Congregate Living & Social Services Licensing Board
Tuesday, May 28, 2024, 6:00 PM
Council Chambers, 2nd fl of City Hall, 3 Washington St.

AGENDA

I. **Call to Order:** Roll Call
II. **Vote for Vice Chair**
III. **Minutes of Previous Meeting:** March 26, 2024
IV. **Unfinished Business:**

Updates:
Southwestern Community Services
Live Free Recovery Services – 881 Marlboro Rd.
Unity House

V. **Applications:**

Continued CLSS-2024-05: Applicant, Hilary Seifer, Executive Director for American House Keene, is requesting a Congregate Living & Social Services License for a Residential Care Facility, located at 197 Water St., and is in the Business Growth & Reuse District and as defined in Chapter 46, Article X of the Keene City Ordinances.

CLSS-2024-10: Applicant, Phyllis Phelps, Director for House of Hope, is requesting a Congregate Living & Social Services License for a Large Group Home, located at 31 Wyman Rd., and is in the Corporate Park District and as defined in Chapter 46, Article X of the Keene City Ordinances.

CLSS-2024-11: Applicant, Jennifer Houston, Executive Director for Live Free Recovery, is requesting a Congregate Living & Social Services License for a Large Group Home, located at 361 Court St., and is in the Medium Density District and as defined in Chapter 46, Article X of the Keene City Ordinances.

CLSS-2024-12: Applicant, Jennifer Houston, Executive Director for Live Free Recovery, is requesting a Congregate Living & Social Services License for a Large Group Home, located at 26 Water St., and is in the Medium Density District and as defined in Chapter 46, Article X of the Keene City Ordinances.

CLSS-2024-13: Applicant, David Potts, Interim Executive Director for Monadnock Peer Support, is requesting a Congregate Living & Social Services License for a Large Group Home, located at 24 Vernon St., and is in the Downtown Core District and as defined in Chapter 46, Article X of the Keene City Ordinances

CLSS-2024-14: Applicant, Samual Lake, Executive Director for Keene Serenity Center, is requesting a Congregate Living & Social Services License for a Group Resource Center, located at 24 Vernon St., and is in the Downtown Core District and as defined in Chapter 46, Article X of the Keene City Ordinances

VI. **New Business**
VII. **Adjournment**

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City of Keene
New Hampshire

CONGREGATE LIVING AND SOCIAL SERVICES LICENSING BOARD MEETING MINUTES

Tuesday, March 26, 2024 **6:00 PM** **Council Chambers, City Hall**

Members Present:
Andrew Oram, Chair
Medard Kopczynski
Tom Savastano
Ashok Bahl, Alternate (Voting)

Staff Present:
Jesse Rounds, Community Development Director
Corinne Marcou, Board Clerk

Members Not Present:
Alison Welsh
Jennifer Seher

1) Call to Order: Roll Call

Chair Oram called the meeting to order at 6:00 PM.

2) Vote for Vice Chair

The Board tabled electing a new Vice Chair for 2024 until more Board members are present. Mr. Kopczynski will no longer be on the Board as of June 28, and he was in conversation with the City Manager about his replacement. He was willing to serve as Vice Chair until his departure.

3) Minutes of Previous Meeting: February 27, 2024

A motion by Mr. Savastano to adopt the February 27, 2024 meeting minutes was duly seconded by Mr. Kopczynski. The motion carried unanimously.

4) Unfinished Business

A) Updates:

i) *Southwestern Community Services*

Ms. Marcou said that this application was still awaiting the NH Fire Marshall's decision on the number of beds. No Board action was needed at this time.

ii) *Keene Serenity Center*

Mr. Rounds said that City Staff were working with the applicant to bring them into compliance with some zoning and site plan Conditional Use Permit issues. No action was needed at this time.

5) Applications:

A) Continued CLSS-2024-02: Applicant, Patricia Forman, House Supervisor for Emerald House, is requesting a Congregate Living & Social Services License for a Residential Care Facility, located 32 Emerald St., and is in the Downtown Growth District and as defined in Chapter 46, Article X of the Keene City Ordinances.

Chair Oram asked for Staff comments and Mr. Rounds said this application was complete.

Chair Oram welcomed the applicant, Patricia Forman, Residential Services Manager for Monadnock Family Services and House Supervisor of Emerald House. Ms. Forman had no updates to report.

Mr. Kopczynski was familiar with this property and the previous application, so this was a matter of technicality.

Chair Oram opened the floor to public comments, and hearing none in opposition or support, he closed the public hearing.

Chair Oram and Mr. Savastano agreed with Mr. Kopczynski that the original application in 2023 was very complete. Mr. Kopczynski had not seen or heard of any issues with the neighbors or City/State regulations.

The Board reviewed the criteria for granting the license:

The licensing board shall consider the following criteria when evaluating whether to approve, renew, or deny a congregate living and social services license application.

Criteria 1: *The use is found to be in compliance with the submitted operations and management plan, including but not limited to compliance with all applicable building, fire, and life safety codes.*

Hearing no objections from the Board, Chair Oram declared that Criteria 1 was met.

Criteria 2: *The use is of a character that does not produce noise, odors, glare, and/or vibration that adversely affects the surrounding area.*

Hearing no objections from the Board, Chair Oram declared that Criteria 2 was met.

Criteria 3: *The use does not produce public safety or health concerns in connection with traffic, pedestrians, public infrastructure, and police or fire department actions.*

Hearing no objections from the Board, Chair Oram declared that Criteria 3 was met.

A motion by Mr. Kopczynski to approve Continued Application CLSS-2024-02 was duly seconded by Mr. Savastano. On a vote of 4–0, the motion carried unanimously.

B) Continued CLSS-2024-07: Applicant, Gregg Burdett, Executive Director for Covenant Living of Keene, is requesting a Congregate Living & Social Services License for a Residential Care Facility, located 100 Wyman Rd., and is in the Rural District and as defined in Chapter 46, Article X of the Keene City Ordinances.

Chair Oram requested comments from City Staff. Mr. Rounds said that the applicant submitted some additional materials. Ms. Marcou agreed that the application was updated and focused specifically on 100 Wyman Road. All that was missing from the application was the neighborhood relations plan, which the applicant provided paper copies of to the Board. The Board took some time to review the plan.

Chair Oram welcomed the applicant, Greg Burdett, Executive Director of Covenant Living of Keene, and Andy Mackey, Facilities Director. Mr. Burdett reported that the application was updated to confirm the address as 100 Wyman Road, which is the Centers for Medicare and Medicaid Services accredited health center, with assisted living and skilled nursing care. Across the street at 95 Wyman Road is independent living and does not require this license. Ms. Marcou confirmed that all of this was updated in the application.

Mr. Kopczynski asked if a copy of the neighborhood relations plan would be posted to Covenant Living's website. Mr. Burdett said he would ensure that.

Chair Oram opened the floor to public comment, and hearing none in opposition or support, he closed the public hearing.

Chair Oram recalled some questions about this application at the last meeting regarding the training procedure plan. In reviewing the Ordinance requirements, the Chair felt the application more than met the requirements, with a two-page plan clearly delineating their onboarding process and links to other training materials. Chair Oram added that all that was missing from the application was the neighborhood relations plan, which the applicant had now provided.

Chair Oram recalled that the Board had struggled to review neighborhood relations plans in a consistent way for organizations that are so diverse. In this case, there was also a geographic distinction, with the facility a long walk/short drive from any neighbors.

Mr. Kopczynski warned against getting trapped in bureaucracy. All applications and cases are unique. He recalled when this isolated property was zoned and constructed originally. Due to the isolation, Mr. Kopczynski thought a communications plan might be more important than a neighborhood relations plan; he thought this has been addressed adequately.

The Board reviewed the criteria for granting the license:

The licensing board shall consider the following criteria when evaluating whether to approve, renew, or deny a congregate living and social services license application.

Criteria 1: *The use is found to be in compliance with the submitted operations and management plan, including but not limited to compliance with all applicable building, fire, and life safety codes.*

Hearing no objections from the Board, Chair Oram declared that Criteria 1 was met.

Criteria 2: *The use is of a character that does not produce noise, odors, glare, and/or vibration that adversely affects the surrounding area.*

Hearing no objections from the Board, Chair Oram declared that Criteria 2 was met.

Criteria 3: *The use does not produce public safety or health concerns in connection with traffic, pedestrians, public infrastructure, and police or fire department actions.*

Hearing no objections from the Board, Chair Oram declared that Criteria 3 was met.

A motion by Mr. Kopczynski to approve Continued Application CLSS-2024-07 was duly seconded by Mr. Bahl. On a vote of 4–0, the motion carried unanimously.

C) Continued CLSS-2024-03: Applicant, Ryan Gagne, Executive Director for Live Free Recovery, is requesting a Congregate Living & Social Services License for a Residential Drug/Alcohol Treatment Facility, located at 881 Marlboro Rd., and is in the Rural District and as defined in Chapter 46, Article X of the Keene City Ordinances.

The representative of Live Free Recovery was unable to be present. As such, the Board reviewed the application based on the additional information submitted by the applicant since the last meeting.

Chair Oram requested comments from City Staff. Mr. Rounds agreed that the applicant submitted additional information—included in the meeting packet—that addressed the training question. There were remaining Fire Department (FD) concerns, and FD Lt. Megan Manke said the outstanding issue was for the applicant to work with the Community Development

Department to address an unpermitted space created on the first floor. As of the afternoon of this meeting, Ms. Marcou said there was no permit on file yet.

Chair Oram opened the floor to public comment, and hearing none in opposition or support, he closed the public hearing.

Chair Oram felt that the training materials submitted made it clear that their means of training is particular, and more like one-on-one mentoring. He did not feel that the Ordinance required the Board to evaluate the training, but merely to determine that it exists. He agreed that the nature of this business—focused on personal recovery from substance abuse—and its location make neighborhood outreach more so about the neighbors having a clear means of contact should any issues arise. So, he thought the application could be approved conditionally.

Discussion ensued about the Board's licensing procedures, and specifically the types of provisions the Board can place on application approvals. In the past, the Board had issued some "conditional" licenses, dependent on the applicant to submit additional materials (i.e., required plans) or complete other processes (e.g., FD inspection). Mr. Rounds explained the actual procedures, which do not allow "conditional" approvals. Instead, the Ordinance allows for issuing a "provisional" license or issuing a full license. Also, the Board can revoke or deny a license. The provisional licenses can be granted with a maximum limit of up to 180 days to comply; the Board can require shorter timeframes to comply within those 180 days.

Based on this explanation, Chair Oram suggested provisional approval of this license, with up to 180 days to complete the application.

Mr. Kopczynski said that this Board is convened to review the information provided in applications and make a judgement—to some extent—but not really to debate the information. Further, for this specific application, Mr. Kopczynski felt that the location of the facility is not embedded in a neighborhood like many other facilities; it is a woodsier area with neighbors like an automobile junk yard and a jail. So, he thought that a communications plan for the elected and appointed officials would be appropriate.

Mr. Savastano described how he charted all of these applications' elements to help compare and identify remaining questions. Ms. Marcou confirmed that any parts of the original applications that were unchanged were not included in this meeting's packet because it was so large. Mr. Kopczynski added that asking applicants to repackage what they provided in their originally approved applications would be wasting everyone's time.

The Board reviewed the criteria for granting the license:

The licensing board shall consider the following criteria when evaluating whether to approve, renew, or deny a congregate living and social services license application.

Criteria 1: *The use is found to be in compliance with the submitted operations and management plan, including but not limited to compliance with all applicable building, fire, and life safety codes.*

Hearing no objections from the Board, Chair Oram declared that Criteria 1 was met, with the exception of the unpermitted space needing approval.

Criteria 2: *The use is of a character that does not produce noise, odors, glare, and/or vibration that adversely affects the surrounding area.*

Hearing no objections from the Board, Chair Oram declared that Criteria 2 was met.

Criteria 3: *The use does not produce public safety or health concerns in connection with traffic, pedestrians, public infrastructure, and police or fire department actions.*

Hearing no objections from the Board, Chair Oram declared that Criteria 3 was met.

A motion by Mr. Savastano to provisionally approve Continued Application CLSS-2024-03, with up to 30 days to rectify Building and Fire Code issues, was duly seconded by Mr. Bahl. On a vote of 4–0, the motion carried unanimously.

D) Continued CLSS-2024-04: Applicant, Ryan Gagne, Executive Director for Live Free Recovery, is requesting a Congregate Living & Social Services License for a Residential Drug/Alcohol Treatment Facility, located at 106 Roxbury St., and is in the Downtown Edge District and as defined in Chapter 46, Article X of the Keene City Ordinances.

The representative of Live Free Recovery was unable to be present. As such, the Board reviewed the application based on the additional information submitted by the applicant since the last meeting.

Chair Oram asked for comments from City Staff. Mr. Rounds reported that the training plan, which the applicant had now provided, was the only outstanding issue from the previous meeting. Ms. Marcou reported that FD Lt. Manke stated that 106 Roxbury Street had some minor issues remaining, but there was nothing that made Lt. Manke recommend stalling the license approval.

Chair Oram opened the floor to public comment, and hearing none in opposition or support, he closed the public hearing.

Chair Oram thought that the changes to the training plan were outstanding.

The Board reviewed the criteria for granting the license:

The licensing board shall consider the following criteria when evaluating whether to approve, renew, or deny a congregate living and social services license application.

Criteria 1: *The use is found to be in compliance with the submitted operations and management plan, including but not limited to compliance with all applicable building, fire, and life safety codes.*

Hearing no objections from the Board, Chair Oram declared that Criteria 1 was met.

Criteria 2: *The use is of a character that does not produce noise, odors, glare, and/or vibration that adversely affects the surrounding area.*

Hearing no objections from the Board, Chair Oram declared that Criteria 2 was met.

Criteria 3: *The use does not produce public safety or health concerns in connection with traffic, pedestrians, public infrastructure, and police or fire department actions.*

Hearing no objections from the Board, Chair Oram declared that Criteria 3 was met.

A motion by Mr. Kopczynski to approve Continued Application CLSS-2024-04 was duly seconded by Mr. Savastano. On a vote of 4–0, the motion carried unanimously.

E) CLSS-2024-01: Applicant, Melissa Castor, Executive Director for Alpine Healthcare, is requesting a Congregate Living & Social Services License for a Residential Care Facility, located at 298 Main St., and is in the High Density District and as defined in Chapter 46, Article X of the Keene City Ordinances.

Chair Oram requested comments from City Staff. Mr. Rounds reported that all documentation was provided, and all inspections had been completed successfully.

Chair Oram welcomed the applicant, Melissa Castor, Executive Director of Alpine Healthcare. Ms. Castor had no new information to present.

Mr. Savastano and Chair Oram agreed that the neighborhood relations plan seemed to be missing from the application. Ms. Castor said that was submitted in 2023. Mr. Kopczynski thought this led to an important topic of what the Board seeks when applications are renewed. If everything is in the file as a public record and available for review, he did not see whey the applicants should repeat that effort. Mr. Savastano thought that could only be an issue if some Board members are not present for certain hearings; he asked for a checklist from Staff for each renewal confirming what is already complete in the application. Ms. Marcou noted that this was another instance of the plan being excluded only due to the size of the meeting packet.

Chair Oram opened the floor to public comment, and hearing none in opposition or support, he closed the public hearing.

The Chair felt that this facility was a good neighbor. He lives 4–5 houses away and enjoys talking with residents when he walks his dogs.

The Board reviewed the criteria for granting the license:

The licensing board shall consider the following criteria when evaluating whether to approve, renew, or deny a congregate living and social services license application.

Criteria 1: *The use is found to be in compliance with the submitted operations and management plan, including but not limited to compliance with all applicable building, fire, and life safety codes.*

Hearing no objections from the Board, Chair Oram declared that Criteria 1 was met.

Criteria 2: *The use is of a character that does not produce noise, odors, glare, and/or vibration that adversely affects the surrounding area.*

Hearing no objections from the Board, Chair Oram declared that Criteria 2 was met.

Criteria 3: *The use does not produce public safety or health concerns in connection with traffic, pedestrians, public infrastructure, and police or fire department actions.*

Hearing no objections from the Board, Chair Oram declared that Criteria 3 was met.

A motion by Mr. Savastano to approve Application CLSS-2024-01 was duly seconded by Mr. Bahl. On a vote of 4–0, the motion carried unanimously.

F) CLSS-2024-05: Applicant, Hilary Seifer, Executive Director for American House Keene, is requesting a Congregate Living & Social Services License for a Residential Care Facility, located at 197 Water St., and is in the Business Growth & Reuse District and as defined in Chapter 46, Article X of the Keene City Ordinances.

Because the applicant had not paid the application fee, Chair Oram continued this application until the May 2024 meeting.

G) CLSS-2024-06: Applicant, Jay Haston, Executive Director for Cedarcrest Center, is requesting a Congregate Living & Social Services License for a Residential Care Facility, located at 91 Maple Ave., and is in the Low Density

District and as defined in Chapter 46, Article X of the Keene City Ordinances.

Chair Oram requested comments from City Staff. Mr. Rounds reported that the application was complete and ready for renewal.

Chair Oram welcomed the applicant, Jay Haston, President and CEO of Cedarcrest Center. Mr. Haston reported that there were some updates to the neighborhood relations plan with new initiatives. Also, one more bed was reported than in 2023; this extra bed would be maintained through July 2024 per a legislative action. Mr. Kopczynski said this was the sort of report he would like for license renewals.

Mr. Savastano recalled that this original application had one of the best neighborhood relations plans the Board had reviewed. Chair Oram agreed.

The Board reviewed the criteria for granting the license:

The licensing board shall consider the following criteria when evaluating whether to approve, renew, or deny a congregate living and social services license application.

Criteria 1: *The use is found to be in compliance with the submitted operations and management plan, including but not limited to compliance with all applicable building, fire, and life safety codes.*

Hearing no objections from the Board, Chair Oram declared that Criteria 1 was met.

Criteria 2: *The use is of a character that does not produce noise, odors, glare, and/or vibration that adversely affects the surrounding area.*

Hearing no objections from the Board, Chair Oram declared that Criteria 2 was met.

Criteria 3: *The use does not produce public safety or health concerns in connection with traffic, pedestrians, public infrastructure, and police or fire department actions.*

Hearing no objections from the Board, Chair Oram declared that Criteria 3 was met.

A motion by Mr. Savastano to approve Application CLSS-2024-06 was duly seconded by Mr. Bahl. On a vote of 4–0, the motion carried unanimously.

H) CLSS-2024-08: Applicant, Amanda McSweeney, Executive Director for Keene Center Genesis Healthcare, is requesting a Congregate Living & Social Services License for a Residential Care Facility, located at 677 Court

St., and is in the High Density District and as defined in Chapter 46, Article X of the Keene City Ordinances.

Chair Oram requested comments from City Staff. Mr. Rounds reported that the application was complete and ready for renewal.

Amanda McSweeney, Executive Director of Keene Center Genesis Healthcare, could not be present. Michael Johnson, Administrator of Langdon Place, spoke for Ms. McSweeney. Mr. Johnson reported that there had been no changes to this application since it was first approved in 2023.

Mr. Savastano quoted the first sentence of the neighborhood relations plan, which says the organization maintains "*active and friendly relationships with our neighbors and customers, both abutting the property and in the community*." He asked for more specifics on outreach to neighbors. Mr. Johnson said that across the street there is a dental office, as well as another dental office on this property, a wooded area separating it from the nearest neighborhood, and a condominium establishment on the other side. The Center is regularly in communication with the dental office on this site that the Center owns; he thought the Center was in similar regular communication with the dental office across the street too in the event of any issues.

Mr. Kopczynski said an adjacent property is approximately 10 acres of land for sale. The Center might need an evolved plan if that property is developed.

Chair Oram opened the floor to public comments, and hearing none in opposition or support, he closed the public hearing.

Chair Oram questioned whether there was an open issue from the FD inspection. Ms. Marcou said no, Lt. Manke's communication stated that there were minor violations with reinspection scheduled for April 4, but there was nothing that warranted the Board denying the license.

Chair Oram noted that this could be a case where the nature of the operation and surroundings might not require such a detailed neighborhood relations plan. This led to further discussion on why the Board needs more conversation on how to handle renewals. With a large, upscale condominium association next door, Mr. Kopczynski thought this location was not as isolated as some. Chair Oram thought that for the nature of the facility, an outreach plan might not be as clear. It might help the Board to further define some of these things based on the categories of licenses. Mr. Kopczynski said the Board had never created such policies and procedures. Mr. Savastano agreed with Chair Oram that the various applicants have different degrees of neighbors, with some having more residential interactions. Mr. Savastano suggested that the neighborhood relations plans would be good to include in the meeting packets for renewals in all cases, so the Board can refer to it if members of the public come to speak about any concerns during the renewal hearings. Chair Oram agreed.

The Board reviewed the criteria for granting the license:

The licensing board shall consider the following criteria when evaluating whether to approve, renew, or deny a congregate living and social services license application.

Criteria 1: *The use is found to be in compliance with the submitted operations and management plan, including but not limited to compliance with all applicable building, fire, and life safety codes.*

Hearing no objections from the Board, Chair Oram declared that Criteria 1 was met.

Criteria 2: *The use is of a character that does not produce noise, odors, glare, and/or vibration that adversely affects the surrounding area.*

Hearing no objections from the Board, Chair Oram declared that Criteria 2 was met.

Criteria 3: *The use does not produce public safety or health concerns in connection with traffic, pedestrians, public infrastructure, and police or fire department actions.*

Hearing no objections from the Board, Chair Oram declared that Criteria 3 was met.

A motion by Mr. Kopczynski to approve Application CLSS-2024-08 was duly seconded by Mr. Bahl. On a vote of 4–0, the motion carried unanimously.

I) CLSS-2024-09: Applicant, Michael Johnson, Executive Director for Langdon Place of Keene, is requesting a Congregate Living & Social Services License for a Residential Care Facility, located at 136 Arch St., and is in the Rural District and as defined in Chapter 46, Article X of the Keene City Ordinances.

Chair Oram requested comments from City Staff. Mr. Rounds reported that all inspections were complete for this renewal.

Chair Oram welcomed the applicant, Michael Johnson, Executive Director of Langdon Place of Keene. Mr. Johnson said there were no additions to the application.

Chair Oram opened the floor to public comments, and hearing none in opposition or support, he closed the public hearing.

The Board reviewed the criteria for granting the license:

The licensing board shall consider the following criteria when evaluating whether to approve, renew, or deny a congregate living and social services license application.

Criteria 1: *The use is found to be in compliance with the submitted operations and management plan, including but not limited to compliance with all applicable building, fire, and life safety codes.*

Hearing no objections from the Board, Chair Oram declared that Criteria 1 was met.

Criteria 2: *The use is of a character that does not produce noise, odors, glare, and/or vibration that adversely affects the surrounding area.*

Hearing no objections from the Board, Chair Oram declared that Criteria 2 was met.

Criteria 3: *The use does not produce public safety or health concerns in connection with traffic, pedestrians, public infrastructure, and police or fire department actions.*

Hearing no objections from the Board, Chair Oram declared that Criteria 3 was met.

A motion by Mr. Savastano to approve Application CLSS-2024-09 was duly seconded by Mr. Kopczynski. On a vote of 4–0, the motion carried unanimously.

J) CLSS-2024-15: Applicant, Matthew McCall, Vice President of Community Services for Unity House, is requesting a Congregate Living & Social Services License for a Small Group Home, located at 39 Summer St., which is in the Downtown Transition District and as defined in Chapter 46, Article X of the Keene City Ordinances.

Chair Oram requested comments from City Staff. Mr. Rounds reported that this was a new application, and the Planning Board had granted the applicant a Conditional Use Permit, contingent upon this CLSS permit being granted. While there were minor inspection issues, there was nothing to defer this hearing and licenses approval. The building would not be open for business until later in 2024. Ms. Marcou added that in September 2022, Unity House was before this Board. However, their building needed renovations, which were now being finalized, and they had obtained a temporary Certificate of Occupancy.

Chair Oram welcomed the applicant, Matthew McCall, Vice President for Community Programs for The Home for Little Wanderers. Mr. McCall said all construction on the building was nearly completed. Having received the NH license, the morning of this meeting, the building was ready to open. Unity House was working through criteria to select the first group of kids. He said the only difference from the original 2022 application was that the State of NH asked them to expand the age range to 12–19, with few 12-year-olds accepted (unless necessary) and 19-year-olds accepted so that residents do not have to leave the moment they turn 18.

Mr. Kopczynski asked what the State of NH license was. Mr. McCall replied that it is a license to operate a group home. There is also a permit through the NH Department of Health and Human Services. The Board requested copies of those licenses for the file.

Mr. Savastano said he did not see an evacuation map included. Mr. McCall said the map was included as a part of the FD inspection. Mr. Savastano noticed that the 24-hour contact listed was for the CEO in Boston. Mr. McCall said that is the organization's contact, but he would be sending a post card to all neighbors with the 24-hour contacts for their staff, the administrator on call, and Mr. McCall. Mr. Savastano noted that the emergency response plan listed temporary evacuation sites for other locations in MA, but nothing was listed for this specific location. Mr. McCall said the temporary evacuation site for this location would the Wediko School in Windsor, NH. Chair Oram asked Mr. McCall to submit the address of this Windsor location for the application.

Chair Oram opened the floor to public comments, and hearing none in opposition or support, he closed the public hearing.

Chair Oram thought the application was well-written and included good information. He did not think the address addition to the evacuation plan was a reason to deny the application. In response to Mr. Kopczynski, Mr. Rounds said he believed Unity House had received a temporary Certificate of Occupancy for 90 days.

The Board agreed that (if the City was not already in possession) Mr. McCall should submit: (1) a copy of the building evacuation maps, (2) the details about the Windsor emergency evacuation site, (3) a copy of the NH licenses, and (4) a copy of the post card being sent to neighbors with local contact information.

The Board reviewed the criteria for granting the license:

The licensing board shall consider the following criteria when evaluating whether to approve, renew, or deny a congregate living and social services license application.

Criteria 1: *The use is found to be in compliance with the submitted operations and management plan, including but not limited to compliance with all applicable building, fire, and life safety codes.*

Hearing no objections from the Board, Chair Oram declared that Criteria 1 was met.

Criteria 2: *The use is of a character that does not produce noise, odors, glare, and/or vibration that adversely affects the surrounding area.*

Hearing no objections from the Board, Chair Oram declared that Criteria 2 was met.

Criteria 3: *The use does not produce public safety or health concerns in connection with traffic, pedestrians, public infrastructure, and police or fire department actions.*

Hearing no objections from the Board, Chair Oram declared that Criteria 3 was met.

A motion by Mr. Kopczynski to provisionally approve Application CLSS-2024-15 for up to 30 days, contingent upon submission of: (1) a copy of the building evacuation maps, (2) the details about the Windsor emergency evacuation site, (3) a copy of the NH licenses, and (4) a copy of the post card being sent to neighbors with local contact information. Mr. Bahl duly seconded the motion. On a vote of 4–0, the motion carried unanimously.

6) New Business:

Ms. Marcou reported that she was working with Mr. Rounds and Chair Oram to simplify this renewal process. Microsoft 365 allows for creating a "SharePoint location," which should allow for streamlining these application packets significantly in the future. All Board members would have access to the SharePoint with all of the application information submitted to the City, and then the meeting packets would only include cover sheets for each application, much like the checklists suggested earlier in the meeting. All were appreciative of Ms. Marcou's continued efforts.

7) Non-Public Session: (if required)

8) Adjournment

There being no further business, Chair Oram adjourned the meeting at 7:26 PM.

Respectfully submitted by,
Katryna Kibler, Minute Taker
April 2, 2024

Reviewed and edited by,
Corinne Marcou, Board Clerk

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City of Keene, NH

Congregate Living & Social Services License Application

For Office Use Only:
Case No. _____
Date Filled _____
Rec'd By _____
Page _____ of _____
Tax Map# _____
Zoning District: _____

If you have questions on how to complete this form, please call: (603) 352-5440 or email: communitydevelopment@keenenh.gov

SECTION 1: LICENSE TYPE

☐ Drug Treatment Center	☐ Group Home, Small	☐ Homeless Shelter
☐ Fraternity/Sorority	☐ Group Resource Center	☐ Lodging House
☐ Group Home, Large	☐ Residential Drug/Alcohol Treatment Facility	◉ Residential Care Facility

SECTION 2: PROPERTY LOCATION

ADDRESS: 197 Water Street, Keene NY 03431

SECTION 3: CONTACT INFORMATION

I hereby certify that I am the owner, applicant, or the authorized agent of the owner of the property upon which this approval is sought and that all information provided by me is true under penalty of law. If applicant or authorized agent, a signed notification from the property owner is required.

OWNER	APPLICANT
NAME/COMPANY: BSC-AHR Keene LLC	**NAME/COMPANY:** AH Keene LLC
MAILING ADDRESS: One Towne Square, Suite 1600 Southfield MI 48076	**MAILING ADDRESS:** 197 Water Street, Keene NH 03431
PHONE: (248) 203-1800	**PHONE:** (603) 352-1282
EMAIL: pstodulski@redico.com	**EMAIL:** keene@americanhouse.com
SIGNATURE: [signature] **DATE:** 1/25/24	**SIGNATURE:** [signature] **DATE:** 1/25/24
PRINTED NAME: Paul A. Stodulski **TITLE:** Authorized Repre	**PRINTED NAME:** Hilary Seifer **TITLE:** Executive Director

AUTHORIZED AGENT (if different than Owner/Applicant)	OPERATOR / MANAGER (Point of 24-hour contact, if different than Owner/Applicant) ☐ Same as owner
NAME/COMPANY: Same as above	**NAME/COMPANY:** American House Management Company LLC
MAILING ADDRESS:	**MAILING ADDRESS:** 197 Water Street, Keene NH 03431
PHONE:	**PHONE:** (603) 209-6720
EMAIL:	**EMAIL:** keene@americanhouse.com
SIGNATURE: **DATE:**	**SIGNATURE:** [signature] **DATE:** 1/25/24
PRINTED NAME: **TITLE:**	**PRINTED NAME:** Hilary Seifer **TITLE:** Executive Director

SUBMITTAL CHECKLIST

A complete application must include the following items and submitted by one of the options below:

- **Email:** communitydevelopment@keenenh.gov, with *"CLSS License Application"* in the subject line

- **Mail / Hand Deliver:**
  Community Development (4th Floor)
  Keene City Hall,
  3 Washington St, Keene, NH 03431

The submittal requirements for a Congregate Living & Social Services License application are outlined further in **Chapter 46, Article X** of the City of Keene Code of Ordinances.

Note: Additional information may be requested to complete the review of the application.

PROPERTY OWNER: *Name, phone number and address*	**POINT OF 24 HOUR CONTACT:** *Name, phone number, and address of person acting as the operator, if not owner* **Same as owner**
REQUIRED DOCUMENTATION: *Provide all required state or federal licenses, permits and certifications*	**WRITTEN NARRATIVE:** *Provide necessary information to the submittal requirements*
PROPERTY INFORMATION: *Description of the property location including street address and tax map parcel number*	**APPLICABLE FEES:** $165.00 application *(checks made payable to City of Keene)*
COMPLETED INSPECTION: **or** *Inspection date:* 1/18/24	**SCHEDULED INSPECTION:** *Inspection date:* 1/18/24
OPERATIONS AND MANAGEMENT PLAN: Plan based on the industry standard "*Best Management Practices*" to include:	**LOCATION MAP:**

- ◊ Security Plan
- ◊ Life Safety Plan
- ◊ Staff Training and Procedures Plan
- ◊ Health and Safety Plan
- ◊ Emergency Response Plan
- ◊ Neighborhood Relations Plan
- ◊ Building and Site Maintenance Procedures

In addition, Homeless Shelters will provide:

- ◊ Rules of Conduct, Registration System and Screening Procedures
- ◊ Access Policies and Procedures

SECTION 4: APPLICATION AND LICENSE RENEWAL REQUIREMENTS

Using additional sheets if needed, briefly describe your responses to each criteria:

1. Description of the client population to be served, including a description of the services provided to the clients or residents of the facility and of any support or personal care services provided on or off site.

Previously Submitted

2. Description of the size and intensity of the facility, including information about; the number of occupants, including residents, clients staff, visitors, etc.; maximum number of beds or persons that may be served by the facility; hours of operations, size and scale of buildings or structures on the site; and size of outdoor areas associated with the use.

144 licensed beds
Current occupancy - 106 Residents 1/25/24
Current Employees - 86
24/7 operation
1 building 110,000 sq feet

SECTION 4: APPLICATION AND LICENSE RENEWAL REQUIREMENTS CONTINUED

Using additional sheets if needed, briefly describe your responses to each criteria:

3. For Congregate Living Uses, describe the average length of stay for residents/occupants of the facility.

N/A

January 15, 2024

American House Keene Neighborhood Plan Updated:2024

American House works with numerous agencies throughout the community.

We currently host the rotary club once a week. On Wednesday and Thursday, we host two separate BNI groups. The east Keene neighborhood group meets once a month at our location. We hold a cookie auction fundraiser four times a year, and half the proceeds go to a local charity. This year we donated to the Monadnock Humane Society, The Amazing Grace Animal Sanctuary, Freedom Reins, and Rise for Baby and Family.

We collaborated with Rise for and Family for a multigenerational play group that ran over the course of 12 weeks.

American House hosted 2 car shows this year that were open to the public and allowed may local antique car owners to showcase their hobbies. We also continue to host the annual Alzheimer's silent auction which is the largest local fundraiser for this cause.

American House
SENIOR LIVING COMMUNITIES

Description of Services

American House Keene is an assisted and independent living facility. Composed of 109 apartments and 144 licensed beds. American House is a licensed 804 facility by the State of New Hampshire. American House is staffed 24/7 by nurses and LNA's.

American House Keene provides many services and amenities, including transportation, 3 meals per day, life enrichment activities, housekeeping and laundry services to all of our residents.

Assisted living residents are overseen by our nursing department. Medication management, daily assistance with ADL'S, coordination of medical appointments and treatment, long term care policy assistance, and regular reviews of plan of care, are provided by our nursing staff.

197 WATER ST | KEENE | NEW HAMPSHIRE | 03431
americanhouse.com | t 603 352 1262 | f 603 352 7627

American House
SENIOR LIVING COMMUNITIES

American House Keene is a 110,000 square foot building, licensed through the State of New Hampshire under the 804 regulations. American House is licensed for 144 beds, with 109 apartments. Average census is between 85-88%, with average number of residents being 102. American House employees 82 employees, known of who reside at the property. American House operates 24/7 with a minimum of 2 staff on site.

197 WATER ST | KEENE | NEW HAMPSHIRE | 03431
americanhouse.com | t 603 352 1282 | f 603 352 7627

Training

American House requires all new employees to have a TB screening, health physical, BEAS screening and criminal back group prior to hire. All new employees complete a 2 day orientation (see attached list), as well as an annual mandatory training (see attached list). American House uses Relias online training, as well as the orientation packet and videos for training.

American House
SENIOR LIVING COMMUNITIES

Employee Orientation Checklist

Employee Information **DOH: ____/____/____**

Name: _____

Department: _____ Position: _____

Orientation List

Reading Material Provided

Green Folder

Pre-Hire Documents:

[ ] American House Letter-Chief Cultural Officer
[ ] Welcome To American House Letter-Benefits
[ ] Chain of Command
[ ] Dayforce Instructions
[ ] Resident Bill of Rights
[ ] Complaint Procedure (2 pages)
[ ] Protective Services to Residents
[ ] Protective Services to Minors
[ ] HIPAA policy and Practices
[ ] Medical Orientation
[ ] Dos & Don'ts
[ ] Alzheimer's Disease
[ ] Hepatitis Vaccine
[ ] Universal Precautions/Hand Washing
[ ] Payroll Processing
[ ] Employee Handbook

[ ] Application/Resume
[ ] Info Cubic Consent Form & Record
[ ] BEAS Consent Form & Record
[ ] Criminal Record Form & Record
[ ] Affidavit
[ ] 2 Reference Checks
[ ] License Verification
[ ] Youth Parental Permission Slip
[ ] Youth Employment Certificate

Green Folder, Continued

Post-Offer-Documents: Payroll

[ ] Paystub Review
[ ] W-4 Form
[ ] Employee Status Form
[ ] Employee Information
[ ] Personnel Form

Post-Offer Documents: Signature

[ ] Job Description
[ ] Complaint Is A Gift
[ ] Handbook Acknowledgement
[ ] Benefits Accept or Decline
[ ] 401k Acknowledgement
[ ] Advertisement Disclaimer
[ ] Infection Control/Fire Safety Video & Test
[ ] Emergency Preparedness Orientation
[ ] Dementia & Alzheimer's Test
[ ] Abuse & Neglect Policy
[ ] Abuse & Neglect Test
[ ] Resident's Rights Test
[ ] Resident's Rights/Responsibilities
[ ] Restraint Policy
[ ] Sexual Harassment/Unlawful Harrassment
[ ] Notice of Nondiscrimination
[ ] Confidentiality Agreement
[ ] Food Protection
[ ] Advance Notice
[ ] *Motor Vehicle Release Statement
[ ] *Driving Policy
[ ] Voice Friend
[ ] Phone Monitoring Policy
[ ] Work-Related Email Communications
[ ] Acknowledgement & Understanding
[ ] Walkie-Talkie Code
[ ] Relias Dementia Training Certificates

Blue Folder

[ ] I-9 paperwork (2 forms of Valid ID's)

(*Note: Copy both sides of documents)

Red Folder

Pre-Hire: Health Assessment Documents

[ ] Employee Health Screen
[ ] TB QuantiFERON Testing Results

Post-Offer: Orientation Documents

[ ] Influenza Vaccine Consent/Declination
[ ] Hepatitis B Vaccine Consent/Declination
[ ] Consent for Covid 19 Testing
[ ] Covid Vaccine Consent/Declination

Employee Signature: _____ **Date:** ____/____/____

BOM Signature: _____ **Date:** ____/____/____

Executive Director Signature: _____ **Date:** ____/____/____

Double Checked Before Filing: _____ **Date:** _____

Print Name:_____

American House
SENIOR LIVING COMMUNITIES

Annual Review 8/24/2022

The list below includes ALL Items that must either be reviewed or submitted annually. PLEASE REVIEW EACH DOCUMENT OR AGREEMENT

Please initial next to each item as you complete them and then sign below.

