

Recovery Technology Health and Safety Plan 2018

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Section I: Exposure Control Plan

Exposure Prevention

1. **Exposure training:** All employees receive training regarding blood borne pathogens, exposure prevention, and exposure control during orientation and annually thereafter as outlined in the Health and Safety Policy.
2. **Hepatitis B Vaccine Injections:** During initial orientation, all employees are provided information about receiving the HBV vaccination series. It is the responsibility of the employee to obtain and pay for the vaccination series if he/she chooses to receive it.
3. **Tuberculosis (TB) Exposure Control:** Recovery Technology staff will be screened for risk of tuberculosis (TB) within 30 days of hire and bi-annually thereafter. Individuals who screen positive for possible TB exposure will be referred to their medical practitioner for further assessment. See the TB Testing Policy for more information and details regarding agency requirements. (See Appendix G: Adult TB Risk Assessment and Screening Form).
4. **Determining Level of Risk:** Employees in the following job classifications may have frequent or occasional contact with blood or other potentially infectious materials:
 - All Medical Staff:** Direct contact; Handling regulated or contaminated waste; sharps use
 - All Clinical Managers and Supervisors:** Direct Client contact; handling regulated or contaminated waste
 - All Direct Service Clinical staff:** Direct client contact; handling regulated or contaminated waste
 - Front Desk Administrative and Support Staff:** Direct client contact
 - Interns/volunteers:** Direct client contact, handling regulated or contaminated waste

Employees in the following job classifications may occasionally have contact with blood or other potentially infectious material:

- Owner/Member:** Incidental contact
- Chief Executive Officer:** Incidental contact
- Clinical Director:** Incidental contact
- Clinical Managers:** Incidental contact
- Non-clinical managers and supervisors:** Incidental contact
- Other Administrative and Support Staff:** Incidental contact
- Volunteers:** Incidental contact

5. **Universal Precautions:** Employee exposure to blood borne pathogens is controlled through the use of universal precautions. Universal precautions refers to a concept of care based upon the assumption that all blood and body fluids, and materials that have come in contact with blood or body fluids, are potentially infectious with HBV, HVC, and HIV. Personal protective clothing and or equipment shall be used to create a physical barrier against blood or other potentially infectious materials. Universal Precautions should be used by health care workers for all clients, not just those known to be infected. All employees who have potential exposure to blood and body fluids must follow Universal Precautions. All procedures involving blood or other potentially infectious materials (OPIM) should be performed in such a manner as to minimize splashing, spraying, spattering and generation of droplets of these substances, using the procedures below:
- a. Medical staff participating in (and all employees monitoring) invasive procedures which could potentially cause bleeding (i.e., use of needles or lancets) must routinely use appropriate barrier precautions, primarily gloves, to prevent skin and mucous membrane contact with blood and other body fluids of clients.
 - b. Sharp objects should be handled in such a manner to prevent accidental cuts or punctures. (See handling Sharps below)
 - c. All needle-stick accidents, mucosal splashes or contamination of open wounds with blood or body fluids should be reported immediately.
 - d. Employees who provide first aid are expected to use gloves and mouthpieces, as appropriate, when providing first aid/CPR.
 - e. Bandages, clothing, and other materials which may be contaminated by blood, body fluids that contain blood or OPIM should be handled using gloves. The contaminated materials will be placed in a biohazard bag provided by the agency. Biohazard bags are picked up by a contracted agency.
 - f. In the case of a blood spill, refer also to Waste Handling and Disposal (below) for proper handling and disposal techniques.
 - g. Eating, drinking, applying cosmetics and handling contact lenses are prohibited in the areas of the agency where there is a risk of exposure.
 - h. Food and drink are not to be stored in areas that have been identified as high risk.
6. **Handling Sharps (Needles and Lancets):** All needles and lancets not in their original sterile packaging should be handled as if they are potentially contaminated.
- a. Needles and lancets should be of the self-retracting or self-sheathing type when possible, although other types may be in use by clients and medical staff.
 - b. Needles and lancets should not be bent, broken, recapped or reinserted into their original sheath or packaging, and should not be unnecessarily handled. Sharps

should be discarded intact immediately after use into Red Sharps disposal containers that are available in designated areas.

- c. Sharp containers are easily accessible to staff and located as close as possible to the immediate area where sharps are used.
- d. Do not pick up used needles or lancets with your hands. Use hemostats, broom and dustpan or other object to pick up used sharps if necessary, and to deposit directly into a sharps container.

7. **Medical Equipment-Review by Medical Director:** The agency uses safe medical devices and equipment when available to minimize exposure to blood borne pathogens. When regular needles are required for use in medical procedures, they are handled and disposed of per the safety precautions noted above. The safer medical devices and equipment used include:

- a. Self-sheathing needles
- b. Needless systems
- c. Sharps containers
- d. Biosafety cabinet/closet

Sharps disposal containers should be inspected at least weekly and are replaced whenever necessary to prevent overfilling. The CEO works with the Safety Officer to identify opportunities to improve controls through feedback from medical line staff and a review of information provide by medical equipment suppliers.

8. **Personal Protective Equipment (PPE):** All personal protective equipment (PPE) is provided without cost to employees. PPE has been chosen based on anticipated exposure to blood or OPIM. All employees will have access to gloves and the First Aid kit at all times. Employees are expected to wear disposable gloves whenever near blood, body fluids that may contain blood, or OPIM.

