO is not in a flood plan and is at low probability for experiencing an external flood. CALO is located on a hillside above the Lake Ozark shoreline with 700ft of waterfront connected to the property. The CALO Facility is located above the water-line on a hill. In event of a flood warning

via the news, internet, etc. Staff monitors the situation to determine if there is a threat the students on site. Students are kept out if the lower level until the threat has passed.

4. Earthquake

One of the most frightening and destructive phenomena of nature is a severe earthquake and its terrible aftereffects. Earthquakes strike suddenly, violently, and without warning at any time of the day or night. If an earthquake occurs in a populated area, it may cause many deaths and injuries and extensive property damage. Although there are no guarantees of safety during an earthquake, identifying potential hazards ahead of time and advance planning can save lives and significantly reduce injuries and property damage.

CALO is not in an active earthquake zone and is at low probability for experiencing an earthquake. In the event of an earthquake, following CALO's standard emergency procedures with the addition of the following:

- Move students to a designated safe location
- Take **cover** by getting under a sturdy table or other piece of furniture; and **hold on, hold-on** until the shaking stops. If there isn't a table or desk near you, cover your face and head with your arms and crouch in an inside corner of the building.
- Stay away from glass, windows, outside doors and walls, and anything that could fall, such as lighting fixtures or furniture.
- Stay in bed if you are there when the earthquake strikes. Hold on and protect your head with a pillow, unless you are under a heavy light fixture that could fall. In that case, move to the nearest safe place.
- Use a doorway for shelter only if it is in close proximity to you and if you know it is a strongly supported, load bearing doorway.
- Stay inside until shaking stops and it is safe to go outside. Research has shown that most injuries occur when people inside buildings attempt to move to a different location inside the building or try to leave.
- Be aware that the electricity may go out or the sprinkler systems or fire alarms may turn on.

5. Extreme Heat

Heat kills by pushing the human body beyond its limits. In extreme heat and high humidity, evaporation is slowed and the body must work extra hard to maintain a normal temperature. Most heat disorders occur because the victim has been overexposed to heat or has over-exercised for his or her age and physical condition. Older adults, young children, and those who are sick or overweight are more likely to succumb to extreme heat. Conditions that can induce heat-related illnesses include stagnant atmospheric conditions and poor air quality. Consequently, people living in urban areas may be at greater risk from the effects of a prolonged heat wave than those living in

rural areas. Also, asphalt and concrete store heat longer and gradually release heat at night, which can produce higher nighttime temperatures known as the "urban heat island effect."

Extreme Heat Terms:

Heat Wave: Prolonged period of excessive heat often combined with excessive humidity.

Heat Index: A number in degrees Fahrenheit (F) that tells how hot it feels when relative humidity is added to the air temperature. Exposure to full sunshine can increase the heat index by 15 degrees.

Heat Cramps: Muscular pains and spasms due to heavy exertion. Although heat cramps are the least severe, they are often the first signal that the body is having trouble with the heat.

Heat Exhaustion: Typically occurs when people exercise heavily or work in a hot, humid place where body fluids are lost through heavy sweating. Blood flow to the skin increases, causing blood flow to decrease to the vital organs. This results in a form of mild shock. If not treated, the victim's condition will worsen. Body temperature will keep rising and the victim may suffer heat stroke.

Heat Stroke/Sun Stroke: A life-threatening condition. The victim's temperature control system, which produces sweating to cool the body, stops working. The body temperature can rise so high that brain damage and death may result if the body is not cooled quickly.

If the weather is extremely hot:

- Stay indoors as much as possible and limit exposure to the sun.
- Consider spending the warmest part of the day in public buildings such as libraries, schools, movie theaters, shopping malls, and other community facilities. Circulating air can cool the body by increasing the perspiration rate of evaporation.
- Eat well-balanced, light, and regular meals. Avoid using salt tablets unless directed to do so by a physician.
- Drink plenty of water. Persons who have epilepsy or heart, kidney, or liver disease; are on fluid-restricted diets; or have a problem with fluid retention should consult a doctor before increasing liquid intake.
- Limit intake of alcoholic beverages.
- Dress in loose-fitting, lightweight, and light-colored clothes that cover as much skin as possible.
- Protect face and head by wearing a wide-brimmed hat.
- Check on family, friends, and neighbors who do not have air conditioning and who spend much of their time alone.
- Never leave children or pets alone in closed vehicles.