	Initial
1.) I have signed the Affidavit.	
2.) I have completed and signed the "BEAS State Registry Consent Form".	
3.) I have reviewed the Chain Of Command.	
4.) I have reviewed and understand the "Patient Bill of Rights".	
5.) I have reviewed and understand the "Resident Complaints" policy.	
6.) I have reviewed the "Protective Services to Adults".	
7.) I have reviewed and understand the "Child Protection Services".	
8.) I have reviewed, understand and signed the "Confidentiality Agreement".	
9.) I have reviewed, understand and signed the "Restraint Policy".	
10.) I have reviewed and understand the "Employee Handbook" and signed the acknowledgement. Found in the employee break room.	
11.) I have reviewed and understand the "Safety & Health Policy". Found in the employee break room.	
12.) I have reviewed and understand the "Emergency Preparedness and Evacuation Plan". Found in the employee break room.	
13.) I have reviewed and understand the "Infection Control Policy". Found in the employee break room.	
14.) I have reviewed, understand and signed the "Fire Safety" Guidelines.	
15.) I have reviewed, understand and signed the "handwashing and Blood Borne Pathogens Guidelines".	
16.) I have reviewed, understand and signed the "Food Protection Policy".	

Annual Review 8/24/2022

The list below includes ALL Items that must either be reviewed or submitted annually. PLEASE REVIEW EACH DOCUMENT OR AGREEMENT

Please initial next to each item as you complete them and then sign below.

	Initial
17.) I have reviewed and understand the "Complaint Procedure".	
18.) I have reviewed, understand and signed the "Complaint is a Gift" Policy.	
19.) I Have reviewed and understand the "Emergency Medical Orientation".	
20.) I have reviewed, understand and signed the "Medication Administration".	
21.) Are there any changes to your personal information? If so, have you filled out the change form? YES / NO (PLEASE CIRCLE)	
22.) Have you ever had the Pneumococcal Vaccine? YES / NO (PLEASE CIRCLE)	
23.) I have reviewed and signed the Influenza Vaccine Form.	
24.) I have reviewed and signed all of your job descriptions.	
25.) I have completed and signed the infection control quiz.	
26.) I have reviewed and signed the Hippa Guidelines.	
27.) I have reviewed and signed the Abuse and Neglect Policy.	
28.) I have completed 4 hours of Dementia training.	

Employee Signature: _____ **Date: _8__/__24__/__22**

Building and Site Maintenance Procedures

American House uses the Direct Supply TELS system for regulatory inspections. American House contracts with Vermont Life Safety for quarterly service for backflow, sprinkler, fire hydrant and fire extinguisher inspection. American House is contracted with Impact Fire for fire damper inspection. American House contracts with Powers generator for quarterly services and testing. American House contracts with Hood Pro for hood cleaning and dryer vent cleaning. American House contracts with Dead River for quarterly grease trap cleaning. American House contracts with K.E Bergeron for semiannual HVAC inspections.

Hilary Seifer

Tasks Work Orders Unit Turns Services Assets Reports Resources

Manage tasks for this facility

Showing completed tasks Regulatory Filter by recurrence Save Filters × Restore My Defaults × Clear Filters

Tasks due this week

Category	Title	Assigned To
Emergency Power Generators	Exercise generator (with no load), perform routine checks, create entry in logbook.	Chris Proudman
Oxygen Storage	Gas Equipment - Cylinder and Container Storage	Chris Proudman

Tasks due this month

Category	Title	Assigned To
Ansul Systems	Clean hood filters (use dishwasher if appropriate)	Chris Proudman
Ansul Systems	Owner's Inspection	Chris Proudman
Defibrillators (AED)	In-House Maintenance	Chris Proudman
Dryer Vent	Complete In-House System Cleaning	Chris Proudman
Emergency Lighting	Conduct a 30 second functional test.	Chris Proudman
Fire Doors	Inspection - Latch and Gap	Chris Proudman
Fire Sprinkler System	In-house inspection.	Chris Proudman
Water Systems	Inspect eye wash stations.	Chris Proudman

COMMUNITY DEVELOPMENT DEPARTMENT
CITY OF KEENE

LICENSE TO OPERATE
A FOOD SERVICE ESTABLISHMENT

For year ending September 30, 2023

Class	I
License No	177
Establishment	American House Keene
Address	197 Water St.
Operator	Hilary Seifer
Title	Executive Director

John Roger
Health Director

This license must be posted and may be suspended or revoked in accordance with the provisions of the City of Keene Code, Chapter 46, Sections 386-391.

Date: 09/20/2022

STATE OF NEW HAMPSHIRE
DEPARTMENT OF LABOR
P.O. BOX 2160
CONCORD, N.H. 03302-2160
(603) 271-2585

INVOICE: **000441524**

Elevator, Boiler and Pressure Vessel Inspection Division
Include address changes if applicable

AHSLC AMERICAN HOUSE KEENE
PO BOX 7763
MERRIFIELD VA 03431

CP
Due Date: 10/20/2022
Amount Due: 100.00

Please detach and submit upper portion with your payment.

**** Certificates for units without violations have been issued and are available upon payment. ****

N.H. Unit Number	Inspection Date	Location of Unit	Initial Charge	Balance Due
Elevator NHE000005830	09/15/2022	AMERICAN HOUSE AT KEENE 197 WATER ST KEENE NH 03431 Inspected By: JEREMY ALAN LAWLER STANLEY ELEVATOR CO (800-258-1016) Inspection Certificate Fee	50.00	50.00
Elevator NHE000005829	09/15/2022	AMERICAN HOUSE AT KEENE 197 WATER ST #1 KEENE NH 03431 Inspected By: JEREMY ALAN LAWLER STANLEY ELEVATOR CO (800-258-1016) Inspection Certificate Fee	50.00	50.00

Invoice: 000441524 Due Date: 10/20/2022 Amount Due: 100.00

To make a credit card payment via MasterCard or Visa, go to www.nh.gov/labor. No refunds unless authorized by NH Dept of Labor. Make checks payable to Treasurer State of NH. Mail to NH Dept of Labor, PO Box 2160, Concord, NH 03302-2160. Checks returned due to insufficient funds or closed account may be charged an additional $100.00 penalty fee. By RSA 7:15a, unpaid debt may be assigned to the Attorney General for collection. Any questions, please call (603) 271-2585.

PIN016P1A4.doc

STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF LEGAL AND REGULATORY SERVICES
HEALTH FACILITIES ADMINISTRATION
129 PLEASANT STREET, CONCORD, NH 03301

ANNUAL LICENSE CERTIFICATE

Under provisions of New Hampshire Revised Statutes Annotated Chapter RSA 151, this annual license certificate is issued to:

Name: AMERICAN HOUSE KEENE
Located at: 197 WATER ST
KEENE NH 03431

To Operate: Assist Living/Residential Care Facility

This annual license certificate is effective under the conditions and for the period stated below:

License#: 04305
Effective Date: 09/01/2022
Expiration Date: 08/31/2023
Administrator: HILARY SEIFER
Waivers:

Comments:
1. CRIM WAIVER He-P 804.18 (e)(2)
2. TEMP WAIVER 804.15(a)(2)&(3)

Total Number of Beds: 144

Chief Legal Officer

CENTERS FOR MEDICARE & MEDICAID SERVICES
CLINICAL LABORATORY IMPROVEMENT AMENDMENTS
CERTIFICATE OF WAIVER

LABORATORY NAME AND ADDRESS
AMERICAN HOUSE KEENE
197 WATER ST
KEENE, NH 03431

CLIA ID NUMBER
30D1103134

EFFECTIVE DATE
08/04/2021

LABORATORY DIRECTOR
HILARY C SEIFER

EXPIRATION DATE
08/03/2023

Pursuant to Section 353 of the Public Health Services Act (42 U.S.C. 263a) as revised by the Clinical Laboratory Improvement Amendments (CLIA), the above named laboratory located at the address shown hereon (and other approved locations) may accept human specimens for the purposes of performing laboratory examinations or procedures.

This certificate shall be valid until the expiration date above, but is subject to revocation, suspension, limitation, or other sanctions for violation of the Act or the regulations promulgated thereunder.

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

Monique Spruill

Monique Spruill, Director
Division of Clinical Laboratory Improvement & Quality
Quality & Safety Oversight Group
Center for Clinical Standards and Quality

American House Keene: Emergency Plan

Statement of Purpose

American House Keene's emergency preparedness plan outlines a comprehensive integrated plan to provide information about emergency procedures. The purpose of this plan is to identify vulnerability to disasters, plan of action in emergency situations, and ensure the safety of all staff and residents. The plan includes appropriate delegation, modes of communication, alternative sites in case of evacuation, resources to ensure all basic needs are met during a disaster and until normal operations can be resumed.

Section I- General Information

IN THE EVENT OF EMERGENCY:

Immediately notify:

Executive Director, Hilary Seifer [redacted]

Health Service Director, Patrice Aguda Brown [redacted]

Maintenance Director, Chris Proudman (603-903-7804)

Executive Director will initiate phone tree as appropriate (**See Attachment A**)

Direct all CLINICAL questions to: Health Service Director-Patrice Aguda-Brown

Direct all BUILDING questions to Maintenance Director- Chris Proudman

Direct all Media/Communication questions to Executive Director-Hilary Seifer

See attachment F for a list of emergency numbers and American House Vendors.

A copy of the **EMERGENCY PLAN** is kept at the **FRONT DESK IN RED BINDER.** Copies of the plan in red binders can also be found in the Kitchen, Maintenance Office, Nursing Office, Executive Director Office and Business Office.

A current **Resident List** is kept at the front desk, nursing office and with every department head. The list is in order by apartment number and is updated with every new admission, room change, and discharge. In an emergency a copy will be provided to the fire department and any other emergency personnel requesting it.

The emergency plan will be reviewed and revised as necessary, at the very least annually, by American House Keene emergency committee. American House Keene will conduct a least two emergency drills a year, and one will include mass causality situation.

American House Keene is an Assisted/Independent Residence located at 197 Water Street Keene NH 03431. Telephone number is 603-352-1282.

American House Keene is a wood frame building, brick mortar and stucco exterior. 10 apartments are located above the front lobby and are referred to as the mill building apartments. The remaining apartments are in the main building first-fourth floor. American House has 9 studio apartments, 23 two bedroom apartments, and 77 one bedroom apartments.

HAZARD VUNERABLITY ANALYSIS (See attachment G)

American House Keene opened in 2008 and has experienced no disasters or damage.

Hazards identified in our 2018 analysis were likely to be natural hazards, weather related, ice storm, blizzard, severe thunderstorm, and flood.

Human Vulnerability would likely be an active shooter or civil disturbance.

Biological hazards are likely to be flu epidemic, or norovirus. American House does require any staff member who does not receive a flu shot to wear a mask for the duration of the flu season. We require any staff member to be out of work for 48 hours post illness symptoms, as determined by the Health Services Director. In the event of a norovirus outbreak we would clean with bleach, serve meals on paper, and require anyone with symptoms to stay in their apartments until they are 48 hours symptom free.

Technological Hazards would likely be a power outage, or gas leak. American House Keene has a generator on site that will provide emergency power to the building. American House Keene also has on-site water and food supply.

American House Keene is at low risk for a radiological or chemical hazard at this time.

Security

American House Keene has 4 panic buttons that are directly linked to mutual aid. **The Four Panic Buttons are located in the Executive Director Office, The Business Office, The Front Desk, and The Nurses Station.**

American House Keene has security cameras on premises; they monitor the parking lots, elevator doors, main entrances, nurses station and med room.

American House Keene uses a call pendant system for all residents, there are also pendants located in the Dining Room, Theatre Room, Front Entrance and Elevator Entrance. All public and resident restrooms have emergency pull cords.

Exit Doors (1st floor) (See Attachment B- Floor Plan)

-Main Lobby front door to staff parking lot - Main Lobby rear door to resident parking lot.

-Stairwell #1 located next to beauty salon

-Stairwell #2 located at the back of the dining room

-Resident Entrance in front of elevators

-Stairwell #3 located at the end of first floor hallway

Exit Doors (2nd floor) (See Attachment C-Floor Plan)

-Stairwell #1 end of mill building hallway

-Stairwell #2 end of hallway high side second floor

-Stairwell #3 end of hallway low side second floor

Exit Doors (3rd floor) (See Attachment D-Floor Plan)

-Stairwell #2 end of hallway high side third floor

-Stairwell #3 end of hallway low side third floor

-Stairwell #2 end hallway high side fourth floor

-Stairwell #3 end of hallway low side fourth floor

Fire Alarm System: (See list of **Emergency Vendors- Attachment F)**

Emergency fire and smoke alarms are in place and monitored and maintained. The fire alarm system is hard wired to the Keene Fire Department as well as Central Alarm.

-Fire Alarm System- Central Alarm 1-800-639-2066

-Fire Alarm Maintenance Company RB Allen 603-964-8140

-Sprinklers Southern VT Sprinkler 802-254-2242

-Emergency call system SMD 1-800-899-7264

Fire Alarm signal is received by Central Alarm- call monitoring and dispatched to the Keene Fire Dept. **The Front Desk Concierge or Nursing Supervisor must check the fire panel and call 911,** they would announce over the hand held radio system for all staff to switch to channel two, to ensure uninterrupted communication.

Fire Extinguishers are located in all the laundry rooms, behind every set of fire doors, in front of every elevator door, off every elevator to the right, in the kitchen, water heater room, and electrical room, outside of the oxygen closet, in the Bistro, in the theatre room, and the front desk. They are inspected every month in house by maintenance staff and quarterly by VT life safety.

Fire Boxes are located at all the exits, including stairwell, and at every elevator entrance.

Section II- Emergency Plan

Emergency Control:

In the event that American House Keene emergency plan is implemented, **Executive Director Office will serve as command center.** Location of emergency operations, direction and control will emanate from this office. If an alternate central site is needed the marketing office is to be used.

It is the decision of the Executive Director to declare an emergency situation, and/or his/her designee, who shall serve as Emergency Operations Coordinator. Duties would be relinquished to local law enforcement/emergency personnel as needed. Or his/her designee, in the Executive Directors absence.

The command center is to be staffed by the Executive Director.

An Emergency Log Book is located at the front desk, outside of the Executive Director office, in the Emergency Box. The executive director and/or his/her designee will appoint a staff member to be a scribe, all pertinent information regarding emergency will be logged, including time of each incident, and the name and position of persons involved. Any action taken during the emergency to regain control or prevent any further events will also be recorded.

The Emergency box includes flashlights, yellow florescent vest, land line phone, first aid kit, paper, pen, batteries, battery-less radio, log book.

In the event of a Fire Alarm, American House Keene residents should be advised to evacuate the building and proceed to designated staging areas; Emergency Coordinator and staff should begin evacuation. Any resident needing assistance out of the building during drills or alarm activations will come from American House Keene staff. Fire Department personnel should not be considered as being the primary agent responsible for this. Initial crews arriving to American House Keene will be assessing the situation and beginning tactics to respond to and mitigate the fire or emergency. Should an actual rescue need to be performed for a resident in imminent danger, fire department crews would then be reassigned to conduct the rescue. In the event of evacuation, staff and residents will remain in designated staging areas until given permission by authorities to return to the building or relocate.

Residents will proceed to the nearest staging area outside the building;

Exit Door by room 101 (Meet in the middle of the lawn)

Stairwell exit door by kitchen (Meet in front of the dumpster)

Stairwell exit door by theatre room (Meet on the sidewalk to the right)

Back entrance by elevator (Meet on the sidewalk to the right)

Exit door through the patio (Meet in the middle of the lawn)

Exit door main entrance (Meet on the sidewalk to the right)

During an evacuation staff may allow residents to remain inside the building should they note no presence of smoke and flames or any of the following apply:

Inclement weather: rain, sleet, snow, or electrical storm.

Excessive temperatures: over 90 degrees in the summer, or below 40 degrees in the winter, overnight into darkness.

Indoor staging areas are the 3 stairwells and the dining room for residents exiting through the patio doors.

Internal Functions

Each Department within the facility is responsible for emergency functions in addition to normal duties. During a declared emergency, all Department Heads or designees will be responsible for coordinating their assigned duties with the Emergency Director.

Emergency Fire Drill/Training

An Emergency disaster/fire drill will be conducted at least once per month. Each drill is to be documented and maintained by the maintenance director. Documentation will include names of participating personnel and residents, with signatures from each participating staff member. The date, and time the drill was conducted. The total time necessary to evacuate the facility, the exits utilized, any issues encountered during the drill, with action taken to rectify. At least 3 drills per year will be conducted between the hours of 10pm and 6am. These 3 drills will be conducted in different quarters of the year.

Each employee shall participate in at least one drill every calendar quarter and each drill shall include the transmission of a fire alarm signal, evacuation of the facility and simulation of emergency fire conditions.

All new employees shall receive an orientation to the building, including tour with maintenance director and viewing of fire safety video.

Fire/Disaster Evacuation

At the First sign of fire and/or smoke, staff member with a radio or the Concierge must dial 911 and pull the nearest fire box.

Evacuation Policy

The city of Keene Fire Department advises, that because American House Keene is a full-sprinkler multi story facility housing complex for elderly residents, and emergency evacuation can be difficult and traumatic, all staff will be trained and retrained in emergency evacuation techniques and protocols in the event of actual physical fire or other disaster requiring immediate evacuation.

Evacuation Procedure

******The following procedure is to be used in the event of a fire emergency:

Always Call 911 for immediate emergency reporting; specify the area of smoke and fire evacuation plan, if in place and operational.

*****Notify all staff in the building via hand held radio **"Code Red" All staff switch to channel 2 on the hand held radio system.**

When evacuating, residents shall proceed to the nearest staging area.

Staff should begin immediate evacuation of residents in immediate danger from smoke or flames. Upon arrival and assessment of the situation, the Fire Dept. will assist as needed in the evacuation.

Shut all doors behind you when clearing a room, move red scrunchie to the outside of the door to indicate room has been cleared.

If able to turn off all fans.

Kitchen staff should shut down all fans, ovens, stoves and any other running machinery.

Keep residents away from building and Fire Dept. access areas, safe and secured.

Verify the presence of all residents and staff upon completion of evacuation.

Do not re-enter the building until Fire Dept. determines and issues an **"All Clear"**. Staff should ensure all phone lines and emergency call systems are in working order.

Potential Evacuation Sites

1. **Genesis Applewood 8 Snow Rd, Winchester, NH 03470 603-239-6355**
2. **Best Western of Keene 401 Winchester, St Keene NH 03431 603-357-3038**
3. **Keene Recreation Center 312 Washington St, Keene NH 03431 603 357 9829**
4. **Genesis Westwood Center 298 Main St, Keene NH 03431 603 352-7311**
5. **Keene High school 43 Arch St, Keene NH 03431 603-352-0640**

In the event of evacuation, the marketing office would contact all families and determine if residents could stay with relatives for the duration of the evacuation.

All assisted living residents have a medical chart; these should be collected as time permits. All assisted living residents also have electronic medical records through Eldermark. This system can be accessed on-site or off-site and does not require internet to access.

Expansion of Residents

In the event of a major or minor disaster, this Community and its staff may be utilized by local hospitals and other health care facilities to care for their patients as necessary, and as space permits.

In the event of unplanned admissions resulting from an external disaster, the Health Services Director will work in collaboration with the Executive Director and Marketing Director. The facility will only accept admissions within the scope of care unless directed by health authorities or regulatory agency. There would be an expectation that staff from the sending facility would stay with their residents.

Any new admission will be provided with a name tag.

Specific Emergency Procedures

Power/Heat Outage

In the event of sustained power outage/heat loss, the following procedure will be followed. In all situations, immediately contact the Executive Director or his/her designee.

Immediately ensure any resident who is on oxygen, is switched over to an emergency outlet.

Emergency outlets are located in all the hallways and are labeled with silver label tape.

Call to report outage to **Eversouce 1-800-662-7764,** attempt to determine extent of problem and probable time frame for restoration of service. Emphasize that American House is an assisted living residence for elderly (85-100 y/o) and request immediate assistance.

Verify that emergency lighting system is working. Distribute available flashlights to staff and residents as needed.

Go room to room and check on residents, encourage them to come out to community areas.

For any prolonged periods of power outage, staff phone tree will be activated **(See Attachment A)**. All available staff will be asked to come in, and round every half hour to ensure resident safety.

Monitor building temperature every 4 hours, if any resident areas reach 85 degrees for 4 or more consecutive hours, staff will monitor resident temperatures every 4 hours. Any resident with a temperature over 100 degrees will be relocated, physician contacted and treatment orders obtained and initiated.

Utilize cell phones and hand held radios for communication if phone line is affected.

Emergency food and water are kept on hand, to provide for staff and residents for 72 hours. Gordon's Foods will deliver to a relay point if roads are not accessible. The Food Service Director has emergency contact numbers for Gordon's Foods.

Gas Leak

A gas leak can occur in one area of the building, such as the kitchen, or throughout the entire building. Due to the seriousness of this situation, quick response and professionalism are essential:

Contact **911** immediately to report a gas leak

Contact Liberty Utilities to report the gas leak, **603-352-1230**

Contact Maintenance Director and Executive Director or Designee.

Shut off main gas valve (if possible) Located outside of employee entrance to the right. **(See attachment G)**

If evacuation is necessary, activate emergency phone tree **(See attachment A)**

Water Failure:

Notify the City of Keene **Public Works Department 603-352-6550**

Immediately contact Maintenance Director and Executive Director/designee.

Each water heater contains 48 gallons of potable water. There are 109 water heaters in the building.

There is emergency water supply in the dry storage closet in the alley way. This can be accessed from the electrical room out the door and to the left. Water is also kept behind the bar in the Bistro.

If it is determined that residents are to be evacuated staff is to assist with evacuation and in accordance with evacuation plan.

Hurricane or Blizzard Conditions

Monitor weather reports and storm watches.

Notify the Executive Director and Maintenance Director.

In the event of the possible threat of heavy wind storm or hurricane, notify key staff and advise all residents and staff to stay indoors.

Secure all outdoor furnishings and lightweight items.

Cancel all recreational outings.

Ensure all residents requiring oxygen have access to emergency outlet if needed.

Keep battery operated radio tuned to local emergency station.

Maintain close communication with local emergency agencies. (MACE)

Keep flashlights/emergency lighting accessible.

Close all doors, drapes and blinds.

Move residents to interior areas away from window if necessary, in the event of high winds/hurricane conditions. These areas would include:

-Resident Bathrooms

-Interior hallway

-Common Space near the fireplace in the dining room

Flash Flood

Notify Executive Director and Maintenance Director.

Keep battery operated radio tuned to local emergency station.

Maintain close communications with local emergency agencies.

Keep everything off of the floor, elevate/protect community records.

Maintain potable water, fill pots, pans, sinks and tubs with clean water.

If evacuation is necessary, follow the community evacuation plan.

Bomb Threat

In the event of a bomb threat, the Executive Director/designee, and Maintenance Director are to be notified immediately.

*If you are near one of the four panic buttons, press the button.

*Keep the caller on the phone as long as possible.

*Ask the caller the location and type of bomb.

*Ask the caller for time of detonation.

*Listen closely for background noises (i.e. music, voices etc) voice quality (male/female)

Notify a supervisor as soon as possible.

The Supervisor will call **911** and provide all the information obtained.

Follow instructions given by authorities.

Instruct staff not to touch or move any suspicious objects.

If it is determined that the building needs to be evacuated, staff is to follow the building evacuation plan.

Medical Emergency

Notify nursing department

Call **911 for medical emergencies**

Instruct staff not to touch or move any suspicious objects.

Missing Resident

*Communicate internal notification (Code Yellow) for missing resident, via hand held radio.

*Check the resident LOA logs

*Begin a coordinated search throughout the building, search every room in the center.

*Send two staff members outside, each should go in opposite directions and meet back at the front of the building. Check all cars in the parking lots.

If the resident is not found within a reasonable amount of time of initiating the search the nurse supervisor should:

1. Notify Executive Director and Health Services Director.
2. Call 911 and report the missing resident.
3. Notify responsible family member.
4. Notify resident's physician.
5. Upon arrival of a search team, transfer authority to team members.
6. Supply resident's phone number to search team members.

Terrorism

Enemy attacks and terrorism can take on many forms that could result in situations that are outlined within this plan (disruption of utilities, structural damage to the building, etc....) and should be addressed as such. For incidents of chemical or bioterrorism the following precautions/actions should be implemented:

Mail Handling: Handling Suspicious Letters or Packages

Be observant for suspicious envelopes or packages.

Look for:

-Envelopes/packages with discoloration, strange odors or oily stains, powders or powder- like residue.

-Protruding wires, aluminum foil, excessive tape or string.

-Unusual weights for size, lopsided or oddly shaped envelopes.

-Poorly typed or Written addresses, no return address, incorrect titles, misspelling of common words, a postmark that does not match the return address and restrictions such as personal or confidential.

General Mail Handling Suggested Guideline:

1. Open all mail with a letter opener or method that is least likely to disturb contents, do not rip letters open.
2. Open letters and packages with a minimum amount of movement.
3. Do not blow into envelopes
4. Do not shake or pour out contents.
5. Keep hands away from nose and mouth while opening mail.
6. Wash hands after handling mail.

Handling Suspicious Mail:

1. Stay calm and do not shake or empty contents of any suspicious package or letter.
2. Keep hands away from mouth, nose and eyes
3. Isolate package or letter (do not carry or show to others) and cover gently with clothing, paper, inverted trashcan.
4. Do not try and clean up any spills or walk through any spilled material.
5. Alert others in area and leave area closing all doors.
6. Wash hands with soap and water.
7. Notify supervisor/designated responder who will call 911, local FBI Field Office (http://www.fbi.gov/contact/fo/info/htm), Regional and Corporate leadership.
8. Do not allow anyone to enter the room until proper authorities arrive.
9. List all people who were in the room or area when the package or letter was recognized. Give the list to the health and law enforcement officials.

Chemical and Biological Agents

American House Keene maintains SDS sheets on all chemicals in the building.

Eye wash stations are located in the laundry room and the housekeeping closet on first floor.

Any employee who recognizes symptoms of exposure to any chemical or biological agent or notices any unusual patterns of illness is to immediately notify his/her supervisor.

Supervisor/ Administrator or designee contacts 911 or the local or State Health Department and Regional leadership.

Employees promptly evacuate the area, as directed by the Centers evacuation plan. Disturb the physical environment as little as possible; the area will be considered a "crime scene" by investigating agencies.

Employees cooperate with all first responding fire, EMS, and law enforcement.

Employees promptly evacuate the area, as directed by the Centers evacuation plan. Disturb the physical environment as little as possible; the area will be considered a "crime scene" by investigating agencies.

Employees remain on the premises until cleared by the appropriate authorities.

Release of Radioactive Material

1. Notify Administrator or designee.
2. Tune radio to local emergency broadcast station.
3. Close all door, windows and drapes.
4. Move residents to the hallways and close the fire doors
5. If directed by local authorities, evacuate residents per Center Evacuation plan.

Radiation Syndrome

Occurs when the entire body (or most of it) receives a high dose of radiation, usually over a short period of time.

People exposed to radiation will get ARS only if:

The radiation dose was high

The radiation was penetrating (that is, able to reach internal organs)

The person's entire body, or most of it, received the doses, and

The radiation was received in a short time, usually within minutes.

Symptoms:

Initial symptoms are typically nausea, vomiting and diarrhea which start within minutes to days after exposure and will last for minutes up to several days, and they may come and go.

A brief return to health, after which, he or she will become sick again with loss of appetite, fatigue, fever, nausea, vomiting, diarrhea, and possibly even seizures and coma.

People with ARS typically also have some skin damage that can start to show within a few hours of exposure and can include swelling, itching and redness of the skin (like a bad sunburn).

Complete healing of the skin may take from several weeks up to a few years depending on the radiation dose the person's skin received.

The chance of survival for people with ARS decreases with increasing radiation dose. Most people who do not recover from ARS will die within several months of exposure. The cause of death in most cases is the distribution of the person's bone marrow, which results in infections and internal bleeding. For the survivors, the recovery process may last from several weeks up to 2 years.

Hostage Situation

Utilize panic button if possible.

Immediately call or have someone call 911 and explain the situation to the police. Be prepared to provide specifics with regard to:

*Subject

*Victim (s)

*Exact Location

*Weapon(s)

*Injuries

***Stay on the phone

*Have someone call the Executive Director or designee as soon as possible and activate the emergency plan.

*Evacuate the affected area per the Center's Evacuation plan, attempt to isolate the subject, and secure the perimeter.

*Remain calm; follow the subject's directions.

*If the subject is talking-listen do not argue.

*Avoid heroics: no sudden movements; don't over crowd the subject.

Be prepared to brief responding law enforcement personnel regarding your observations, and any additional information you may have involving the subject or victim.

Pandemic

Be aware and follow all guidelines issued by the CDC and the Department of Health.

Take Inventory of PPE, assess accessibility of PPE.

Close to all outside groups to protect residents.

Designate an entrance for all staff with access to hand washing.

Utilize phone tree to notify families of updates.

Clean all high touch areas 3x a day.

Close any room where social distancing is not obtainable.

Use consistent care assignments.

Screen all staff and visitors for fever.

Take resident temperatures daily.

Order back up emergency food supply.

Designate a wing for infected residents.

Quarantine as needed.

Maintain a space to store PPE that is fire compliant.

Open windows to improve ventilation.

Staffing Coverage & Assignments

All essential personnel are expected to remain on site, until relieved. This may require sleeping on site overnight. Every effort will be made to provide safe and comfortable resident and staff accommodations.

*All personnel will be called if there is an emergency situation at American House Keene that jeopardizes the resident safety and wellbeing.

Initiate:

Resident List for evacuation attendance

- Meals will be provided free of charge as able during emergency period.
- All staff members available on-site are to report to the designated emergency person (Executive Director or designee) for instructions.
- Residents are to be assisted in evacuation as needed.

Night Shift (10p-6a)

Lead Nurse on duty will implement the emergency plan and contact the Executive Director or designee. Executive Director or designee will activate emergency phone tree.
(See attachment A)

Day Shift (6a-2p)

LNAS as scheduled	Executive Director
Concierge	Health Service Director
Activities Staff	Nurse as scheduled
Maintenance Director	Business Office Manager
Food Service Director/ Chef/Wait staff	Marketing Staff
Housekeeping	

Evening Shift 2p-10p

Concierge (until 8p)	Dishwasher (until 8)
Wait staff (until 8)	Activities Staff (until 6p)
Nurse as scheduled	Chef
LNA's as scheduled	

Structural Damage

Structural Damage can be caused by both internal causes (explosions, floods) or external causes (falling trees, car accidents). Should an event cause structural damage to the community, follow these guidelines:

Notify the highest-ranking person on site. This person will call 911 and activate the disaster plan by notifying the Executive Director or designee.

Assist residents to an area of the building that has not suffered damage.

Provide first aid as appropriate.

If you smell gas contact 911 immediately, shut off gas valve (if possible)(**See attachment H)**

If damage to wiring is suspected, do not use any appliances and shut off electrical power, notify utility company.

Evacuate the Community as directed by authorities or if imminent danger exists.

If evacuated follow the community evacuation plan.

Active Shooter

In the event there is an active shooter in the building, **press a panic button if able, utilize hand held radio and clearly state "active shooter, intruder in the building".**

Run- Fast (hard to shoot a moving target) and early (given time the shooter will search you out)

Staying at the scene for any reason, good or bad, will increase your chances of being a victim.

Hide- If running is not an option. Temporarily hide until you get an opportunity to run. Play dead if it will increase your chances of survival.

Fight- Last resort. Do not freeze, make an attempt save yourself.

Look and Listen- be aware of what is happening around you, have a survivor mindset.

Save who you have the power to save. If you are able to escape do not reenter the scene for any reason.

Communications

American House Keene uses a hand held radio system, all staff is able to communicate and the resident pendant system is directly linked to the hand held radios.

American House Keene has one cell phone 603-803-1263.

The generators maintain the pendant system in the event of an emergency. Emergency outlets can be utilized to charge cell phones and hand held radios.

In the event that the Media is involved, the Executive Director would be the spokesperson, and in their absence the Sales and Marketing Director would be appointed. The media should be directed to stay away from the main entrances, they can set up in the resident parking lot near the wrought iron fence.

Transportation

American House Keene has a bus that can accommodate 14 people, plus the driver.

American House Keene also has a company car that can transport 3 people, plus the driver.

In the need for evacuation both vehicles could be used to assist with transport.

American House would work with local taxi services, City of Keene Shuttle, HHC Shuttle, staff members and family members to transport as needed.

Recovery and Restoration

Immediately following the emergency situation, the Emergency Director (Executive Director or designee) will take the following provisions necessary to complete the following actions:

Coordinate recovery and restoration operations with the City of Keene Emergency Management team and all other agencies with jurisdiction to restore normal operations, perform search and rescue and re-establish essential services.

Provide local authorities with a master list of displaced, injured, or dead and notify next of kin/responsible party.

Provide information on sanitary precautions for contaminated food and water to staff, residents, families and appropriate personnel.

Work with contracted pharmacy to ensure minimal disruption of medications and supplies.

Contact all contracted vendors and communicate needs and time line of resuming operations.

Identify essential services needed on a daily basis, utilize staff from non-essential services to fill in any gaps in coverage.

Utilize City of Keene's national flood insurance as needed if affected by a flood.

Provide crisis counseling for residents, staff and families as needed.

Emergency Numbers and Contacts Attachment F

Fire, Police, Ambulance	**Keene**	**911**
Police Department (non-emergency)	**Keene**	**(603) 357-9815**
Fire Department (non-emergency)	**Keene**	**(603) 357-9861**
Pharmacy		**Health Direct (800)861-1903**
Emergency Room		**Cheshire Medical Center (603) 354-5400**
Gas		**Liberty Utilities (603) 352-1230**
Electric		**Eversource (800-662-7764)**

Sewer	**City of Keene Public Works (603) 352-6550 after hours (603)357-9813**
Water	**City of Keene (603)352-6650 after hours (603)357-9813**
Oxygen supplies	**Lincare (802)251-1003**
Heating and Air Conditioning	**K.E. Bergeron (603)-563-8305 or (603) 358-0546**
Fire Alarm Maintenance Company	**RB Allen (603)964-8140**
Fire Alarm (Alarm Company)	**Central Alarm (800) 639-2066**

Center Administrative Staff

Executive Director	**Hilary Seifer** [redacted]
Director of Nursing	**Patrice Aguda-Brown** [redacted]
Business Office Director	**Angie Michaud** [redacted]
Maintenance Director	**Chris Proudman** [redacted]
Food Service Director	**Trina Morin** [redacted]
Activities Director	**Eric Walther** [redacted]
Director of Community Relations	**Christy Thomas** [redacted]

Additional Resources and Contacts

State Emergency Management Agency	(800)735-2964
Federal Emergency Management (FEMA)	(800)621-3362
NH Ombudsman Office	(603)271-4375
Elder Abuse	(603)217-4680
Poison Control	(800)562-8236
Alzheimer's Association	(800)272-3900
Deaf Interpreting Services	(603)224-1850 TTY (603)224-0691

American Red Cross	(603)225-6697
OSHA	(603)225-1629
Consumer Affairs/Fraud	(800)952-5210
Foreign Language Interpreter	(603)271-6692

National Weather Service Watches, Warnings, and Advisories www.weather/alerts-beta/nh

AMERICAN HOUSE SENIOR LIVING

SAFETY AND HEALTH POLICY STATEMENT

January 2022

At American House Senior Living we believe that integrating safety and health into every operation at our company is of the utmost importance. The health and safety of our employees continues to be the first consideration in our operations.

To this extent, American House Senior Living strives to comply with all applicable laws and regulations that govern our operations. In so doing, we conduct our processes and operations in a manner that reduces or eliminates the conditions that are unhealthful or could cause injury to our employees. Employees are consistently urged to report unsafe conditions in their workplace, and work with American House Senior Living management to alleviate these conditions where they may exist.