- a. Gloves and other PPE will be provided for employees in designated areas.
- b. Gloves shall be worn when it can be reasonably anticipated that the employee may have hand contact with blood or OPIM, mucous membranes, and non-intact skin, when performing procedures and when handling or touching contaminated items or surfaces.
- c. When doing injections, medical staff performing the injection will wear gloves.
- d. Gloves will be changed and appropriate hand washing will be done between each client appointment.
- e. If gloves are torn or punctured, or a needle stick or other injury occurs, they will be discarded immediately, hands washed with soap and water and replaced with fresh gloves.

- f. If gloves have been contaminated, they will be discarded and replaced with fresh gloves as soon as possible. Contaminated gloves must be disposed of in designated containers appropriately prior to leaving the work area.
 - g. After use, disposable gloves will be discarded and not reused or washed. Gloves will be removed by pulling the top of the glove over the hand so the glove is inside out. Clothing contaminated with blood or OPIM should be removed as soon as possible in a manner that avoids contact with a contaminated surface. Used PPE (other than gloves) that is contaminated will be discarded in the designated container, or when appropriate, disinfected through thorough cleaning with bleach and water prior to storage. Disposable mouthpieces will be available with first aid kits and will be used for doing CPR whenever possible. Mouthpieces are a single use item and must be discarded after use. They are not to be reused or washed. The employee has the right to decline to use PPE only when in the employee's professional judgment, the use would prevent the delivery of healthcare or pose an increased hazard to the safety of the worker or coworker(s). For example, the nature of the injury or location of the victim may prevent the employee from safely using PPE.
9. **Hand Hygiene:** To prevent disease transmission by direct or indirect contact, practice good hand hygiene. Hand washing is to be done on a regular basis. Employees should follow proper hand washing techniques outlined by the Department of Health. It is recommended that you wash your hands in at least the following situations:
- a. After any contact with blood, body fluids, body excretions, or materials soiled with them
 - b. After removing gloves, between each client, before and after breaks, and after using the rest room and
 - c. Prior to eating, drinking, applying cosmetics and handling contact lenses.

Public Health recommends that all citizens do the following to maintain a healthy environment:

- a. Wash your hands for 20 seconds
- b. Cover you coughs and sneezes (cough/sneeze into you bent elbow)

10. **Pandemic Flu:** In the event of a pandemic influenza (flu) outbreak, all staff will follow agency Universal Precautions and Hand Hygiene procedures (outlined above) for personal and environmental infection control, including the frequent use of antiseptic hand sanitizer. Medical staff shall monitor influenza and influenza-like illness among clients and report any increased or unusual activity to the CEO. For additional guidance, please refer to the Business Continuity and Pandemic Flu Plan.

11. **Infection Containment:** All staff and clients who potentially have communicable diseases shall be assessed by their healthcare provider to determine the risk to others. If it is determined that they pose risk to others, then appropriate steps will be taken to minimize that risk. In the event of a pandemic influenza outbreak, see additional response and containment information outlined in the Business Continuity and Pandemic Flu Plan. During an outbreak of any communicable disease, including pandemic flu, use of masks, alcohol-based hand sanitizer and isolation procedures shall be used, when appropriate, with both staff and clients. In addition, all staff should practice increased diligence regarding environmental cleaning during an outbreak of any communicable disease, including pandemic flu. Staff is encouraged to stay at home when infectious. Be familiar with the agency's policy on the accrual and use of sick leave. If a potential threat for TB or other communicable disease exposure exists in the workplace, the situation must be reported immediately to the CEO or designee. Staff shall notify the program manager or supervisor of any concerns related to potential communicable diseases.
- a. The program manager or supervisor shall immediately contact the CEO/Clinical Director or his designee who shall make the determination for reporting to the Department of Health.
 - b. The CEO/Clinical Director shall be notified as soon as feasible. All communicable diseases including reports of unusual influenza-like illness and influenza will be reported to the Department of Health and DOH recommendations will be integrated into the action plan for reducing exposure risk to others.
12. **Housekeeping:** All employees are responsible for following housekeeping and custodial guidelines, even though these tasks may be a minor part of the person's job duties. All employees are responsible for ensuring that equipment or surfaces are cleaned with an appropriate disinfectant and decontaminated immediately after a spill or leakage occurs, or when there is a reasonable likelihood that the area has become contaminated and at the end of the work shift.

Broken Glass:

- a. Employees should never use their bare hands to pick up any broken glass. Instead use a brush and dustpan and/or tongs.
- b. Broken glass should not be carried over a distance to a receptacle for disposal. A puncture resistant receptacle should be brought to the location of the broken glass to minimize risk of injury.

- c. Broken glass should be handled as if it is contaminated. The implements used for these purposes are cleaned and decontaminated after each use.

Regulated Laundry:

- a. Biohazard bags should be used for storing contaminated clothing prior to cleaning. Laundry contaminated with blood or OPIM that present a reasonable likelihood of soaking through or leaking from the bag or container are to be transported in biohazard bags provided by the agency. Contaminated laundry should be sorted and rinsed separate from other items when possible.
- b. Employees are instructed to use gloves and to handle contaminated laundry as little as possible.
- c. Be cautious in handling laundry as it may potentially contain sharp objects. If cut by a sharp in the process of handling laundry, follow all appropriate Post Exposure Procedures outlined in this policy.