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- Avoid strenuous work during the warmest part of the day. Use a buddy system when working in extreme heat, and take frequent breaks.

Additional Information

An emergency water shortage can be caused by prolonged drought, poor water supply management, or contamination of a surface water supply source or aquifer.

Drought can affect vast territorial regions and large population numbers. Drought also creates environmental conditions that increase the risk of other hazards such as fire, flash flood, and possible landslides and debris flow.

Conserving water means more water available for critical needs for everyone. Appendix A contains detailed suggestions for conserving water both indoors and outdoors. Make these practices a part of your daily life and help preserve this essential resource.

First Aid for Heat Induced Illness:

Extreme heat brings with it the possibility of heat-induced illnesses. The following table lists these illnesses, their symptoms, and the first aid treatment.

Condition	Symptoms	First Aid
Sunburn	Skin redness and pain, possible swelling, blisters, fever, headaches	Take a shower using soap to remove oils that may block pores, preventing the body from cooling naturally. Apply dry, sterile dressings to any blisters, and get medical attention.
Heat Cramps	Painful spasms, usually in leg and abdominal muscles; heavy sweating	Get the victim to a cooler location. Lightly stretch and gently massage affected muscles to relieve spasms. Give sips of up to a half glass of cool water every 15 minutes. (Do not give liquids with caffeine or alcohol.) Discontinue liquids, if victim is nauseated.
Heat Exhaustion	Heavy sweating but skin may be cool, pale, or flushed. Weak pulse. Normal body temperature is possible, but temperature will likely rise. Fainting or dizziness, nausea, vomiting, exhaustion, and headaches are possible.	Get victim to lie down in a cool place. Loosen or remove clothing. Apply cool, wet clothes. Fan or move victim to air-conditioned place. Give sips of water if victim is conscious.

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		<p>Be sure water is consumed slowly.</p> <p>Give half glass of cool water every 15 minutes.</p> <p>Discontinue water if victim is nauseated.</p> <p>Seek immediate medical attention if vomiting occurs.</p>
<p>Heat Stroke (a severe medical emergency)</p>	<p>High body temperature (105+); hot, red, dry skin; rapid, weak pulse; and rapid shallow breathing. Victim will probably not sweat unless victim was sweating from recent strenuous activity. Possible unconsciousness.</p>	<p>Call 9-1-1 or emergency medical services, or get the victim to a hospital immediately. Delay can be fatal.</p> <p>Move victim to a cooler environment.</p> <p>Removing clothing</p> <p>Try a cool bath, sponging, or wet sheet to reduce body temperature.</p> <p>Watch for breathing problems.</p> <p>Use extreme caution.</p> <p>Use fans and air conditioners.</p>

6. Hazardous Materials

Chemicals are found everywhere. They purify drinking water, increase crop production, and simplify household chores. But chemicals also can be hazardous to humans or the environment if used or released improperly. Hazards can occur during production, storage, transportation, use, or disposal. You and your community are at risk if a chemical is used unsafely or released in harmful amounts into the environment where you live, work, or play.

Hazardous materials in various forms can cause death, serious injury, long-lasting health effects, and damage to buildings, homes, and other property. Many products containing hazardous chemicals are used and stored in homes routinely. These products are also shipped daily on the nation's highways, railroads, waterways, and pipelines.

Chemical manufacturers are one source of hazardous materials, but there are many others, including service stations, hospitals, and hazardous materials waste sites. Varying quantities of hazardous materials are manufactured, used, or stored at an estimated 4.5 million facilities in the United States—from major industrial plants to local dry cleaning establishments or gardening supply stores.