Quality or production goals do not supercede the safety of our employees. With this in mind, American House Senior Living management and staff have implemented a Safety Management Program. This program provides for:

- The continual commitment of improving safety at our workplace
- Employee awareness and training with regard to safety issues
- A commitment to visitors, neighbors, and our community to lessen or eliminate any safety-related issues from our corporation that could impact them

Within the scope and applicability of our Safety Management Program, American House Senior Living has established a goal to have injury and illness incident rates below the industry average. To accomplish this goal, we ask each of our employees to commit not only to their own safety but to the safety of their co-workers and their community as well.

Building Manager
American House Senior Living

Safety Officer
American House Senior Living

General Safety Rules

1. Personal protective equipment appropriate to your department duties is mandatory.
2. Drugs and alcohol are strictly forbidden. Smoking is permitted in designated areas only.
3. Incident reports are to be completed for all incidents, even if medical attention is not needed.
4. Lift properly, using good lifting techniques. Call for assistance as needed.
5. Equipment will be inspected in accordance with local, state, and federal regulations. Any unsafe equipment will be taken out of service.
6. All employees must review and complete required documents on an annual basis.

Communication

1. Each Employee reviews the safety and health program on orientation, and on an annual basis. Copies of the Safety and Health program are available to all employees.

2. Our Emergency plan, exposure plan, MSDS binders are available in the staff lounge, nurses station, concierge's desk, and with all department heads.

3. Joint Loss/Safety Committee meeting minutes are posted on the employee notice board in the staff lounge.

Hazard Identification

- **Kitchen:** Burns, Fires, back and muscle strain, cuts, falls, lifting and chemicals used for cleaning.
- **Housekeeping and Laundry:** Chemicals used in cleaning, lifting, muscle strain, cuts, falls, contamination, burns, electrical hazards.
- **Maintenance:** Lifting, chemicals, outdoor equipment, falls, cuts, burns, electrical hazards, muscle strain, motor vehicle operation.
- **RN, LPN, LNA, RA:** Lifting, muscle strain, contamination, falls, cuts, buns, and motor vehicle operation.
- **Office:** Muscle and eye strain, lifting, cuts, falls, chemical and electrical hazards.

Personal Protective Equipment

Hazards exist in every working environment; PPE is the first line of defense against physical hazards of various sorts. PPE is the equipment worn to minimize exposure to a variety of hazards. If you do not know where to find PPE, please ask your supervisor.

It is important to recognize when PPE is needed, the importance of PPE and know how to correctly put on and take off PPE.

Types of PPE commonly used are gowns, gloves, masks, eye protection, and aprons.

If medical attention is required, ensure your supervisor is aware and provide documentation of any medical treatment.

Medical Emergency

In the event of an emergency, 911 should be called. Employees should use the in house walkie talkie system to communicate who is completing what task, including who will meet emergency personnel at the entrance.

All employees receive medical emergency training during orientation and then on an annual basis.

All employees are trained to notify the Executive Director and Wellness Director in the event of an emergency.

American House does not mandate that staff are trained in CPR, an AED is available and located on far right wall in the dining room.

Department Safety Rules

Kitchen:

- Be alert for spills, place wet floor sign as needed, clean up and mop immediately.
- Keep walking areas free of boxes, crates, broken down boxes ect.
- Follow all directions and warning labels on all chemicals being used.
- Follow knife safety rules.
- Clean and sanitize preparation surfaces regularly.
- Wash hands frequently, wear gloves when handling food, change gloves when handling different foods.
- Use proper lifting techniques

Housekeeping and Laundry

- Wear gloves when handling contaminated items. Bag any soiled contaminated items and place in marked containers.
- Be aware of placement of cords and cleaning supplies while working.
- Follow directions and warning labels when using chemicals
- Use proper lifting techniques.
- Lock housekeeping cart at all times.
- Return all items to housekeeping office at the end of shifts.
- Wear gloves and use good hand washing techniques.

Office Staff

- Use proper lifting techniques
- Keep floors free of clutter and obstacles.
- Be aware of ergonomic problems with use of computer and being in a seated position for several hours.

1. **Safety Director.** Our Maintenance Supervisor has been designated as the American House Safety Director. That person will enforce all safety rules, investigate accidents, and maintain all required paperwork. He/she will be responsible for monthly safety inspection of the building and have full authority to take corrective action on any unsafe conditions or hazards noted.
2. **In-Service Coordinator.** Our Wellness Director will be responsible for providing training to Safety Committee members and to all employees. He/she will conduct In-Service meetings, which are mandatory for all employees.
3. **Joint Loss Management Committee.** A minimum of four committee members consisting of at least one member of management, (never to exceed equal representation of management vs. employees) and reprsentative members of the employee population as selected by employees. State law determines specific responsibility of the committee. The committee will meet as least quarterly to carry out duties and responsibilities. The committee will keep minutes of meetings which shall be made available for review of all employees. Review of workplace accident and injury data will occur, to help establish the committee's goals and objectives.

Duties and Responsibilities of the Employer

1. Respond in writing to recommendations made by the committee, or make a verbal response that is recorded in the committee's minutes.
2. Pay any employee who participates in committee activities in her/his role as a committee member, including but not limited to attending meetings, training, and inspections, at his/her regular rate of pay for all time spent on such activities.

Responsibility for Supervisors

- Take immediate action to correct any unsafe conditions.
- Provide PPE and training as appropriate.
- Promptly investigate and report all accidents incidents.
- For violations, issue warnings per company policy

Responsibility of Employees

- Report all accidents and incidents to supervisors.
- Report any unsafe conditions.
- Obey all safety and health recommendations with the safety policy.
- Attend trainings as required.

Disciplinary Policy

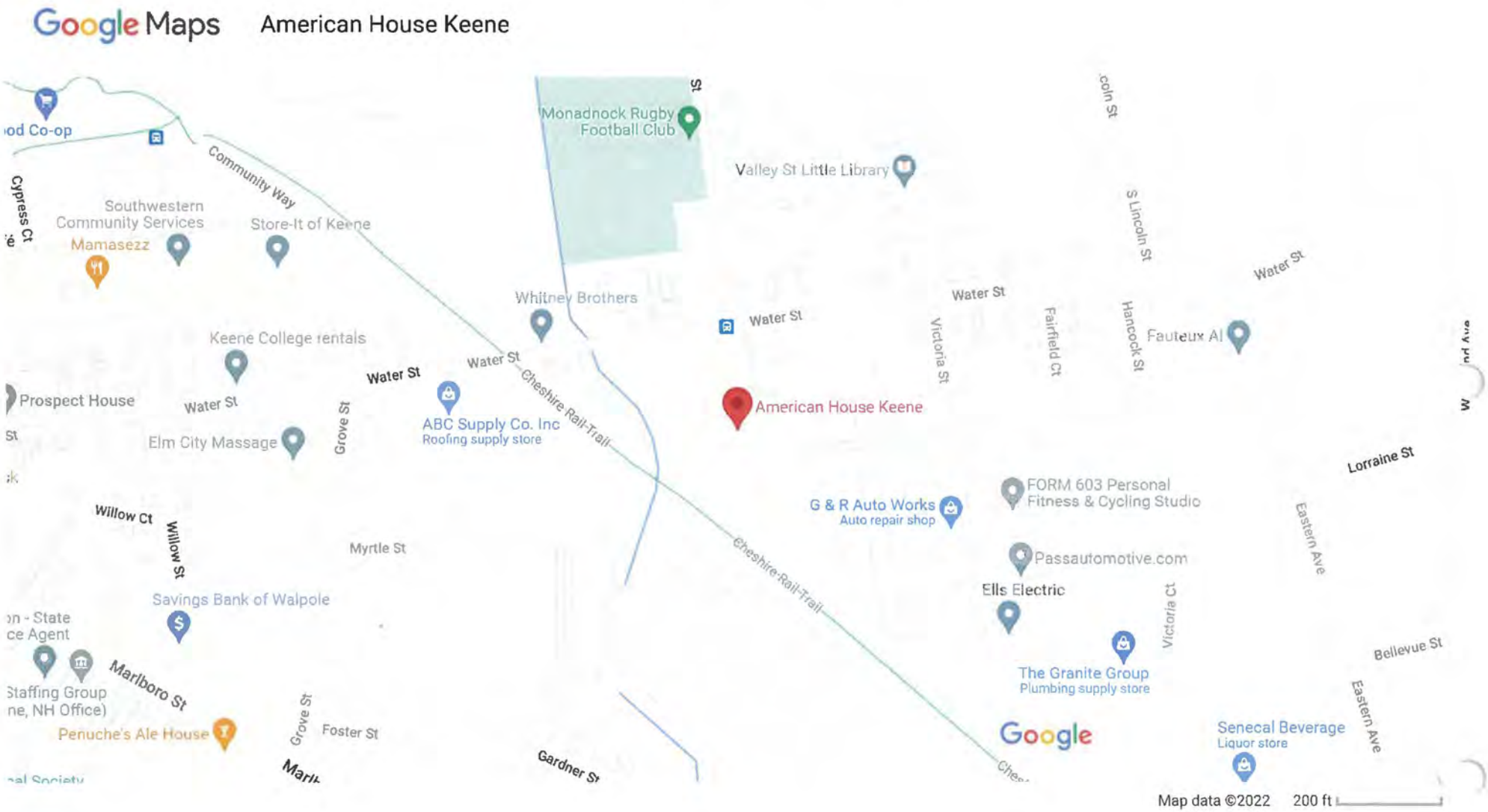
Enforcement of Safety Rules and Policy is a key element of its success. The following penalties apply for Violation of Safety Policy.

1st Offense- Verbal Warning

2nd Offense- Written Warning

3rd Offense-Final Written Warning

4th Offense- Termination


Google Maps
American House Keene
Monadnock Rugby Football Club
Valley St Little Library
Community Way
Cypress Ct
Southwestern Community Services
Mamasezz
Store-It of Keene
Whitney Brothers
Water St
Keene College rentals
Prospect House
Water St
Grove St
ABC Supply Co. Inc
Roofing supply store
Cheshire Rail Trail
American House Keene
Victoria St
Fairfield Ct
Hancock St
Fauteux Al
S Lincoln St
Elm City Massage
Willow Ct
Willow St
Myrtle St
Savings Bank of Walpole
G & R Auto Works
Auto repair shop
FORM 603 Personal Fitness & Cycling Studio
Passautomotive.com
Ells Electric
Lorraine St
Eastern Ave
Bellevue St
The Granite Group
Plumbing supply store
Marlboro St
Penuche's Ale House
Foster St
Gardner St
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Senecal Beverage
Liquor store
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City of Keene, NH

Congregate Living & Social Services License Application

For Office Use Only:
Case No. _____
Date Filled _____
Rec'd By _____
Page _____ of _____
Tax Map# _____
Zoning District: _____

If you have questions on how to complete this form, please call: (603) 352-5440 or email: communitydevelopment@keenenh.gov

SECTION 1: LICENSE TYPE

○ Drug Treatment Center	○ Group Home, Small	○ Homeless Shelter
○ Fraternity/Sorority	○ Group Resource Center	○ Lodging House
☑ Group Home, Large	○ Residential Drug/Alcohol Treatment Facility	○ Residential Care Facility

SECTION 2: PROPERTY LOCATION

ADDRESS:

SECTION 3: CONTACT INFORMATION

I hereby certify that I am the owner, applicant, or the authorized agent of the owner of the property upon which this approval is sought and that all information provided by me is true under penalty of law. If applicant or authorized agent, a signed notification from the property owner is required.

OWNER	APPLICANT
NAME/COMPANY: House of Hope New Hampshire Inc.	**NAME/COMPANY:** House of Hope New Hampshire Inc.
MAILING ADDRESS: P.O. Box 10371 Swanzey, NH 03446	**MAILING ADDRESS:**
PHONE: 603-499-8068	**PHONE:**
EMAIL: houseofhopenh@gmail.com	**EMAIL:**
SIGNATURE: Phyllis Phelps **DATE:** 1-6-2024	**SIGNATURE:** **DATE:**
PRINTED NAME: Phyllis Phelps **TITLE:** Founder Director	**PRINTED NAME:** **TITLE:**

AUTHORIZED AGENT (if different than Owner/Applicant)	OPERATOR / MANAGER (Point of 24-hour contact, if different than Owner/Applicant) ☑ Same as owner
NAME/COMPANY:	**NAME/COMPANY:**
MAILING ADDRESS:	**MAILING ADDRESS:**
PHONE:	**PHONE:** 603-716-8488
EMAIL:	**EMAIL:**
SIGNATURE: **DATE:**	**SIGNATURE:** **DATE:**
PRINTED NAME: **TITLE:**	**PRINTED NAME:** **TITLE:**

SUBMITTAL CHECKLIST

A complete application must include the following items and submitted by one of the options below:

- **Email:** communitydevelopment@keenenh.gov, with *"CLSS License Application"* in the subject line

- **Mail / Hand Deliver:**
Community Development (4th Floor)
Keene City Hall,
3 Washington St, Keene, NH 03431

The submittal requirements for a Congregate Living & Social Services License application are outlined further in **Chapter 46, Article X** of the City of Keene Code of Ordinances.

Note: Additional information may be requested to complete the review of the application.

◉ **PROPERTY OWNER:** *Name, phone number and address*	○ **POINT OF 24 HOUR CONTACT:** *Name, phone number, and address of person acting as the operator, if not owner* **Same as owner**
○ **REQUIRED DOCUMENTATION:** *Provide all required state or federal licenses, permits and certifications*	○ **WRITTEN NARRATIVE:** *Provide necessary information to the submittal requirements*
○ **PROPERTY INFORMATION:** *Description of the property location including street address and tax map parcel number*	○ **APPLICABLE FEES:** $165.00 application *(checks made payable to City of Keene)*
○ **COMPLETED INSPECTION:** **or** *Inspection date:* _____	○ **SCHEDULED INSPECTION:** *Inspection date:* _____
○ **OPERATIONS AND MANAGEMENT PLAN:** Plan based on the industry standard *"Best Management Practices"* to include:	○ **LOCATION MAP:**

◊ Security Plan
◊ Life Safety Plan
◊ Staff Training and Procedures Plan
◊ Health and Safety Plan
◊ Emergency Response Plan
◊ Neighborhood Relations Plan
◊ Building and Site Maintenance Procedures

In addition, Homeless Shelters will provide:

◊ Rules of Conduct, Registration System and Screening Procedures
◊ Access Policies and Procedures

SECTION 4: APPLICATION AND LICENSE RENEWAL REQUIREMENTS

Using additional sheets if needed, briefly describe your responses to each criteria:

1. Description of the client population to be served, including a description of the services provided to the clients or residents of the facility and of any support or personal care services provided on or off site.

The client Population to be served by House of Hope N.H. are women struggling with Life controlling issues and thier children

Our purpose is to provide safe, clean home while connecting women to sources that help them succeed independantly.
Helping them to secure employment, community support and education. While teaching them proper boundaries in relationships, time management and tools to sustain sobriety.

We are Faithbased. NON medical. voluntary residential home.

2. Description of the size and intensity of the facility, including information about; the number of occupants, including residents, clients staff, visitors, etc.; maximum number of beds or persons that may be served by the facility; hours of operations; size and scale of buildings or structures on the site; and size of outdoor areas associated with the use.

House of Hope N.H. is A 5 Bedroom 4 Bathroom Dining room, Kitchen, Livingroom, Finished Basement, office. 4,500 Square foot. A three story Barn and guest House. We have 10 Beds total.
We are located on 4.5 Acres of Land used for gardens walking AREAS. Play and Picnic tables.
Office hours are 8-5 Week days 8-2 SAT.
24 hours in house every day m-s

SECTION 4: APPLICATION AND LICENSE RENEWAL REQUIREMENTS CONTINUED

Using additional sheets if needed, briefly describe your responses to each criteria:

3. For Congregate Living Uses, describe the average length of stay for residents/occupants of the facility.

6-12 months as there is a transitioning period. After they begin working we give them time to find housing and save living expenses. Stay for staff is as long as they are working with us.

*Property Location 31 WYMAN RD. Map ID 221/ / 029/000 000/000 Bldg Name
Vision ID 7734 Parcel Status: Active Bldg # 1 of 1 Sec # 1 of 1 Card # 1 of 1 Print Date 9/6/2019 1:01:08 PM

CONSTRUCTION DETAIL

Element	Code	Description
Style	03	Colonial
Model	01	Residential
Grade	12	B+
Stories		2.00
Occupancy		1
Exterior Wall 1	09	Clapboard
Exterior Wall 2		
Roof Structure:	01	Gable
Roof Cover	01	Asphalt
Interior Wall 1	01	Plaster
Interior Wall 2	02	Drywall/Sheetrock
Interior Floor 1	07	Hardwood
Interior Floor 2	06	Ceramic Tile
AC	1	None
Heat Fuel	4	Oil
Heat System	4	Hot Water
Bedrooms		5
Full Baths		2
Half Baths		2
Extra Fixtures		5
Cath Ceiling		0
Bsmt Garage		0
Daylight Basem		PW
Rec Room		
FBLA		1220

CONSTRUCTION DETAIL (CONTINUED)

Element	Code	Description
WBFP Stacks		4
WBFP Opening		8
Additional Stack		0
Prefab Fireplac		0
Location Adjust	0	

COST / MARKET VALUATION

Adjusted Base Rate	103.91
Section RCN	
Net Other Adj	
Replacement Cost	529,126
Actual Year Built	1777
Effective Year Built	1994
Depreciation Code	VG
Year Remodeled	
Depreciation %	22
Functional Obsolescence	
External Obsolescence	10
Condition	
% Complete	
Overall % Condition	68
Deprec Value	359,800

OB - OUTBUILDING & YARD ITEMS(L) / XF - BUILDING EXTRA FEATURES(B)

Code	Description	LB	Units	Unit Price	Year	Pct	Depre	Condi	Apprais Value
BRN5	2 STORY	L	1,408	35.00	1777	75	0.00	G	37,000
SHD1	SHED	L	600	11.00	1870	50	0.00	A	3,300

BUILDING SUB-AREA SUMMARY SECTION

Subarea	Description	Liv./Leasable	Gross	Eff Area	Unit Cost	Undeprec Value
BAS	First Floor	2,610	2,610	2,610	103.91	271,213
FEP	Enclosed Porch	0	228	160	72.92	16,626
FOP	Framed Open Porch	0	48	7	15.15	727
FUS	Framed Upper Story	1,600	1,600	1,600	103.91	166,261
PTO	Patio	0	304	30	10.25	3,117
UAT	Unfinished Attic	0	1,600	160	10.39	16,626
UBM	Unfinished Basement	0	2,554	511	20.79	53,100
WDK	Wood Deck	0	143	14	10.17	1,455
	Ttl Gross Liv / Lease Area	4,210	9,087	5,092		

Southwestern • New Hampshire • District

FIRE MUTUAL AID

SYSTEM

A PUBLIC MUNICIPAL CORPORATION
32 Vernon Street, PO Box 443, Keene, NH 03431
603-352-1291

Dear Customer:

Enclosed is your annual invoice for your alarm monitoring. We have also enclosed a copy of the contact information that we have on file for you. Please check it carefully to make sure it is up-to-date. If you would like to make any changes in either the call list or the list of other people who are authorized to be at your location, just make the changes on the enclosed form and return it to us. If we do not receive any information from you, we will assume that this information is correct.

Let us know if you have any questions about this.

Sincerely,

Kassie Lunderville

Kassie Lunderville
Deputy Chief

Enclosures

Mutual Aid Alarm Form (Basic Customer Information)

ACCOUNT #	57	ALARM BOX INF	
ACCOUNT	House Of Hope New Hampshire	INSTALL DATE	1/10/2020
ADDRESS	31 Wyman Rd	TEL #	(603) 499-8068 X
FAX			
TOWN	Keene	ST	NH
ZIP	03431	DIALER #	
NOTES			

Call List

NAME	ORDER	TYPE	TELEPHONE #	NOTES
Phyllis Phelps	1	Cell	(603) 716-0488 X	
Phyllis Phelps	1	Day	(603) 499-8068 X	
Bill Phelps	2	Cell	(603) 313-0337 X	

Authorized Personnel

NAME
Bill Phelps
Phyllis Phelps

House of Hope NH
PO Box 10371
Swanzey, NH 03446-0371
www.houseofhopenh.org

An 12-18 month
faith-based residential
program providing hope for
women overcoming addiction.

House of Hope NH has a security plan in operation.
Life safety monitors our alarm system. For Burglary alert and as well as fire.
The Alarm goes directly to the fire Department. They in turn check via phone with us what may be happening, then dispatches a truck with a crew .

Our emergency instructions are posted upstairs and by the front door as well as given to each resident when they enter the Home.

We have fire extinguishers as well as cameras placed on the outside of the building , which can be monitored by staff.

We have a sprinkler system throughout the home.

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An 12-18 month
faith-based residential
program providing hope for
women overcoming addiction.

Staffs Training for House of Hope NH is done on the job. Upon hiring the Staff we go through 2 weeks of shadowing the Director.

Training is also done by NH foodbank once a year on food Handling.

Protect my ministry does training for us as well.

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Swanzey, NH 03446-0371
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A 12 to 18 month
faith-based residential
program providing hope for
women overcoming addiction.

Health and Safety Plan for House of Hope NH Staff and Residents .
House of Hope NH is cleaned regularly by residents . Areas are kept clear from clutter.
Any breaks spills or bodily fluids are cleaned by the Staff . Myself , Husband . According to the proper Disposal methods .

We follow handwashing guides by NH foodbank posted by the sink.

When ladies or Staff are sick they are separated in a room for the duration recommended by the Doctor , Usually 24 hours.Unless 3 days is needed.

Staff are not to come on shifts sick.

Safety plans are is follows no resident is to be seen alone without other volunteers or Staff present except by Executive Director.

When resident is in the Directors office Staff or volunteers or other residents are on campus.
Two doors are in the office one by the resident , one by the Director .

When possible the Director brings in a staff or volunteer.
Any bags brought in the house are searched before being allowed on the premises.

Sharps are under lock and key only the Staff have keys.

All medicine and personal information are locked in the office.Keeping personal items secure as well as personal information secured in a file cabinet.

House of Hope New Hampshire inc.

Crisis Management and Communication Plan

Table of Contents

Purpose

Escalation Framework

Level	Description	Action
Level 1	*This is the highest level of crisis .* Examples: Anything involving Threats of Violence to staff or Residents, Bomb Threats , *or a long-term threat of damage to our Residents , Board Members or House of Hope NH.*	Immediately call 603 716 0488 Phyllis Phelps Alert proper authorities. All residents and Staff in a safe area. High alert every entrance secured and the home immediately closed to outsiders Fill out the incident report as soon as possible.
Level 2	*Level 2* *Anything that would shut the center down from day to day operations. Such as Sickness , Natural Disaster. Loss of heating in Winter , Flooding in our Area.*	Executive Director*to be notified.* *Residents will be given the choice to leave unless they need to be evacuated. Emergency contacts on file will be notified by Staff.*

Level 3	*A temporary risk that would impact business operations, customer success, and/or company reputation, will be handled with the acting Board Such as a resignation of the Executive Director.* *Press releases that bring an impact on the House of Hope NH reputation.*	*Executive Director* The Board will be informed first of any major chances . Then they will respond as needed . The Designated Personal will be the spokesman to the press.
Level 4	*With a smaller issue House of Hope NH* *Grievances with staff or the home will be brought to the Directors attention.* An incident report should be filled out and placed in the Directors mailbox.	Report to the Executive Director. Fill out a grievance report to be brought to the Board President. Communication to be had with the Director and aggrieved. If the grievance is with the Director it will be brought to the Board. Official Grievances must be in writing.

Incident Response Team

Executive Director Phyllis Phelps and Wilfred Phelps

First Line of Defense

- *Phyllis PhelpsTeam #1: Houseofhopenh@gmail.com*
  603-716-0488
- *Wilfred Phelps #2 603-313-0337*

Roles and Responsibilities

In a general crisis – regardless of escalation – what should each of these departments be responsible for once informed of the crisis? Feel free to add a row to include any other department that is right for your business.

Team	Contact Name	Roles and Responsibilities
Communications	Phyllis Phelps	Director -Communicate with police or safety personnel.
Customer Support	Phyllis Phelps	*Manage Residents and schedules*
Social Media/Marketing	Phyllis Phelps	*Speaking and public engagement*
HR	Phyllis Phelps	Hires and trains staff or provides training through outside sources.
Maintenance	Wilfred Phelps	Maintaining Building and Grounds.

Crisis Management Process

Phyllis Phelps 603-716 0488

In the case of a crisis the Director of the Home will be notified .
Proper authorities will be notified.

Do's and Don'ts

Crisis Management , Fire , Flood , Explosion etc.

DO'S	DON'TS
Asses the situation Establish what is the immediate danger Make sure residents and staff are accounted for and in the designated area. Talk comely with clear Directions . Make any necessary calls once immediate danger is identified. Have all information ready to pass on to the proper authorities.	Don't leave resident without clear direction

Maintaining an Effective Response Plan

Staff meets weekly , go over safety plans and updates as needed.
To maintain an effective response plan.
The fire Department gave us instructions that are posted and will be followed.

Neighborhood Relations Plan

Our Neighbors are to be notified by phone first with any concern or questions.
We did send out letters when House of Hope NH moved here in 2019 with all our Contact information. Explaining our mission and just who we are.

Phyllis Phelps 603-499-8068
Phyllis Phelps 603-716-0488

Issues arising with neighbors such as animals getting loose.
Boundaries breached. etc.

Questions needing answers will be answered by Phyllis Phelps .
Within 24 hours a response will be given.

House of Hope NH will answer any concerns via Phone or email. houseofhopenh@gmail.com
If we need to meet with a neighbor to answer any concerns , they may come to the office .
Or the Director can meet with the proper neighbor.

That would be Phyllis Phelps' responsibility.

House of Hope NH does everything within their power to live peaceably with the neighbors.
A phone call is the first means of contact with neighbors with our concerns.
If the issue cannot be solved with a conversation.
Then the police would be notified and we would take steps to rectify the situation, always in a peaceful manner.
Keene Police Department.

Maintenance Plan
House of Hope New Hampshire Inc.

Spring cleanup. Start outside, raking up any remaining leaves that survived the winter, and laying down mulch in the flower beds and beneath the hedges.
Turn your outside faucets back on, checking for damage.
Lawns are to be mowed by Wilfred Phelps .
Prior owner of Phelps Landscaping and Co- Founding Director of House Of Hope NH .

Trees. If the property has any trees, have them inspected by the arborist, who can check for signs of illness or any dead branches and catch problems. Arbor tree company is to be used for tree removal or Pruning.

Lawns and hedges. Reseed lawn, filling in bald patches before the summer heat. Fertilize the lawn.

Lawnmower tuneup annually, Ronnies Small Engine services our Lawnmower.

Outside The Buildings

Inspect. Walk around the outside of the house: Are there cracks in the concrete? Is the driveway in good condition? Check the roof for signs of loose or broken shingles. Look up at the chimney for signs of wear. Check the facade and foundation for cracks or signs of water pooling.

The gutters. Clean Gutters

Paint. Exterior paint. Look for signs of peeling or chipping paint.

Patio or deck. Sweep it clean. Inspect your deck, cracked wood and Pull out any leaves or debris from between the boards.Then clean it thoroughly:

Plumbing. Give pipes a good once-over, checking under sinks to make sure there are no signs of leaks. Check ceilings for telltale water stains – Check faucets for drips and the flapper in the tank ofthe toilets to make sure it has not worn out t call a plumber for what you need help with.

Chimney. Chimney needs a regular checkup. Chimney should be inspected annually, and cleaned spring and fall

Check your smoke alarm and carbon monoxide detectorsFire Extinguishers .

Spray for pests in the Spring and Fall.Pecor is used for pest control.

Inside House

Ceiling fans. Reverse the setting on your ceiling fans to counterclockwise.

Air-conditioning. Window units, clean filters once a month.

Check the weather stripping around doors and windows to keep the cool air in. Cover windows that receive morning or afternoon sun with drapes.

Check Emergency Kits make sure they are stocked with batteries for flashlights, canned food, bottled water, medicines, a battery powered radio and a first-aid kit.

Consider home improvement projects. Turn List into Director who will turn the list into the Board for Approval.

Raking leaves Once a week.

Gutters cleaned in October.

Shut off the water supply to outside Faucets.Insulate the main shut off valve and any above- ground piping.

Firewood. Stock up on seasoned firewood in the fall. Stack it on pallets, so it does not sit on the moist ground. Don't pack the wood to tightly, Air-conditioning- Turn off ,Remove unit store it for winter

Furnace and HVAC. Get the furnace and ductwork serviced. will Check and replace air filters, as necessary.

Test thermostat to make sure it works properly. Make sure heating vents are open and nothing is blocking them.

Boilers and radiators. For homes heated with steam heat.Call the plumber for its annual checkup.

Chimney. Cleaned

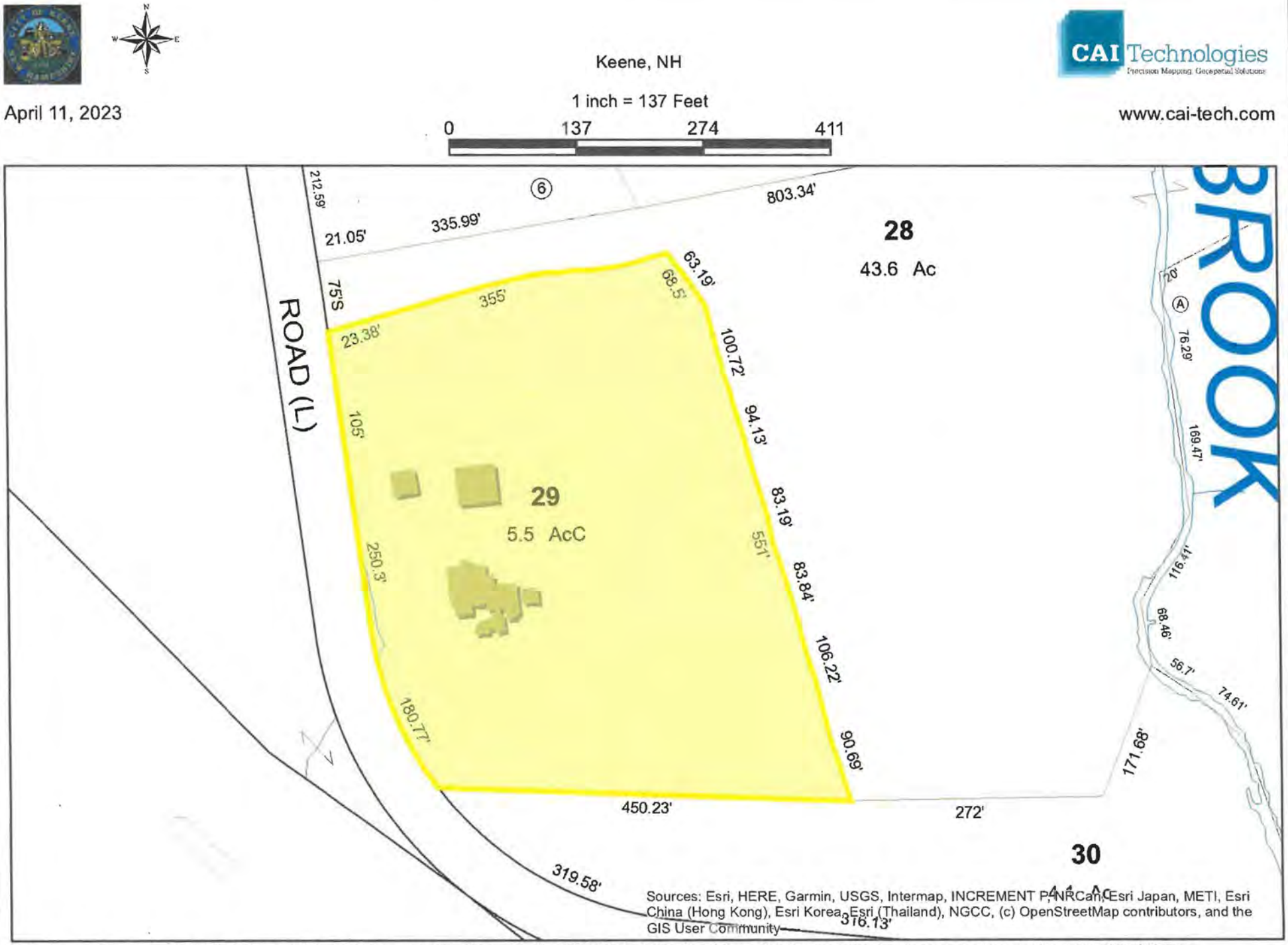
Windows and doors. Walk around the house and check windows and doors for drafts. Caulk door and window frames where necessary.

In late fall, install storm windows and the glass panel on storm doors to keep the heat in and the cold out.

Check Dryer Vent

Smoke and carbon monoxide detectors.

List all inside Projects and begin scheduling them.



Data shown on this map is provided for planning and informational purposes only. The municipality and CAI Technologies are not responsible for any use for other purposes or misuse or misrepresentation of this map.

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City of Keene, NH

Congregate Living & Social Services License Application

For Office Use Only:
Case No. CLSS-2021-11
Date Filled 5/6/21
Rec'd By CM
Page 1 of 2
Tax Map# 537-056-00
Zoning District: MD

If you have questions on how to complete this form, please call: (603) 352-5440 or email: communitydevelopment@keenenh.gov

SECTION 1: LICENSE TYPE

○ Drug Treatment Center	○ Group Home, Small	○ Homeless Shelter
○ Fraternity/Sorority	○ Group Resource Center	○ Lodging House
◉ Group Home, Large	○ Residential Drug/Alcohol Treatment Facility	○ Residential Care Facility

SECTION 2: PROPERTY LOCATION

ADDRESS: 361 Court St Keene, NH 03431

SECTION 3: CONTACT INFORMATION

I hereby certify that I am the owner, applicant, or the authorized agent of the owner of the property upon which this approval is sought and that all information provided by me is true under penalty of law. If applicant or authorized agent, a signed notification from the property owner is required.

OWNER	APPLICANT
NAME/COMPANY: 361 Court St, LLC	**NAME/COMPANY:** Live Free Recovery Services, LLC
MAILING ADDRESS: 106 Roxbury St. Keene, NH 03431	**MAILING ADDRESS:** 106 Roxbury St Keene, NH 03431
PHONE: (603) 438-3276	**PHONE:** (877) 932-6757
EMAIL: rgagne@livefreerecoverynh.com	**EMAIL:** info@livefreerecoverynh.com
SIGNATURE: Ryan Gagne **DATE:** 5/6/20	**SIGNATURE:** Ryan Gagne **DATE:** 5/6/20
PRINTED NAME: Ryan Gagne **TITLE:** CEO/Owner	**PRINTED NAME:** Ryan Gagne **TITLE:** CEO/Owner

AUTHORIZED AGENT (if different than Owner/Applicant)	OPERATOR / MANAGER (Point of 24-hour contact, if different than Owner/Applicant) ☐ Same as owner
NAME/COMPANY:	**NAME/COMPANY:** Live Free Recovery Services, LLC
MAILING ADDRESS:	**MAILING ADDRESS:** 106 Roxbury St Keene, NH 03431
PHONE:	**PHONE:** (877) 932-6757
EMAIL:	**EMAIL:** info@livefreerecoverynh.com
SIGNATURE: **DATE:**	**SIGNATURE:** Jennifer Houston, LICSW, MLADC **DATE:** 5/6/20
PRINTED NAME: **TITLE:**	**PRINTED NAME:** Jennifer Houston, MLADC, LICSW **TITLE:** COO

SUBMITTAL CHECKLIST

A complete application must include the following items and submitted by one of the options below:

- **Email:** communitydevelopment@keenenh.gov, with *"CLSS License Application"* in the subject line

- **Mail / Hand Deliver:**
  Community Development (4th Floor)
  Keene City Hall,
  3 Washington St, Keene, NH 03431

The submittal requirements for a Congregate Living & Social Services License application are outlined further in **Chapter 46, Article X** of the City of Keene Code of Ordinances.

Note: Additional information may be requested to complete the review of the application.

◯ **PROPERTY OWNER:** *Name, phone number and address*	◯ **POINT OF 24 HOUR CONTACT:** *Name, phone number, and address of person acting as the operator, if not owner* **Same as owner**
◯ **REQUIRED DOCUMENTATION:** *Provide all required state or federal licenses, permits and certifications*	◯ **WRITTEN NARRATIVE:** *Provide necessary information to the submittal requirements*
◯ **PROPERTY INFORMATION:** *Description of the property location including street address and tax map parcel number*	◯ **APPLICABLE FEES:** $165.00 application *(checks made payable to City of Keene)*
◯ **COMPLETED INSPECTION:** **or** *Inspection date:* _____	◯ **SCHEDULED INSPECTION:** *Inspection date:* _____
◯ **OPERATIONS AND MANAGEMENT PLAN:** Plan based on the industry standard *"Best Management Practices"* to include:	◯ **LOCATION MAP:**

◊ Security Plan
◊ Life Safety Plan
◊ Staff Training and Procedures Plan
◊ Health and Safety Plan
◊ Emergency Response Plan
◊ Neighborhood Relations Plan
◊ Building and Site Maintenance Procedures

In addition, Homeless Shelters will provide:

◊ Rules of Conduct, Registration System and Screening Procedures
◊ Access Policies and Procedures

SECTION 4: APPLICATION AND LICENSE RENEWAL REQUIREMENTS

Using additional sheets if needed, briefly describe your responses to each criteria:

1. Description of the client population to be served, including a description of the services provided to the clients or residents of the facility and of any support or personal care services provided on or off site.