13. **Waste Handling and Disposal:** All potentially infectious materials are handled as hazardous waste. Red colored biohazard bags or cans are used for all hazardous items. Any material that has been touched by bodily fluids (i.e. alcohol swabs, wound dressings including Band-Aids, etc.) should be handled as hazardous waste.

Regulated Waste: Items that are saturated or caked with blood or OPIM and that are capable of releasing these materials during handling are treated as Regulated Waste. Regulated Waste is bio hazardous and must be kept in approved containers. These containers are closed, leak-proof and are labeled.

- a. Disposable contaminated sharps (or any contaminated objects that can penetrate the skin) are treated as a type of regulated waste and are disposed of into sharps containers immediately. Containers can be closed, are puncture resistant, leak proof and are clearly labeled. Sharps containers are easily accessible to staff and located as close as possible to the immediate area where sharps are generally used.
- b. Containers are replaced routinely and are not allowed to overfill.

Contaminated Waste: Items that contain blood or OPIM but are not saturated or caked are treated as Contaminated Waste. This waste is deposited in closed leak proof containers that are not labeled or color-coded. The containers are discarded with the normal trash. Any trash container, whether for regulated or contaminated waste or otherwise, should be treated as if it may potentially contain a contaminated sharps. Do not reach into the bag, or compress the bag to remove excess air before sealing, as this may expose you to a sharp that has been disposed of improperly. If cut by a sharp in the

process of handling waste, follow all appropriate Post-Exposure Procedures outlined in this policy.

14. **Work Practices:** The work practices described in this plan are used to minimize employee exposure to blood borne pathogens or other infectious diseases. Changes in work practices are identified through review of safety incidents and through employee feedback. Potential improvements to exposure control processes will be evaluated by the Safety Officer with feedback from medical line staff and through reviews of current literature and other sources of information.

Section II: Emergency and Initial Disaster Response Plan

1. **Immediate Response:** In the event of an emergency or widespread disaster requiring medical or other emergency assistance, call 911. If in imminent risk, evacuate the building first, following the evacuation procedure and then call 911 from outside the building. The caller must give the building address and state the nature of the emergency as well as the exact location of the emergency situation, i.e., office number. Alert CEO, Clinical Director and Front Desk personnel, if appropriate.
2. **Command Center Phone:** The command center cell phone: (517)740-6476. This phone can be used for business and after-hours. The individual carrying the phone must ensure that they are accessible at all times and that the phone is functional. The Command Center designee is responsible for having the Emergency Management Information packet in their possession or readily available at all times.
3. **Medical Emergencies:** If applicable, follow Immediate Response guidelines above. Recovery Technology maintains CPR/First Aid training for enough staff to cover Medical Emergencies. Refer to First Aid Procedures if necessary. Persons requiring emergency medical care will be transported as directed by the emergency personnel responding to the 911 call.
4. **Blood borne Pathogen Exposure:** (Post Exposure Procedures) When employees are exposed to blood, body fluids that contain blood, or OPIM that potentially increases their risk of infection through contact due to failure to use, misuse of or failure of Personal Protective Equipment or through other accidental or incidental contact, they shall follow the following procedures. Cleanse contaminated body surface(s) as appropriate.
 - a. Eye, nose or mouth contact: flush continuously with water, saline or sterile irrigant for at least 5 minutes.
 - b. Skin exposure: initially flush with water, and then wash with soap and water.
 - c. Needle sticks: wash exposed area thoroughly with soap and water. Notify site manager or supervisor immediately. Site manager or supervisor shall notify the CEO or Clinical Director as soon as feasible.
5. **Consulting a Medical Professional:** Employees who are at increased risk due to an exposure are strongly encouraged to seek a medical evaluation by a licensed healthcare professional. You may elect to see your personal physician, go to a walk-

in clinic or to the emergency room (if indicated) and the evaluation should follow current US Public Health Service Guidelines.

-Post Exposure evaluation will not be provided by Recovery Technology. However, it will be made available on agency time and at no cost to the employee.

-The exposed employee shall notify the CEO or Clinical Director as soon as practical of the selected healthcare provider in order for the agency to provide information to the healthcare provider as indicated below.

-Upon seeking a medical evaluation, the employee shall file a Labor and Industries claim.

-The CEO/Designee shall provide to the employee's identified health provider:

a. A description of the job duties the exposed employee was performing when exposed.

b. Documentation of the route of exposure, and the circumstances under which the exposure incident happened.

c. Identification and documentation of the source individual, including results of the source person's blood testing, if available, unless identification is prohibited by state law (see section below on confidentiality and testing of source person).

d. Any employee medical records maintained by the agency, including vaccination status, relevant to the appropriate treatment of the employee. The exposed employee will determine, in consultation with their healthcare provider, any testing on the employee to be conducted based on the suspected exposure.

-The collection and testing of blood for HBV and HIV if indicated by the evaluation of the healthcare provider after their review of the exposure incident shall be conducted as directed by the healthcare provider.

-Post exposure preventive treatment, when medically indicated, should be provided as recommended by the US Public Health Service.

-Pre and post-test counseling for the employee, if testing is indicated, should be provided by the healthcare provider or through referral to another healthcare provider.

-In the event that the exposed employee does not wish to be tested, they will be encouraged to have their blood drawn as a baseline, and arrange through their medical provider for it to be held for 90 days in case symptoms emerge and testing is desired at a later date.

-If the exposed employee chooses not to seek medical attention or to be tested, the employee will be requested to sign a statement indicating their refusal of medical attention following a potential exposure.