Hazardous materials come in the form of explosives, flammable and combustible substances, poisons, and radioactive materials. These substances are most often released as a result of transportation accidents or because of chemical accidents in plants.

Local Hazardous Material Contact:

Missouri Emergency Management Agency
P.O. Box 116
2302 Militia Drive
Jefferson City, Missouri 65102
(573) 526-9100
(573) 634-7966 FAX
sema.dps.mo.gov

CALO is not located near any manufacturers of potentially hazardous chemicals. CALO has no probability of experiencing exposure to chemical manufacturers hazardous materials or hazardous materials waste sites.

7. Landslide

Landslides occur in all U.S. states and territories. In a landslide, masses of rock, earth, or debris move down a slope. Landslides may be small or large, slow or rapid. They are activated by: storms, earthquakes, volcanic eruptions, fires, alternate freezing or thawing, and steepening of slopes by erosion or human modification. Debris and mud flows are rivers of rock, earth, and other debris saturated with water. They develop when water rapidly accumulates in the ground, during heavy rainfall or rapid snowmelt, changing the earth into a flowing river of mud or “slurry.” They can flow rapidly, striking with little or no warning at avalanche speeds. They also can travel several miles from their source, growing in size as they pick up trees, boulders, cars, and other materials. Landslide problems can be caused by land mismanagement, particularly in mountain, canyon, and coastal regions. In areas burned by forest and brush fires, a lower threshold of precipitation may initiate landslides. Land-use zoning, professional inspections, and proper design can minimize many landslide, mudflow, and debris flow problems.

CALO has a low probability of experiencing or being effected by a landslide based on location and grade.

8. Tornado & Hurricanes

- In the event of conditions that may result in the formation of a Tornado or Hurricane, recreational activities cease, and students and staff return to the CALO campus. Alternate activities are conducted within a 5-minute walk to one of the designated emergency rooms. In the event of a tornado warning sent via siren or through the news and/or internet, activities cease, and students move to one of the designated emergency rooms. They remain in the designated emergency room until conditions are safe. If the event occurs at night, students move from the dormitory rooms into a designated emergency room until conditions are safe.

- Designated Emergency Rooms For Our Facility:
 1. Internal Girls Classroom
 2. Stairwells
 3. Coaches Office (Last resort)
 4. Basement Laundry room (Last resort)

Tornado Watch: Tornadoes are possible. Remain alert for approaching storms. Watch the sky and stay tuned to NOAA Weather Radio, commercial radio, or television for information.

Tornado Warning: A tornado has been sighted or indicated by weather radar. Take shelter immediately.

What to do in a Tornado:

If you are in:	Then:
A structure (e.g. residence, small building, school, nursing home, hospital, factory, shopping center, high-rise building)	Go to a pre-designated shelter area such as a safe room, basement, storm cellar, or the lowest building level. If there is no basement, go to the center of an interior room on the lowest level (closet, interior hallway) away from corners, windows, doors, and outside walls. Put as many walls as possible between you and the outside. Get under a sturdy table and use your arms to protect your head and neck. Do not open windows.
A vehicle, trailer, or mobile home	Get out immediately and go to the lowest floor of a sturdy, nearby building or a storm shelter. Mobile homes, even if tied down, offer little protection from tornadoes.
The outside with no shelter	Lie flat in a nearby ditch or depression and cover your head with your hands. Be aware of the potential for flooding. Do not get under an overpass or bridge. You are safer in a low, flat location. Never try to outrun a tornado in urban or congested areas in a car or truck. Instead, leave the vehicle immediately for safe shelter. Watch out for flying debris. Flying debris from tornadoes causes most fatalities and injuries

9. Thunderstorms & Lightning

All thunderstorms are dangerous. Every thunderstorm produces lightning. In the United States, an average of 300 people are injured and 80 people are killed each year by lightning. Although most lightning victims survive, people struck by lightning often report a variety of long-term, debilitating symptoms. Other associated dangers of thunderstorms include tornadoes, strong winds, hail, and flash flooding. Flash flooding is responsible for more fatalities—more than 140 annually—than any

other thunderstorm-associated hazard. Dry thunderstorms that do not produce rain that reaches the ground are most prevalent in the western United States. Falling raindrops evaporate, but lightning can still reach the ground and can start wildfires.