The property has 16 beds used for living accommodations and care. This property is staffed 24/7. Residents live here for 30-45 days. The population is all males, over the age of 18 with substance use disorders.

2. Description of the size and intensity of the facility, including information about; the number of occupants, including residents, clients staff, visitors, etc.; maximum number of beds or persons that may be served by the facility; hours of operations, size and scale of buildings or structures on the site; and size of outdoor areas associated with the use.

The number of occupants is 16. There is staff on premise 24/7. There are no scheduled visitation hours.

SECTION 4: APPLICATION AND LICENSE RENEWAL REQUIREMENTS CONTINUED

Using additional sheets if needed, briefly describe your responses to each criteria:

3. For Congregate Living Uses, describe the average length of stay for residents/occupants of the facility.

Residents stay between 30 to 45 days


NORTH
99'
41.25'
77'
87.5'
47
0.37 AcC
148'S
56
0.76 AcC
226'S
148.5'
144'S
232'S
STREET (L)
84'
59.07'
76
0.13 Ac
28.61'
56.8'
12.09'
15.69'
9.45'
16.93'
121'
85.4'
77
0.11 AcC
65'

LIVE FREE

Live Free Recovery Services - Rules and Regulations Contract

1. Possession, seeking, or use of alcohol, drugs, paraphernalia, or weapons is strictly prohibited anywhere on the property. This includes any product that contains alcohol, including but not limited to mouthwash, aftershave, and over counter medicines. Violation may result in discharge. Relapse, as indicated by either positive alcohol/drug testing results or self-admission, is grounds for immediate discharge.
2. **Search Policy and Prohibited Items:** Staff reserves the right to search a resident's person or his personal belongings at any time for the safety of all house members. In addition, Staff may search the belongings of any house member at any time if there is suspicion of contraband being stored in the member's belongings. Suspicion will be determined by the sole discretion of staff.
3. **Prohibited items (i.e. contraband) include, but are not limited to**: any alcohol or alcohol containing products, illicit or intoxicating substances, paraphernalia, prescription medication (all prescription medication should be held by Staff in the safe), weapons (knives, guns, bats, etc.), tattoo/piercing equipment, pornographic materials, pre-work out supplements, animals of any kind unless prior permission granted by Director, stolen property, space heaters or any personal appliances that create fire or carbon monoxide hazards, fireworks, etc. Specific over-the-counter medications that are prohibited include any medication containing pseudoephedrine, ephedrine, dextromethorphan, and/or alcohol.
4. Live Free Recovery Services is a zero-tolerance home. The consequences of prohibited item possession range from notifying law enforcement and immediate expulsion from the home to warnings or loss of privileges. Prohibited items will always be confiscated. What constitutes a prohibited item is determined by Staff and is not limited to those identified above
5. **Alcohol and/or Drug Testing is mandatory if asked to submit to one by Staff.** It is our policy that all residents must submit to this test upon request. The test will be witnessed by the administrator or staff on duty. If the results are positive or the resident refuses/manipulatively delays the test, for any reason, the resident will be immediately discharged or offered appropriate consequences to be determined by the Staff.
6. Any attempt to alter the screen in any way (e.g. diluting urine) will be considered a

positive result for drugs or alcohol and is grounds for immediate discharge. If an in-home drug or alcohol screen produces ambiguous results or in claims of false positive results, the sample will be submitted to a lab for further testing. In cases where the resident claims ambiguous or false positive results, further testing will be at the resident's expense.

7. Threatening, violent, and/or aggressive behavior, be it verbal or physical is grounds for discharge.
8. No smoking, vaping, or dipping is allowed, except in the designated area outside the house. No incense, candles, or anything flammable is allowed anywhere in the house at any time. **Smoking is allowed only in designated areas.**
9. Residents must attend AA/NA/CA and/or some type of peer-based recovery meetings, 5 per week and can drop to 4 per week once employment is secured. Additional meeting requirements at the discretion of Staff may be added. Failure to comply may result in discharge.
10. No changes, improvements, decorating, or repairs are to be done to any part of the property without the approval of the Director. This includes appliances, moving and/or adding furniture, moving and/or adding pictures, photos and posters on the walls.
11. House Recovery Support Meetings are held every week, typically on Sunday evenings, and require attendance by all residents.
12. **Medication policy:** All prescription medications must be turned into Staff and will be held in the staff office in the safe. Prescription medications are logged, and residents must self-administer prescription medication in front of staff member on duty during medication times, then sign medication log every time when taking medication. Medication refill and pick up is the sole responsibility of the resident. Staff will not be tracking when refills are needed, although they may verbally let you know that you are running low. Staff performs regular medication audits to ensure medication logs are accurate.
    i. Live Free Recovery Services is an MAT accessible home, meaning that buprenorphine, methadone, or naltrexone is allowed provided the medication is prescribed by a legitimate physician for purposes of treating substance use disorder.
    ii. Under no circumstances may residents share, trade, buy, sell, give, or take prescription medication from others.
13. Etiquette for speaking on the phone will be enforced. Please be respectful of others while on the phone. Do not be loud and please use good judgement.
14. A chore list will be posted weekly. Chores are to be done daily and must be checked and signed off by Staff. Residents are responsible for keeping their own area orderly.

Beds must be made each morning. Everything else is to be put away. No open food or drink in bedrooms. Each person is responsible for washing his own dishes at the time they are used. Please make sure to turn lights off and the heat down when leaving bedrooms or the house.

15. No debt shall be incurred between any residents. This includes loans and sales. This includes any kind of bartering or trading.
16. An attitude of gratitude is required. Dishonesty, undermining, and enabling are grounds for immediate discharge. Bad mouthing of Staff, or any other recovery organization will not be tolerated. House problems should be discussed in house meetings. Enabling another resident to break a rule may have the same consequences as breaking the rule. Violation of any part of this rule could result in discharge.
17. Any disputes or concerns that arise in the house between residents should be brought to Staff's attention. Please do not confront any residents at any time! Follow the grievance policy if appropriate. Threatening, violent and/or aggressive behaviors will not be tolerated and may result in immediate discharge.
18. Transportation is the resident's responsibility.
19. **Please be respectful of the neighborhood. Good neighbor policy!** Your behavior in public is representative of Live Free as a whole. Do not smoke in non-smoking areas, be courteous and respectful of others, do not loiter around businesses/private property, avoid using lewd or offensive language, and avoid littering public or private property. Do not leave garbage outside of the house, on the lawn, in the parking area, etc.
20. Lost or stolen property is not the responsibility of the House at any time regardless of what anyone says or does. Residents are discouraged from bringing expensive jewelry and other valuables.
21. Residents may not lock, barricade, or deliberately jam doors at any time. Doors must always remain unlocked.
22. If a resident leaves or is discharged for any reason, there are no refunds. Resident's property is to be taken with them upon discharge. Personal property left behind by discharged residents will be stored in the staff office for up to 30 days after discharge for the discharged resident to make arrangements to recover them, however Live Free Recovery Services is not responsible in any way for items that have not been physically claimed.
23. If for whatever reason damage is done to resident's property (including, but not limited to, insects, pests, or water damage) the operator, Staff, and/or House will not be held responsible.

24. Please do not get the mail. Staff will be responsible for bringing in the mail and distributing it.

25. Staff may take pictures during weekend activities and post them on social media. Please let the house manager know if you would not like to have your picture taken and he will respect your request. Also, please review and sign the Confidentiality/Privacy Policy.

26. Staff may open any mail that comes to the house in front of the client.

27. **Audio/video recording:** There are security cameras recording both audio and video throughout the property, both interior and exterior, including inside the living room off the kitchen and in the medicine cabinet room. These cameras are for your security and may be viewed in live action or by reviewing footage, if deemed necessary by Staff.

28. Live Free Recovery Services assumes no responsibility or liability for the cost or anything else that may occur during the transportation to and from off-site meetings/events.

29. All residents must attend in house meetings and house dinner on Sunday night. At times, there may be house restrictions if there are ever any situations that need to be addressed. This may result in the occasional canceling of plans.

    i. **Violations of any of these rules and regulations may result in immediate discharge from the program. There is no lease signed for our program, so residents of Live Free Recovery Services have no tenant rights.**

    ii. **By signing below, I acknowledge that I have read and understand the above rules and regulations and agree to adhere to them, as well as the Resident Code of Rights, the Confidentiality/Privacy Policy, the Grievance Policy and Procedures, and the Weekly Fee and Services Provided Acknowledgement Form. I understand that any violation of the above terms may result in my immediate discharge from the residence and the program.**

30. Resident name_____

31. Resident Signature _____ Date_____

32. Staff member name_____

Live Free Recovery Services - Emergency Procedures

Live Free Recovery Services has specific plans and protocols that will be initiated and followed in the event of disaster. Diagram of the location of all exits and fire suppression equipment on each floor in public areas such as hallways, outside the office, etc.

Live Free Recovery Services will designate, maintain, and provide a phone number for residents, staff and others for after hour emergencies. The afterhours emergency phone number will be provided as a part of resident and employee orientation and conspicuously posted outside the staff office. If it is an imminent medical emergency, we suggest you dial 911 for assistance.

Fire Drill Procedure:

Get out of the building by heading to the nearest exit, please walk and do not run.

Meet the group at the designated gathering area (parking lot) and wait for the all clear before re-entering the building.

Suspected Overdose Procedure:

In the event of a suspected opioid overdose, the first person to arrive on scene is to administer the Narcan. Narcan is in each of the apartment units in their respective kitchens.

If able, a second person should be instructed to call 9-1-1. If nobody else is available, 9-1-1 is to be called after the first Narcan has been administered.

If the person remains unresponsive after 2-3 minutes, administer a second dose of Narcan.

I have been oriented to Live Free Recovery Services's emergency procedures and have been given the opportunity to ask questions.

Resident signature _____ Date _____

Staff signature _____ Date _____

LIVE FREE RECOVERY SERVICES - CONFIDENTIALITY/PRIVACY POLICY

Resident records, files, information, contracts, etc. will be kept secure in a locked file and accessed only by authorized staff.

Private resident files will be shared outside the residence only at the written request of the resident, by court order, or in case of emergency (when the release of private information would be essential to the safety of the resident(s))

Residents are responsible for maintaining the privacy of other residents. Residents will not release or share identifying information about housemates in conversation, in writing, or on social media platforms without expressed permission.

No identifiable images of or information about a resident will be shared by the home on social media platforms without a written release by the resident.

I, _____, agree to abide by this confidentiality/privacy policy.

_____I give Live Free Recovery Services permission to use my identifiable image on social media platforms or in marketing materials.

_____I do not give Live Free Recovery Services permission to use my identifiable image on social media platforms or in marketing materials.

Resident Name: _____

Resident Signature: _____

Date: _____

Staff Signature: _____

Date: _____

LIVE FREE RECOVERY SERVICES - RESIDENT CODE OF RIGHTS

As a resident of Live Free Recovery Services, you have the right to:

Be treated with dignity and respect in an environment that supports your recovery.

Be free from verbal and physical abuse.

Participate actively in your recovery, set your own recovery goals, and rely on fellow residents for honest appraisal, encouragement, and continued support of your positive actions towards building recovery capital.

Receive information regarding cost, refund policies, rights, responsibilities, rules, expectations, and policies governing resident conduct before making a financial commitment to Live Free Recovery Services.

Initiate a verbal or written complaint or grievance without retaliation and have the complaint investigated in a reasonable amount of time.

Request referral resources in the event of your dismissal.

Have any records or private information kept confidential and secure.

Retain personal property that does not jeopardize your own or others' safety or health.

Freedom from requirement to perform tasks that may cause injury or emotional trauma.

Freedom to express your personal values, belief systems, and cultural practices when these beliefs and practices will not harm others or interfere with their recovery.

Safe and clean accommodations.

Be provided an atmosphere free of sexual harassment from any source.

Be provided privacy that is consistently balanced with community goals and support of individual residents. This includes, but is not limited to privacy of person, personal belongings, and communications.

To reside in a home that is alcohol and drug-free.

To expect that, in the event the resident were to return to active alcohol and/or drug use, management will follow the established relapse policy.

To expect fellow residents to honor their commitment to maintain a clean, orderly and safe residence for all inhabitants to share equally.

To be provided a clear, safe and accessible path for communication of concerns regarding your own well-being, the well-being of fellow residents and/or the wellness and safety of the entire household.

To expect that, should an assessment be made that you need a higher level of care, Staff will communicate with you regarding this assessment and make reasonable effort to transition you to a more appropriate provider.

To receive, upon request and within a reasonable response time, copies of all documents that you signed upon admittance, receipts for all payments made directly.
by you and/or on your behalf by any third party, transcripts of any entries made by staff in your file, any drug urinalysis report(s) conducted through a confirmatory laboratory specific to you.

I have been informed at admission of my rights as listed above.

Print Name: _____

Signature: _____

Date: _____

Staff signature: _____

Date: _____

LIVE FREE

LIVE FREE
RECOVERY SERVICES

At Court Street and Water Street, staff are working towards CRSW certification. This is a State of NH program and is outlined below

CRSW Credentialing in NH

How do you become a Certified Recovery Support Worker (CRSW) or Certified Recovery Coach in NH?

First and foremost, in the state of NH the term Certified Recovery Coach does not exist. If you went through a Recovery Coach Academy you are a Trained Recovery Coach. Should you wish to pursue a state certification/credential you will need to follow the criteria set for Certified Recovery Support Worker (CRSW) licensing below.

Here are the documents you will need to navigate your way through the credentialing.

– To understand **the requirements to become a Certified Recovery Support Worker Requirements** read the NH ALC300 Laws – the CRSW information beginning on page 4, specifically 303, 304 and 305 rules, ALC300Laws for CRSW in NH
Be sure to check out this webinar addressing frequently asked questions, and sponsored by Community of Practice. For all past recordings of webinars for NH Center for Excellence Community of Practice, and to register for future recordings, visit Here.

Steps for submitting the application:

Prior to submitting your application for CRSW, it is highly recommended you take the exam. The exam process can take anywhere from 2 weeks to 2 months.

- Complete your application for the exam and send it in to the Board with your check for $115.00.
- In two-three weeks you should receive an email from the exam company giving you instructions to select your date and location.
- At this time, when you schedule your exam date and location you can opt to take the practice test for $30.00. This is the only time you have this option.
- Upon completing the exam you will be given preliminary results and they may tell you to wait for your official results before submitting them to the Board. This is NOT necessary. You are free to proceed with your application process. When you submit your CRSW application, the board will pull your exam results automatically.

NEXT: When you have all of your training, 500 hours and supervision complete prepare your packet to mail into the board which will include:

- Complete CRSW application prepared
- Copies of all of your training certificates
- Supporting letters for criminal records/ arrest restoration and rehabilitation

- 2 Passport photos
- $110 must be a separate check
- Background check application or receipt with a check for $48.25 separate check.

Just prior to mailing in the CRSW application:
Download and schedule your appointment for your criminal record check.

Call the State to schedule an appointment for fingerprints. You cannot use any other fingerprints or background checks. It MUST be a new background check. To make an appointment call 223-3867.

Upon completion of that appointment, send in the Background check application with the check attached, with your CRSW application.

The state only has 30 days after your appointment to request the results from the background check. If you don't plan this out timely, you'll have to do another background check which is why I say have all your stuff ready to mail in after your appointment.

In a couple of weeks, you will receive an email to schedule your test date and location site.

Supervision Rules and CRSW Code of Ethics

ALC 400-500- Rules Adopted July, 2018

CRSW Application Process Forms

- Exam Form & Cover Letter
- CRSW Initial Application
- Criminal Background Check
- Checklist

The Four Domains
Candidate Guide for IC & RC Exam
CRSW Exam Study Guide created by an organization in Rhode Island
NH Board of Licensing for Alcohol & Drug & Other Drug Use Professionals
Practice exams are available for this exam, through IC & RC. Please visit this link for more information on exam practice exams.

Once the new rules are released, they will be posted here.

Should you have any questions, you can contact the licensing board:

Office of Professional Licensure and Certification
Philbrook Building
121 South Fruit Street
Concord, NH 03301
Telephone: (603)-271-6761
Fax: (603) 271-6702
E-mail: NHLADC@nh.gov


NORTH
99'
41.25'
77'
87.5'
47
0.37 AcC
148'S
56
0.76 AcC
226'S
148.5'
144'S
232'S
STREET (L)
84'
59.07'
28.61'
56.8'
12.09'
15.69'
9.45'
16.93'
76
0.13 Ac
121'
85.4'
77
0.11 AcC
65'

LIVE FREE
RECOVERY SERVICES

Good neighbor policy!

ADDRESSING NEIGHBOR CONCERNS POLICY

It is crucial to the long-term success of any person in recovering to adopt new skills when dealing with difficult people, especially those who may not understand recovery. One of the most important parts of being in our recovery homes, is adopting certain pro-neighbor attitudes and behaviors – along the lines of, "love thy neighbor as thyself." even if those same behaviors and attitudes are not returned. New Foundations takes our Good Neighbor Policy profoundly serious in part to combat NIMBY (not in my back yard). We can show our neighbors that we are assets to the community. We are not "drug houses" or "trap houses", but rather look at us as good neighbors, and contributing members to society.

Below, lists the code of conduct you agree BEFORE moving forward in our program. If this is not something you're comfortable with, please let us know.

1. You represent yourself in such a manner of excellence and humility. Be proud where you are, but humble in your attitude toward others. Not everyone appreciates the steps you've taken or obstacles you've overcome to get here.
2. You represent the Live Free Family. Even though you will successfully transition on, we plan to be here to continue our mission, for generations. Think and act beyond yourself.
3. You represent people in recovery everywhere. The stigma of addiction remains, despite decades of public education. Although community members support your recovery, people still struggle with a sober living facility being in their neighborhood.
4. Demonstrate the strength and character it takes to change for the better. Our goal is to show, through our actions, we are good people with a bad illness, and that we deserve a chance, not judgement.
5. Do not travel in groups larger than 3-4 people while walking locally.
6. Be aware of the space you take up, give up space to others on the sidewalk, hallways, etc. Volunteer to be of help in any way you can. Look for ways to chip in, whether at home or out in public.
7. Keep your voices lowered and be aware of subject matter. This is just as important on the deck and smoking area, which should NOT be in the front of the home.
8. At meetings –silence phones, pay attention, learn from the people who have long-term sobriety.
9. Use "Please" and "Thank you". Listen.
10. If a neighbor confronts you, please do not engage or give them a reason to call the police.

By signing below, you are agreeing to the above code of conduct while living in our recovery home.

PROGRAM PARTICIPANT SIGNATURE:*(Required)*

LIVE FREE
RECOVERY SERVICES

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Concord, NH 03301
Telephone: (603)-271-6761
Fax: (603) 271-6702
E-mail: NHLADC@nh.gov

LIVE FREE
RECOVERY SERVICES

ADMISSION CONSENT

I, _____ consent to a voluntary admission to Live Free Recovery Services on_____. I understand that I am required to follow the rules and regulations at Live Free Recovery Services.

I understand that my treatment may include evaluations, tests, psychotherapy (counseling) and medication management/observation. I will also participate in a treatment program which consist of group therapy, vocational services, and case management as deemed appropriate by Live Free Recovery Services staff or Licensed Independent Practitioners and carried out by Live Free Recovery Services staff.

I understand that I am agreeing to stay a minimum of 30 days, at approximately $120.00 dollars per day, which will be billed to my medical insurance. I understand that I am responsible for any expenses not covered by my medical insurance to include but not limited to co-pays, medications, and other incidentals. I understand that expected length of stay is 90 days, unless otherwise indicated by my Licensed Practitioner or Live Free Recovery Services Treatment Team. Should I wish to remove myself from treatment earlier than what my Treatment Team recommends, I will inform Live Free Recovery Services staff in order to evaluate my safety, review risks of terminating treatment, discuss alternatives, and to finalize arrangements for follow up care. If the results of the evaluation indicate that I am an immediate risk to myself or others, Live Free Recovery Services may petition for an involuntary Emergency Admission to New Hampshire State Hospital, according to State Law.

I have received and read the following:

a) Client's Bill of Rights
b) The Live Free Recovery Services Notice of Privacy Practices
c) The Live Free Recovery Services Client Handbook

Live Free Recovery Services ensures the confidentiality of all client information. Any discussion of your treatment will require your signature on a separate authorization or release form for this purpose.

LIVE FREE
RECOVERY SERVICES

During my stay, Live Free Recovery Services will provide me with nutritious meals and will maintain the facility to have reasonable accommodations including onsite laundry appliances, television, internet, phone, and music designed to sustain and promote intellectual, social, and spiritual wellbeing. Live Free Recovery Services staff will provide me with assistance with taking and ordering my medications as well as arranging medical and dental appointments if needed. Live Free Recovery Services staff is available for me 24 hours per day, 7 days per week.

My signature below indicates that I consent to treatment and agree to participate in my care and adhere to the following safety guidelines:

1. There is no smoking in any Live Free Recovery Services facility
2. All belongings are searched, and my room may be searched at Live Free Recovery Services' discretion.
3. Drugs, alcohol, weapons, and other sharp items that may put myself or others at risk, are not allowed.
4. Soliciting or offering medications/substances to other clients is not allowed.
5. Live Free Recovery Services may use CPR, Narcan, Heimlich, EpiPen and other rescue/life saving techniques in an emergency or crisis situation without my prior consent. I will provide Live Free Recovery Services staff with a copy of my Advanced Directive.
6. I am responsible for active participation in my treatment and aftercare.
7. Group attendance is required unless otherwise indicated by treatment team.
8. Disruptive behavior, violence or threats of violence, inappropriate language or physical contact is not permitted.
9. I understand that I could be administratively discharged if I become non-compliant in my treatment or for breaking the Live Free Recovery Services rules and regulations.
10. I have signed a financial agreement and understand its contents.

Client Signature: _____ Date: _____

Witness Signature: _____ Date: _____

Service Place: **N/A**
Billing Location:
N/A Provider: **N/A**

397.501 Rights of individuals. Individuals receiving substance abuse services from any service provider are guaranteed protection of the rights specified in this section, unless otherwise expressly provided, and service providers must ensure the protection of such rights.

(1) RIGHT TO INDIVIDUAL DIGNITY. - The dignity of the individual served must be respected at all times and upon all occasions, including any occasion when the individual is admitted, retained, or transported. Individuals served who are not accused of a crime or delinquent act may not be detained or incarcerated in jails, detention centers, or training schools of the state, except for purposes of protective custody in strict accordance with this chapter. An individual may not be deprived of any constitutional right.

(2) RIGHT TO NONDISCRIMINATORY SERVICES.

(a) Service providers may not deny an individual access to substance abuse services solely on the basis of race, gender, ethnicity, age, sexual preference, human immunodeficiency virus status, prior service departures against medical advice, disability, or number of relapse episodes. Service providers may not deny an individual who takes medication prescribed by a physician access to substance abuse services solely on that basis. Service providers who receive state funds to provide substance abuse services may not, if space and sufficient state resources are available, deny access to services based solely on inability to pay.

(b) Each individual in treatment must be afforded the opportunity to participate in the formulation and periodicreview of his or her individualized treatment or service plan to the extent of his or her ability to so participate.

(c) It is the policy of the state to use the least restrictive and most appropriate services available, based on the needs and the best interests of the individual and consistent with optimum care of the individual.

(d) Each individual must be afforded the opportunity to participate in activities designed to enhance self-image.

(3) RIGHT TO QUALITY SERVICES.

(a) Each individual must be delivered services suited to his or her needs, administered skillfully, safely, humanely, with full respect for his or her dignity and personal integrity, and in accordance with all statutoryand regulatory requirements.

(b) These services must include the use of methods and techniques to control aggressive behavior that poses an immediate threat to the individual or to other persons. Such methods and techniques include the use of restraints, the use of seclusion, the use of time-out, and other behavior management techniques. When authorized, these methods and techniques may be applied only by persons who are employed by service providers and trained in the application and use of these methods and techniques. The department must specify by rule the methods that may be used and the techniques that may be applied by service providers to control aggressive behavior and must specify by rule the physical facility requirements for seclusion rooms, including dimensions, safety features, methods of observation, and contents.

(4) RIGHT TO COMMUNICATION.

(a) Each individual has the right to communicate freely and privately with other persons within the limitationsimposed by service provider policy.

(b) Because the delivery of services can only be effective in a substance abuse free environment, close supervision of each individual's communications and correspondence is necessary, particularly in the initial stages of treatment, and the service provider must therefore set

reasonable rules for telephone, mail, and visitation rights, giving primary consideration to the well-being and safety of individuals, staff, and the community. It is the duty of the service provider to inform the individual and his or her family if the family is involved at the time of admission about the provider's rules relating to communications and correspondence.

(5) RIGHT TO CARE AND CUSTODY OF PERSONAL EFFECTS. - An individual has the right to possess clothing and other personal effects. The service provider may take temporary custody of the individual's personal effects only when required for medical or safety reasons, with the reason for taking custody and a list of the personal effects recorded in the individual's clinical record.

(6) RIGHT TO EDUCATION OF MINORS. - Each minor in a residential service component is guaranteed education and training appropriate to his or her needs. The service provider shall coordinate with local education agencies to ensure that education and training is provided to each minor in accordance with other applicable laws and regulations and that parental responsibilities related to such education and training are established within the provisions of such applicable laws and regulations. This chapter does not relieve any local education authority of its obligation under law to provide a free and appropriate education to every child.

(7) RIGHT TO CONFIDENTIALITY OF INDIVIDUAL RECORDS.

(a) The records of service providers which pertain to the identity, diagnosis, and prognosis of and service provision to any individual are confidential in accordance with this chapter and with applicable federal confidentiality regulations and are exempt from s. 119.07(1) and s. 24(a), Art. I of the State Constitution. Such records may not be disclosed without the written consent of the individual to whom they pertain except that appropriate disclosure may be made without such consent:

1. To medical personnel in a medical emergency.

2. To service provider personnel if such personnel need to know the

information in order to carry out dutiesrelating to the provision of services to an individual.

3. To the secretary of the department or the secretary's designee, for purposes of scientific research, inaccordance with federal confidentiality regulations, but only upon agreement in writing that the individual's name and other identifying information will not be disclosed.

4. In the course of review of service provider records by persons who are performing an audit or evaluation onbehalf of any federal, state, or local government agency, or third-party payor providing financial assistance or reimbursement to the service provider; however, reports produced as a result of such audit or evaluation may not disclose names or other identifying information and must be in accordance with federal confidentiality regulations.

5. Upon court order based on application showing good cause for disclosure. In determining whether there isgood cause for disclosure, the court shall examine whether the public interest and the need for disclosure outweigh the potential injury to the individual, to the service provider and the individual, and to the service provider itself.
(b) The restrictions on disclosure and use in this section do not apply to communications from providerpersonnel to law enforcement officers which:

1. Are directly related to an individual's commission of a crime on the premises of the provider or againstprovider personnel or to a threat to commit such a crime; and

2. Are limited to the circumstances of the incident, including the status of the individual committing orthreatening to commit the crime, that individual's name and address, and that individual's last known whereabouts.

(c) The restrictions on disclosure and use in this section do not apply to the reporting of incidents of suspected child abuse and neglect to the appropriate state or local authorities as required by law. However, such

restrictions continue to apply to the original substance abuse records maintained by the provider, including their disclosure and use for civil or criminal proceedings which may arise out of the report of suspected child abuse and neglect.

(d) Any answer to a request for a disclosure of individual records which is not permissible under this section orunder the appropriate federal regulations must be made in a way that will not affirmatively reveal that an identified individual has been or is being diagnosed or treated for substance abuse. The regulations do not restrict a disclosure that an identified individual is not and has never received services.

(e) 1. Since a minor acting alone has the legal capacity to voluntarily apply for and obtain substance abuse treatment, any written consent for disclosure may be given only by the minor. This restriction includes, but is not limited to, any disclosure of identifying information to the parent, legal guardian, or custodian of a minor forthe purpose of obtaining financial reimbursement.

2.When the consent of a parent, legal guardian, or custodian is required under this chapter in order for a minorto obtain substance abuse treatment, any written consent for disclosure must be given by both the minor and the parent, legal guardian, or custodian.

(f) An order of a court of competent jurisdiction authorizing disclosure and use of confidential information is a unique kind of court order. Its only purpose is to authorize a disclosure or use of identifying information which would otherwise be prohibited by this section. Such an order does not compel disclosure. A subpoena or a similar legal mandate must be issued in order to compel disclosure. This mandate may be entered at the same time as, and accompany, an authorizing court order entered under this section.

(g) An order authorizing the disclosure of an individual's records may be applied for by any person having a legally recognized interest in the disclosure which is sought. The application may be filed separately or as part of a pending civil action in which it appears that the individual's records are needed to provide evidence. An application must use a fictitious

name, such as John Doe or Jane Doe, to refer to any individual and may not contain or otherwise disclose any identifying information unless the individual is the applicant or has given a written consent to disclosure or the court has ordered the record of the proceeding sealed from public scrutiny.

(h) The individual and the person holding the records from whom disclosure is sought must be given adequate notice in a manner which will not disclose identifying information to other persons, and an opportunity to file a written response to the application, or to appear in person, for the limited purpose of providing evidence on the statutory and regulatory criteria for the issuance of the court order.

(i) Any oral argument, review of evidence, or hearing on the application must be held in the judge's chambers or in some manner which ensures that identifying information is not disclosed to anyone other than a party to the proceeding, the individual, or the person holding the record, unless the individual requests an open hearing. The proceeding may include an examination by the judge of the records referred to in the application.

(j) A court may authorize the disclosure and use of records for the purpose of conducting a criminal investigation or prosecution of an individual only if the court finds that all of the following criteria are met:

1. The crime involved is extremely serious, such as one which causes or directly threatens loss of life or serious bodily injury, including but not limited to homicide, sexual assault, sexual battery, kidnapping, armed robbery, assault with a deadly weapon, and child abuse and neglect.

2. There is reasonable likelihood that the records will disclose information of substantial value in the investigation or prosecution.

3. Other ways of obtaining the information are not available or would not be effective.

4. The potential injury to the individual, to the physician-individual relationship, and to the ability of the program to provide services to other individuals is outweighed by the public interest and the need for thedisclosure.

(8) RIGHT TO COUNSEL. - Each individual must be informed that he or she has the right to be represented by counsel in any involuntary proceeding for assessment, stabilization, or treatment and that he or she, or if the individual is a minor his or her parent, legal guardian, or legal custodian, may apply immediately to the court tohave an attorney appointed if he or she cannot afford one.
(9) RIGHT TO HABEAS CORPUS. - At any time, and without notice, an individual involuntarily retained by a provider, or the individual's parent, guardian, custodian, or attorney on behalf of the individual, may petition for a writ of habeas corpus to question the cause and legality of such retention and request that the court issue a writ for the individual's release.

(10) LIABILITY AND IMMUNITY.

(a) Service provider personnel who violate or abuse any right or privilege of an individual under this chapterare liable for damages as determined by law.
(b) All persons acting in good faith, reasonably, and without negligence in connection with the preparation or execution of petitions, applications, certificates, or other documents or the apprehension, detention, discharge, examination, transportation, or treatment of a person under the provisions of this chapter shall be free from all liability, civil or criminal, by reason of such acts.

History.s. 4, ch. 93-39; s. 736, ch. 95-148; s. 3, ch. 95-407; s. 223, ch. 96-406; s. 2, ch. 98-107; s. 25, ch.
2009-132.

☐ If I am a Spanish-speaking client, this information has been translated to me.

FORM SIGNATURES

LIVE FREE
RECOVERY SERVICES

POLICY: Program Admission and Exclusionary Criteria

PURPOSE: To ensure for the timely admission of clients in need ofservice

PROCEDURE:

- All individuals seeking services will be seen face-to-face or have atelephone interview within 10 working days of initial contact to complete the intake to ensure appropriateness of the potential admission.

- Assessment will occur face-to-face and include an assessment tool which will assist in diagnosis and placement criteria, a bio-psycho-social assessment, and other information that is required by the funding source.

- If an individual is found ineligible for services, the individual and thereferring agency will be notified of the ineligibility and will be offered alternative referrals for admission (release of information needed for the referral source).

- Priority of admissions are based on seriousness of need:
    1. Pregnant injecting drug users
    2. Pregnant substance abusers
    3. Injecting drug users
    4. All other substance abusers

- The client is assessed as meeting diagnostic criteria of the AmericanSociety of Addiction Medicine - Patient Placement Criteria for the Treatment of Substance-Related Disorders; Second Edition- revised.

- The client may be assessed as having a secondary

diagnosis of amental health problem.

- Any of the client's biomedical conditions, if persistent, continue to besufficiently stable to permit participation in outpatient services.

- Mental status of client does not preclude his or her ability to comprehend and understand material presented. Client canparticipate in treatment process.

- Client expresses a willingness to cooperate and attend all scheduledactivities.

- Client presents as not a danger to self or others.

- Client is free of communicable disease, or if a client had a communicable disease, that the client is treated, or if the disease innot curable, that the client is managed to prevent transmission to other clients.

- The client is assessed as being able to achieve or maintain abstinenceand recovery goals only with support and scheduled therapeutic contact to deal with such issues as, but not limited to, mental preoccupation with alcohol/drug use, mental health issues, craving, peer pressure, lifestyle, and attitudinal changes.

The following are exclusionary criteria:

- An individual who is unconscious at the time of presentation but shalltransfer such an individual immediately to a hospital.

- An individual who manifests such a degree of behavioral disorder thatthe individual is a danger to him/herself or others, or whose behaviorinterferes with the health or safety of staff or other clients. The program shall aid in referring such individuals to an appropriate treatment program.

- All requests for admission will be reviewed by the treatment team consisting of Executive Director, Director of Admission, and clinicalstaff.

LIVE FREE
RECOVERY SERVICES

POLICY: Treatment Planning and Review

PURPOSE: To ensure each client receives complete and appropriate service planning assuring that treatment is appropriate to client needs.

PROCEDURE:

- Upon admission, the Primary Therapist will ask the client whathis/her goals/plans for treatment are and will reflect that information in the admission note.

- The client's primary therapist will provide and/or coordinate the individualized treatment plan.

- The primary therapist will utilize the referral sources, family members, clinical team, and client interview in determining client'sneeds and the development of goals for services.

- The treatment planning process will be holistic in approach focusing on all domains that impact on the client (i.e.: recoveryissues, vocational, educational, housing, relationships, etc.).

- In developing a client's treatment plan, the primary therapist willutilize client input ascertained during focused interviews, as well as the input of family members via phone conversations, family therapy and informal interviews.

- Client and family will receive education and be provided with information regarding symptoms, effects, and treatment of mental illness, medications, substance abuse; co-dependency and its effect on substance abuse treatment; the implementation of self- care rehabilitation (including, but not limited to, Alcoholics Anonymous, Al-Anon, Narcotics Anonymous, Nar-Anon, Alateen) and community

agencies/resources available during treatment services. Clinical team will provide above mentioned education andinformation.

- The treatment plan will include goals, timeframes, measurableobjectives that relate to the goals and specific criteria for termination or reduction in services.
- The treatment plan will be completed by the 3rd face-to-face visitnot to exceed 30 days.
- Client's treatment plan will be evaluated monthly by the multidisciplinary team during Case Review and in Clinical Supervision.
- Criteria for a decrease in services or discharge include: The client has achieved the goals articulated in his/her treatment plan, thus resolving the problem(s) that justified admission to the present level of care. Or the client has been unable to resolve the problem(s) that justified admission to the present level of care, despite amendments to treatment plan. Or the client has demonstrated a lack of capacity to resolve his/her problem(s). Or the client has experienced an intensification of his/her problem(s),or has developed a new problem(s), and can be treated effectively only at a more intensive level of care.
- Before completion of treatment and discharge from facility, primarytherapist will secure referrals to community agencies and resources for aftercare, as assessed and developed by client and multidisciplinary team.
- Primary therapist will utilize representatives of support groups including, but not limited to, Alcoholics and Narcotics Anonymous,to secure sponsorship and/or contacts to accompany clients to support groups prior to discharge.
- For clients who are receiving medication monitoring, that is to beincluded in the treatment plan.

- The client is to sign the treatment plan as an indication of client's participation in the development of the treatment plan.

LIVE FREE
RECOVERY SERVICES

Aggression Management and Communication Skills

Course Description:
The overall goal of this program is to familiarize the participant with ways to effectively manage aggression through effective verbal and non-verbal communication, by learning and implementing diffusion strategies as well as de-escalation techniques and skills

GOAL 1: OBJECTIVES

1. Participants will gain an understanding of signs and aspects of aggression.
2. Participants will be familiar with effective verbal and non-verbal communication.
3. Participants will learn about various diffusion techniques and de-escalation techniques.
4. Participants will improve ability to keep clients safe on a consistent basis.

Managing Aggression

The effective handling of aggression is one of the most demanding aspects of working in Behavior Health. It is an area where good interaction and communication skills are required.

- Most situations where there is a potential for violence can be handled through communication.
- Aggression: any behavior that is perceived by the victim as being deliberately harmful and damaging either psychologically or physically.