Source Individual Testing:

-If the source individual is known, consent for testing by a medical practitioner shall be requested of that source individual to assist in evaluating the potential level of risk.

-The source person shall be asked by the Program Manager or designee to provide to Recovery Technology written consent, using the agency consent form, for testing of their HBV and HIV status by their selected medical practitioner as soon as feasible after the reported exposure.

-Exemption: When the source person is known to be infected with HBV or HIV, a new blood test of their status is not required.

-The written informed consent shall be separate from any other consent obtained prior to the request for ordering HIV or HBV testing.

-The consent must indicate that resulting test information shall be provided to the employee who was potentially exposed, through their designated healthcare provider.

-If consent cannot be obtained from the source person, the incident will be referred to the Department of Health by the CEO/Clinical Director (or designee) for evaluation and follow-up as regarding the potential for obtaining legally approved testing.

-If consent cannot be obtained from the source person, the identity of the source individual shall not be provided to the exposed employees' identified health provider.

-Upon receipt of an appropriate consent, the source individual will be tested and the test results conveyed to the exposed employee through their healthcare provider. Information regarding confidentiality laws for the source individual shall also be provided.

-If the source person is a client of Recovery Technology, arrangements shall be made to have the testing conducted by the Public Health Department, or other healthcare professional of their choice.

-The source person's blood test results should be provided to the exposed employee through their designated physician or treating professional in accordance with Department of Health guidelines.

-The source person's blood test results shall not be provided to Recovery Technology Staff except program management and agency Executive Management who have a need to know. If the source individual is a client of Recovery Technology, disclosure of HIV status shall only be made in accordance with agency policy.

-The exposed employee is informed of and must adhere to the applicable laws and regulations regarding disclosure of the identity and infection status of the source person.

-All documentation related to the exposure incident shall be maintained by Recovery Technology.

Reporting

-When employees are exposed to blood, body fluids that contain blood or OPIM that potentially increases their risk of infection through contact due to failure to use, misuse of or failure of Personal Protective Equipment (PPE), or through other incidental or accidental contact, they are expected to complete a Safety Incident/Unsafe Condition Report within 24 hours of the incident.

-Employees will complete a report for their program manager's review that includes the following details of the circumstances of the incident:

- a. Controls in use at the time
- b. Work practices that were followed
- c. Description of the device used (including type and brand)
- d. Protective equipment in use at the time
- e. Location of the incident
- f. Procedure being performed when the incident occurred
- g. Employee's training.

-The report also indicates whether or not appropriate precautions were taken and what caused the incident.

-Site manager may include additional information such as what could have prevented the incident, and recommendation made to employees for preventing further, similar incidents

-The report is then submitted to the CEO for follow up. The identity of the source individual if known shall not be disclosed in the Safety Incident Report.

Record Keeping

The Following record keeping procedures are followed:

-Employee Health files: Confidential employee health files are kept in a locked file cabinet in the CEO's Office. The employee health files are kept for a least 30 years after the employee leaves the agency. Written permission is required for access to the employee's health file. The health file for all employees with occupational exposure must include:

- a. Employee's name and social security number

- b. Hepatitis B Vaccination Series Consent/Waiver Form that includes dates of vaccinations and records relating to employee's ability to receive the vaccine, where applicable.
- c. All information given to the evaluating healthcare professional in the event of an exposure incident.
- d. A copy of the evaluator's opinion.

Training Records

-Records for the training of all workers at risk of occupational exposure are maintained in the CEO's office. Training Records must include:

- a. Dates of training sessions
- b. Topics and materials covered
- c. Names and qualifications of trainers
- d. Names and job titles of trainees

-Records are kept for 3 years from the date of the training session. These records are available upon request to all employees and their representatives.

-If this agency closes, it is understood that the agency must inform the Director of OSHA at least three months before disposing of any of the prescribed records.

- 6. **Exposure to Chemicals or Fumes:** In the event of the presence of fumes from spilled chemicals or leaking gas that poses imminent risk, staff should immediately evacuate the area and the building, if warranted. Site manager will assess situation and depending on severity will contact Property Management and/or call 911 if warranted. Any staff that came into contact with the fumes or chemicals shall be provided CPR/First Aid by certified staff as appropriate, including flushing the eyes or skin with water. Staff will not be allowed back in the area until cleared by management.
- 7. **Clinical Emergency:** If applicable, follow Immediate Response guidelines above. If you hear excessive or unidentifiable noise or other indications of an emergency situation coming from any work area, assume a problem exists and immediately investigate. If coming from a closed office, go to the nearest phone and call the office and ask if a problem exists. If staff confirms that a problem exists or there is no answer, initiate an appropriate response utilizing managing aggressive behavior techniques. If unable to gain access to office, obtain and utilize key. Other staff members will stand by to call police if necessary and to coordinate other responses. Refer to the Safety Management policy for more information.