The following are guidelines for what staff should do if a thunderstorm is likely in the area:

- Postpone outdoor activities.
- Get inside the facility.

Avoid the following:

- Natural lightning rods such as a tall, isolated tree in an open area.
- Hilltops, open fields, the beach, or a boat on the water.
- Isolated sheds or other small structures in open areas.
- Anything metal—tractors, farm equipment, motorcycles, golf carts, golf clubs, and bicycles

Thunderstorm and Lightning Terms

Severe Thunderstorm Watch

This tells you when and where severe thunderstorms are likely to occur. Watch the sky and stay tuned to [NOAA Weather Radio](#), commercial radio, or television for information.

Severe Thunderstorm Warning

Issued when severe weather has been reported by spotters or indicated by radar. Warnings indicate imminent danger to life and property to those in the path of the storm.

What to do during a thunderstorm:

If you are:	Then:
In a forest	Seek shelter in a low area under a thick growth of small trees.
In an open area	Go to a low place such as a ravine or valley. Be alert for flash floods.
On open water	Get to land and find shelter immediately.
Anywhere you feel your hair stand on end (which indicates that lightning is about to strike)	Squat low to the ground on the balls of your feet. Place your hands over your ears and your head between your knees. Make yourself the smallest target possible and minimize your contact with the ground. DO NOT lie flat on the ground.

10. Wild Fire

The threat of wild land fires for people living near wild land areas or using recreational facilities in wilderness areas is real. Dry conditions at various times of the year and in various parts of the United States greatly increase the potential for wild land fires.

CALO is at medium probability of experiencing or being effected by a wildfire. If there is a fire in the vicinity of CALO, the Residential Staff and the Leadership Team will monitor the fire. Should the fire come within one half mile of CALO, all activities will cease, and students and staff will assemble in the building center area. Should it be necessary to evacuate CALO, evacuation will be by vehicle to the nearest safe location. Staff and students will not return to CALO until after the proper authorities have given permission.

B. Human Events:

Bomb Threat

All employees have the responsibility to familiarize themselves with the following procedures and be prepared to react to a bomb threat in a calm, systematic and expeditious manner. Employees should review bomb threat procedures yearly to familiarize themselves.

HOW TO HANDLE THE THREAT

I. An employee who receives a telephone bomb threat should obtain as much information as possible as indicated on the telephone card and then immediately:

- A. Contact 9-1-1 (You must first dial a "9").....9-911
- B. Assign an employee to notify the Shift Lead to initiate evacuation procedures. (If the caller did not specify which area of the building the bomb is in all personnel must look around their area for unusual packages.)
- C. Look around your work area for unusual packages before evacuating.
- D. Notify the Shift Lead of any suspicious packages in your area.

II. Any employee who receives a written bomb threat should secure all materials, including envelopes or containers (handle as little as possible):

- A. Call your supervisor if available to determine the following action
- B. Contact 9-1-1 (You must first dial a "9").....9-911
- C. Assign an employee to notify the Shift Lead to initiate evacuation procedures.

III. Any employee who finds a suspicious container, package, envelope, box, etc.

- A. Call your supervisor if available to determine the following action
- B. Contact 9-1-1 (You must first dial a "9").....9-911
- C. Assign an employee to notify the Shift Lead to initiate evacuation procedures.
- D. Do not touch anything suspicious

BOMB THREAT EVACUATION PROCEDURE:

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Shift Lead will take Charge of the situation and evacuate the building using the Disaster drills procedures.

Bomb threat evacuation routes shall be the same as fire evacuation routes posted on safety bulletin boards throughout CALO buildings.

All employees are to immediately evacuate the work area (take your purse & car keys) and proceed to their pre-assigned assembly area. All office doors are to be closed and left unlocked.