Goal: Prevent aggression from escalating into actual physical violence. People may become aggressive for several reasons, including:

- Frustration Unfairness, perceived or real
- Humiliation Immaturity
- Excitement Learned Behavior (it get results)
- Reputation Means to an end
- Decoy Duty
- Mental Illness (i.e., Paranoia, psychosis, delusions)

Signs of Aggression:

- Standing tall
- Red faced
- Raised voice
- Rapid breathing
- Direct, prolonged eye contact
- Exaggerated gestures
- Tensing of muscles

Additional signs of aggression:

- Any major change in behavior that varies from what is normal for the person
- Clenched fists
- Focusing/narrowing of the gaze
- Tight jaw/facial muscles
- Increased agitation and disturbance in behavior (e.g., pacing)

Risk Factors to Consider:

- Is the person facing a high level of stress? (e.g., recent bereavement, pending court date)
- Does the person seem to be under the influence of drugs or alcohol?
- Does the person have a history of violence?
- Does the person have a history of psychiatric illness?
- Has the person verbally abused staff in the past?
- Has the person threatened staff with violence in the past?
- Has the patient experienced trauma?

Communication

Communication: a two-way process that relates to verbal interaction (listening, speaking, and hearing), and non-verbal interaction (interpretation and observational skills – looking and seeing).

To minimize communication problems:

- Use language appropriate to the person (his/her language if possible; use an interpreter when
- necessary)
- Take time to communicate
- Check that you are understood
- Encourage and give feedback
- Conversation should take place at an appropriate time and place (whenever possible)

Aggression Management and Communication Skills Training

Common inhibitions to effective communication:

- Noise
- Language (native lang./demeaning lang.)
- Perception and prejudice
- Intrusion of personal space
- Communication: We cannot necessarily avoid or overcome all these barriers, but we need tofind ways of minimizing them.

Noise:

- Major distraction
- Hard to hold a discussion against noisy background
- Speaking loudly can be misinterpreted as yelling

Language:

- Express yourself in as direct and explicit manner as possible
- Avoid emotive language (Words used deliberately to create an emotional impact or response)
- Avoid demeaning language/belittling
- Find assistance for a person who does not speak the same language as you.
- Perception and Prejudice: everybody has a unique background and history with influences and
- experiences that form our way of looking at the world.

- ❖ Recognize our prejudices
- ❖ Work around prejudices of others
- ❖ Maintain professional attitude (not allowing our perceptions to get in the way of dutiesand responsibilities to others, particularly in promoting equal opportunities)
- ❖ Not to let our prejudices influence the way we communicate

Intrusion of personal space:

- Avoid standing too close to the person
- Amount of space required for a person differs based on gender, familiarity, culture, mood, etc.
- In addition, standing too close to an angry individual can make the person feel unsafe, and make YOU unsafe.
- Step-Kick distance Non-verbal communication: Staff should be aware of non-verbal messages thathow a person is feeling or may respond. De-escalation Prevention Steps

Recognize:

- Anger is a choice of a range of behaviors that could be used to get what one needs in a situation.
- It is a behavior that has benefit for its user.
- Anger can get people the attention they need, escape things they do not want to do, gain control over another person/situation
- Pump them up when they are feeling small/insignificant

Perform a quick self-assessment:

- ❖ Can I avoid criticizing and finding fault with the angry person?
- ❖ Can I avoid being judgmental?
- ❖ Can I keep myself removed from the conflict?
- ❖ Can I try to see the situation from the angry person's point of view or understand the need s/he is trying to satisfy?

- ❖ Can I remember that my job is to keep the peace and protect the client and staff?
  Recognize Early Warning Signs: Many incidents can be prevented by recognizing subtle changesin behavior.

-Quiet people may become agitated
-Loud, outgoing people may become quiet and introspective.
Commenting on the changes may open conversation and minimize frustration/buildup

Diffusion Strategies

Before anything else happens:

- Staff should seek to defuse the situation
- People that are out of control are under the influence of an "adrenal cocktail"
- Do nothing to escalate state of mind
- Be prepared to defend yourself

Seek to:

- Appear confident
- Display calmness
- Create some space
- Speak slowly, gently, and clearly
- Lower your voice
- Avoid staring
- Avoid arguing and confrontation
- Show that you are listening
- Calm the person and assure she/he feels heard before trying to solve the problem

Adopt a non-threatening body posture:

- Use a calm, open posture (sitting or standing)
- Reduce direct eye contact (may be taken as a confrontation) without affirmativeacknowledgment
- Allow the person adequate personal space
- Keep both hands visible

- Avoid sudden movements that may startle or be perceived as an attack
- Avoid audiences (when possible) – an audience may escalate the situation

TO DO: Give clear, brief, assertive instructions

- Explain your purpose or intention
- Negotiate options
- Avoid threats
- Move towards a "safer place" (i.e., avoid being trapped in
- Ensure your non-verbal communication is non-threatening:
    - Consider which techniques are appropriate for situation
    - Pay attention to non-verbal clues (i.e., eye contact)
    - Allow greater body space than normal
    - Be aware of own non-verbal behavior (posture and eye contact)
    - Appear calm, self-controlled, and confident without being dismissive or over-bearing

De-Escalation Techniques

1.Technique #1: Simple Listening

Sometimes all an angry person needs is for someone to take the time to allow them to vent his/her anger and frustrations. Simply listen to what he/she is saying, give encouragers (i.e., uh-huh, yes, go on,etc.).

2. Technique #2: Active Listening

...really attempting to hear, acknowledge and understand what a person is saying. A genuine attempt toput oneself in the other's situation. LISTENING...not only to the words, but the underlying emotion as well as the body language.

3. Technique #3: Acknowledgement

...occurs when the listener is attempting to sense the emotion underlying the words.
Relaying that you understand what a person is feeling helps the person to release

that feeling.

4. Technique #4: Allow Silence

...although many find silence unbearable, sometimes the angry person may need the time to reflect orthink.

5. Technique #5: Agreeing

...often when people are angry about something, there is something true in what they are saying. Whenattempting to diffuse someone's anger, it is important to find that truth and agree with it.

6. Technique #6: Apologizing

...an excellent de-escalation skill! ...Not for an imaginary wrong, but a sincere apology for anything in the situation that was unjust; a simple acknowledgment that something occurred was not right or fair. Itis possible to apologize without accepting blame.

7. Technique #7: Inviting Criticism

The final skill...The listener should simply ask the angry person to voice his/her criticism of the listener
(What am I doing wrong that makes you so angry at me? Tell me, I can take it. Do not hold anything back.I want to hear about everything you are angry about.).

8.Technique #8: Develop a Plan

Have a plan before one is needed. Think about options of what you could do before such a circumstanceoccurs. Decisions made before a crisis occurs are more likely to be more effective/rational than those
thought of "on the fly"

WHEN NOTHING WORKS

There may be occasions, particularly with the mentally ill, when the listener is unsuccessful. Your safety and the safety of others should always be of primary concern.

NEVER THREATEN unless you are prepared to take the next step:
Once you have made a threat, or given an ultimatum, you have ceased all negotiations and put yourself in a potential win-lose situation.... and for safety's sake, you must be the winner. However, your rapport will suffer, leading to potential future problems, fear, or distrust from those you interact with daily. Last resort.

De-escalation Closure
De-escalation is a very difficult and humbling skill.

- You cannot be unsure of your own pride or self-esteem.
- You must be able to control your own anger.
- You must be able to see the bigger picture.
- You must be willing to practice what you have learned.

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Aggression Management Quiz

1) Name 5 signs of Aggression

_____
_____
_____
_____
_____

2) Name 2 risk factors to Aggression

_____
_____

3) Anger is a choice in a range of available behaviors.

(Circle one)True False

4) Explain how Perception and Prejudice can inhibit Communication.

_____
_____
_____

5) Staring a client down is a sign of being in charge and can help to calm an aggressiveperson. (Circle one)

True False

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6) Apologizing to an angry client simply validates their anger and perpetuates a stressfulsituation. (Circle one)

True False

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De-escalation Policy and Procedure:

Live Free Recovery Services is a non-hands on, non-restraint using facility. De-escalation practices are to be used while keeping staff and clients as safe as possible. If a situation becomes escalated and de-escalation techniques are not effective, emergency services will be called for assistance.

Remember when dealing with an upset client to not take the situation personally. Our clients do not have the same skillset to manage their discomfort or ability to express what is troubling them. It is okay to switch out staff if the client has a better rapport with someone else. Remember the goal is to support the client in the best way possible. Remember, staff response is the key to avoiding physical confrontation, frustration, and verbal escalation.

TIP 1 BE EMPATHIC AND NONJUDGMENTAL

When someone says or does something you perceive as weird or irrational, try not to judge or discount their feelings. Whether or not you think those feelings are justified, they are real to the other person. Pay attention to them. Keep in mind that whatever the person is going through, it is the most important thing in their life at this moment

TIP 2 RESPECT PERSONAL SPACE.

If possible, stand 1.5 to three feet away from a person who is escalating. Allowing personal space tends to decrease a person's anxiety and can help you prevent acting-out behavior. If you must enter someone's personal space to provide care, explain your actions so the person feels less confused and frightened.

TIP 3 USE NONTHREATENING NONVERBALS.

The more a person loses control, the less they hear your words—and the more they react to your nonverbal communication. Be mindful of your gestures, facial

expressions, movements, and tone of voice. Keeping your tone and body language neutral will go a long way toward defusing a situation.

TIP 4 AVOID OVERREACTING.

Remain calm, rational, and professional. While you cannot control the person's behavior, how you respond to their behavior will have a direct effect on whether the situation escalates or defuses. Positive thoughts like "I can handle this" and "I know what to do" will help you maintain your own rationality and calm the person down.

TIP 5 FOCUS ON FEELINGS.

Facts are important, but how a person feels is the heart of the matter. Yet some people have trouble identifying how they feel about what is happening to them. Watch and listen carefully for the person's real message. Try saying something like "That must be scary." Supportive words like these will let the person know that you understand what is happening—and you may get a positive response.

TIP 6 IGNORE CHALLENGING QUESTIONS.

Answering challenging questions often results in a power struggle. When a person challenges your authority, redirect their attention to the issue at hand. Ignore the challenge, but not the person. Bring their focus back to how you can work together to solve the problem

TIP 7 SET LIMITS.

If a person's behavior is belligerent, defensive, or disruptive, give them clear, simple, and enforceable limits. Offer concise and respectful choices and consequences. A person who is upset may not be able to focus on everything you say. Be clear, speak simply, and offer the positive choice first.

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TIP 8 CHOOSE WISELY WHAT YOU INSIST UPON.

It is important to be thoughtful in deciding which rules are negotiable and which are not. For example, if a person does not want to shower in the morning, can you allow them to choose the time of day that feels best for them? If you can offer a person options and flexibility, you may be able to avoid unnecessary altercations.

TIP 9 ALLOW SILENCE FOR REFLECTION.

We've all experienced awkward silences. While it may seem counterintuitive to let moments of silence occur, sometimes it is the best choice. It can give a person a chance to reflect on what is happening, and how he or she needs to proceed. Believe it or not, silence can be a powerful communication tool

TIP 10 ALLOW TIME FOR DECISIONS.

When a person is upset, they may not be able to think clearly. Give them a few moments to think through what you have said. A person's stress rises when they feel rushed. Allowing time brings calm.

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POLICY: **Contents of Clinical Records**

PURPOSE: To ensure that all client records have the appropriate and necessary data as well as to ensure that all information is entered as scheduled.

PROCEDURE:

- ✓ The Clinical Director at Live Free Recovery Services ensures that the clinical records are current and contain all the documentation required.

- ✓ Live Free Recovery Services requires the following to be included in the clinical record:
    - Client identification data, including name, date of admission, address, date of birth, gender, and the name, address, and telephone number of the person(s) to be notified in an emergency which is completed at time of admission
    - Previous treatment records and correspondence to include but not limited to Biopsychosocial, History and Physical, Medication list.

    - The client's signed acknowledgment that he or she has been informed of and received a copy of client rights at time of admission

- A summary of the admission interview/intake (interpretive summary) at time of admission.

- A client treatment plan signed and dated by clinical personnel and the client. Initial treatment plan completed at time of admission and Master Treatment Plan completed within 7 days of admission

- Progress notes for individual, group, psycho-educational groups, shall be documented in each client's record by a summary note listing the date and topic of all treatment sessions attended, and a narrative of his/her participation and treatment progress within 24 hours of when the session occurred

- Medical notes for services provided by Physicians, nurses and other licensed medical practitioners shall be entered in the client record on the day of service

- Documentation of the client's participation in the development of his/her treatment plan when treatment planning occurs which is upon admission, within 7 days of admission and based on ASAM criteria.

- Documentation of allergies in the clinical record and on its outside front cover at time of admission

- The results of laboratory, radiological, diagnostic, and/or screening tests performed on date services were provided

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- Reports of accidents at the time accident occurred
- A record of referrals to other health care providers
- Summaries of consultations
- Any signed, written informed consent forms or an explanation of why an informed consent was not obtained
- A record of any treatment, drug, or service offered by program staff and refused by the client
- Instructions given to the client and/or the client's family for care following discharge.
- The discharge/continuum of care plan
- The discharge/continuum of care summary is to be completed within a week from the last treatment or discharge
- The clinical record shall be available to the program's assigned substance abuse practitioner that is always involved in the client's care during the hours of operation

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Entries in the clinical record should be typewritten or written legibly in ink, dated, and signed by the person entering them.

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POLICY: **Psychiatric and Mental Health Screenings/Services**

PURPOSE: To ensure that clients are provided with psychiatric and mental health services when indicated in a prompt and professional manner.

PROCEDURE:

- The initial phone assessment will determine if there is a present mental health concern, a history of mental health diagnosis, and/or if the client is on mental health medications.

- The initial assessment on admission will further determine the need for mental health services.

- If the client is already linked to mental health services on admission, the primary therapist will ensure that services are not interrupted.

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- If the client is on mental health medications, the primary therapist will ensure that medications are continued as prescribed.

- If a present mental health need has been identified, an appointment for a psychiatric assessment will be made by the primary therapist at Live Free Recovery Services Clinical Director or psychiatric medication provider

- Client will sign the necessary releases and a Live Free Recovery Services CM will accompany the client to the initial appointment.

- Upon discharge, clients will be given the contact information and encouraged to continue with mental health services and/or medications.

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Decision Tree

Seek consultation if applicant, family or referring facility provides any of these diagnoses:

Depressive Disorders

Major Depressive Disorder **WITH** Psychosis or Psychotic Features

Bipolar and Related Disorders:

Bipolar Disorder **WITH** Mania or Psychosis or Psychotic Features

Trauma and Stressor-Related Disorders:

Post-Traumatic Stress Disorder **INCLUDING** Combat Stress Disorder
HISTORY OF Reactive Attachment Disorder

Schizophrenic Spectrum and Other Psychotic Disorders:

Schizophrenia
Schizotypal Disorder
Schizoaffective Disorder
Schizophreniform Disorder

Personality Disorders:

Paranoid Personality Disorder
Schizoid Personality Disorder

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Schizotypal Personality Disorder
Antisocial Personality Disorder
Borderline Personality Disorder: inquire about self-injury history

Neurodevelopmental Disorders:

Tourette's Disorder
Autism Spectrum Disorder **INCLUDING** Asperger's Syndrome

Feeding and Eating Disorders:

Anorexia Nervosa
Bulimia Nervosa

Sleep Wake Disorders:

Narcolepsy

Disruptive-Impulse Control and Conduct Disorders:

Kleptomania

Paraphilic Disorders:

Exhibitionistic Disorder
Voyeuristic Disorder

Neurocognitive Disorders:
Neurocognitive Disorders due to Traumatic Brain Injury

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Suicidal/Homicidal Ideation

Recent/current thoughts of suicide **with a plan or Recent attempts**

Self-Injurious Behavior

Cutting, Burning, Picking, (ED) that becomes more acute when not using substances. Recent and no prior treatment

Legal

Hx of Arson, weapons charges, sexual assault, assault, homicide

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Policy: Medication handling, administering, orders

The following procedures will be in place for all clients in order to ensure proper medication handling.

- At time of admission, client shall have a list of current medications from their licensed practitioner
- A list of approved over the counter medications will be signed by licensed practitioner
- All medications will be available to the client within 24hours of their admission
- All medications shall be listed in the medication book and include the following information:
    - Client's name
    - Medication Name
    - Medication Strength
    - The prescribed does
    - The route of medication administration if not by mouth
    - The frequency of administration
    - The indication that the medication is intended for usage
    - The dated signature of the prescriber
- All medication orders will include the information listed above
- Refill medications will be confirmed by the prescriber and called in as needed

- For any PRN (as needed) medications, the indications for use, and any limitations of the use of the medication including the maximum dose allowed in a 24-hour period, will be clearly documented.
- All prescriptions that are brought by client to admission will be in the original container and have all prescription in formation legibly read on the original container

Change orders:

When the med provider changes any medication for a client when the medication will not be reordered to indicate the change the following will happen:

- The original container will be clearly flagged and marked with an orange sticker
- Indicate that a change has been made and indicate dose change
- This change will also be indicated in the medication log by drawing one line through the current order and writing the new order in the next empty space

All medications will be locked in the medicine cabinet in the locked tech office which will remain closed and locked at all times, except when medications are being observed. Over the counter medication will also be locked in the medicine cabinet.

Controlled substances:

When the med provider has prescribed a controlled substance, it will be documented in the medication book and will remain locked in the medicine cabinet.

Along with the medication orders, a count sheet will be started for each medication. At time of administration, a count of medication will be done

by client with staff oversight. This count will occur at each time the medication is administered following the prescription order.

All medication will be given to client upon discharge.

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POLICY: Smoke Free Environment & Smoking Policy

As a healthcare facility, and Residential Living facility, Live Free Recovery Services reserves the right to maintain a Smoke Free Environment to ensure the safety and promote the health and wellbeing of our clients, visitors, and staff.

Smoking and or vaping is always prohibited within the structure of the facility. Visitors, clients, and staff who choose to engage in smoking activities may do so only in the area outside of the facility structure that are designated for smoking. This area is a minimum of 25'ft from the building and is clearly labeled.

Clients who smoke will be encouraged to seek physician assistance in initiating a smoking cessation program.

At no time are resident's smoking materials or paraphernalia to be stored in resident care areas. Cigarettes, cigars, pipes, tobacco, lighters, matches, etc., must be stored at the in the identified storage location in the staff office.

Visitors identified as violating the facility's Smoke Free Environment policy will be provided with counseling. Any subsequent violations will be considered a threat to resident health and safety and will be grounds for involuntary discharge from the facility in accordance with State and Federal rules and regulations.

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All employees are required to participate in infection prevention and control training on an annual basis. This study guide is designed to assist in preparing employees to perform in a way that protects patients, employees, students, and visitors from spreading pathogens and communicable diseases to one another.

Bloodborne Diseases

Bloodborne diseases are diseases that are spread by contact with infected blood and other infectious body fluids.

Transmission of bloodborne pathogens, including HIV, Hepatitis B virus and Hepatitis C virus, may occur if infectious blood or body fluids contact the mucous membranes of the eyes, nose, or mouth. They can be transmitted by needlesticks and puncture wounds or cuts from other contaminated sharps. Non-intact skin also provides a way to contact these organisms. This is especially true if you have abrasions, cuts, rashes, or burns on your hands and you touch blood, other potentially infectious materials, or a contaminated surface with your bare non-intact hands. These pathogens can be present long before the infected person shows any signs of the disease. Sometimes they are present without the patient or the employee developing signs of the disease.

Contaminated objects can transmit Hepatitis B, as the virus can live on inanimate objects for up to four (4) weeks. The HIV virus, however, cannot live outside the body. The pathogens that cause bloodborne diseases may be present in:

- Blood
- Body fluids which has visible blood
- Semen, vaginal secretions, cerebrospinal fluid, synovial fluid, plural fluid, pericardial fluid, amniotic fluid
- Blood-tinged saliva in dental procedures unfixed tissue or body organs other than intact skin
- Organ cultures, HIV containing culture media, or similar solutions
- Blood, organs, and tissue from experimental animals infected with HIV or HBV
- Items contaminated with any of the above. (An item is contaminated if it is, or is being suspected of being, soiled with blood or other infectious materials.) (Only blood, semen, vaginal secretions, and breast milk have been shown scientifically to transmit HIV.) Bloodborne pathogens may enter your body in a variety of ways including:
- Through open cuts, nicks, skin abrasions, dermatitis, and acne, as well as the mucous membranes of your mouth, eyes, or nose
- By touching an object soiled with infectious material and then indirectly transferring the infectious material to your mouth, eyes, nose, or open skin lesion
- An accidental injury that results in a puncture or cut of your skin by a sharp object soiled with infectious material (for example, a needle, knife, broken glass, dental wires, etc.).

Surfaces such as walls, floors, counters, and furniture that are contaminated with infectious material are a major danger for spreading diseases such as hepatitis B. The hepatitis B virus can survive on surfaces for up to four (4) weeks. Infectious materials such as serum or plasma, without visible signs, can soil surfaces and objects. Therefore, we use standard housekeeping procedures for cleaning and disinfecting of all equipment and work surfaces outside of the host and on an environmental surface. Hepatitis B is a much stronger and more viable virus than HIV.

Some of the bloodborne diseases that healthcare employees can be exposed to on the job include:

- Hepatitis B (HBV)
- Hepatitis C (HCV)
- Human Immunodeficiency Virus (HIV), the virus that causes AIDS The most common and the most contagious of these bloodborne diseases is Hepatitis B (HBV).

The other infection that is becoming of great concern to hospital employees is Hepatitis C and as in the past human immunodeficiency vims (HIV) that causes AIDS.

Hepatitis B (HBV)

Hepatitis B is an inflammation of the liver that can lead to cirrhosis and death. Hepatitis B (HBV) is a major risk for health care workers. It is estimated that 1 to 1.25 million persons in the U.S. have chronic Hepatitis B and are potentially infectious to others. It affects about 8,500 health care workers each year. Studies show the infection rate for Hepatitis B from a contaminated needle, a common mode of transmission, is as high as one in six. Symptoms include weakness, fatigue, anorexia, nausea, abdominal pain, jaundice (yellow skin), fever, headache, vomiting, diarrhea, decreased appetite, and generalized muscle aches.

Hepatitis B vims may be transmitted when a person's mucous membranes or breaks in the skin are exposed to an infected person's blood, semen, vaginal secretions, or other potentially infectious materials. Of those who are infected with hepatitis B, 1/3 will have no signs, 1/3 will have mild, flu-like illness, and 1/3 will have severe symptoms of the illness.

The signs of severe clinical hepatitis B include jaundice (yellowing of the skin and eyeballs), dark urine, extreme fatigue, loss of appetite, nausea, abdominal (belly) pain, joint pain, rash, and fever.

The Hepatitis B virus may be spread by sexual or other contact with semen, vaginal secretions, blood, and other body fluids of an infected person. Hepatitis B can also be spread from a pregnant woman to her unborn child. Health care workers can control the spread of Hepatitis B and protect themselves by acting as if EVERY patient they meet has the disease. (Remember, 2/3 of infected people either do not have signs or have signs that can be mistaken for flu!)

By using Standard Precautions, which will be discussed later in this module, health care workers can protect themselves from illnesses such as Hepatitis B. Using Standard Precautions and becoming vaccinated is the best way to protect yourself from the Hepatitis B virus. Employees whose job description requires that they meet blood and body fluids may consider having the vaccine. (The Hepatitis B vaccine does not protect against other bloodborne diseases.) Hepatitis B vaccine is used to immunize people of all ages against infection caused by all subtypes of Hepatitis B virus. There is no danger of getting Hepatitis B from the vaccine because no human substances are used to make it. At this point, we do not know how long the protection lasts, or whether periodic booster doses will be needed. Antibody levels that develop from the vaccine drop steadily over time.

Up to 50% of adults who develop enough antibodies with the vaccine will have low or no antibody levels 7 years after the vaccination. However, it appears that they still are protected against infection and clinical disease from the Hepatitis B vims. Human Immunodeficiency Virus (HIV) A person who is HIV positive (HIV+) is infected with the human immunodeficiency virus. This virus causes Acquired Immune Deficiency Syndrome (AIDS). Being HIV+ does not mean that the person has AIDS, or that they will become seriously ill soon. The virus may be inactive for periods of time, sometimes for several years. During this time, an infected person may have no signs of disease.

It is estimated that 36.7 million cases worldwide, 1.1 million cases in the United States and 106,585 in the state of Florida. The HIV virus attacks the immune system. It eventually affects the body's ability to fight off "opportunistic infections" which are caused by organisms that usually do not cause disease in people who have healthy immune systems. People infected with the HIV virus are also more likely to develop contagious diseases such as tuberculosis, because the immune system is not able to fight them off.

A person infected with HIV may have the following characteristics:

- Carry the virus for years without developing any signs
- Suffer from flu-like symptoms of fever, diarrhea, and fatigue
- Develop HIV-related illnesses such as nervous system problems, cancer, Pneumonia, tuberculosis, and opportunistic infection HIV is spread through contact with infected blood, semen, and vaginal fluids.

HIV is not spread by casual contact such as touching or working around patients who are infected. The main behavior that transmits HIV is sexual contact. Vaginal, penile, rectal intercourse, and/or sharing of needles during I.V. drug abuse also transmit the virus. Occupational needlestick injuries show the rate of infection, after being stuck with an HIV contaminated needle, is one in 300. Health care workers can help control the spread of HIV and protect themselves by acting as if EVERY patient they meet is infected with the vims. (Remember, patients may carry the virus for years without developing any signs, or the signs can be mistaken for other health problems! Early on when an individual is

exposed, and prior to any symptoms, a person is 1,000 times more infectious. Yet when tested prior to developing antibodies the test will be negative.)

By using Standard Precautions, which will be addressed later in this module, health care workers can protect themselves from infections such as HIV.

Hepatitis C Virus (HCV)

Hepatitis C Virus is spread mainly through blood transfusions and intravenous drug abuse. It resembles Hepatitis B in that it attacks the liver. Symptoms of active HCV are milder than those of HBV - or may not even be present. However, HCV is more likely to cause chronic carrier state and more likely to lead to cirrhosis, liver cancer, and death.

AIRBORNE DISEASES

Airborne diseases are spread by breathing in air which has droplets or droplet nuclei (5mm or smaller in size), that can cause airborne disease.

Some examples of airborne diseases include:

- Tuberculosis
- Chickenpox
- Measles
- Shingles in a person whose immune system is weak There are many ways to protect staff and other patients from airborne diseases.
- Patients who have airborne diseases will be discharged and/or transferred to another facility until there are free from the airborne disease.
- Staff will be notified any airborne diseases to ensure proper care is given to individual.

Tuberculosis (TB) Tuberculosis

(TB) is an infectious disease that occurs most often in the lung. TB is a serious and growing threat to everyone. Some TB infections are treatable with drugs. There are strains of the disease that are resistant to most drugs now available. Although anyone can get TB, there are some groups that are at a greater risk than others. These high-risk groups include low socio-economic levels without a strong social support system, the homeless, the elderly, those who live in nursing or retirement homes, IV drug users, migrant workers, and those who live in areas where the disease is common.

In addition to a positive TB skin test the patient may have one or more of the following symptoms if infected with TB:

- Productive cough
- Coughing up blood

- Fever and chills
- Night sweats
- Recent weight loss

Patients who are HIV (AIDS) infected may have TB without showing these typical signs. TB is most spread by breathing in the airborne droplet nuclei <5 microns. Organisms transmitted in this matter can be suspended in air for long periods of time and can be dispensed in air currents. An important way to control the spread of tuberculosis is to find out early who has been exposed to the disease. Persons can have a positive tuberculosis skin test (PPD) without being infectious with TB. Live Free Recovery Services employees are required to have a tuberculin skin test or chest x-ray prior at time of pre-employment health screening.

Any client suspected of having tuberculosis should be put on air-born precautions right away and be prepared for transfer to a medical facility for further evaluation and/or treatment.

Droplet Precautions

Droplet transmission involves contact of the conjunctivae or the mucous membranes of the nose or mouth of a susceptible person with large particle droplets (5mm or larger in size). Droplets are generated from the person primarily during coughing, sneezing, or talking. Droplets usually travel short distances of 3 ft. or less.

Diseases that are spread by droplets include:

- Invasive Hemophilus influenza type b disease, including meningitis, pneumonia, epiglottis, and sepsis • Invasive Neisseria meningitides disease, including meningitis, pneumonia, epiglottitis, and sepsis
- Diphtheria (pharyngeal)
- Mycoplasma pneumonia
- Pertussis
- Pneumonic plague
- Streptococcal pharyngitis, pneumonia, or scarlet fever in infants and young children
- Adenovirus
- Influenza
- Mumps
- Parvovirus
- Rubella

EXPOSURE CONTROL PLAN

The Occupational Safety and Health Act (OSHA) defines occupational exposure as "reasonably anticipated skin, eye, mucous membrane, or parenteral [piercing the skin] contact with blood or other

potentially infectious materials that may result from the performance of an employee's duties." The OSHA regulations require the organization to develop an Exposure Control Plan and to make it available to all employees.

The Exposure Control Plan is in the Infection Prevention and Control Manual and the plan is available to all employees. Be sure to read the Exposure Control Plan. It has important information that will help you protect yourself from getting diseases that you might be exposed to because of your work. The Exposure Control Plan lists tasks and procedures, which could cause you to be exposed to infectious diseases. Let this list serve as a reminder for you to protect yourself when doing these tasks or procedures. Because we do not always know what diseases or pathogens a patient may have, we need to learn to lower our risk and protect ourselves. We need to act as if EVERY patient has an infectious disease such as hepatitis, malaria, syphilis, and HIV/AIDS. (This behavior is part of Standard Precaution, which is discussed in detail later in this module.) It is harmful and may be life threatening not to protect ourselves from these diseases or pathogens.

There is no way to tell with certainty that any person is free of Bloodborne disease. Any person can be infected without being aware of the infection. The infected person may not have any signs or symptoms of disease. We cannot make safe judgements about absence of infection by appearance, age, sex, socioeconomic level, or any other factor. The best way for health care workers to protect themselves from exposure to bloodborne infections is to treat ALL patients as if they were infected with Hepatitis B, Hepatitis C, HIV, or other bloodborne diseases. Some major ways to reduce the risk of exposure to bloodborne organisms on the job are:

Engineering Controls

Engineering controls are physical or mechanical systems designed to stop hazards before they start. Examples of engineering controls are self-sheathing needles, bio-safety bags, sharps disposal containers, appropriate hand washing facilities.

Personal Protective Equipment (PPE)

Personal Protective Equipment is intended to protect you from contact with possible infectious materials. Examples of such equipment include gloves, masks, protective eye wear, fluid resistant gowns, resuscitation bags and other resuscitation devices.

To be effective, personal protective equipment must be fluid resistant and help prevent blood or other potentially infectious materials from passing through to the employee's work clothes, street clothes, undergarments, skin, eyes, mouth, and other mucous membranes. This protection should be effective under normal conditions of use for the length of time for which it will be used.

Some general guidelines for selection and use of protective equipment are:

- The employee must be taught to use it properly.
- Appropriate protective equipment must be used each time a task is done.
- The equipment must be free of flaws that would make it unsafe.
- Gloves must fit properly.
- If infectious materials go through the protective equipment, remove it as soon as possible and wash the exposed intact skin surface with an antimicrobial soap for 10 minutes.
- When the task is complete, remove all protective equipment and place it in the appropriate place or container for washing, decontamination, or disposal.

Once personal protective equipment has been used, it must be properly disposed of. Disposable items (for example gloves, masks, fluid resistant gowns,) should be handled as follows:

- If items are visibly contaminated and could cause dripping with blood or other body fluids, they are disposed of in red plastic bags for medical service waste disposal.
- If items are not contaminated and cannot cause dripping, splattering, or splashing, they are disposed of in regular trash.

HOUSEKEEPING PRACTICES

- When cleaning up broken glass, do not pick it up with gloves or bare hands. Use tongs or a brush and dustpan.
- Spill kits may be used for blood and body fluid spills.
- Do not place contaminated laundry on the floor. Handle contaminated laundry as little as possible. Do not hold up to the body. Place all contaminated laundry in blue laundry bags.
- Place ALL sharp items in a sharp's container.
- Clean up contaminated areas first with soap and water (while wearing PPE) follow with an EPA registered disinfectant or a fresh solution of 5.25% of sodium hypochlorite mixed 1:10 with water.
- All bio-medical waste will be placed in red bags that have a biohazard symbol on it. Red bags will be located for disposal in various locations.

Sharp's container must be properly closed when line indicates FULL, for pick-up.

EMPLOYEE WORK PRACTICES

Employee work practices are specific procedures that are aimed at reducing the chances of exposure to infectious material. Examples of employee work practices are:

Handwashing: Comply with current CDC hand hygiene guidelines to reduce the risk of healthcare acquired infections.

The generally accepted correct handwashing time and method is a 10-15 second vigorous rubbing together of all soapy surfaces followed by rinsing in a flowing stream of water. If hands are visibly soiled,

more time may be required. Handwashing should occur after every patient contact, each time gloves are removed, and when skin or mucous membranes come in direct contact with blood or other body fluids. Handwash with an antimicrobial soap or flush eyes and mucous membranes immediately with water for 10 minutes in the event direct contact with blood or other body fluids. Purell handwashing stations are available on each unit.

Needlesticks: Avoiding injuries from needlesticks and other sharps: use only safe needle devices, do not bend, hand-recap, shear or break contaminated needles or other sharps; and dispose of sharps promptly in puncture-resistant, leak-proof containers.

Personal hygiene: Do not eat, drink, smoke, apply cosmetics or lip balm, or handle contact lenses, where you may be exposed to potentially infectious materials; avoid petroleum-based lubricants that may "eat" through latex gloves; do not keep food or drinks in refrigerator, freezers, cabinets, or on shelves, counter tops or bench tops where possible infectious materials may be present.

STANDARD PRECAUTIONS

Standard Precautions are meant to protect workers from biohazards and is inclusive of Body Substance Isolation and Universal Precautions. Live Free Recovery Services has adopted Standard Precautions as its isolation technique for all patient care that is based on the idea that "Anything that's wet and not yours is potentially infectious!"

Three basic principles apply in Standard Precautions:

1) Strict hand washing technique is used in all cases of contact with patients, blood/body fluids, secretions, excretions, and contaminated items. Wash hands after removing gloves.

2) Contaminated needles and sharps are handled and disposed of according to policy and procedure.

3) Personal protective equipment that is adequate and appropriate is used. The type of protective equipment appropriates for a given task depends on the expected exposure.

* If you expect to be splashed, sprayed, or spattered with droplets of infectious material, use a mask, eye protection, and fluid resistant gown, gloves.

SIGNS AND LABELS The universal biohazard symbol shown below is used on all containers of medical waste, refrigerators, and freezers that hold blood or other infectious material. There are several ways to warn that a piece of equipment or material is contaminated or possibly contaminated. You can attach a biohazard symbol or a warning label or put it in a red bag or red container. Also, you should always treat all blue bagged linen as contaminated.

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BIOHAZARD

EXPOSURE INCIDENTS

When an employee is exposed to blood or potentially infectious body fluids the employee should: • Remove all contaminated clothing as soon as possible (The employee's supervisor will provide alternate clothing).

• Immediately wash or flush contaminated skin with antimicrobial soap and water for 10 minutes. If you obtained a needlestick squeeze/milk the area of blood and then wash for 10 minutes.
• Employees are responsible for reporting incidents to their supervisors immediately after they happen and reporting to Employee Health immediately.
• You and the source will be tested for HIV, HBV after the consents and counseling is completed.
• You will be seen by the workmen's compensation physician for an evaluation and any treatment. You will receive a written opinion in 15 days.
• The protocol that will be followed is detailed in the exposure control plan.

REPORTING EMPLOYEE SIGNS OF DISEASE

Employees who have any of the following signs of disease should contact the Clinical and/or Executive Director of Live Free Recovery Services: eye infection (conjunctivitis); signs of respiratory illness; skin rashes, open lesions, cold sores; recent exposure to chickenpox, mumps, measles, whooping cough; cast, and/or bandages that prevent effective hand washing. Employees who feel that they are infectious or who are too sick to work are encouraged not to come to work.

INFECTION PREVENTION AND CONTROL TEST

1. What type of personal protective equipment (PPE) is needed when performing a task when touching of human blood/body fluid may occur?

a. Gloves ☐

b. Mask Goggles ☐

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c. Gowns ☐

d. All the above. ☐

2. What is the correct response to clean up a spill containing blood/body fluids?

a. Call your supervisor ☐

b. Call 911 ☐

c. Put on gloves, wipe up spill (utilize spill kit_ then disinfect with an EPA registered disinfectant and/or a 1:10 sodium hypochlorite (bleach) ☐

3. The best way to protect yourself from Hepatitis B is to be vaccinated and utilize Standard Precautions with all patients.