8. **Lockdown:** If an event occurs that causes concern of imminent safety risk from clients or strangers entering Recovery Technology, a lockdown may occur. All doors will be locked and a sign is placed at the front door asking visitors to knock; during lockdown, only staff or clients not deemed to be a threat will be allowed to enter. Program Manager will notify the CEO and Clinical Director. Staff, clients and visitors remaining on site are notified about the lockdown and moved away from areas of potential risk and encouraged to remain on site until the risk passes. Any individual electing to leave the building will be offered an escort to their car or bus stop, but only if it is safe to do so.
9. **Power and Utility Failures:** Turn off computer and/or any other major office equipment in your office/area. Proceed to the designated meeting area in the building and follow directions including evacuation instructions if appropriate.
10. **Fire:** Initiate evacuation procedures. Call 911 from outside the building. If trapped in a fire and unable to exit, use the following techniques: Use a towel or clothing to block openings around doors or vents where smoke might enter. Put a wet towel over your nose or mouth. Place a signal in a window to bring attention to your location. If smoke enters your room, call 911 and report your location and stay low on the floor to breathe the best air. Do not break the window glass or open windows as this can draw smoke into your area. In the event that a client is trapped in the fire, staff must use every available resource to assist the client to remain as calm as possible and exit the building when able.
11. **Earthquake:** Take cover under a desk or table or if not immediately accessible, stand in a doorway. Stay away from windows and glass. Remain in the protected area until the shaking has stopped for several seconds. Be prepared for aftershocks. When the situation allows, evacuate the building.
12. **Tornados:**
 - A. Tornado Watch: In the event of a tornado watch, staff may conduct business as usual. However, staff should be prepared to take shelter if the tornado watch becomes a tornado warning.
 - B. Tornado Warning: In the event of a tornado warning, staff, clients and visitors must take shelter in the designated areas and remain there until an "all clear" signal is given.

13. **Floods:** If major flooding is occurring or predicted to occur and evacuation is required, report immediately to your program manager for evacuation instructions. Keeping guests and clients safe is of utmost importance. When evacuating, avoid floodwaters if at all possible. Cars driven into floods constitute a major cause of death during times of flooding.
14. **Blizzards, ice storms, snowstorms:** A decision to close Recovery Technology due to blizzard or other wintery conditions may only be made by the Owner or CEO. Shutdown decisions based on weather conditions will not be made until there is clear evidence of danger or undue hardship to staff. Therefore, in the absence of a decision to close, staff is expected to report to work or remain at work until the end of their shift. In the event that Recovery Technology makes the decision to close, every attempt to provide necessary services to keep clients safe or dispense medications will be made.
15. **Bomb Threats:** Bomb threats are usually received by telephone, but they may also be received by note, letter or email. All bomb threats should be taken very seriously and handled as though there is a real possibility that an explosive may be in the building

Initial Response: If you should receive a bomb threat, immediately report the threat to CEO or Clinical Director. Have a coworker call 911 and notify Program directors so that staff can be informed of the potential threat. If no coworker is nearby, make these notifications immediately upon completion of the bomb threat call. Notify the Safety Officer as soon as possible.

During the Call: Get as much information from the caller as possible. Keep the caller on the line as long as possible, and write down everything that is said. Be aware of background noise, special voice characteristics, music, machinery, etc. If possible, use the Bomb Threat Checklist (pink sheet) to question the caller in a polite and non-threatening manner. The caller may not allow any questions; if not, complete a Bomb Threat Checklist as soon as possible, while the information is still fresh in your mind.

Suspicious Objects and Packages: As soon as they are notified, and unless there is an immediate evacuation, all staff should make an inspection of their area for suspicious objects and/or packages. If you find a suspicious object, don't touch it or attempt to move it. Clear the area of people around the suspicious object and notify the police immediately by calling 911. Police and fire personnel will investigate.

Evacuation: In the event that there are sufficient facts, as determined by emergency personnel, to indicate the bomb threat is valid, staff, clients and guests will be notified immediately to begin evacuation procedures. If an evacuation is called for it should be made following the agency's established procedures, outlined below. Always follow instructions given by emergency personnel. Take personal belongings such as purses, briefcases, knapsacks and shopping bags with you so they do not confuse those conducting the bomb search. Once outside, move well away from the building and especially away from windows.

16. Evacuation:

Staff Responsibilities: Evacuate at the nearest available exit. Always follow instructions given by emergency personnel. Ensure that any clients or visitors present accompany you. Go directly to the designated meeting place and await instructions there. Do not re-enter the building until instructed to do so. If you are unable to re-enter the building safely, you may be instructed to gather at an alternate sheltered location.

Clinical Director/Designee responsibilities: Keep people moving toward the exits at a safe and steady pace. Ensure that all individuals have been evacuated from your assigned area. If there is a fire, and time permits, ensure that all doors are closed. At the designated meeting place, report any missing persons remaining in the building.

Support Staff/Employee responsibilities: Ensure that disabled individuals who are not in imminent danger are taken to a safe area that is out of the way of people exiting. If a disabled individual is unable to exit without being carried, notify the Clinical Director immediately, then stay with the individual in a "safe area" until help arrives. Do not attempt to carry disabled persons unless conditions become threatening.

17. Immediately following an Evacuation

Staff Responsibilities:

- a. Administer first aid as needed.
- b. Beware of fallen power lines and gas leaks. Immediately report dangers to Clinical Director or other emergency personnel, and alert all individuals in the immediate area.
- c. In the event of an earthquake, report any observed gas and water breaks to the Clinical Director and turn off appropriate utilities, if able. Be prepared for potential after-shocks.
- d. Cooperate with and avoid interference with emergency services personnel.

- e. If you must leave the scene, notify the Clinical Director.
- f. Consult with site management for further directions.
- g. In the event the building is not safe to re-enter, refer to and follow the Initial Disaster Response Plan.