Employees will remain at the off-site assembly area until given the “all clear”.

Do not use the Fire Alarm to notify evacuation unless time of destination does not permit (i.e. “A bomb is going off within two minutes.”)

Do not use radios or cellular phones as a form of communication during a Bomb Threat (they can trigger a bomb device.)

Alternate Facilities

- Any emergency that results in an inability to utilize student dormitory facilities (dorm rooms, bathroom, overall facility, etc.) for necessary health and safety functions (bathing, laundry, sleeping, emergency shelter, etc.), the following procedures are to be followed:
 - If one floor of the facility only is affected, then utility functions available on the other levels can be used in an orderly and supervised manner.
 - If all the dormitory rooms and entire facility is affected, then alternative facilities at [Lodge of the Four Seasons](#) (bathrooms, laundry, emergency shelter, etc.) can be used after scheduling and de-conflicting.

Emergency Management Drills (Disaster Drills)

The Facilities Manager schedules a minimum of two disaster drills a year that include walking through the procedures for all logistical emergencies. These drills must occur no less than 4 months apart and no more than 8 months apart.

- All disaster drills are documented by the Facilities Manager in the *Inspection Log* and are reviewed for effectiveness.

Disaster Drills Procedure

Shift leads

- 1) When fire alarm sounds shift lead will check fire alarm (the notifier) box located near men’s staff restroom. (when alarm is triggered the fire station will automatically be called)
The box should read:
 - a. which pull station was pulled or
 - b. which smoke detector was triggered
- 2) Shift Lead will designate staff to evacuate students from the building.
- 3) Shift lead will then get a fire extinguisher and designate a helper and proceed to the area of the alarm and assess what the cause of the alarm is:

Emergency Procedures

Location of fire extinguishers

- a. first pillar girls side
- b. fourth pillar girls side
- c. second pillar boys side
- d. fourth pillar boys side
- e. inside kitchen at exit door(two types one for normal fires (red) one for grease fires(silver))

How to Use a Fire Extinguisher

P-Pull Pin

A-Aim at fire

S-Squeeze Trigger

S-Sweep at the base of the fire

- 4) If there is a fire. Wait for your designated helper (**Do not fight the fire alone**). Follow instructions on fire extinguisher and fight the fire. **Remember, You are not a fireman if the fire is to large exit the building.*
- 5) After assessing the situation and the fire is out and all areas are secure, silence the alarm and call the phone number on the fire alarm box and tell them all is clear and what took place. Also, advice them to call off fire trucks.
- 6) If building is safe and there is no smoke or smell it should be safe to allow people back into the building and continue normal operation. If building has smoke it should be cleared out before people are allowed into the building.
- 7) Complete an incident report and sent to AllLT (Leadership Team).

Designated Helper

- 1) Shift lead will direct you to exit the building and check with staff outside. You will find out if all students and staff have been accounted for and have safely exited the building.
- 2) Once you know all students and staff have been evacuated safely from the building and are secure away from the building, you will enter the building and proceed to the shift lead.
- 3) Once you are with shift lead you will:
 - a. Tell shift lead everyone is safe and accounted for.
 - b. Help the shift lead fight the fire or
 - c. Exit the building and allow the firemen to fight the fire.

Residential Coaches and Staff

- 1) Unless you are the designated helper for the shift lead you will help to get all students out of the building.
- 2) The designated area for every one to meet will be on the first parking lot area. You will bring all students and all staff should meet there, keeping genders separate.
- 3) Once you are at the meeting area you and another staff will take a head count and

- confirm with each other that students and staff are accounted for.
- 3) When the designated helper arrives you will tell him/her if everyone is accounted for so he/she can tell shift lead.
 - 4) Wait there until the shift lead has announced that the building is all clear and safe to re-enter and conduct normal operation.