TRUE ☐ FALSE ☐

4. Good handwashing techniques keep you from transferring contamination to other areas of your body or the environment.

TRUE ☐ FALSE ☐

5. Every time you remove your gloves you must wash your hands with soap and running water.

TRUE ☐ FALSE ☐

6. Never pick up broken glass with your hands. Use tongs or a brush and dustpan.

TRUE ☐ FALSE ☐

7. Blood is the only body fluid that can carry blood-borne diseases.

TRUE ☐ FALSE ☐

8. HIV can live on inanimate objects for up to 4 weeks.

TRUE ☐ FALSE ☐

(Infection Prevention and Control Test Continued)

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9. Hepatitis B virus (HBV) hand Human Immunodeficiency virus (HIV) are spread through:

a. Casual contact or contact with toilet seats, doorknobs, etc.

b. Exposure to blood/body fluids by percutaneous exposure (needlesticks) and/or mucous membrane (mouth or eye) exposures.

10. Any task that involves human blood/body fluid, tissues and/or a needle or sharp contaminated with human blood/body fluids is a task where there is a chance of exposure to HBV OR HIV.

TRUE ☐ FALSE ☐

11. Standard Precautions are utilized based on the premise that any contact with human blood/body fluids is potential infectious risk.

TRUE ☐ FALSE ☐

Your Name _____

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Policy: Calculating and Determining Census

Statistical data should be compiled routinely and reported in a manner that allows review and analysis of the information over time (i.e., the current month and year-to-date). The use of spread sheets can be very helpful in compiling, reporting, and graphically depicting statistical data. The statistical data can be helpful to administration, the facility quality assurance/quality improvement committee, and corporate office staff.

The following statistical formulas are shown for a monthly reporting period.

Total Admissions

Each month the total number of new admissions or readmission is reported. This number should not reflect residents who were out on a bed hold or temporary leave of absence.

Total Discharges

Each month the total number of discharges is reported excluding residents who were transferred/discharge on bed hold or left for a temporary leave of absence.

Average Daily Census

To calculate the average daily in-house census in a month, add the daily census for each day of the calendar month and divide the total by the number of days in a month. Each census day begins at 12:00am and ends at 11:59 p.m. This standard is generally used by the industry.

- Formula: Sum of the Daily Census for each day of the month
- Total number of days in the month

- This formula can be adopted for any period. For example, to calculate the average daily in-house census for a year, add the daily in-house census for each day of the year and divide by the number of days in the year.
- When a resident is both admitted and discharged in one census day, they are usually counted in the daily census.

Total Census Days

The sum of the daily census for a given period for each day in the month.

Length of Stay

To calculate the length of stay for a resident admission, total the number of days the resident has been in the facility. Count the day of admission but not the day of discharge. Typically, bed hold days or temporary leaves are not subtracted from the total length of stay for a resident.

- Average Length of Stay: The average length of stay is calculated by adding the total length of stay for each discharged resident in the month and dividing by the number of discharge residents in a month. The average length of stay can be calculated for the entire facility or by specialty unit/program. When there are short-term stay or dementia units, calculating a separate average length of stay can be helpful in accurately reporting the average length of stay for that specific population.
- Formula:
- Total length of stay for discharges (for facility or for a unit) in a one-month period
- Number of discharges in the month
- Discharge Days or Length of Stay: The discharge days also known as the length of stay is the total number of calendar days a resident is in the facility from admission to discharge. When calculating the length of stay,

count the day of admission but not the day of discharge. Days when the resident is not in the facility due to a temporary leave of absence or bed hold are not subtracted from the length of stay. If a resident is admitted and discharged on the same day, one discharge day is assigned.

- Total Length of Stay: The total length of stay is the sum of the length of stay/discharge days for a given population and discharged during a specified period. Usually, the total length of stay is calculated for the entire facility but could also be calculated by unit particularly when there are short-term or dementia units.

Percentage of Occupancy

The percentage of occupancy is calculated by adding the daily census for each day of the month and dividing by the total bed count days. The total bed count is the number of beds available multiplied by the number of days in the month.

Formula:
Sum of the daily census for the month
Total bed count days in the month
(Bed count x number of days in the month)

STAFF TRAINING MATERIALS

Jennifer Houston, MLADC, LICSW

LIVE FREE RECOVERY SERVICES, LLC 17 Kit Street Keene, NH 03431

Live Free Recovery Services, a 3-year-old family business whose passion is about opening doors for clients that others have shut, welcomes you.

We specialize in Providing extraordinary treatment services to achieve extraordinary outcomes. our sweet spot. If you want to belong to a team that does that well every day, this company's a great fit for you.

You'll love coming to work every day if you get, want, and have the capacity to do:

- ***Show compassion in a one on one setting***
- ***Challenge clients in positive and supportive way***
- ***Understand and value the importance of up-to-date thorough documentation***
- ***Run engaging and interactive groups with the clients***
- ***Be part of a team that works collectively***

Client Belongings:

Bed Bug Protocol

- ALL OUTSIDE BELONGINGS MUST BE ZAPPED FOR A MINIMUM OF ONE HOUR
- Confirm with first shift it has been completed
- Includes bags and suitcases
- When placing whole bags and suitcases in zapper, make sure that they are open and unzipped.
- Zapper must be at 125 degrees Fahrenheit for the ENTIRE HOUR.

Smoke Breaks

- Hourly smoke breaks (As time permits)
- Nicotine bucket ALWAYS be in staff hands.
- Staff hands out cigarettes and vapes
- Smoke breaks are ALWAYS supervised by staff.

Phone Calls

- Client phone calls done in the RSS office ONLY
- Phone calls are ten minutes long
- Staff dials the phone for the client
- Phone calls are ALWAYS monitored and supervised by staff

Outside AA Meeting Etiquette

<u>For Clients</u> (Go over in van every time we take to a meeting as a reminder)

- Sit together
- Respectful of coffee, creamer, and snacks
- Bring an offering (Cookies, etc.).
- Mindful of language used.
- Always representing Live Free

<u>For Staff</u>

- It is important to remember even if we are in recovery ourselves, we are taking clients to a meeting as a part of our job, not our own recovery.
- Staff should not be on their phones, sharing in group discussion, or meeting up with friends or significant others
- Take note of how clients show up at meetings for shift notes
- ALWAYS REPRESENTING LIVE FREE

In-House Commitments

- Schedule in house commitments from 7:00 pm – 8:00 pm.
- Get prior approval for all commitments from a supervisor.
- Identify and summarize the commitment in evening shift notes. Can we add something about “identify commitment speakers, who they are, where they came from (Home sober living)
- In-House Groups
- If there is no commitment scheduled, run a group with the clients during the commitment time slot

- Too much downtime in the evenings invites chaos into the house – Keep to the schedule
- Groups can be AA- based - (Big book, 12&12, Daily Reflections etc.)
- Identify and summarize the group in evening shift notes.

Q15s (15 minute checks)

NAME	300	315	330	345	400	415	430	445	500	515	530	545	600	615	630	645	700	715	730	745	800	815	830	845	900	915	930	945	1000	1015	1030	1045	1100

- Use this sheet as a guide to keep track of all clients during the second shift.
- Do rounds of the house every 15 minutes to put eyes on every client
- Take note of where clients are congregating. These notes will help you with your shift notes later.
- Common areas? Tv? Games?
- Which clients are congregating together?
- Bedrooms? Isolating?
- Reading/Writing/crafting/napping?

Second Shift Schedule

Afternoon meds: 3:30-4:00
Phone Calls: 4:00-6:00
Commitment/Group: 7:00-8:00
Night Meds: 8:00-9:30
Pull Remotes at 10:00 and have a last smoke break
Clients in bedrooms by 10:30
10:30 – 11:00 STAFF WRITES SHIFT NOTES.

Shift notes are an essential task completed by housing to inform the clinical team on client's behavior.

PROPER DOCUMENTATION/HOW TO REPORT

- **No Opinions,** strictly **fact-based** observations
- "SEEMS", "APPEARS", or ANYTHING OF THAT NATURE ARE NOT OKAY FOR SHIFT NOTES
- No slang, or swear words unless directly quoting a client for issue-related purposes.
- **Not only for reporting negative behavior** - If a client is doing great, the team wants to hear about it!
- Should include chores, participation in commitments/meetings, phone call interactions, peer interactions, how are they spending their time?
- Keep it client specific
- **EXAMPLE**
    - "Rose N has been upset with her peers, **AS EVIDENCED BY** her telling the entire room to 'go to hell' and spending the rest of the evening in her bedroom".

- **Commitments** - Please include a brief summary of the commitment. Who came to the house/What kind of commitment was it? Did the clients engage and participate?

Shift notes are **NOT OPTIONAL** and are a mandatory task for second and third shift Mon-Fri and first, second, and third shift Sat and Sun.

Shift Notes

Notes should be client specific (Follow the template)
No OPINIONS, document FACT-BASED observations
Stay away from using words like SEEMS or APPEARS.
Do not use slang or swear words unless DIRECTLY QUOTING A CLIENT for issue-related purposes.
Refer to the example shift note below as a guide.

EXAMPLE SHIFT NOTE

Shift Report

Date: 04/02/2023
Shift: 3pm to 11pm
Staff on Duty: Jen

Census: 10
Admissions this shift: 1 Darlene
Discharges this shift: 0

Brief overall summary of the shift:
Clients in positive space tonight, clients were visible in all common areas laughing and talking.
The new admission Darlene arrived at 5pm, search of person and urine were done at that time.
At 7pm a commitment came from Primary Purpose AA group (Judy and Michelle) all clients were in attendance

All clients attended incoming commitment, **Please indicate who came in for the commitment, I.E. "Judy from Haven of Hope"** completed chores, took medications, ate dinner, were in bed/awake at appropriate time. Clients in positive spirits, were helpful and respectful of peers and staff etc.

Did clients make a call? Who did they call? What did you observe, i.e. planning to AMA, talking about discharge, making positive statements, etc.

CLIENT NOTES:
Client 1 (Anna) Anna spent most of the shift in the downstairs living room. She used her phone time to call her mother. They had a positive call. She went to bed without any issues
Client 2 (Gertrude) Gertrude was crocheting in the downstairs living room the entire shift. Gertrude did not have a phone call this evening. She did ask a member of the incoming commitment to be her sponsor
Client 3 (Phyllis) Phillis spent most of the evening isolating in her room. Other than making a phone call to her husband Bob Vance. This call was negative and argumentative, Phyllis repeatedly asked him to come take her home. Phyllis was prompted x3 to come to the commitment before she joined
Client 4 (Penelope) Penelope spent most of the evening bullying her roommate. Penelope continues to bully this roommate about missing food and hoarding Penelope's preferred snack. This was overheard by this writer and included statements such as "you fat pig, those Oreos were mine"
Client 5 (Sylvia) Sylvia was present at the commitment and went to bed without issue. Did not have a phone call.
Client 6 (Bethany) Bethany was present at commitment went to bed without issue. Did not have a phone call.
Client 7 (Yvonne) Yvonne was upset after having tense conversations with her roommate. Yvonne asked this writer to discuss the possibility of her moving rooms. Yvonne made a call to her sponsor and was in positive space throughout the call.
Client 8 (Ursula) Ursula slept the entire shift, an email was sent to med provider with vital signs and symptoms.
Client 9 (Darlene) Darlene was visibly impaired on admission, this was observed as difficulty remaining alert, nodding off at the table, slurred speech, unstable on her feet. Darlene was shown to her room and was able to stay there for the remainder of the shift
Client 10 (Petunia) Petunia was present at commitment went to bed without issue. Did not have a phone call.

Completed Tasks:
Ie. House laundry completed, med count, q15 minute checks

Tasks that need to be completed for the next shift:
Finish searching Darlene's belongings and log property, they are currently in the bug zapper

Behavioral Issues/Client Concerns:
Ie. Yvonne and Penelope had a heated discussion this writer witnessed regarding food. This writer specifically heard Penelope use negative language and name calling. Yvonne did not engage and left the room.

Medical:
Darlene will need to be assessed.
Ursula was ill and in bed all shift, vitals and symptoms sent

Supplies needed:
One bottle of detergent left, three rolls of toilet paper left, cleaning supplies, sharpie, pens, trash bags etc.

Person Searches

- Complete in a closed off area
- Instruct client to remove each article of clothing except for their bottom undergarments
- Search clothing thoroughly in front of the client
- All pockets
- Run fingers along all seams, searching for irregularities
- Search every nook and cranny of the bra (If applicable – there are many hiding spots in this garment)
- Turn socks inside out
- Search foot ware thoroughly
- Instruct the client to shake out their hair in front of you. (If hair is tied up or in a bun, have them remove the elastic as well before shaking out their hair)
- Instruct the client to put their thumbs in the waistband of their bottom undergarment and rotate them around all the way to the back to show staff nothing is hidden inside.
- This is usually the time to collect cell phones, pocketknives, lighters, vapes, and cigarettes. Bring a gallon Ziplock with you.
- Dispose of any narcotics and/or paraphernalia with a second staff person. Make sure it is documented properly.
- It is important to remember that Live Free reserves the right to conduct a person's search at any time, NOT JUST AT INTAKE. If you SUSPECT – Do the search. It could save a life.
-

Room Searches

- Live Free reserves the right to search any bedroom at any time. It is important to conduct random room searches and immediate searches on suspicion.
- Search everything in the room you can think of possibly being a hiding place
- Ceiling tiles
- Mattresses/pillows/bed area in general
- Drawers/closets/all bags
- Nightstands
- Random room searches will usually help you discover if clients are hoarding food or hiding nicotine products.
- UA's
- Observed UA's need to be completed on admission, immediately on suspicion of use, and at a minimum of twice weekly while they are in treatment with Live Free.
- All UA's are to be sent to Dominion Labs for analysis. (Including quick cups).
- Complete 1 on 1 with client in a bathroom.
- Be constantly aware of client's body language
- Dipping a quick cup in the toilet bowl water will alter the results of the cup. (And is a good indication of foul play)
- Use a "hat" on suspicion and instruct the client to keep their hands in the air while producing.
- Constant acute observation during this entire process is absolutely necessary.
- Shuffling, constant hand movements, dropping the cup, nervous body language are all indicators of foul play during a UA.

Boundaries

Even though we may know clients from our past using days, gone to treatment with, or just identify with, it is important to remember that they are **clients** and we are **staff**.

Unless you have been given permission by a supervisor for extenuating circumstances you are not to provide your personal cell phone number (Or be communicating by cell phone) with any of our clients or past clients. If a current client is struggling and reaches out, please redirect them to their clinical staff and inform a supervisor. If a past client is struggling and reaches out, please redirect them to the admissions line. **(877) 932-6757**

We should not be accepting "Friend Requests" on social media from IOP clients and/or other PHP/IOP Alumni.

We should not be spending any time with clients that is not in a clinical setting at the center.

I understand that the recovery community is small, and you will encounter each other in 12-step recovery meetings and events. If they approach and say hi, please keep your interactions cordial and brief.

Observed Medication Pass

Moving forward when giving medications, ANY medications, mouth checks need to be done on the clients.

I understand that this extends medication time, however the safety of the clients is of the highest importance. If we are not doing mouth checks consistently, it is much easier for the clients to divert their medication.

Please have the clients do the following when administering medications:

If wearing long sleeves, roll their sleeves up to/past the elbow. Their hands need to remain in sight at all times.

It is very easy to drop pills down a long sleeve shirt or sweatshirt

The client should not be handling the medication, they should be dumping it in their mouth directly from a medication cup and not placing the medication in their hands.

It is very easy to drop pills onto their lap, the floor, a sweatshirt pocket etc. if they are handling the pills

If the client is taking a dissolving medication (Suboxone, Subutex) they need to remain in sight of staff until the medication is completely dissolved. This should take a minimum of 3-5 minutes depending on the size of the strip or pill. The client should take all their other medications prior to taking this medication. The client can remain sitting in the office under staff supervision while it melts and the staff can see another client if staff feels comfortable closely monitoring both clients at once. **Keep in mind if there are two clients in the office at once, you cannot disclose personal information (names of medication, dosages of medications etc.)**

It is very easy to divert this medication by spitting it out once they leave the office

Prior to leaving the office, the client needs to show staff the inside of their mouth. Clients need to stick their tongue out as far as possible, lift it up and then down, and then side to side. Staff needs to be looking under the client's tongue as well as on the sides of the client's mouth and in the client's cheeks. If you feel the client has done these motions too fast, please have them repeat it slower. Clients will try to rush through this, and it is staff's responsibility to ensure they are thoroughly checking for cheeked medications.

Failure to follow this procedure when distributing medications moving forward may result in disciplinary action.

Medication Management and Withdrawal Symptom Recognition

- **Introduction and Facility Orientation: (30 minutes)**
- Welcome to the organization and introduction to the detox facility's mission and values.
- Facility tour, introduction to key personnel, and overview of the detox process.
- Explanation of the importance of supportive trainings for staff well-being and client care.

Module 1
Understanding Substance Use and Addiction

- Overview of common substances of abuse and their effects on the body.
- The neurobiology of addiction and its impact on behavior and brain function.
- Stages of addiction and the importance of empathetic understanding.

Module 2: Trauma-Informed Care

- Introduction to trauma-informed care principles and their relevance in detox.
- Recognizing signs of trauma in clients and understanding their triggers.
- Strategies for creating a safe and supportive environment for trauma survivors.

Module 3: Cultural Competency and Sensitivity

- Importance of cultural awareness and sensitivity in substance use treatment.
- Addressing diverse cultural, ethnic, and socio-economic backgrounds.
- Effective communication and respectful engagement with clients from different cultures.

Module 4: Self-Care and Stress Management

- Exploring the challenges and stressors of working in a detox facility.
- Introduction to self-care strategies: mindfulness, exercise, hobbies, etc.

- Encouraging staff to seek support, both internally and externally

Module 5: Communication Skills and De-escalation
- Effective verbal and nonverbal communication techniques.
- De-escalation strategies for diffusing tense situations.
- Role-playing exercises to practice communication and de-escalation.

Module 6: Medication Management and Withdrawal Symptom Recognition
- Proper administration and documentation of medications during detox.
- Recognizing common withdrawal symptoms for various substances.
- Identifying potential medical emergencies and appropriate actions.

Module 7: Ethical Considerations and Boundaries
- Ethical guidelines for interacting with clients, maintaining confidentiality, and respecting boundaries.
- Discussion of potential ethical dilemmas and how to address them.
- Balancing empathy and professionalism in client interactions.

Module 8: Team Collaboration and Interdisciplinary Approach
- Importance of interdisciplinary collaboration in substance use detox. Explain all roles and how they work together.
- Effective communication and teamwork among staff members.

Case-based discussions on collaborative problem-solving.
**Conclusion and Resources:
- Summarize key takeaways from the training.
- Provide a list of resources for further reading, support, and professional development.
- Express appreciation for staff's commitment to providing quality care in the detox facility.
**Training Evaluation and Feedback:
- Participants provide feedback on the training session.
- Collect insights for refining and improving future onboarding trainings.
**Closing Remarks:
- Acknowledge staff's dedication to their role in supporting clients through detoxification.
- Conclude the onboarding training by emphasizing the ongoing importance of supportive practices and continuous learning in the substance use detox environment.
- Express appreciation for staff's commitment to providing quality care in the detox facility.
**Training Evaluation and Feedback:
- Participants provide feedback on the training session.
- Collect insights for refining and improving future onboarding trainings.
**Closing Remarks:
- Acknowledge staff's dedication to their role in supporting clients through detoxification.
- Conclude the onboarding training by emphasizing the ongoing importance of supportive practices and continuous learning in the substance use detox environment.

Module 1:

In Live Free's Addiction Treatment Program providing an overview of common substances of abuse and their effects on the body is essential for staff members to understand the challenges clients may face during detoxification. Here's a general overview of common substances and their effects.

Alcohol:
- Central nervous system depressant.
- Effects: Impaired judgment, coordination, and motor skills. Slurred speech, memory impairment, nausea, and vomiting.

Opioids (Heroin, Prescription Painkillers):
- Central nervous system depressant.
- Effects: Euphoria, pain relief, drowsiness, slowed breathing, constipation. Risk of overdose and respiratory depression.

Benzodiazepines (Xanax, Valium):
- Central nervous system depressant.
- Effects: Anxiety reduction, sedation, muscle relaxation. Risk of physical dependence and withdrawal.

Stimulants (Cocaine, Methamphetamine):
- Central nervous system stimulant.
- Effects: Increased energy, alertness, heart rate, and blood pressure. Agitation, paranoia, risk of heart problems.

Cannabis (Marijuana):
- Mild hallucinogenic and depressant effects.
- Effects: Altered perception, relaxation, increased appetite. Impaired memory, coordination, and concentration.

Hallucinogens (LSD, Psilocybin Mushrooms):
- Alter perception and mood.
- Effects: Hallucinations, distorted sensory experiences, altered sense of time.

Inhalants (Glue, Aerosols):
- Depressant effects.
- Effects: Euphoria, dizziness, confusion. Risk of serious health complications, including brain damage.

Nicotine:
- Stimulant.
- Effects: Increased heart rate, alertness, and cognitive effects. Highly addictive.

Prescription Medications (Misuse):
- Effects vary depending on the medication.
- Opioids: Similar to heroin, can cause respiratory depression and overdose.
- Sedatives: Similar to benzodiazepines, can cause drowsiness and respiratory depression.
- Stimulants: Increased energy, alertness, and heart rate.

Effects of Detox:
- Withdrawal symptoms vary for each substance but may include anxiety, tremors, nausea, vomiting, diarrhea, muscle aches, irritability, and mood swings.
- Severe withdrawal can lead to medical complications, including seizures, delirium tremens (DT), and cardiac issues.

Understanding the effects of these substances helps detox staff recognize potential withdrawal symptoms and provide appropriate care during the detoxification process. It's important for staff to have a comprehensive understanding of these substances to ensure the safety and well-being of clients and to effectively support them in their recovery journey.

Here at Live Free, understanding the neurobiology of addiction and its impact on behavior and brain function is crucial for staff members to provide effective care and support to clients. Here's an overview of the neurobiology of addiction and its implications:

Neurobiology of Addiction:
- Addiction is a complex brain disease that involves changes in the brain's reward, motivation, and memory circuits.
- The brain's reward system involves the release of neurotransmitters like dopamine in response to pleasurable experiences, reinforcing certain behaviors.
- Repeated substance use can lead to alterations in brain circuitry, creating strong associations between substance use and reward.

Impact on Behavior:
- Addiction leads to compulsive drug-seeking and drug-taking behaviors, even in the face of negative consequences.
- Cravings, or intense urges to use substances, can be triggered by environmental cues or stressors.
- Behavioral patterns may revolve around obtaining and using the substance, often at the expense of other life priorities.

Brain Function Changes:
- Repeated substance use can lead to changes in brain structure and function, impacting decision-making, impulse control, and emotional regulation.
- Brain areas involved in judgment, self-control, and critical thinking can become impaired, leading to impulsive behavior.
- Tolerance develops, requiring higher doses to achieve the same effects, contributing to escalating substance use.

Neuroplasticity and Long-Term Changes:

- Chronic substance use can result in neuroplasticity, where the brain rewires itself to prioritize substance-related cues and rewards.
- Over time, this can lead to decreased responsiveness to natural rewards and increased sensitivity to drug-related cues.

Withdrawal and Cravings:
- When substance use is abruptly stopped or reduced, the brain experiences a state of imbalance, leading to withdrawal symptoms and intense cravings.
- These symptoms can drive continued substance use to alleviate discomfort.
Implications for Treatment:
- Understanding the neurobiology of addiction helps staff tailor interventions to address the underlying brain changes.
- Behavioral therapies, counseling, and support help clients learn coping strategies to manage cravings and develop healthier behaviors.
- Medications may be used to restore brain balance, alleviate withdrawal symptoms, and reduce cravings.

Live Free's Client-Centered Approach:
- Recognizing addiction as a brain disease reduces stigma and supports a compassionate, nonjudgmental approach.
- Clients' behaviors are viewed in the context of their brain changes, promoting empathy and understanding.

By grasping the neurobiology of addiction and its influence on behavior and brain function, detox staff can better comprehend the challenges clients face during detoxification and subsequent treatment. This knowledge guides the development of tailored interventions and strategies to support clients in their recovery journey.

In Live Free's Addiction Treatment Program understanding the stages of addiction and the importance of empathetic understanding is essential for providing effective care and support to clients. Here's an overview of the stages of addiction and why empathetic understanding is crucial:

Stages of Addiction:

Experimentation: Initial use of a substance out of curiosity or social influence.

Regular Use: Continued and repeated substance use, often for recreational purposes.

Risky Use/Problem Use: Substance use becomes more frequent and starts to have negative consequences, but the person may not recognize the severity.

Dependence/Addiction: Physiological and psychological dependence develops, leading to compulsive drug-seeking and use despite harmful effects.

Recovery: The process of overcoming addiction and establishing a substance-free lifestyle.

Importance of Empathetic Understanding:

Reducing Stigma: Empathetic understanding reduces stigma associated with addiction. Staff members who approach clients with empathy create a more welcoming and nonjudgmental environment, encouraging clients to seek help.

Building Rapport: Empathy helps build trust and rapport between clients and staff. Clients are more likely to engage in treatment when they feel understood and supported.

Effective Communication: Empathetic communication fosters open dialogue between clients and staff. Clients are more likely to share their experiences, challenges, and needs when they feel heard and respected.

Person-Centered Care: Empathetic understanding allows staff to see clients as individuals with unique struggles and strengths. This approach supports personalized treatment plans that address clients' specific needs.

Motivating Change: Empathy can motivate clients to make positive changes by emphasizing their strengths and potential for recovery. It helps clients recognize that they are not defined by their addiction.

Supporting Relapse Prevention: Empathetic understanding helps staff identify triggers and challenges that may lead to relapse. By addressing these factors empathetically, staff can assist clients in developing effective coping strategies.

Fostering Resilience: Empathy promotes a sense of belonging and support. Clients are more likely to develop resilience when they feel connected and understood by staff and peers.

Enhancing Treatment Outcomes: Empathetic understanding contributes to better treatment engagement and retention. Clients who feel supported and understood are more likely to remain committed to their recovery journey.

Empathy in Action is transformative
- Actively listen to clients' stories and experiences without judgment.
- Validate clients' feelings and struggles.
- Use nonverbal cues, such as eye contact and body language, to show attentiveness.
- Reflect back clients' emotions to demonstrate understanding.
- Tailor interventions and treatment plans to each client's unique circumstances.

Incorporating empathetic understanding into every aspect of Treatment here at Live Free helps create a compassionate and supportive environment that empowers clients to overcome addiction and achieve lasting recovery. Always remember these are not “bad people getting good”, but “sick people here to get well.”

Module 2: Trauma-Informed Care
Explanation of Live Free's trauma-informed care principles and their relevance in a substance abuse treatment detox program in SUD Treatment:

Trauma-Informed Care Principles:

Safety: Trauma-informed care prioritizes creating a physically and emotionally safe environment for clients. In a detox program, this means ensuring that clients feel secure and respected throughout the withdrawal and recovery process. Staff members use non-threatening language, respectful behavior, and establish clear boundaries to promote a sense of safety.

Trustworthiness and Transparency: Building trust is essential in trauma-informed care. Detox staff in NH should communicate openly with clients, provide clear information about procedures and expectations, and maintain consistency in their interactions. This transparency fosters trust and reduces anxiety, especially for clients who may have experienced betrayal or deception in the past.

Choice and Collaboration: Trauma survivors often feel a lack of control due to their experiences. Trauma-informed care empowers clients by involving them in decisions about their detox plan, treatment options, and daily routines. Collaborative decision-making allows clients to regain a sense of agency, leading to greater engagement and cooperation.

Empowerment and Voice: Trauma-informed care encourages clients to express their needs, preferences, and concerns. In a detox program, this principle means that clients' voices are valued, and their feedback is actively sought. Staff listen empathetically, validate clients' experiences, and ensure that they have opportunities to share their thoughts on their detox journey.

Cultural Sensitivity: Trauma-informed care recognizes and respects the cultural backgrounds and identities of clients. In a NH detox program, staff should be sensitive to cultural differences and tailor their approaches accordingly. Understanding cultural norms, beliefs, and practices helps create an inclusive and respectful environment.

Peer Support: Trauma-informed care values the importance of peer support. Clients who have experienced similar trauma can provide a unique source of understanding, empathy, and validation. Peer support groups or interactions can help reduce isolation, promote connection, and provide a safe space for sharing experiences.

Emotional Regulation: Trauma-informed care recognizes that trauma survivors may struggle with emotional regulation. Staff members in a detox program can teach clients healthy ways to manage and cope with overwhelming emotions. Techniques like mindfulness, deep breathing, and grounding exercises can be incorporated to help clients regulate their emotions during detox.

Flexibility and Personalization: Each trauma survivor's experience is unique, and trauma-informed care allows for flexibility in treatment approaches. Staff should tailor interventions to

meet individual needs, preferences, and readiness for change. This principle acknowledges that there's no one-size-fits-all approach and promotes client-centered care.

Resilience and Strengths-Based Approach: Trauma-informed care focuses on clients' strengths, resilience, and potential for growth. In a detox program, staff highlight clients' inner strengths and capabilities. This approach helps clients recognize their capacity to overcome challenges and empowers them to take an active role in their recovery.

Continuous Learning and Improvement: A trauma-informed approach involves ongoing learning and self-reflection for staff. Regular training and professional development on trauma-related topics ensure that staff remain informed about best practices. Staff members continually evaluate and improve their trauma-informed practices based on client feedback and emerging research.

Collaboration and Interdisciplinary Care: Trauma-informed care emphasizes collaboration among different disciplines involved in a client's care. In a detox program, this might involve coordination between medical staff, therapists, counselors, and peer support specialists. Collaborative decision-making ensures a holistic and comprehensive approach to treatment.

Post-Traumatic Growth: Trauma-informed care recognizes the potential for growth and positive transformation after experiencing trauma. In a detox program, staff can help clients reframe their experiences as opportunities for personal growth, resilience, and the development of new coping skills.

Cultural Humility: Cultural humility involves a deep respect for diverse cultural backgrounds. In a NH detox program, staff strive to understand each client's cultural context, beliefs, and values. This principle helps prevent cultural misunderstandings and promotes inclusivity and sensitivity.

Trauma-Informed Environment: Creating a physical environment that reflects trauma-informed principles is crucial. This might involve design elements that promote safety and comfort, as well as signage that communicates respect and dignity. An environment that supports sensory regulation and offers spaces for privacy can be particularly beneficial.

Self-Care for Staff: Trauma-informed care extends to staff well-being. Recognizing the potential for vicarious trauma, detox program staff should be encouraged to practice self-care, seek support, and engage in regular supervision and debriefing sessions.

By integrating these additional trauma-informed care principles into Live Free’s Treatment Modalities, staff can create a nurturing and empowering environment that supports clients in their journey of healing and recovery.

Relevance in Detox:

Reducing Retraumatization: Many clients entering detox have experienced trauma, and the detox process itself can be triggering. Trauma-informed care minimizes the risk of

retraumatization by providing a safe and supportive environment. Staff understand potential triggers and take steps to mitigate them.

Addressing Coping Mechanisms: Clients often turn to substances as a way to cope with trauma. Trauma-informed care acknowledges these coping mechanisms without judgment and helps clients develop healthier strategies for managing their emotions and stress during detox.

Respecting Boundaries: Trauma survivors may have difficulties with personal boundaries. Staff in a NH detox program are trained to respect clients' boundaries, seek consent for physical contact or procedures, and avoid re-traumatizing experiences.

Healing-Centered Approach: Trauma-informed care emphasizes healing and recovery. In detox, staff recognize that addressing trauma is a vital part of the healing process and integrate trauma-informed practices into treatment plans.

Building Resilience: By promoting empowerment, choice, and collaboration, trauma-informed care fosters resilience in clients. This resilience supports clients in navigating the challenges of detox and prepares them for ongoing recovery.

Long-Term Impact: Incorporating trauma-informed care principles during detox lays the foundation for a client's future engagement in treatment and recovery programs. Clients who experience trauma-informed care are more likely to feel supported, validated, and empowered, increasing the likelihood of successful long-term recovery.

Incorporating trauma-informed care principles in a substance abuse treatment detox program at Live Free not only enhances the quality of care provided to clients but also contributes to a culture of compassion, respect, and understanding within the facility. This approach recognizes the interconnectedness of trauma and substance use and supports clients in their journey towards healing and recovery.

Recognizing the signs of trauma in clients and understanding their triggers is a crucial aspect of providing trauma-informed care in a substance abuse treatment. Here's an explanation of this important component:

Recognizing Signs of Trauma:

- Hyperarousal: Clients who have experienced trauma may display signs of hypervigilance, irritability, and difficulty relaxing. They might startle easily, have trouble sleeping, or constantly scan their environment for potential threats.
- Hypervigilance: Clients may be excessively watchful and alert to their surroundings, as if anticipating danger. They might struggle to feel safe even in a controlled environment like a detox program.
- Avoidance: Trauma survivors often try to avoid reminders of their traumatic experiences. This could manifest as avoiding certain topics, places, or activities, which might be misinterpreted as resistance to treatment.

- Emotional Dysregulation: Clients might experience intense mood swings, anger outbursts, or difficulty managing emotions. These emotional responses can be triggered by memories of traumatic events.
- Physical Symptoms:Trauma can lead to physical symptoms such as headaches, gastrointestinal issues, or chronic pain. Medical staff should consider the possibility of trauma when assessing clients' physical health.

Understanding Triggers:

- Internal Triggers: These are emotions, thoughts, or bodily sensations that remind clients of their traumatic experiences. In a detox program, certain aspects of the detox process, such as withdrawal symptoms or medical procedures, could act as internal triggers.
- External Triggers: External cues in the environment can remind clients of their trauma. This might include certain smells, sounds, or visual stimuli. Detox staff should be aware of potential triggers within the detox environment.
- Anniversary Reactions: Trauma survivors might experience heightened distress around the anniversary of the traumatic event. Staff should be attentive to any increased emotional sensitivity during these times.
- Relationship Triggers: Interactions with certain people or authority figures can trigger memories of past trauma. Staff interactions should prioritize empathy, clear communication, and respect to minimize triggers.
- Sensory Triggers: Sensory experiences like touch, taste, or temperature can evoke traumatic memories. In a detox program, medical procedures or sensory overload should be approached with sensitivity.

Practical Considerations:

- Trauma-informed care involves creating an environment that minimizes potential triggers. This might include allowing clients to have some control over their environment or routines.
- Open communication with clients about their trauma history, triggers, and coping strategies is essential. However, staff should approach these conversations with caution and respect for the client's readiness to share.

Staff Training:

- Detox program staff should receive training on trauma-informed care principles, recognizing signs of trauma, and understanding triggers.
- Regular debriefing sessions and supervision for staff can provide a space to discuss challenging cases and emotions triggered by clients' trauma.
- By recognizing signs of trauma and understanding triggers, Live Free Recovery Treatment programs can create a safer and more supportive environment for clients, minimizing potential retraumatization and promoting the healing process.
- Live Free’s strategies to create a safe and supportive environment for trauma survivors in a Treatment Environment.

Staff Training and Education:

- Provide comprehensive training on trauma-informed care principles, trauma sensitivity, and recognizing signs of trauma.

- Educate staff about the potential impact of trauma on behavior, coping mechanisms, and treatment engagement.
- Include sessions on effective communication, active listening, and empathetic responses to trauma survivors.

Trauma-Informed Policies and Procedures:

- Develop trauma-informed policies that emphasize safety, choice, and empowerment.
- Create procedures for handling trauma triggers, emotional distress, and crisis situations in a trauma-sensitive manner.
- - Integrate trauma-informed language and practices into daily protocols.

Physical Environment:

- Design the detox facility with trauma sensitivity in mind, using calming colors, comfortable furniture, and soft lighting.
- Establish quiet, private spaces where clients can retreat if they feel overwhelmed or triggered.
- Display informational materials about trauma-informed care and resources for support.

Clear and Respectful Communication:

- Train staff to use nonjudgmental, clear, and compassionate language when interacting with clients.
- Emphasize the importance of active listening and validating clients' experiences without minimizing their feelings.
- Encourage open dialogue about trauma histories, triggers, and coping strategies.

Safety and Empowerment:

- Prioritize physical and emotional safety by implementing security measures and protocols.
- Collaborate with clients to establish a safety plan tailored to their needs and triggers.
- Empower clients to voice their preferences, make decisions, and actively participate in their treatment journey.

Individualized Treatment Plans:

- Conduct comprehensive assessments to identify trauma histories and individual needs.
- Develop personalized detox plans that take trauma histories into account and consider triggers and coping mechanisms.
- Regularly review and adjust treatment plans based on clients' progress and feedback.

Trauma-Informed Care Team:

- Assemble a multidisciplinary team of professionals trained in trauma-informed care, including medical staff, therapists, counselors, and peer support specialists.
- Foster a collaborative approach that integrates diverse expertise to address clients' physical, emotional, and psychological well-being.

Coping Skills and Emotional Regulation:

- Offer trauma-sensitive coping skills workshops, such as mindfulness, grounding techniques, and relaxation exercises.
- Provide clients with tools to manage emotions and triggers effectively during the detox process.

Peer Support and Community Building:

- Facilitate trauma-informed peer support groups where clients can share their experiences, challenges, and successes.
- Organize regular community-building activities to promote connection and reduce isolation.

Continuous Evaluation and Improvement:

- Establish mechanisms for ongoing program evaluation, including regular client feedback and staff discussions.
- Use feedback to identify areas for improvement and refine trauma-informed practices.