Management Responsibilities

- h. Ensure that 911 has been called.
- i. Ensure that all staff and clients are present and accounted for. Note all missing and/or injured persons.
- j. Ensure that first aid is administered and injuries treated as appropriate.
- k. In the event of an earthquake, warn employees of possible aftershocks.
- l. Be the key contact person for agency Safety Officer and keep him apprised of the situation.
- m. Be the key contact person for emergency services personnel. Cooperate and avoid interference with emergency services personnel.
- n. If re-entry has been deemed safe, organize the employees and coordinate their activities.
- o. Survey each work area to ensure that there are no potential hazards.
- p. Ensure that all computer and office equipment are turned back on, and report all equipment failures or utilities problems as appropriate.
- q. Do not re-enter the building if any unsafe conditions exist, such as gas leaks, smoke and/or fire, significant structural damage, etc.
- r. In the event the building is not safe to re-enter, refer to and follow the initial Disaster Response Plan.

18. **Documenting Emergencies:** All emergencies should be reported and documented according to the procedures outlined in the Health and Safety Policy.

19. **Initiate and Establish Communications:** Staff should ensure that 911 has been called. During normal working hours and after hours, staff shall immediately contact the CEO (517)740-6476. Leave phone lines open as much as possible for return response.

20. **Activating the Command Center:** If there is a widespread disaster or a civil emergency, a Command Center will be activated. If communication to the Command Center is disrupted, the Command Center will be moved to another location, and a designated member of the Executive Management team will activate the Command Center phone. If the emergency occurs after hours, Command Center

activities will be initiated by the individual carrying the phone. The Command Center will be staffed by members of the Executive Management team and/or their designees.

21. Coordinating Command Center Activities: The Command Center will direct all agency activities. Any contact from a local, state or federal agency regarding a disaster should be immediately referred to Command Center personnel. The Command Center will support and facilitate a coordinated response to a disaster in the area in accordance with state and federal disaster planning efforts and commitments. Instructions will be provided to staff regarding information for clients of possible service alternatives or where to report during an emergency.

22. Resources: Emergency Management Information packet shall contain, at a minimum, the following information/forms:

- a. Location of Emergency Systems and Evacuation Maps
- b. Contact information including:
 1. All Agency Management, including home and cell phone numbers;
 2. All appropriate municipal, county and state emergency agencies;
 3. All emergency contact numbers for utilities and vendors serving Recovery Technology, including gas, electric, security, insurance, etc.;
 4. Blank Response Logs.

23. Health and Safety: Prior to the arrival of emergency services personnel, management staff should coordinate and assign staff duties as follows:

- a. Provide for the assessment of staff and client injuries
- b. Provide for the administration of first aid to the extent possible
- c. Develop status list for all clients and staff indication who has been injured, the extent of the injury, if known, and who is accounted for (both clients and staff) who appears to be missing and anyone who is known to have left the site and where they went

After the arrival of EMS, staff shall cooperate with and avoid interference with emergency services personnel on site. Management staff will continue to maintain status lists, including where people have been transported by EMS and provide updates to Safety Officer. Safety Officer to provide CEO periodic updates as needed.

24. Safety Officer Responsibilities: Notify appropriate local, state and/or federal authorities regarding the emergency or disaster. Act as point of contact with all authorities contacted. Coordinate with necessary leadership team members to

continue to provide essential services. Support and facilitate a coordinated response to the disaster. Contact other community emergency management resources as identified in the site-specific Disaster Plan as appropriate. (If unable to initiate contact with Safety officer or on-call management personnel, most able staff person on site shall assume interim responsibility to coordinate activities, and attempt to accomplish the tasks set forth above).

25. **Business Continuity Plan:** Following an emergency or disaster that disrupts normal business operations at Recovery Technology and when there is apparent damage to the facility that normal business operations or habitation cannot quickly resume, the Business Continuity Plan shall be initiated.

Section III: Business Continuity and Pandemic Flu Plan

Following an emergency or disaster that disrupts normal business operations at Recovery Technology, including an outbreak of pandemic flu, and when the facility is damaged to the degree that normal business operations or habitation cannot quickly resume, the following Business Continuity Plan shall be initiated.

Business Stabilization:

1. **Initiate Stabilization Activities-Roles and Responsibilities:** Program Directors/Leadership shall have the sole responsibility and authority for proclaiming an emergency upon assessment of all available information. Program Directors/Leadership will identify and assign staff individuals or teams for responding to the following functions:
 - a. Direct and facilitate temporary emergency operations, including critical and essential functions as identified and prioritized in the plan. Coordinate with appropriate local emergency personnel, and support emergency response efforts.
 - b. Provide notification to identified alternative Recovery Technology site where emergency services will be provided
 - c. Identify the staff available to both the affected site and the assigned emergency site
 - d. Assign staff responsibilities
 - e. Assess clients for mental health crisis management purposes
 - f. Provide for appropriate clinical interventions in response to those in crisis
 - g. Initiate transport of clients to alternate site
 - h. Leave signage on vacated facility entrances indicating the location of the alternate site or emergency shelter
 - i. Assign staff to monitor and assess emotional status of on-site employees and provide for direction and support
 - j. Coordinate with Property Management staff to assist in establishing security at the site and to determine scope and extent of damages in conjunction with local authorities.

In the event of a pandemic influenza outbreak, the CEO will play a key role in coordinating response efforts.