Incident Reports

General

An ***Incident Report*** is used to report violations of procedures, accidents, injuries to staff or students, sentinel events, hospital visits, student negative behavior, or any information that should be communicated to Clinical Staff and Leadership Team and documented in a student's file. The intent of an ***Incident Report*** is three-fold: (1) To report an incident to all appropriate management and clinical staff, (2) To identify and fix procedural or systemic problems, and (3) To serve as a record for the incident and as a database for program performance improvement. Incident reports must be detailed, precise, complete, and contain recommendations for fixing identified problems.

Procedures

- 1) The senior staff at the scene of the incident is responsible for filling out the ***Incident Report Form***. This form is filled out electronically whenever possible. This facilitates electronic distribution, filing, and analysis. Do not hand-write Incident Reports unless the CALO computer system is not functioning.
- 2) The ***Incident Report*** is sent to all staff. The Incident Report may be used as a legal document in investigations or litigation; therefore, ensure it is written professionally.
- 3) The Incident Report does not substitute for an immediate phone call to the emergency facilitator in cases of emergencies. See below for guidance.
- 4) The Admissions Director or Administrative Assistant files the incident report on the server and uses the report for performance improvement data collection.

Types of Incidents Requiring an Incident Report - Immediate Notification

- Emergencies as defined in this chapter above (*Psychological/Behavioral, Medical, Logistical*).

Types of Incidents Requiring an Incident Report - Notification within 24-Hours

- Minor accidents involving minor injuries.
- Vehicle accident without injury.
- Physical Altercations between students.
- Student engaging in any negative behavior that may indicate that the student may not be appropriate for continuing at CALO.
- Student runaway/elopement.
- Allegations made by any student regarding staff, program, or other students.
- Any inappropriate action taken by a staff member.
- Any visit to a hospital whether the student is admitted or not. This includes visits for precautionary X-Rays.
- Therapeutic Holds.
- Medication errors.
- Sexual Acting Out/ Physical Boundary violations.
- Students limiting their food or nutritional intake.
- Other areas as determined by the Leadership Team

Investigation of Emergencies

Emergency Procedures

General

For every **Emergency**, there is an investigation. Depending on the severity of the incident, the CEO, the Clinical Director, and the Admissions Director decide on the level of investigation. The levels of investigation include:

- Root Cause Analysis
 - An immediate review of the incident by all staff involved, CEO, Clinical Director, and Admissions Director. This occurs for:
 - Sentinel events
 - Medical Emergencies resulting in hospitalization of student or staff
 - Emergencies or property damage exceeding \$5,000.
 - Any allegation of physical or sexual abuse.
 - Any attempted suicide.
- Administrative Investigation
- Operations Investigations
- Clinical Investigation
- A review of the incident report by the Therapist and/or Clinical Director. This occurs for:
 - Minor behavioral problems of students.
 - Minor procedural infractions by staff.
 - Minor accidents involving injuries that are treated by 1st aid.
 - Student allegations.
- A review of the incident by all staff attending Weekly Staff Trainings. This occurs for:
 - Runaways.
 - Suicide ideation.
 - All accidents or near misses.
- A review of the incident by the Leadership Team with Treatment Team at the *quarterly weekly leadership meeting*, or immediately if the situation warrants. This occurs for:
 - Emergencies.
 - All incidents involving accidents, physical or sexual abuse, suicide attempts, near misses, runaways.
 - Staff noncompliance with policies and procedures.
- If the incident was a "Sentinel Event" as defined in this chapter's heading, a root cause analysis will be performed in accordance with the standards in the current Comprehensive Accreditation Manual for Behavioral Healthcare. Sentinel events must be reported to the Joint Commission and to DSS.
- Specific outcomes, actions taken, lessons learned and systems revised from these reviews will be recorded in the appropriate location on the incident report form, and issued via email to all staff members.