Self-Care for Staff:

- Offer regular staff training on managing vicarious trauma, stress, and burnout.
- Provide opportunities for staff to engage in self-care practices, attend support groups, and seek supervision.

Trauma-Informed Discharge Planning:

- Develop a discharge plan that supports clients' transition from detox to ongoing treatment or aftercare.
- Provide referrals to trauma-informed therapists, support groups, and community resources to continue the healing process.
- By implementing this comprehensive plan, in Treatment we can establish a safe, nurturing, and empowering environment for trauma survivors, promoting their healing and facilitating a successful detox and recovery journey here at Live Free.

Module 3: Cultural Competency and Sensitivity

The importance of cultural awareness and sensitivity that should be emphasized here at Live Free.

Cultural Competence Training:

Provide comprehensive training to staff on cultural competence, diversity, and inclusion.

Offer education about different cultures, traditions, beliefs, and practices relevant to the diverse population of clients.

Respect for Diversity:

Emphasize the value of treating all clients with respect, regardless of their cultural background.

Encourage staff to approach each client as an individual with unique needs and experiences.

Language Access:

Ensure that interpretation and translation services are available for clients who have limited English proficiency.

Make written materials, assessments, and treatment plans available in languages that clients can understand.

Cultural Assessment:

Conduct culturally sensitive assessments to understand clients' cultural backgrounds, values, and preferences.

Use this information to tailor treatment plans and interventions to align with clients' cultural needs.

Inclusive Environment:

Create an environment that respects and celebrates cultural diversity.

Display diverse artwork, symbols, and decorations that reflect different cultures and backgrounds.

Cultural Awareness of Triggers:

Recognize that certain cultural symbols, rituals, or experiences might act as triggers for trauma or substance use.

Be sensitive to potential cultural triggers and address them with care and understanding.

Flexibility in Treatment Approaches:

Be open to adapting treatment approaches to align with clients' cultural beliefs and practices.

Collaborate with clients to integrate cultural rituals or practices that support their healing journey.

Tailored Communication:

Adjust communication styles to suit clients' cultural preferences.

Be mindful of nonverbal cues, gestures, and personal space norms that may vary across cultures.

Ethical Considerations:

Be aware of cultural taboos, norms, and ethical considerations related to substance use and treatment.

Ensure that treatment plans respect clients' cultural values and do not contradict their beliefs.

Culturally Relevant Interventions:

Offer interventions that align with clients' cultural beliefs and values.

Incorporate culturally relevant coping strategies, mindfulness techniques, and expressive therapies.

Sensitivity to Trauma and Discrimination:

Understand the potential impact of cultural trauma, discrimination, and microaggressions on clients.

Provide a safe space where clients can discuss their experiences without judgment.

Collaboration with Cultural Experts:

Collaborate with cultural consultants, community leaders, or organizations to ensure culturally sensitive care.

Seek guidance from cultural experts to improve the program's responsiveness to diverse cultural needs.

Feedback and Continuous Improvement:

Encourage clients to provide feedback on their cultural experiences within the program.

Regularly review and refine cultural sensitivity practices based on client input and staff discussions.

By prioritizing cultural awareness and sensitivity here Live Free, you create an environment where all clients feel valued, respected, and understood, leading to more effective and equitable care.

Addressing diverse cultural, ethnic, and socio-economic backgrounds here at Live Free requires a comprehensive and sensitive approach. Here's how you can effectively address these factors:

Cultural Competence Training:

Provide cultural competence training to all staff members to enhance their awareness and understanding of various cultural backgrounds.

Offer education on cultural nuances, beliefs, traditions, and practices to ensure staff can provide respectful and inclusive care.

Multilingual and Multicultural Resources:

Make treatment materials, assessments, and information available in multiple languages to cater to clients with limited English proficiency.

Offer culturally relevant resources that reflect the diverse backgrounds of clients, helping them feel more comfortable and understood.

Culturally Tailored Assessment:

Develop assessment tools that consider cultural, ethnic, and socio-economic factors in understanding clients' substance use and treatment needs.

Gather information about clients' cultural beliefs, family dynamics, and support systems to inform treatment plans.

Individualized Treatment Plans:

Design treatment plans that respect and incorporate clients' cultural values, traditions, and preferences.

Collaborate with clients to develop strategies that align with their cultural and socio-economic backgrounds.

Inclusive Environment:

Create an environment that embraces diversity by displaying artwork, symbols, and decorations from various cultures.

Establish a safe and welcoming space where clients from different backgrounds feel valued and accepted.

Cultural Sensitivity in Communication:

Train staff to communicate effectively and respectfully across diverse cultural backgrounds.

Teach active listening and cross-cultural communication skills to enhance understanding and rapport.

Addressing Stigma and Discrimination:

Provide education and support to address the stigma associated with seeking treatment for substance use, especially in certain cultural contexts.

Create a nonjudgmental space where clients can discuss experiences of discrimination without fear of re-traumatization.

Socio-Economic Considerations:

Offer flexible payment options or financial assistance to ensure that socio-economic factors do not hinder access to treatment.

Collaborate with social service agencies to provide additional support for clients with specific socio-economic needs.

Family and Community Involvement:

Recognize the importance of family and community in various cultural backgrounds.

Involve family members or support systems in the treatment process with the clients' consent.

Diverse Therapeutic Approaches:

Offer a variety of therapeutic modalities that are sensitive to diverse cultural, ethnic, and socio-economic backgrounds.

Integrate culturally relevant practices such as mindfulness, art therapy, or traditional healing methods.

Peer Support:

Foster peer support groups where clients from similar cultural or socio-economic backgrounds can connect and share their experiences.

Encourage the sharing of cultural strengths and resilience within the peer support context.

Regular Feedback and Adaptation:

Regularly gather feedback from clients about their cultural and socio-economic experiences in the program.

Use this feedback to continuously adapt and improve the program's cultural responsiveness.

By addressing diverse cultural, ethnic, and socio-economic backgrounds here, you create a more inclusive and effective treatment environment that respects each client's unique identity and needs.

Effective communication and respectful engagement with clients from different cultures in Treatment are essential to provide culturally sensitive and equitable care. Here are strategies to achieve this:

Active Listening:

Practice active listening by giving your full attention and demonstrating genuine interest in what the client is saying.

Avoid interrupting and allow clients to express themselves fully before responding.

Use Clear and Simple Language:

Communicate in clear and straightforward language, avoiding jargon, slang, or complex terminology.

Check for understanding by asking clients to repeat or paraphrase what they've heard.

Nonverbal Communication:

Be aware of nonverbal cues like body language, gestures, and facial expressions.

Be respectful of cultural differences in nonverbal communication, as interpretations can vary.

Open-Ended Questions:

Use open-ended questions that encourage clients to share their thoughts, feelings, and experiences.

This allows clients to provide more context and insights into their cultural perspective.

Respect Cultural Norms:

Learn about cultural norms regarding eye contact, personal space, and physical touch.

Adapt your approach to align with the client's cultural comfort zone.

Seek Clarification:

If you're unsure about a cultural practice, belief, or term, respectfully ask the client for clarification.

This shows your willingness to learn and understand their perspective.

Reflective Responses:

Reflect back what the client has said to ensure accurate understanding and to validate their feelings.

This demonstrates empathy and shows that you are actively engaged in the conversation.

Avoid Assumptions:

Do not make assumptions about a client's cultural background or experiences based on stereotypes.

Instead, ask open-ended questions to learn more about their individual experiences.

Cultural Humility:

Approach interactions with cultural humility, acknowledging that you may not fully understand the client's background.

Be open to learning and adapting your communication style based on their needs.

Clarify Treatment Information:

Ensure that clients understand treatment plans, procedures, and goals.

Use visual aids, written materials, or diagrams to enhance comprehension.

Address Language Barriers:

If language barriers exist, provide interpretation services or bilingual staff to facilitate communication.

Make sure important information is accurately translated to avoid misunderstandings.

Empower Client Choice:

Encourage clients to express their preferences, concerns, and goals related to treatment.

Offer choices whenever possible to promote a sense of control and autonomy.

Avoid Confrontation:

Approach disagreements or challenges with sensitivity and a desire to understand.

Respectfully address differences while maintaining a non-confrontational tone.

Use Cultural Brokering:

If necessary, enlist the help of cultural brokers or interpreters who can bridge the gap between different cultures.

Regular Self-Reflection:

Continuously reflect on your own biases, assumptions, and communication style.

Seek feedback from colleagues and clients to improve your cultural competence.

By implementing these strategies, Live Free can create an environment where clients from diverse cultural backgrounds feel heard, respected, and understood, leading to more effective communication and better treatment outcomes.

Module 4 Self-Care and Stress Management

Challenges

Emotional Toll:

Working in a detox facility exposes staff to clients in distress, potentially triggering emotional responses and compassion fatigue.

High-Intensity Environment:

Detox facilities often operate around the clock, requiring staff to manage high-stress situations and maintain vigilance during crisis moments.

Challenging Behaviors:

Clients experiencing withdrawal may exhibit challenging behaviors such as aggression, irritability, or non-compliance.

Trauma Exposure:

Staff may interact with clients who have experienced trauma, hearing difficult stories that can impact their own well-being.

Physical Demands:

The nature of detox work may involve physical demands, such as assisting clients who are unsteady or in medical distress.

Relapse and Resistance:

Clients may relapse or resist treatment, leading to feelings of frustration or discouragement among staff.

Work-Life Balance:

Long shifts and high-demand schedules can strain work-life balance, leading to burnout over time.

Limited Resources:

Some facilities may face challenges related to resource availability, impacting the quality of care that can be provided.

Multidisciplinary Collaboration:

Coordinating care across various disciplines requires effective communication and collaboration, which can be challenging.

Legal and Ethical Concerns:

Navigating legal and ethical considerations when working with clients struggling with addiction can be complex.

Client Diversity:

Cultural, socio-economic, and demographic diversity among clients requires cultural competence and sensitivity.

Staff Resilience:

Supporting clients in their recovery while managing personal stressors requires staff to develop resilience and coping skills.

Managing Expectations:

Balancing clients' expectations with the reality of their recovery journey can be challenging.

Staff Turnover:

High-stress environments may contribute to staff turnover, affecting continuity of care.

Dual Diagnosis:

Addressing co-occurring mental health issues alongside substance use adds complexity to treatment.

Introduction to Self-Care Strategies: Mindfulness, Exercise, and Hobbies

Mindfulness:

Mindfulness involves being fully present in the moment, observing thoughts and feelings without judgment. It can help staff manage stress and enhance emotional well-being.

How to Practice Mindfulness:

Encourage staff to take short breaks during the day to focus on their breath and sensations.

Teach mindfulness techniques such as body scans, guided meditations, or mindful eating.

Suggest mindfulness apps that staff can use during breaks or at home.

Benefits:

Reduces stress and burnout by promoting relaxation and emotional regulation.

Enhances self-awareness and cultivates a nonjudgmental attitude.

Exercise:

Regular physical activity is essential for maintaining physical health and reducing stress. It also releases endorphins, improving mood and overall well-being.

Incorporating Exercise:

Provide opportunities for staff to engage in short stretching or movement breaks during shifts.

Offer fitness classes or gym memberships as part of staff benefits.

Organize team walks or outdoor activities to encourage socialization and exercise.

Benefits:

Boosts mood and energy levels, reducing stress and promoting a positive outlook.

Improves physical health, which in turn supports mental well-being.

Hobbies:

Engaging in hobbies and activities outside of work can be a valuable way for staff to unwind, recharge, and maintain a healthy work-life balance.

Encouraging Hobbies:

Encourage staff to identify and pursue hobbies they enjoy, whether it's reading, painting, gardening, or playing a musical instrument.

Provide a designated space where staff can engage in hobbies during breaks or downtime.

Benefits:

Fosters creativity and relaxation, allowing staff to disconnect from work-related stress.

Provides a sense of accomplishment and personal fulfillment.

Balancing Self-Care:

Highlight the importance of integrating these strategies into daily routines.

Encourage staff to experiment with different approaches to find what works best for them.

Emphasize that self-care is not selfish; it's a necessary practice to ensure effective and compassionate care for clients.

Here are more examples of self-care activities that any substance abuse treatment facility can consider to promote their well-being:

Journaling: Encourage staff to keep a journal to express their thoughts, feelings, and experiences. Writing can provide an emotional outlet and promote self-reflection.

Nature Walks: Spending time in nature, whether it's a short walk during breaks or a weekend hike, can offer a refreshing change of scenery and reduce stress.

Deep Breathing: Teach staff deep breathing exercises, which can be done discreetly during the workday to promote relaxation and mindfulness.

Artistic Expression: Engaging in creative activities like drawing, painting, or crafting can be therapeutic and provide an outlet for self-expression.

Reading: Suggest staff read books or articles that interest them, providing a mental escape and a way to unwind.

Cooking or Baking: Encourage staff to try new recipes and experiment in the kitchen, which can be a fun and rewarding way to relax.

Music: Listening to music or playing a musical instrument can be soothing and help shift focus away from stress.

Mindful Eating: Teach staff to eat mindfully, savoring each bite and paying attention to the sensory experience of eating.

Digital Detox: Encourage unplugging from screens for a set period each day to reduce screen-related stress.

Social Connections: Spending time with friends, family, or colleagues who provide positive support can boost mood and foster a sense of connection.

Volunteering: Engaging in acts of kindness and giving back to the community can provide a sense of purpose and fulfillment.

Laughter: Encourage staff to watch a funny movie, listen to a comedy podcast, or engage in activities that make them laugh.

Relaxation Techniques: Teach progressive muscle relaxation, guided imagery, or other relaxation techniques to manage stress.

Spa Day at Home: Suggest staff create a spa-like experience at home with a bubble bath, aromatherapy, and soothing music.

Gratitude Practice: Cultivate a gratitude journal or daily practice to focus on positive aspects of life.

Gardening: If possible, encourage staff to tend to plants, whether it's a small indoor garden or an outdoor space.

Pet Therapy: Spending time with pets or animals can provide comfort and reduce stress.

Yoga or Stretching: Incorporate gentle yoga or stretching exercises to promote physical and mental relaxation.

Learning: Engage in learning new skills or pursuing interests, such as taking an online course or attending workshops.

Mindful Technology Use: Teach staff to use mindfulness techniques while engaging with technology, like setting intention before using social media.

Remember, self-care is about finding activities that bring joy, relaxation, and a sense of well-being. Encourage staff to explore different options and customize their self-care routines based on their preferences and needs. The key is to prioritize regular self-care practices to maintain a healthy work-life balance and support their overall mental and emotional health.

Support and Resources:

- Provide resources on mindfulness, exercise routines, and hobby ideas.

- Offer workshops or training sessions on self-care techniques.

- Establish a supportive work environment where staff can openly discuss their self-care needs and challenges.

By introducing these self-care strategies of mindfulness, exercise, and hobbies to staff at Live Free Recovery, you can help create a workplace culture that prioritizes staff well-being, resilience, and effective care delivery to clients. Remember, when staff are equipped to take care of themselves, they are better prepared to provide high-quality care to those they serve. Encouraging staff to seek support, both internally and externally, is crucial for maintaining their well-being in a substance abuse treatment facility.

Here's an outline of ways to promote and facilitate staff seeking support:

Internal Support:

Regular Check-Ins:

Establish a system for regular one-on-one check-ins between supervisors and staff to discuss challenges, concerns, and well-being.

Peer Support:

Foster a culture of peer support by encouraging staff to connect and share experiences with colleagues.

Organize peer support groups where staff can discuss challenges, share coping strategies, and provide mutual encouragement.

Supervision and Debriefing:

Offer regular supervision sessions where staff can discuss difficult cases, emotional experiences, and any stressors they're facing.

Provide structured debriefing sessions after particularly challenging incidents to process emotions and share insights.

Staff Wellness Programs:

Create wellness programs that include workshops, seminars, and activities focused on stress management, self-care, and mental health.

Organize team-building exercises to strengthen connections and support within the staff

Employee Assistance Programs (EAP):

Provide information about EAP resources that offer confidential counseling, therapy, and support for staff members and their families.

External Support:

Professional Counseling:

Encourage staff to seek professional counseling or therapy outside of work to address personal challenges, stress, and emotional well-being.

Provide a list of local mental health professionals who specialize in supporting healthcare workers.

Support Groups:

Inform staff about local support groups or online forums where they can connect with others who share similar experiences.

Highlight support groups for healthcare professionals or those working in substance abuse treatment.

Community Resources:

Offer information about community resources such as mental health clinics, crisis hotlines, and local organizations that provide support.

Professional Development:

Support staff in attending conferences, workshops, and training sessions related to self-care, mental health, and stress management.

Flexible Scheduling:

Implement flexible scheduling options that allow staff to attend support group meetings, counseling appointments, or wellness activities.

Communication and Education:

Normalize Seeking Support:

Create an open and nonjudgmental environment where seeking support is encouraged and normalized.

Share stories of staff members who have sought support and benefited from it.

Awareness Campaigns:

Launch awareness campaigns that emphasize the importance of mental health and seeking support.

Distribute informational materials that highlight available resources and how to access them.

Training on Self-Care:

Provide training sessions on self-care, stress management, and recognizing signs of burnout to empower staff to take proactive steps.

Confidentiality and Privacy:

Confidential Channels:

Assure staff that seeking support will be kept confidential and will not impact their job security or performance evaluations.

Encourage Communication:

Remind staff that it's okay to reach out for support and that their well-being is a priority for the organization.

By implementing these strategies, you can create a supportive and caring environment within the substance abuse treatment facility that encourages staff to seek both internal and external support, ultimately contributing to their overall well-being and the quality of care they provide to clients.

Module 5 Communication Skills and De-escalation

Effective verbal and nonverbal communication techniques are crucial here at Live Free Recovery to establish trust, build rapport, and facilitate positive interactions with clients. Here are some techniques to consider:

Effective Verbal Communication:

- Active Listening: Give your full attention, maintain eye contact, and provide verbal cues (such as nodding) to show that you are engaged and interested in what the client is saying.
- Empathetic Responses: Respond with empathy and understanding, acknowledging the client's feelings and experiences. Use phrases like "I understand how you feel" or "That must be really challenging."
- Open-Ended Questions: Encourage clients to share more by asking open-ended questions that require more than a yes or no answer. For example, "Tell me about your experience" or "What thoughts have you had about your recovery?"
- Reflective Responses: Repeat or rephrase what the client has said to show that you've understood and to validate their feelings. This can help clients feel heard and understood.
- Clear and Simple Language: Use clear and straightforward language, avoiding jargon or technical terms that clients may not understand.
- Summarizing: Summarize the key points of the conversation to ensure mutual understanding and to demonstrate active engagement.
- Non-Judgmental Language: Avoid making judgments or assumptions about the client's experiences, choices, or behaviors. Create a safe space for them to share openly.

Effective Nonverbal Communication:

- Eye Contact: Maintain appropriate eye contact to convey attentiveness and interest. However, be mindful of cultural differences and individual preferences.
- Facial Expressions: Use facial expressions that match the tone of the conversation. A warm smile can help clients feel welcome and at ease.
- Gestures: Use gestures to emphasize points or show empathy, such as nodding to indicate understanding or using an open palm to convey openness.

- Body Language: Maintain an open and relaxed posture to create a sense of approachability. Avoid crossing arms or displaying defensive postures.
- Personal Space: Respect personal space boundaries, especially considering cultural norms. Maintain an appropriate distance that makes the client comfortable.
- Tone of Voice: Use a calm and empathetic tone of voice to convey understanding and support. Avoid sounding judgmental, impatient, or confrontational.
- Active Silence: Allow moments of silence to give clients time to process their thoughts or emotions. This can encourage them to share more deeply.
- Mirroring: Subtly mirror the client's body language and expressions to establish rapport and create a sense of connection.
- Respectful Touch: If appropriate and with consent, use respectful touch (e.g., a gentle pat on the shoulder) to convey support and care.
- Cultural Sensitivity: Be aware of cultural differences in nonverbal communication, such as varying norms for eye contact and physical touch.

By incorporating these effective verbal and nonverbal communication techniques, staff at Live Free can enhance their interactions with clients, create a supportive environment, and contribute to the overall success of the treatment process.

De-escalation strategies are essential for diffusing tense situations in a Treatment Center are key skills to acquire. Here are some of the best de-escalation strategies to consider:

- Stay Calm: Maintain a calm and composed demeanor, even in the face of hostility. Your calmness can help prevent the situation from escalating further.
- Active Listening: Listen attentively to the individual's concerns without interrupting. Show that you are genuinely interested in understanding their perspective.
- Empathize and Validate: Acknowledge the individual's feelings and frustrations. Use empathetic statements like "I understand this is difficult for you."
- Use Non-Threatening Body Language: Stand or sit at a comfortable distance, maintain an open posture, and avoid crossing your arms. This helps convey that you are non-threatening.
- Maintain Personal Space: Respect the individual's personal space to avoid triggering feelings of intimidation.

- Speak Softly and Slowly: Use a calm and soothing tone of voice. Speaking softly and slowly can help de-escalate a situation and reduce tension.
- Limit Commands and Directives: Minimize direct orders or commands, as these can escalate resistance. Instead, make requests and use polite language.
- Offer Choices: Give the individual options whenever possible. This empowers them to make decisions and reduces feelings of being controlled.
- Distraction and Diversion: Gently shift the focus of the conversation to a neutral or less triggering topic to divert attention away from the tension.
- Use Mirroring: Reflect the individual's emotions back to them in a nonjudgmental way. This can help them feel understood and validated.
- Avoid Arguing or Challenging: Refrain from engaging in arguments or debates, as these can escalate the situation. Focus on finding common ground.
- Offer Support and Reassurance: Let the individual know that you are there to help and support them. Reassure them that their well-being is a priority.
- Involve a Trusted Colleague: If the situation is escalating and you're having difficulty de-escalating on your own, involve a trusted colleague or supervisor for assistance.
- Offer a Break: If appropriate, suggest taking a break to allow both parties to cool off and regain composure.
- Safety Protocol: If the situation becomes physically threatening or unsafe, follow the facility's safety protocols and call for assistance.
- Aftercare Support: Once the situation is de-escalated, offer ongoing support and follow-up to address any underlying issues or concerns.
- Reflect and Debrief: After the incident, reflect on what worked and what could be improved. Hold debrief sessions with colleagues to share insights.

Training staff in these de-escalation techniques and providing regular practice scenarios can help them feel more confident and capable in managing tense situations effectively. It's crucial to prioritize the safety of all individuals involved while maintaining a compassionate and non-confrontational approach.

Role-playing exercises can be valuable tools for practicing communication and de-escalation skills in Treatment Settings. Here are some role-playing scenarios that staff can engage in to enhance their abilities:

- Agitated Client Intake: Role-play an intake scenario where a client is agitated and resistant. Practice active listening, empathetic responses, and de-escalation techniques to create a calming environment.
- Refusal of Medication: Act out a situation where a client refuses to take prescribed medication. Practice using non-confrontational language, offering choices, and addressing concerns.
- Confrontational Family Member:

    - Role-play a scenario involving a confrontational family member. Practice maintaining composure, setting boundaries, and effectively addressing their concerns.
- Handling Triggers:
    - Create a scenario where a client becomes triggered by a specific topic. Practice using distraction techniques, offering coping strategies, and redirecting the conversation.
- Emotional Disclosure:
    - Role-play a client who emotionally discloses sensitive information. Practice active listening, providing empathetic responses, and validating their feelings.
- Disagreement Among Clients:
    - Act out a situation where two clients have a disagreement. Practice mediating the conversation, promoting respectful communication, and finding common ground.
- Seeking Consent for Procedures:
    - Practice seeking consent from a client for a medical procedure or intervention. Emphasize clear communication, addressing concerns, and respecting autonomy.
- Client with High Anxiety:
    - Role-play a scenario with a client experiencing high anxiety. Practice using calming language, grounding techniques, and guiding them through relaxation exercises.
- Explaining Treatment Plans:
    - Act out a situation where you need to explain a complex treatment plan to a client. Practice using clear and simple language, visual aids, and ensuring their understanding.
- Aggressive Behavior De-escalation:
    - Role-play a scenario involving a client exhibiting aggressive behavior. Practice maintaining personal safety, using non-confrontational language, and implementing safety protocols.
- Cultural Sensitivity:

Create scenarios that involve clients from diverse cultural backgrounds. Practice cultural sensitivity, respectful communication, and adapting your approach to different cultural norms.

- Expressing Boundaries:
    - Role-play situations where you need to express and maintain appropriate boundaries with clients. Practice assertiveness, clarity, and professionalism.

- Handling Noncompliance:
    - Act out scenarios where clients are noncompliant with treatment plans. Practice using motivational interviewing techniques, exploring reasons for noncompliance, and finding solutions.
- Emotional Distress:
    - Role-play a client in emotional distress. Practice providing immediate support, validating their emotions, and helping them access appropriate resources.
- Trauma Disclosure:
    - Create a scenario where a client discloses past trauma. Practice responding with sensitivity, validating their feelings, and referring them to trauma-informed care.

After each role-playing exercise, take time for debriefing and constructive feedback. Encourage staff to reflect on their communication and de-escalation techniques, discussing what worked well and identifying areas for improvement. Regular practice of these scenarios can enhance staff's confidence and competence in handling real-life situations effectively and compassionately.

Module 6 trainings Medication Management and Withdrawal Symptom Recognition

Proper administration and documentation of medications during detox at Live Free Recovery involves adhering to specific protocols to ensure the safe and effective management of medications for clients in detoxification. Here's a general overview of the process:

Medication Administration:

- Only authorized and trained staff members should administer medications.

- Administer medications according to the prescribed dosage, route (oral, intravenous, etc.), and frequency.

- Follow a "rights of medication administration" approach: right patient, right medication, right dose, right route, and right time.

- Double-check the client's identity using at least two unique identifiers (e.g., full name and date of birth) before administering medication.

- Avoid crushing or altering medication forms unless approved by a medical professional.

Documentation:

- Document medication administration immediately after it's given. Use the detox center's approved medication administration record (MAR) form.

- Include the client's full name, date of birth, medical record number, medication name, dosage, route, time of administration, and your initials.

- Note any additional details, such as specific instructions from a medical provider or any observed reactions.

- If a medication is refused by the client, document the refusal with the reason.

- Ensure accuracy, legibility, and completeness in documentation.

- All entries should be made in non-erasable ink and corrections should be initialed and dated.

Communication:

- Communicate any changes in medication orders promptly to the medical provider.

- Report any adverse reactions, side effects, or concerns related to medications to the medical team.

- Maintain open communication with other staff members involved in the client's care to ensure consistent and coordinated administration.

Controlled Substances:

- Follow strict protocols for the administration of controlled substances (e.g., opioids) to prevent diversion and ensure client safety.

- Document controlled substance administration with additional requirements, such as the amount administered and the client's pain level.

Storage and Security:

- Store medications securely, following state and federal regulations.

- Monitor and document medication storage temperature as required.

- Implement measures to prevent unauthorized access to medications.

Education:

- Ensure all staff members are properly trained in medication administration and documentation procedures.

- Provide ongoing education to staff regarding new medications, changes in protocols, and best practices.

Withdrawal identified:

Recognizing common withdrawal symptoms for various substances here at Live Free Recovery is crucial for ensuring the safety and well-being of clients undergoing detoxification. Here's a general overview of withdrawal symptoms associated with different substances:

Alcohol Withdrawal:

- Early symptoms: anxiety, tremors, sweating, nausea, vomiting, irritability.

- Severe symptoms: hallucinations, seizures, delirium tremens (DT).

- Delirium Tremens (DT): disorientation, severe agitation, high fever, hallucinations, rapid heartbeat.

Opioid Withdrawal:

- Early symptoms: anxiety, restlessness, muscle aches, yawning, runny nose, sweating.

- Gastrointestinal symptoms: nausea, vomiting, diarrhea, abdominal cramping.

- Psychological symptoms: irritability, insomnia, mood swings.

Benzodiazepine Withdrawal:

- Anxiety, restlessness, insomnia, irritability, muscle tension.

- Tremors, sweating, nausea, vomiting.

- Seizures (can occur with abrupt cessation of high-dose or long-term use).

Stimulant Withdrawal (e.g., Cocaine, Methamphetamine):

- Fatigue, excessive sleepiness, increased appetite.

- Psychological symptoms: depression, irritability, difficulty concentrating.

- Intense cravings for the substance.

Sedative-Hypnotic Withdrawal (e.g., Barbiturates, Sleep Medications):

- Anxiety, restlessness, difficulty sleeping.

- Tremors, sweating, nausea, vomiting.

- Seizures (can occur with abrupt cessation of high-dose or long-term use).

Nicotine Withdrawal:

- Irritability, anxiety, mood swings.

- Difficulty concentrating, increased appetite, weight gain.

- Intense cravings for nicotine.

Other Substances (various prescription medications, hallucinogens, etc.):

- Withdrawal symptoms vary widely depending on the substance.

- It's important to be familiar with potential withdrawal symptoms associated with specific substances.

Observations and Monitoring:

- Pay close attention to clients for any signs of distress, discomfort, or unusual behavior.

- Monitor vital signs, such as blood pressure, heart rate, and temperature.

- Document observed withdrawal symptoms accurately and promptly.

It's important to note that withdrawal symptoms can vary in intensity and duration based on factors such as the type and amount of substance used, the client's overall health, and their individual response to withdrawal. Detoxification from certain substances, especially alcohol and benzodiazepines, can be medically complex and may require close medical supervision.

Detox center staff should receive thorough training on recognizing withdrawal symptoms and responding appropriately. Additionally, any concerns or observed symptoms should be communicated to the medical team promptly for assessment and intervention. Always follow the detox center's protocols, state regulations, and the guidance of medical professionals when addressing withdrawal symptoms.

Medical emergencies:

Identifying potential medical emergencies and taking appropriate actions in a substance abuse treatment detox program in New Hampshire (NH) is essential for ensuring the safety and well-being of clients undergoing detoxification. Here's a general overview of how to identify potential medical emergencies and the steps to take:

Delirium Tremens (DT) in Alcohol Withdrawal:

- Symptoms: Disorientation, severe agitation, hallucinations, high fever, rapid heartbeat.

- Action: Contact medical professionals immediately. Provide a calm and safe environment. Monitor vital signs.

Seizures in Opioid or Sedative Withdrawal:

- Symptoms: Uncontrolled shaking or convulsions.

- Action: Ensure the client's safety by moving objects away. Protect the client's head. Time the duration of the seizure. After the seizure, keep the client in a side-lying position.

Severe Hypertension or Cardiac Symptoms:

- Symptoms: Extremely high blood pressure, chest pain, difficulty breathing.

- Action: Contact medical professionals immediately. Keep the client calm and comfortable. Monitor vital signs.

Severe Dehydration:

- Symptoms: Dry mouth, dark urine, dizziness, confusion.

- Action: Encourage the client to drink fluids. If symptoms worsen, seek medical assistance.

Severe Gastrointestinal Distress:

- Symptoms: Persistent vomiting, diarrhea, abdominal pain.

- Action: Monitor fluid intake. If symptoms are severe or prolonged, seek medical assistance.

Respiratory Distress or Overdose:

- Symptoms: Slow or labored breathing, loss of consciousness.

- Action: Administer naloxone if opioid overdose is suspected. Perform rescue breathing if breathing is very slow or stops. Seek immediate medical help.

Suicidal or Harmful Intent:

- Symptoms: Expressing thoughts of self-harm or harm to others, acting agitated or aggressive.

- Action: Ensure the safety of the client and others. Remove any potential means of harm. Involve mental health professionals or crisis intervention teams.

Allergic Reactions or Anaphylaxis:**

- Symptoms: Swelling, difficulty breathing, rash, hives.

- Action: Administer epinephrine if available and prescribed. Seek immediate medical attention.

Any Unexplained or Severe Symptoms:

- Action: Err on the side of caution and seek medical assistance if in doubt. It's better to have a medical professional evaluate the situation.

Document and Report:

- Document observed symptoms, actions taken, and outcomes accurately and promptly.

- Communicate the situation to the medical team and facility leadership.

Training and Preparedness:

- Staff should be trained in basic first aid, CPR, and how to respond to medical emergencies.

- Familiarize staff with the facility's emergency protocols and evacuation procedures.

Live Free staff should always prioritize client safety and well-being. It's crucial to have clear and well-communicated emergency response procedures in place, and all staff members should be familiar with them. If a potential medical emergency arises, do not hesitate to seek immediate medical assistance. Always follow the protocols and guidelines established by your detox program and the direction of medical professionals.

Module 7 Ethical Considerations and Boundaries

Interacting with clients, maintaining confidentiality, and respecting boundaries are critical ethical considerations in Treatment . Here are ethical guidelines to uphold in these areas:

Interacting with Clients:

Respect and Dignity:

- Treat all clients with respect, empathy, and dignity, regardless of their background or circumstances.

Non-Discrimination:

- Do not discriminate based on race, ethnicity, gender, sexual orientation, religion, or any other characteristic.

Client-Centered Approach:

- Tailor interactions to the individual client's needs, preferences, and goals.

Informed Consent:

- Obtain informed consent from clients before any assessment, treatment, or intervention, explaining the purpose, risks, and benefits.

Maintaining Confidentiality:

Confidentiality Agreement:

- Clearly communicate the confidentiality policy to clients, emphasizing the importance of protecting their privacy.

Limits of Confidentiality:

- Inform clients of the situations in which confidentiality may be breached, such as when there's a risk of harm to themselves or others.

Sharing Information:

- Share client information only with authorized personnel involved in their care, ensuring proper documentation and consent.

Secure Record-Keeping:

- Maintain secure and accurate records, protecting them from unauthorized access.

Communication Channels:

- Use secure and private communication channels when discussing client information with colleagues or other professionals.

Respecting Boundaries:

Professionalism:

- Maintain a professional demeanor and avoid any behavior that may be perceived as inappropriate or boundary-crossing.

Dual Relationships:

- Avoid engaging in dual relationships that could compromise objectivity and create conflicts of interest.

Personal Disclosures:

- Refrain from sharing personal information or experiences that may detract from the therapeutic relationship.

Social Media:

- Avoid connecting with clients on personal social media accounts to maintain a professional boundary.

Gifts and Favors:

- Do not accept or offer gifts, favors, or personal benefits from/to clients, as this can blur boundaries.

Additional Considerations:

Cultural Competence:

- Be culturally sensitive and aware of cultural differences to ensure respectful interactions.

Consent for Treatment:

- Obtain informed consent from clients before providing any form of treatment, including medications and interventions.

Reporting Requirements:

- Familiarize yourself with mandatory reporting requirements for issues such as child abuse, neglect, and harm to self or others.

Continuous Education:

- Stay updated on ethical guidelines, laws, and best practices in the field through ongoing training and professional development.

Supervision and Consultation:

- Seek supervision or consultation from experienced colleagues or supervisors when facing ethical dilemmas.

Adhering to these ethical guidelines ensures that clients receive the highest standard of care and respect at Live Free. It also contributes to maintaining a safe, supportive, and effective treatment environment.

Balancing empathy and professionalism in client interactions within Live Free Recovery is crucial for building rapport while maintaining appropriate boundaries. Here are actionable ways to achieve this balance:

Active Listening:

- Practice active listening to fully understand clients' concerns and emotions.

- Maintain eye contact, nod, and use verbal cues to show you are engaged.

Empathetic Responses:

- Acknowledge clients' emotions and experiences without judgment.

- Use empathetic statements like "I understand this is challenging for you."

Reflective Language:

- Reflect back what clients have shared to show you've understood.

- This validates their feelings and helps you clarify their perspective.

Validate Emotions:

- Validate clients' feelings and struggles to show empathy.

- Use phrases like "It's okay to feel that way" or "Your feelings are valid."

Set Clear Boundaries:

- Clearly communicate boundaries regarding personal disclosures or relationships.

- Explain the limits of confidentiality and the professional nature of the relationship.

Maintain Professional Language:

- Use appropriate and respectful language at all times.

- Avoid slang, jargon, or overly familiar terms.

Focus on Strengths:

- Highlight clients' strengths and positive qualities to boost their self-esteem.

- Use strengths-based language to empower them.

Avoid Overstepping:

- Avoid making assumptions or judgments about clients' experiences.

- Respect their autonomy and allow them to share at their own pace.

Offer Supportive Resources:

- Provide information about support groups, therapy options, and community resources.

- Show that you care about their well-being beyond the treatment program.

Use Open-Ended Questions:

- Encourage clients to share more about their experiences and feelings.

- Use questions like "Can you tell me more about that?" to facilitate dialogue.

Mindful Nonverbal Communication:

- Use appropriate facial expressions, gestures, and body language.

- Maintain a professional yet empathetic demeanor.

Address Emotional Triggers:

- If a client becomes upset, acknowledge their feelings and offer grounding techniques.

- Create a safe space for them to express themselves.

Adapt Communication Style:

- Adjust your communication style based on the client's needs and preferences.

- Some clients may respond better to a more formal approach, while others appreciate a warmer tone.

Regular Self-Care:

- Practice self-care to manage your emotional well-being and prevent burnout.

- A well-rested and emotionally regulated professional is better equipped to balance empathy and professionalism.

Reflect and Seek Feedback:

- Reflect on your interactions to assess the balance between empathy and professionalism.