2. **Maintain Ongoing Communications:** Provide instructions to the Command Center for Recovery Technology Clients including where to report and how to contact Recovery Technology for further information regarding provision of services, including how to obtain medications. The Command Center operator carries a phone and emergency contact information for the agency at all times. This information is updated as changes

occur. In the event of an emergency or pandemic flu outbreak, where staff is limited and regular communications are interrupted, the Command Center operator can be contacted for access to emergency contact information.

3. **Workforce Disruption and Staffing Levels:** A workforce disruption may be caused by a number of factors, resulting in a situation affecting a significant number of staff. In order to maintain necessary levels of staffing, site management will coordinate with Program Directors/Leadership to initiate any of the following actions as is deemed appropriate:
 - a. Identifying critical services for delivery on site
 - b. Identify and provide for alternative programs where services are available
 - c. Authorization of overtime and/or additional shifts
 - d. Contact with all staff listed on the on-call roster for the agency
 - e. Temporary re-assignment of staff
4. **Staff Communications:** Provide notification to all staff of emergency status. Initiate phone-tree notification process as part of the Command Center operations. Initiate contact of off-duty personnel as warranted. Initiate or continue communications with local and state authorities, and emergency services personnel. In accordance with the plan, staff shall contact and engage the services of vendors and other identified community resources.
5. **Initiate Client and Family Communications:** Voice mail messages providing contact information should be placed on all phone lines for the affected site. If appropriate, a sign will be placed in the window at Recovery Technology indicating an alternative service location and/or numbers to call for further information. In the event of client injury, staff will be assigned to notify family members or other emergency contacts as identified in the clinical record.
6. **Medication Management:** At the alternative service delivery site, designate a secure area for maintaining medications if one is not already available. Ensure trained staff is available and assigned to the site to provide for management of medications. Determine whether there is access to client medical records and make available to staff responsible for medication administration. Contact the contract pharmacy to initiate re-supply of client medications. If client records are not immediately available, instruct pharmacy to print out clients Medical Administration Records and provide copies for use by staff. For other client medications not supplied by Recovery Technology medical providers, request client's case managers or primary clinician to work with client to contact their health provider for follow-up.
7. **Client Files and Information:** Assign staff to assess accessibility of client records, and to attempt recovery and transport of records to an alternative location (for those records not in an EMR). For information regarding the security and recovery of electronic

protected health information, see Recovery Technology Confidential Electronic Information policy. Emergency Contact Information for the client is maintained in the client record. For clients whose services are funded by LifeWays, emergency contact information may also be obtained through their organization's electronic medical record.

B. Pandemic Flu Plan: In the event of a pandemic flu outbreak, business stabilization activities shall be initiated as described above, when necessary.

1. What is Influenza: Influenza (flu) is a virus infection of the lungs, throat, and bronchial tubes. Symptoms of the flu include fever, chills, cough, headache, fatigue, sore throat and muscle aches and pains in your back, arms, and legs. The flu is contagious and spreads from infected persons to the nose or throat of others. Anyone can get influenza. For most people it only lasts a few days. Some may get sicker. Other illnesses have the same symptoms and are often mistaken for influenza. Only an illness caused by the influenza virus is really influenza. Seasonal influenza is a common form of influenza that spreads each winter. Flu shots protect many people from becoming infected by seasonal flu.

2. What is Pandemic Flu? A flu pandemic is a worldwide outbreak of a new type of flu virus that spreads rapidly from one country to another. It is caused by a new type of flu virus, people would have no immunity to it and no vaccine would exist to prevent it.

3. Training and drills: All staff is oriented to the agency's health and safety program on hire. Orientation and all staff training related to disaster preparation and response, including response to pandemic flu, is outlined in the agency Health and Safety Policy. All staff should be familiar with the appropriate response procedures for all emergencies, including pandemic influenza, as outlined in the Emergency Response Plan and in site-specific disaster plans. All relevant updates related to pandemic influenza outbreaks are communicated to staff via ongoing trainings and communications. The agency's management team participates in training regarding the Business Continuity and Pandemic Flu Plan, which includes the use of PPE and other equipment, and on the specific communications resources and protocols to follow during a pandemic flu outbreak as outlined in the Business Continuity Plan.

Clients are assessed and self-report on their physical health and well-being at several points in the treatment process: intake, treatment-planning, crisis planning and during routine appointments. Based on identified risk factors, clients are encouraged to get appropriate medical care and to follow good health and hygiene practices.

4. Preparation and supplies: Disaster kits are stocked with additional supplies specifically designed to protect staff and clients in the event of a pandemic, including hand sanitizer for personal hygiene and antiseptic wipes for environmental hygiene. See Recovery Technology's

Health and Safety Policy. Staff is encouraged to model good hygiene for other staff and clients. Additional hand sanitizer dispensers and antiseptic wipes are available to all staff through the office supply ordering process.

5. Flu Vaccinations-CDC Recommendations:

Why Get Vaccinated?

Influenza can lead to pneumonia and can be dangerous for people with heart or breathing conditions. It can cause high fever and seizures in children. Influenza kills about 36,000 people each year in the United States, mostly the elderly. Influenza vaccine can prevent influenza, but it will not prevent “influenza-like” illnesses caused by other viruses.

What is Influenza Vaccine?

Inactivated flu vaccines are made from killed influenza viruses, which cannot give you the flu. However, no vaccine is 100% effective. Vaccines are updated each year, and take about 2 weeks for protection to develop after the shot is given. Protection can last up to one year. An annual vaccination is recommended. The best time to get the vaccine is in October or November. Influenza season peaks anytime between November and May, usually in February.

Who should consider a flu vaccine?