Emergency Student Discharge

General

Certain emergencies will result in the discharge of a student from the CALO Program prior to a scheduled completion date. In general, any circumstance that prevents a student from being able to safely and effectively remain enrolled in the program is cause for an *Emergency Discharge*. In all cases, the CEO is consulted and authorizes any emergency discharge. Circumstances that may warrant emergency discharge include:

- Psychiatric Hospitalization with a discharge recommendation for a higher level of structure than CALO can provide.
- Extreme and Continuing Violent Behavior.
- Running Away (Continual).
- Non-compliance with program rules regarding safety such that the life or health of a student or staff is in jeopardy.
- Medical illness or injury
- Clinical assessment that an alternative therapeutic placement is in the best interest of the student.
- On-set of delusional or psychotic behavior/thinking.

Procedures

- 1) Manage instigating emergency in keeping with the procedures outlined previously in this chapter.
- 2) Psychiatric Hospitalization:
 - a) Emergency facilitator notifies parent(s)/guardian(s)/referral source(s) (as appropriate) that student is being discharged.
 - b) Emergency facilitator documents all communications.
 - c) Residential staff completes an incident report containing all information regarding the events leading to the hospitalization.
 - d) Follow-up procedures:
 - i) Emergency facilitator contacts parent(s)/guardian(s)/referral sources(s) (as appropriate) within 24 hours of hospitalization to inquire about status and offer any additional help.
 - ii) Clinical Director directs the student's CALO treating therapist to prepare an *Emergency Discharge Summary* to be reviewed by the Clinical Director, Admissions Director and the CEO.
 - iii) Within two weeks the Emergency Facilitator/Treating Therapist prepares a *Letter of Dismissal* summarizing the reasons for emergency discharge and insuring that the parent(s)/guardian(s) are aware that CALO acted in the best interest of the student's welfare. This letter is reviewed by the CEO before being sent.
 - iv) Admissions Director records discharge information in the student database and removes the family from the Post Completion Survey mailing list.
 - v) The Clinical Director contacts parents(s)/guardian(s)/referral source(s) (as appropriate) within two weeks to inquire about status and offer any additional help.
- 3) Violence:
 - a) Emergency facilitator notifies parent(s)/guardian(s)/referral source(s) (as appropriate) of the behavior and as a result the student will need to be transitioned into a more secure and safe

program that is capable of managing the degree of continual and unmanageable violent behavior that the student is demonstrating. The parent(s)/guardian(s)/referral sources(s) (as appropriate) are also notified that CALO will work with everyone involved to help transition the student as quickly and orderly as possible, *but that continued violent behavior may result in either psychiatric hospitalization, notification of law enforcement officials and removal of the student from the program.*

- b) If the student can be safely maintained by CALO staff, then:
 - i) Emergency facilitator notifies staff to keep the student de-escalated by minimizing his/her interaction and participation in the program until the parent(s)/guardian(s) can arrange for him/her to be removed from the program.
 - ii) Emergency facilitator maintains daily contact parent(s)/guardian(s) to inquire about status of transition and offer any additional help. Students are expected to be removed from the program by the family within no more than one week (seven days.)
- c) If the student cannot be safely maintained by CALO staff, then:
 - i) Emergency facilitator makes a determination by consulting with the CEO and the Clinical Director whether the psychiatric hospitalization procedures should be started or whether the Local County Sheriff's office should be called.
- d) Follow-up procedures:
 - i) Emergency Facilitator contacts parents(s)/guardian(s) and referral sources(s) (as appropriate) within 24 hours of departure to inquire about status and offer any additional help.
 - ii) Emergency facilitator documents all communications.
 - iii) Residential staff prepares an incident report detailing all information relating to the student's behavior/status and the events leading up to the discharge.
 - iv) Clinical Director directs the student's CALO therapist to prepare an *Emergency Discharge Summary* to be reviewed by the Clinical Director and the CEO.
 - v) The Therapist also prepares a *Letter of Dismissal* summarizing the reasons for emergency discharge, offering any additional help, and insuring that the parent(s)/guardian(s) are aware that CALO acted in the best interest of the student's welfare. This letter is reviewed by the Clinical Director before being sent.
 - vi) The Clinical Director and/or CEO contacts parents(s)/guardian(s) and referral source(s) (as appropriate) within two weeks of departure to inquire about status and offer any additional help.
 - vii) Admissions Director records discharge information in the student database and removes the family from the Post Completion Survey mailing list.
- 4) Medical Emergency:
 - a) Emergency facilitator verifies with treating physician the status of the student with regard to his/her ability to return to the program.
 - b) If the student's physical condition prohibits her from returning to the program, then:
 - i) the emergency facilitator notifies the parent(s)/guardian(s) and referral source(s) (as appropriate) of the student's condition, where the student is being treated, that a staff person will remain with the student until he/she is met by parent(s)/guardian(s), but that the student will need to be transitioned out of the CALO program due to the medical condition.