According to Public Health and the CDC, people who provide essential community services, and people living in crowded conditions should consider getting a flu shot annually. It is recommended for people who are at risk of serious influenza or its complications, and for people who can spread influenza to those at high risk (including all household members). Influenza vaccine can be given to people 6 months of age or older. Physicians, nurses, family members, or others in close contact with people at risk, as well as household contacts and out-of-home caretakers of infants can spread influenza to those at high risk.

What are the risks of getting a flu shot?

A vaccine could possibly cause soreness, redness, or swelling where the shot was given, fever or aches. The most common side effect is a sore arm. These side effects generally do not last for more than 1 or 2 days. However, check with your doctor if side effects continue to be bothersome.

Who is at risk for complications?

People age 65 years or older, all children 6-23 months of age, residents of long-term care facilities, people who have long term health problems (heart, lung, and kidney disease, asthma, metabolic diseases such as diabetes, and anemia or other blood disorders, people with

weakened immune systems and women who will be pregnant during influenza season. A flu shot will help prevent you from getting the flu and help protect everyone you live with and come in contact with.

*Source: Centers for Disease Control and Prevention (CDC), www.cdc.gov/flu

6. Initial Response: In the case of a pandemic influenza outbreak, all staff should follow the infection containment procedures outlined in the agency Exposure Control Plan, as well as the additional procedures outlined below. In the event of a pandemic influenza outbreak, the agency's Safety Officer will play a key role in coordinating response efforts. The Safety Officer will play a key role in coordinating response efforts. The Safety Officer will ensure timely communication with appropriate personnel so that there is a coordination of efforts on an agency wide basis, as needed. All staff and clients who potentially have the flu shall be assessed by their healthcare provider to determine the risk to others. If it is determined that they may pose risk to others, then appropriate steps will be taken to minimize that risk. Steps may include isolation from others (staff remain at home) use of masks, gloves or other PPE, restriction from work or from the facility until cleared by their healthcare provider, or other appropriate risk reduction methods. Masks should be distributed to symptomatic clients who are able to wear them, and both staff and clients should be directed to use additional hygiene materials, such as alcohol-based hand sanitizer and facial tissue.

7. Staff Protocols, Social Distancing: Staff will be encouraged to implement personal "social distancing" strategies as directed by the agency and/or Public Health, to assist in preventing the spread of infection. Examples of social distancing include:

- a. Where practical, maintaining three feet spatial separation between others.
- b. Avoid face-to-face meetings when practical. If face-to-face meeting with people is unavoidable, minimize the meeting times and choose a large room where people can maintain a three-foot separation from each other.
- c. Avoid crowded places and heavily populated gatherings, such as shopping malls, movie theaters and sporting events.
- d. Avoid public transportation or avoid travelling on public transportation during rush hour when crowding is common.
- e. Avoid congregating in workplace cafeterias and staff break rooms and/or bullpens.

In addition, all staff should practice increased diligence regarding environmental cleaning during an outbreak of any communicable disease, including pandemic flu. Use environmental cleaners and antiseptic wipes to assist in keeping shared offices, eating surfaces, bathrooms,

and equipment, particularly shared telephones and computers clean. In the case of a pandemic influenza outbreak, staff should be prepared for flexibility in work schedules as directed by the Agency. Medical staff will coordinate with Public Health regarding any additional vaccines or medication that may become available. Staff should be familiar with the policies on the use of Sick Leave, and recognize the importance of staying away from work when communicable in order to reduce the risk of exposure to others.

C. Long Term Recovery Plan

1. Assistance to other Agencies: Recovery Technology will commit all available resources to internal organizational challenges before supporting a wider regional response. Identify whether staff are in a position to provide assistance to other agencies and/or the community.

2. Assessment of Readiness for Resumption of Normal Operations: The Leadership team will assess the impact on normal operations from the emergency or disaster. Services to be assessed and prioritized include:

- a. Basic client needs (food, water, clothing, and housing)
- b. Availability of crisis intervention services
- c. Intake and Assessment services
- d. Community and Hospital Liaison activities
- e. Case management and counseling services
- f. Groups
- g. Ongoing medication management
- h. Transportation needs

Factors to be considered will be:

- a. Employee status and availability
- b. Property damage assessments
- c. Communications system
- d. Equipment repair or replacement
- e. Availability of vendor services

Administrative functional areas to be assessed and prioritized include:

- a. Information Systems/data integrity and continuity

- b. Payroll
- c. Accounts receivable/accounts payable
- d. Human resources

3. **Creation of a Transition Plan:** A plan will be developed which will prioritize critical services and functions and provide a blueprint for re-establishing normal business operations. The blueprint shall include:

- a. Prioritization of services and functions
- b. Development and implementation of temporary interim procedures until full functions are re-established.
- c. Assignment of staff individuals or staff teams to each function
- d. Development of detailed plan, including time lines, for implementation of full recovery for each function.
- e. Assignment of financial resources to each function
- f. Status reporting requirements from the team leaders

Monitoring and assessment of transition plans continues until normal business functions are fully restored.

4. **Adjust Operational Procedures:** Following full implementation of all recovery plans for the restoration of all business functions, the event shall be reviewed and assessed to determine the following

- a. The efficiency and success with which the disaster response and recovery operations were conducted.
- b. Adjustments in policies and operational planning for emergencies and disasters based on lessons learned from the event.
- c. Identification and future planning for equipment, facilities and procedural upgrade.