- ii) the emergency facilitator directs the supervising residential staff to remain with the student at the treatment facility until the parent(s)/guardian(s) arrive or until additional staff arrive for relief of duty.
- iii) Follow-up procedures:
 - (1) Emergency facilitator maintains constant communications with the treating facility and the parent(s)/guardian(s) and referral source(s) (as appropriate) (speaking at least every two hours if possible).
 - (2) After the student has been met by the parent(s)/guardian(s) at the treating facility, Emergency facilitator maintains daily contact with the parent(s)/guardian(s).
 - (3) Clinical Director or Admissions Director contacts parents(s)/guardian(s) within one week to inquire about status and offer any additional help.
 - (4) Admissions Director records discharge information in the student database and removes the family from the Post Graduation Survey mailing list.
- c) If the student's physical condition allows him or her to return to the CALO campus but prohibits any further participation in the program, then:
 - i) the emergency facilitator notifies the parent(s)/guardian(s) and referral source(s) (as appropriate) of the student's condition, where the student is being treated, that a staff person will remain with the student until he/she is met by parent(s)/guardian(s), but that the student will need to be transitioned out of the CALO program due to the medical condition.
 - ii) the emergency facilitator directs residential staff to supervise the student until she is removed from the program by parent(s)/guardian(s)
 - iii) Follow-up procedures:
 - (1) Emergency facilitator contacts parent(s)/guardian(s) within 24 hours of discharge to inquire about status and offer any additional help.
 - (2) Admissions Director contacts parents(s)/guardian(s) within one week to inquire about status and offer any additional help.
 - (3) Admissions Director records discharge information in the student database and removes the family from the Post Graduation Survey mailing list.
- 5) If a clinical determination has been made by the Treatment Team & Leadership Team (Therapist, Clinical Director, Admissions Director and CEO) that the student should be discharged with alternative placement recommendations for any reason other than medical or psychiatric emergencies, then:
 - a) it should be determined whether the student can be safely maintained in the program while the parent(s)/guardian(s) make arrangements for alternative placement and removal.
 - b) if the student can be safely maintained in the program until discharge, then:
 - i) the treatment team coordinates with the residential staff as to the programmatic modifications to be followed in maintaining the student.
 - ii) the student's therapist coordinates with the parent(s)/guardian(s) and referral source (as appropriate) in order to expedite alternative placement and removal.
 - c) if the student cannot be safely maintained in the program until alternative placement can be arranged by parent(s)/guardian(s), but criteria are not met for psychiatric hospitalization, then:
 - i) the Emergency Facilitator directs the parent(s)/guardian(s) to expedite arrangements to have their child removed from the program whether in-person or through an escort service (the student's therapist will provide contact information for local escort services)

- or other arrangements. Parent(s)/guardian(s) are advised that CALO is not a restraint/seclusion facility and cannot ensure the student's continued cooperation or stability.
- ii) the Emergency Facilitator notifies the parent(s)/guardian(s) that CALO personnel will take all reasonable precautions to prevent the student from leaving.
 - d) The student's Treating Therapist prepares an *Emergency Discharge Summary*.
 - e) The Treating Therapist prepares a *Dismissal Letter* that clearly outlines the reason for early discharge and recommendations for alternative placement. One copy of this letter is placed in the student's file and another copy is provided to the family upon discharge.