- Seek feedback from supervisors or colleagues to continuously improve.

Remember, the goal is to create a therapeutic alliance that combines understanding and support with a professional and ethical approach. Striking this balance enhances the quality of care and contributes to positive client outcomes at Live Free.

Module 8 Collaboration and Interdisciplinary Approach

Importance of Interdisciplinary Collaboration in Substance Use Detox:

Interdisciplinary collaboration at Live Free Recovery is essential for providing comprehensive and effective care to clients. Substance use disorders are complex and often require a holistic approach that addresses medical, psychological, social, and emotional needs. Interdisciplinary collaboration ensures that various professionals with different expertise work together seamlessly to deliver well-rounded care. Here's why it's important:

Holistic Care: Clients in detox require care that goes beyond addressing physical symptoms. Collaboration among medical, mental health, and social support professionals ensures that clients receive holistic treatment addressing their physical, psychological, and social well-being.

Comprehensive Assessment: Different professionals bring unique perspectives to client assessments, leading to a more accurate and comprehensive understanding of clients' needs and challenges.

Tailored Treatment Plans: Collaboration allows for the development of individualized treatment plans that consider all aspects of a client's health and circumstances.

Enhanced Outcomes: When professionals work together, clients benefit from coordinated care that reduces the risk of conflicting interventions and enhances treatment outcomes.

Prevention of Gaps in Care: Collaboration reduces the likelihood of important aspects of care being overlooked or neglected.

Faster Decision-Making: Collaborative teams can make quicker, well-informed decisions by leveraging the expertise of multiple professionals.

Continuity of Care: Effective collaboration ensures a smooth transition of care as clients move through different phases of treatment.

Roles and How They Work Together:

In a substance abuse treatment detox program, several key roles collaborate to provide comprehensive care:

Medical Doctors or Psychiatrists:

- Assess clients' medical condition, withdrawal symptoms, and any co-occurring disorders.

- Prescribe medications for withdrawal management and address medical needs.

- Collaborate with other professionals to develop integrated treatment plans.

Nurses:

- Monitor clients' physical health, administer medications, and manage withdrawal symptoms.

- Provide education on health-related topics.

- Communicate with other team members to ensure a coordinated approach.

Therapists/Counselors:

- Conduct psychological assessments, provide counseling, and facilitate group therapy.

- Address clients' emotional and psychological needs, including trauma and coping strategies.

- Collaborate with other team members to align treatment goals.

Social Workers:

- Assess clients' social and environmental factors, such as housing and support systems.

- Provide case management, connect clients with resources, and address discharge planning.

- Collaborate with other professionals to address social determinants of health.

Nutritionists/Dietitians:

- Assess clients' nutritional needs and develop meal plans.

- Address any nutritional deficiencies that may impact recovery and well-being.

Peer Support Specialists:

- Share their personal recovery experiences and provide guidance and support to clients.

- Act as role models and advocates for clients' recovery journey.

Pharmacists:

- Collaborate with medical professionals to ensure safe and effective medication management.

- Educate clients about medications, potential interactions, and side effects.

Administrative Staff:

- Coordinate appointments, manage records, and facilitate communication between team members.

Effective interdisciplinary collaboration involves regular communication, case conferences, and shared decision-making. Each role contributes its expertise to create a comprehensive and personalized treatment plan that addresses all aspects of a client's well-being. This collaborative approach improves the quality of care and enhances clients' chances of successful recovery while attending Live Free Recovery.

Effective Communication and Teamwork Among Staff Members in a Substance Abuse Treatment Detox Program in NH:

Establishing effective communication and teamwork among staff members is crucial for providing quality care and ensuring a supportive environment at Live Free Recovery. Here's an outline of strategies to achieve this:

Clear Communication Channels:

- Create clear channels for communication, both formal (meetings, emails) and informal (chat platforms, quick updates).

- Ensure all staff members are aware of these channels and know when to use each one.

Regular Team Meetings:

- Schedule regular team meetings to discuss client progress, treatment plans, and challenges.

- Encourage open dialogue and the sharing of insights and perspectives.

Collaborative Decision-Making:

- Involve relevant team members in decision-making processes to ensure diverse viewpoints are considered.

- Seek input from different disciplines when developing treatment plans.

Shared Documentation:

- Use a centralized system for documenting client information, progress notes, and interventions.

- Ensure all staff members have access to updated and accurate records.

Cross-Training:

- Provide opportunities for staff members to learn about the roles and responsibilities of their colleagues.

- Cross-training enhances understanding and promotes empathy among team members.

Interdisciplinary Case Conferences:

- Organize regular case conferences involving various disciplines to discuss complex cases and treatment strategies.

- Foster collaboration and encourage creative problem-solving.

Respectful Communication:

- Promote a culture of respectful and professional communication among staff members.

- Address conflicts or disagreements through constructive conversations.

Active Listening:

- Encourage active listening during interactions among team members.

- Ensure everyone has the chance to express their ideas and concerns.

Feedback and Reflection:

- Encourage feedback on team dynamics, communication, and collaboration.

- Reflect on successes and areas for improvement as a team.

Clear Roles and Responsibilities:

- Define and communicate each team member's roles and responsibilities clearly.

- Avoid assumptions and ensure everyone knows their specific contributions.

Team-Building Activities:

- Organize team-building activities to foster positive relationships and improve teamwork.

- Activities can include workshops, retreats, or team outings.

Conflict Resolution Training:

- Provide training on conflict resolution techniques to address disagreements professionally and constructively.

Celebrate Achievements:

- Recognize and celebrate team achievements, milestones, and successes.

- Positive reinforcement boosts morale and team cohesion.

Supportive Leadership:

- Leaders should model effective communication and teamwork, setting an example for staff members.

- Provide resources and support to enhance staff communication skills.

Encourage Learning and Growth:

- Support ongoing professional development and encourage staff to learn from one another.

- Learning from different disciplines enriches the team's knowledge base.

By implementing these strategies, Live Free can foster a culture of effective communication and teamwork among staff members. This collaborative approach ultimately contributes to the program's success in providing comprehensive and compassionate care to clients.

Examples of Case based discussions on collaborative problem-solving at Live Free

Case 1: Addressing Client Resistance

Situation: A client has been resistant to participating in group therapy sessions and has shown reluctance to engage in any treatment activities. The client's lack of engagement is impacting their progress in the detox program.

Discussion Points:

Interdisciplinary Discussion: As a team, discuss the possible reasons for the client's resistance. Consider medical, psychological, and social factors that could contribute to their behavior.

Collaborative Assessment: Assign team members from different disciplines (e.g., therapist, nurse, social worker) to conduct a comprehensive assessment of the client. This assessment can provide a holistic understanding of the client's needs and barriers.

Treatment Plan Modification: Collaboratively modify the client's treatment plan to address their resistance. Consider adjusting the therapy approach, exploring alternative activities, or providing additional support.

Team Support: Designate a team member to establish a supportive rapport with the client. Collaborate on strategies to motivate the client and encourage their active participation.

Regular Check-Ins: Establish a schedule for interdisciplinary check-ins to monitor the client's progress and make necessary adjustments to their treatment plan.

Case 2: Co-occurring Disorders and Medication Management

Situation: A client with a history of substance abuse also presents symptoms of anxiety and depression. The medical team has prescribed medication to manage these

co-occurring disorders, but there is concern about potential interactions with withdrawal management medications.

Discussion Points:

Team Discussion: Convene an interdisciplinary meeting involving the medical doctor, psychiatrist, and nurse to discuss the client's medication regimen and potential interactions.

Pharmacist Consultation: Consult with the facility's pharmacist to review the medication plan and identify any potential interactions or adverse effects.

Client Education: Collaboratively develop a plan to educate the client about their medications, including potential side effects and interactions. Involve therapists or counselors to support the client's understanding.

Monitoring and Communication: Establish a system for regular communication between the medical team and the counseling team to monitor the client's response to medications and overall progress.

Integrated Care: Work together to integrate therapeutic interventions that address both substance abuse and co-occurring disorders. Collaborate on counseling strategies that complement the medication management plan.

Case Conferencing: Schedule regular interdisciplinary case conferences to review the client's progress, medication adjustments, and any necessary modifications to the treatment plan.

These case-based discussions illustrate how interdisciplinary collaboration enhances problem-solving and client care within a substance abuse treatment detox here at Live Free. By bringing together diverse expertise and perspectives, teams can develop effective strategies to address complex challenges and provide comprehensive support to clients.

INFECTION PREVENTION AND CONTROL

All employees are required to participate in infection prevention and control training on an annual basis. This study guide is designed to assist in preparing employees to perform in a way that protects patients, employees, students, and visitors from spreading pathogens and communicable diseases to one another.

Bloodborne Diseases Bloodborne diseases are diseases that are spread by contact with infected blood and other infectious body fluids.

Transmission of bloodborne pathogens, including HIV, Hepatitis B virus and Hepatitis C virus, may occur if infectious blood or body fluids contact the mucous membranes of the eyes, nose, or mouth. They can be transmitted by needlesticks and puncture wounds or cuts from other contaminated sharps. Non-intact skin also provides a way to contact these organisms. This is especially true if you have abrasions, cuts, rashes, or burns on your hands and you touch blood, other potentially infectious materials, or a contaminated surface with your bare non-intact hands. These pathogens can be present long before the infected person shows any signs of the disease. Sometimes they are present without the patient or the employee developing signs of the disease.

Contaminated objects can transmit Hepatitis B, as the virus can live on inanimate objects for up to four (4) weeks. The HIV virus, however, cannot live outside the body. The pathogens that cause bloodborne diseases may be present in:

• Blood
• Body fluids which has visible blood
• Semen, vaginal secretions, cerebrospinal fluid, synovial fluid, plural fluid, pericardial fluid, amniotic fluid
• Blood tinged saliva in dental procedures unfixed tissue or body organs other than intact skin
• Organ cultures, HIV containing culture media, or similar solutions
• Blood, organs, and tissue from experimental animals infected with HIV or HBV
• Items contaminated with any of the above. (An item is considered to be contaminated if it is, or is being suspected of being, soiled with blood or other infectious materials.) (Only blood, semen, vaginal secretions, and breast milk have been shown scientifically to transmit HIV.) Bloodborne pathogens may enter your body in a variety of ways including:
• Through open cuts, nicks, skin abrasions, dermatitis, and acne, as well as the mucous membranes of your mouth, eyes or nose
• By touching an object soiled with infectious material and then indirectly transferring the infectious material to your mouth, eyes, nose, or open skin lesion
• An accidental injury that results in a puncture or cut of your skin by a sharp object soiled with infectious material (for example, a needle, knife, broken glass, dental wires, etc.).

Surfaces such as walls, floors, counters and furniture that are contaminated with infectious material are a major danger for spreading diseases such as hepatitis B. The hepatitis B virus can survive on surfaces for up to four (4) weeks. Infectious materials such as serum or plasma, without visible signs, can soil surfaces and objects. This is why we use standard housekeeping procedures for cleaning and disinfecting of all equipment and work surfaces outside of the host and on an environmental surface. Hepatitis B is a much stronger and more viable virus than HIV.

Some of the bloodborne diseases that healthcare employees can be exposed to on the job include:

• Hepatitis B (HBV)
• Hepatitis C (HCV)
• Human Immunodeficiency Virus (HIV), the virus that causes AIDS The most common and the most contagious of these bloodborne diseases is Hepatitis B (HBV).

The other infection that is becoming of great concern to hospital employees is Hepatitis C and as in the past human immunodeficiency vims (HIV) that causes AIDS.

Hepatitis B (HBV)

Hepatitis B is an inflammation of the liver that can lead to cirrhosis and death. Hepatitis B (HBV) is a major risk for health care workers. It is estimated that 1 to 1.25 million persons in the U.S. have chronic Hepatitis B and are potentially infectious to others. It affects about 8,500 health care workers each year. Studies show the infection rate for Hepatitis B from a contaminated needle, a common mode of transmission, is as high as one in six. Symptoms include weakness, fatigue, anorexia, nausea, abdominal pain, jaundice (yellow skin), fever, headache, vomiting, diarrhea, decreased appetite, and generalized muscle aches.

Hepatitis B vims may be transmitted when a person's mucous membranes or breaks in the skin are exposed to an infected person's blood, semen, vaginal secretions, or other potentially infectious materials. Of those who are infected with hepatitis B, 1/3 will have no signs, 1/3 will have mild, flu-like illness, and 1/3 will have severe symptoms of the illness.

The signs of severe clinical hepatitis B include: jaundice (yellowing of the skin and eyeballs), dark urine, extreme fatigue, loss of appetite, nausea, abdominal (belly) pain, joint pain, rash and fever.

The Hepatitis B virus may be spread by sexual or other contact with semen, vaginal secretions, blood, and other body fluids of an infected person. Hepatitis B can also be spread from a pregnant woman to her unborn child. Health care workers can control the spread of Hepatitis B and protect themselves by acting as if EVERY patient they come in

contact with has the disease. (Remember, 2/3 of infected people either do not have signs or have signs that can be mistaken for flu!)

By using Standard Precautions, which will be discussed later in this module, health care workers can protect themselves from illnesses such as Hepatitis B. Using Standard Precautions and becoming vaccinated is the best way to protect yourself from the Hepatitis B virus. Employees whose job description requires that they come into contact with blood and body fluids may consider to have the vaccine. (The Hepatitis B vaccine does not protect against other bloodborne diseases.) Hepatitis B vaccine is used to immunize people of all ages against infection caused by all subtypes of Hepatitis B virus. There is no danger of getting Hepatitis B from the vaccine, because no human substances are used to make it. At this point, we do not know how long the protection lasts, or whether periodic booster doses will be needed. Antibody levels that develop from the vaccine drop steadily over time.

Up to 50% of adults who develop enough antibodies with the vaccine will have low or no antibody levels 7 years after the vaccination. However, it appears that they still are protected against infection and clinical disease from the Hepatitis B vims. Human Immunodeficiency Virus (HIV) A person who is HIV positive (HIV+) is infected with the human immunodeficiency virus. This virus causes Acquired Immune Deficiency Syndrome (AIDS). Being HIV+ does not mean that the person has AIDS, or that they will become seriously ill soon. The virus may be inactive for periods of time, sometimes for several years. During this time, an infected person may have no signs of disease.

It is estimated that 36.7 million cases worldwide, 1.1 million cases in the United States and 106,585 in the state of Florida. The HIV virus attacks the immune system. It eventually affects the body's ability to fight off "opportunistic infections" which are caused by organisms that usually do not cause disease in people who have healthy immune systems. People infected with the HIV virus are also more likely to develop contagious diseases such as tuberculosis, because the immune system is not able to fight them off.

A person infected with HIV may have the following characteristics:

• Carry the virus for years without developing any signs
• Suffer from flu-like symptoms of fever, diarrhea and fatigue
• Develop HIV-related illnesses such as nervous system problems, cancer, Pneumonia, tuberculosis, and opportunistic infection HIV is spread through contact with infected blood, semen, and vaginal fluids.

HIV is not spread by casual contact such as touching or working around patients who are infected.

The main behavior that transmits HIV is sexual contact. Vaginal, penile, rectal intercourse, and/or sharing of needles during I.V. drug abuse also transmit the virus. Occupational needlestick injuries show the rate of infection, after being stuck with an HIV contaminated needle, is one in 300. Health care workers can help control the spread of HIV and protect themselves by acting as if EVERY patient they come in contact with is infected with the vims. (Remember, patients may carry the virus for years without developing any signs, or the signs can be mistaken for other health problems! Early on when an individual is exposed, and prior to any symptoms, a person is 1,000 times more infectious. Yet when tested prior to developing antibodies the test will be negative.)

By using Standard Precautions, which will be addressed later in this module, health care workers can protect themselves from infections such as HIV.

Hepatitis C Virus (HCV)

Hepatitis C Virus is spread mainly through blood transfusions and intravenous drug abuse. It resembles Hepatitis B in that it attacks the liver. Symptoms of active HCV are milder than those of HBV - or may not even be present. However, HCV is more likely to cause chronic carrier state and more likely to lead to cirrhosis, liver cancer, and death.

AIRBORNE DISEASES

Airborne diseases are spread by breathing in air which has droplets or droplet nuclei (5mm or smaller in size), that can cause airborne disease.

Some examples of airborne diseases include:

• Tuberculosis
• Chicken-pox
• Measles
• Shingles in a person whose immune system is weak There are many ways to protect staff and other patients from airborne diseases.
• Patients who have airborne diseases will be discharged and/or transferred to another facility until there are free from the airborne disease.
• Staff will be notified any airborne diseases to ensure proper care is given to individual.

Tuberculosis(TB) Tuberculosis

(TB) is an infectious disease that occurs most often in the lung. TB is a serious and growing threat to everyone. Some TB infections are treatable with drugs. There are strains of the

disease that are resistant to most drugs now available. Although anyone can get TB, there are some groups that are at a greater risk than others. These high-risk groups include: low socio-economic levels without a strong social support system, the homeless, the elderly, those who live in nursing or retirement homes, IV drug users, migrant workers, and those who live in areas where the disease is common.

In addition to a positive TB skin test the patient may have one or more of the following symptoms if infected with TB:

- Productive cough
- Coughing up blood
- Fever and chills
- Night sweats
- Recent weight loss

Patients who are HIV (AIDS) infected may have TB without showing these typical signs. TB is most commonly spread by breathing in the airborne droplet nuclei <5 microns. Organisms transmitted in this matter can be suspended in air for long periods of time and can be dispensed in air currents. An important way to control the spread of tuberculosis is to find out early who has been exposed to the disease. Persons can have a positive tuberculosis skin test (PPD) without being infectious with TB. Headrest employees are required to have a tuberculin skin test or chest x-ray prior at time of pre-employment health screening.

Any client suspected of having tuberculosis should be put on air-born precautions right away and be prepared for transfer to a medical facility for further evaluation and/or treatment.

Droplet Precautions

Droplet transmission involves contact of the conjunctivae or the mucous membranes of the nose or mouth of a susceptible person with large particle droplets (5mm or larger in size). Droplets are generated from the person primarily during coughing, sneezing, or talking. Droplets usually travel short distances of 3 ft. or less.

Diseases that are spread by droplets include:

• Invasive Haemophilus influenza type b disease, including meningitis, pneumonia, epiglottis and sepsis • Invasive Neisseria meningitides disease, including meningitis, pneumonia, epiglottitis and sepsis
• Diphtheria (pharyngeal)
• Mycoplasma pneumonia
• Pertussis
• Pneumonic plague
• Streptococcal pharyngitis, pneumonia, or scarlet fever in infants and young children
• Adenovirus
• Influenza
• Mumps
• Parvovirus
• Rubella

EXPOSURE CONTROL PLAN

The Occupational Safety and Health Act (OSHA) defines occupational exposure as "reasonably anticipated skin, eye, mucous membrane, or parenteral [piercing the skin] contact with blood or other potentially infectious materials that may result from the performance of an employee's duties." The OSHA regulations require the organization to develop an Exposure Control Plan and to make it available to all employees.

The Exposure Control Plan is in the Infection Prevention and Control Manual and the plan is available to all employees. Be sure to read the Exposure Control Plan. It has important information that will help you protect yourself from getting diseases that you might be exposed to because of your work. The Exposure Control Plan lists tasks and procedures, which could cause you to be exposed to infectious diseases. Let this list serve as a reminder for you to protect yourself when doing these tasks or procedures. Because we do not always know what diseases or pathogens a patient may have, we need to learn to lower our risk and protect ourselves. We need to act as if EVERY patient has an infectious disease such as hepatitis, malaria, syphilis, and HIV/AIDS. (This behavior is part of Standard Precaution, which is discussed in detail later in this module.) It is harmful and may be life threatening not to protect ourselves from these diseases or pathogens.

There is no way to tell with certainty that any person is free of Bloodborne disease. Any person can be infected without being aware of the infection. The infected person may not have any signs or symptoms of disease. We cannot make safe judgements about absence of infection by appearance, age, sex, socioeconomic level, or any other factor. The best way for health care workers to protect themselves from exposure to bloodborne infections is to treat ALL patients as if they were infected with Hepatitis B, Hepatitis C, HIV, or other

bloodborne diseases. Some major ways to reduce the risk of exposure to bloodborne organisms on the job are:

Engineering Controls

Engineering controls are physical or mechanical systems designed to stop hazards before they start. Examples of engineering controls are: self-sheathing needles, bio-safety bags, sharps disposal containers, appropriate hand washing facilities.

Personal Protective Equipment(PPE)

Personal Protective Equipment is intended to protect you from contact with possible infectious materials. Examples of such equipment include: gloves, masks, protective eye wear, fluid resistant gowns, resuscitation bags and other resuscitation devices.

To be effective, personal protective equipment must be fluid resistant and help prevent blood or other potentially infectious materials from passing through to the employee's work clothes, street clothes, undergarments, skin, eyes, mouth, and other mucous membranes. This protection should be effective under normal conditions of use for the length of time for which it will be used.

Some general guidelines for selection and use of protective equipment are:

• The employee must be taught to use it properly.
• Appropriate protective equipment must be used each time a task is done.
• The equipment must be free of flaws that would make it unsafe.
• Gloves must fit properly.
• If infectious materials go through the protective equipment, remove it as soon as possible and wash the exposed intact skin surface with an antimicrobial soap for 10 minutes.
• When the task is complete, remove all protective equipment and place it in the appropriate place or container for washing, decontamination, or disposal.

Once personal protective equipment has been used, it must be properly disposed of. Disposable items (for example gloves, masks, fluid resistant gowns,) should be handled as follows:

• If items are visibly contaminated and could cause dripping with blood or other body fluids, they are disposed of in red plastic bags for medical service waste disposal.
• If items are not contaminated and cannot cause dripping, splattering or splashing, they are disposed of in regular trash.

HOUSEKEEPING PRACTICES

• When cleaning up broken glass, do not pick it up with gloves or bare hands. Use tongs or a brush and dust pan.
• Spill kits may be used for blood and body fluid spills.
• Do not place contaminated laundry on the floor. Handle contaminated laundry as little as possible. Do not hold up to the body. Place all contaminated laundry in blue laundry bags.
• Place ALL sharp items in a sharp's container.
• Clean up contaminated areas first with soap and water (while wearing PPE) follow with a EPA registered disinfectant or a fresh solution of 5.25% of sodium hypochlorite mixed 1:10 with water.
• All bio-medical waste will be placed in red bags that have a biohazard symbol on it. Red bags will be located for disposal in various locations.

Sharps container must be properly closed when line indicates FULL, for pick-up.

EMPLOYEE WORK PRACTICES

Employee work practices are specific procedures that are aimed at reducing the chances of exposure to infectious material. Examples of employee work practices are:

Handwashing: Comply with current CDC hand hygiene guidelines in order to reduce the risk of healthcare acquired infections.

The generally accepted correct handwashing time and method is a 10-15 seconds vigorous rubbing together of all soapy surfaces followed by rinsing in a flowing stream of water. If hands are visibly soiled, more time may be required. Handwashing should occur after every patient contact, each time gloves are removed, and when skin or mucous membranes come in direct contact with blood or other body fluids. Handwash with an antimicrobial soap or flush eyes and mucous membranes immediately with water for 10 minutes in the event direct contact with blood or other body fluids. Purell handwashing stations are available on each unit.

Needlesticks: Avoiding injuries from needlesticks and other sharps: use only safe needle devices, do not bend, hand-recap, shear or break contaminated needles or other sharps; and dispose of sharps promptly in puncture-resistant, leak-proof containers.

Personal hygiene: Do not eat, drink, smoke, apply cosmetics or lip balm, or handle contact lenses, where you may be exposed to potentially infectious materials; avoid petroleum-based lubricants that may "eat" through latex gloves; do not keep food or drinks in refrigerator, freezers, cabinets, or on shelves, counter tops or bench tops where possible infectious materials may be present.

STANDARD PRECAUTIONS

Standard Precautions are meant to protect workers from biohazards and is inclusive of Body Substance Isolation and Universal Precautions. Headrest has adopted Standard Precautions as its isolation technique for all patient care that is based on the idea that "Anything that's wet and not yours is potentially infectious!"

Three basic principles apply in Standard Precautions:

1) Strict hand washing technique is used in all cases of contact with patients, blood/body fluids, secretions, excretions and contaminated items. Wash hands after removing gloves.

2) Contaminated needles and sharps are handled and disposed of according to policy and procedure.

3) Personal protective equipment that is adequate and appropriate is used. The type of protective equipment appropriate for a given task depends on the expected exposure.

* If you expect to be splashed, sprayed, or spattered with droplets of infectious material, use a mask, eye protection, and fluid resistant gown, gloves.

SIGNS AND LABELS The universal biohazard symbol shown below is used on all containers of medical waste, refrigerators, and freezers that hold blood or other infectious material. There are several ways to warn that a piece of equipment or material is contaminated or possibly contaminated. You can attach a biohazard symbol or a warning label, or put it in a red bag or red container. Also, you should always treat all blue bagged linen as contaminated.

EXPOSURE INCIDENTS

When an employee is exposed to blood or potentially infectious body fluids the employee should: • Remove all contaminated clothing as soon as possible (The employee's supervisor will provide alternate clothing).

• Immediately wash or flush contaminated skin with antimicrobial soap and water for 10 minutes. If you obtained a needlestick squeeze/milk the area of blood and then wash for 10 minutes.

• Employees are responsible for reporting incidents to their supervisors immediately after they happen and reporting to Employee Health immediately.
• You and the source will be tested for HIV, HBV after the consents and counseling is completed.
• You will be seen by the workmen's compensation physician for an evaluation and any treatment. You will receive a written opinion in 15 days.
• The protocol that will be followed is detailed in the exposure control plan.

REPORTING EMPLOYEE SIGNS OF DISEASE

Employees who have any of the following signs of disease should contact the Clinical and/or Executive Director of Headrest: eye infection (conjunctivitis); signs of respiratory illness; skin rashes, open lesions, cold sores; recent exposure to chickenpox, mumps, measles, whooping cough; cast, and/or bandages that prevent effective hand washing. Employees who feel that they are infectious or who are too sick to work are encouraged not to come to work.

INFECTION PREVENTION AND CONTROL TEST

1. What type of personal protective equipment (PPE) is needed when performing a task when touching of human blood/body fluid may occur?

a. Gloves

b. Mask Goggles

c. Gowns

d. All the above

2. What is the correct response to clean up a spill containing blood/body fluids?

a. Call your supervisor

b. Call 911

c. Put on gloves, wipe up spill (utilize spill kit_ then disinfect with an EPA registered disinfectant and/or a 1:10 sodium hypochlorite (bleach)

3. The best way to protect yourself from Hepatitis B is to be vaccinated and utilize Standard Precautions with all patients.

TRUE FALSE

4. Good handwashing techniques keep you from transferring contamination to other areas of your body or the environment.

TRUE FALSE

5. Every time you remove your gloves you must wash your hands with soap and running water.

TRUE FALSE

6. Never pick up broken glass with your hands. Use tongs or a brush and dust pan.

TRUE FALSE

7. Blood is the only body fluid that can carry blood-borne diseases.

TRUE FALSE

8. HIV can live on inanimate objects for up to 4 weeks.

TRUE FALSE

(Infection Prevention and Control Test Continued)

9. Hepatitis B virus (HBV) hand Human Immunodeficiency virus (HIV) are spread through:

a. Casual contact or contact with toilet seats, doorknobs, etc.

b. Exposure to blood/body fluids by percutaneous exposure (needlesticks) and/or mucous membrane (mouth or eye) exposures.

10. Any task that involves human blood/body fluid, tissues and/or a needle or sharp contaminated with human blood/body fluids is a task where there is a chance of exposure to HB R HIV.

TRUE FALSE

11. Standard Precautions are utilized based on the premise that any contact with human blood/body fluids is potential infectious risk.

TRUE FALSE

Your Name _____

ETHICAL DECISION MAKING TRAINING FOR CRISIS COUNSELORS

Ethical decision making for crisis counselors consists of ten steps:

(1) Identify the ethical concern within the context of the disaster

(2) Consider personal (crisis counselor's) beliefs and values, skills and knowledge

(3) Identify the code(s) of ethics involved

(4) Determine possible ethical traps

(5) Frame a preliminary response

(6) Consider the consequences

(7) Prepare an ethical resolution

(8) Get feedback/consultation from other crisis counselors

(9) Take action

(10) Review the outcome.

Step 1- Identify the ethical concern within the context of the disaster.

During this step, the crisis counselor identifies an ethical dilemma that s/he is faced with, which might be unique to the disaster event (e.g., location, duration, magnitude). It also would involve providing crisis counseling in this or another state or country, with diverse cultures, religious/spiritual values, etc.

Example: A crisis counselor receives a phone call from Russia, subsequent to a terrorist attack and the death of many Russian civilians (children, women, and men). You have overheard one of the other crisis counselors requesting that the survivors who received crisis counseling make themselves available to tell their story on video. According to this crisis counselor, the video tapes would be used by the relief organization to encourage donations for the people affected by the terrorist attack. One of the local women started crying and asked not to be recorded when telling her story. Our potential callers/clients have the right to refuse the use of their calls/recordings for any reason they chose.

Step 2- Consider personal (the crisis counselor's) self, beliefs and values, skills and knowledge.

During this stage, the crisis counselor needs to assess the

(a) self - does s/he have the ability to deal with his/her own stress and internal conflict as well as his/her emotions so that s/he can be calm, and is able to focus and be action oriented
(b) beliefs and values - about him/herself, others, the world and religious/spiritual values to see that they do not interfere with their ethical decision making process
(c) skills and knowledge - having the crisis counseling and crisis management skills needed to meet the needs of the disaster affected individual, family and community.

Example: The crisis counselor, being aware of the importance of relief organizations procuring donations, felt upset that these survivors were being used to get funding, rather than to meet their needs.

Step 3- Identify the code(s) of ethics involved.

During this step, the crisis counselor identifies the code(s) that applies to this ethical dilemma. Familiarity with the ACA Code of Ethics is important in this step. If a copy of the ACA Code of Ethics is available, it might also serve as an additional resource to identify the codes impacted.

Example: the ACA Code of Ethics clearly states: A.1.a. Primary Responsibility – The primary responsibility of counselors is to respect the dignity and to promote the welfare of clients (APA, p. 3). B.1.b. Respect for Privacy – Counselors respect client rights to privacy. Counselors solicit private information from clients only when it is beneficial to the counseling process (ACA, p. 7). C.1 Knowledge of Standards – Counselors have a responsibility to read, understand, and follow the ACA Code of Ethics and adhere to applicable laws and regulations (ACA, p. 9). C.3.b. Testimonial – Counselors who use testimonials do not solicit them from current clients nor former clients nor any other persons who may be vulnerable to undue influence (ACA, p. 10).

Step 4- Determine possible ethical traps.

There are several traps that crisis counselors might struggle with and need to assess, to assure that they are not interfering with ethical decision making:

(a) **the common objectivity trap** - is s/he (the crisis counselor) overidentifying or over-invested with the trauma affected person, family, community?
(b**) the value trap** - the crisis counselor's personal values about who should be served (e.g., children over adults, young adults over the elderly, etc.) how to provide services (using the same services regardless of the needs of the disaster affected individual, family , community), (c) **the circumstantiality's trap** - the belief that crisis counseling is a unique

circumstance (e.g., magnitude of the disaster, lack of resources and support services, functioning in another country, etc.) and traditional values and practices do not need to be followed (d) **the traditional trap** - historically s/he (the crisis counselor) has not done it that way before (e.g., in previous disasters, or in the office, etc.)
(e) **the role trap** - functioning outside their role as crisis counselor (e.g. I know how to do Eye Movement Desensitization and Reprocessing [EMDR], so I can do more than crisis counseling here, etc.) and beyond their skill level (e.g., I have never been trained in Critical Incident Stress Debriefing [CISD], but I have read about it, and I can learn as I go along, etc.); (f) the "that's what we do in the USA" trap - providing services using American frame of reference rather than looking at the cultural, historical, ecological, etc., setting
(g) **the who will benefit trap** - limiting the services to those that the crisis counselor perceives as benefitting and being deserving of crisis counseling, such as women and children versus soldiers; and (h) the vicarious trauma trap - the perception that what s/he (crisis counselor) is doing is not making any difference, is not helpful.

Example: The crisis counselor assessed the different ethical traps and decided that providing crisis counseling in Russia does not justify video taping survivors who did not want to be video taped, and justifying such behavior with public donations allowing additional teams to be deployed in the future.

Step 5- Frame a preliminary response.

After having identified the crisis counselor's personal self, skills, and knowledge as well as personal beliefs and values, in addition to having identified the ACA Code(s) of Ethics that apply to the ethical traps, s/he (crisis counselor) will develop a preliminary response for how to deal with the situation.

Example: The crisis counselor believed that it was her responsibility to talk with the other two crisis counselors and remind them that their expectations of survivors did not follow the ACA Code of Ethics.

Step 6- Consider the consequences.

During this step, the crisis counselor is to assess, using an eco-systemic view, what consequences the preliminary ethical decision might have, i.e., if there are any possible adverse reactions for the individual, family, and/or community affected by the disaster.

Focus also needs to be upon determining what consequences the preliminary ethical decision might put upon the crisis counselor and/or other crisis counselors and/or first responders.

Example: The crisis counselor realized that addressing her ethical concerns with the other two crisis counselors might result in difficulty in working together and in delivering quality services.

Step 7- Prepare an ethical resolution.

After all consequences have been assessed and the crisis counselor has determined that the consequences from his/her ethical decision making are in the best interest of the disaster affected individual, family, and community, as well as within the skill and knowledge level of the crisis counselor and appropriate for the disaster affected country, s/he prepares the ethical resolution.

Example: The crisis counselor concluded that her decision to talk with the other two crisis counselors was in the best interest of the terrorist affected Russian survivors.

Step 8- Get feedback/consultation from other crisis counselor(s).

Following the ethical resolution, the crisis counselor communicates his/her decision to his/her fellow crisis counselors and if appropriate, consults with local agencies/organizations that they are in partnership with. In addition, they might also choose to consult with the relief organization that deployed them to the disaster. At Headrest, you will always debrief with a Clinical Director after having to call 911 for any client calling the hotline. However, it is important to know that you are supported by your team and immediate supervisor before making a decision. You are not alone.

Example: Since no other crisis counselors were accessible to the crisis counselor other than the two who had engaged in the recording/video taping for donation practice, she contacted her own relief organization, who agreed with her, and voiced concerns about the situation.

Step 9- Take action.

If no concerns were raised after the crisis counselor's consultation, she/he will act according to the ethical decision made.

Example: The crisis counselor requested a meeting with the other two crisis counselors, and reported her concern and the consultation she had engaged in before setting up this meeting. The crisis counselors' response was to be open to the feedback, thanked the crisis counselor for reminding them of their code of ethics and then said: "We didn't know, and we never would have done this in the USA, but it seems different in Russia, especially, since Russia has no established code of ethics for counselors/mental health professionals."

Step 10- Review the outcome.

After the crisis counselor has acted on the ethical decision, she/he needs to assess/review the outcome of the decision, with a desire to learn from the process and improve future

ethical decision making. This process also includes getting feedback or reviewing the impact of the ethical decision on the disaster affected individuals, families and the community. Information should also be gathered from the local agencies/organizations they are in partnership with, as well as their relief organization. This review will be important to the crisis counselor, as well as other crisis counselors, allowing for lessons learned at the disaster site, and can be something passed on to other crisis counselors at their own and other relief organizations.

Example: The crisis counselor reported feeling good about the other two crisis counselors' responses to her feedback. She was surprised that they chose not to use their ACA Code of Ethics to guide them in their work as crisis counselors in another country. She did report that she felt good about the process and outcome and will address ethical concerns in the future using the ethical decision making model.

Summary

It is important to remember that crisis counselors should be guided by the ACA Code of Ethics as they respond to disasters, and often faced with complex and unique ethical challenges. However, the ACA Code of Ethics cannot guarantee ethical behavior.

Moreover, the Code cannot resolve all ethical issues encountered by the crisis counselor or capture the complexity involved in doing crisis counseling during and immediately after disasters while striving to make responsible choices. Rather, the ACA Code of Ethics sets forth ethical principles, standards and values to which crisis counselors aspire and by which their actions while doing crisis counseling can be judged, making an ethical decision model for crisis counselors essential.

Ideas and Research You Can Use: VISTAS 2010 6 Conclusion This ten step model is expected to be of help to crisis counselors as they work during and after disaster situations. This is not an easy task, as disasters are characterized by rapid change and a high degree of uncertainty. The implications of crisis counselors using this ethical decision making model is a standard of conduct and service delivery which is in the best interest of the disaster affected individuals, families and communities on the local, national and international level.

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CRISIS COUNSELOR ETHICAL DECISION-MAKING QUIZ

Instructions: Please Circle Your Answer (True or False) to the following statements.

1. Before offering advice to a caller in crisis, I should consider my own ethical values, beliefs and knowledge around their specific situation.

TRUE FALSE

2. It is a bad idea for me to seek consult with other hotline counselors before making important decisions or outside referrals.

TRUE FALSE

3. I should not have to consider the callers culture, geographic location, or ethnic background when offering advice or solution.

TRUE FALSE

4. When making an ethical decision, I should consider the client (caller), the family, and the community.

TRUE FALSE

5. According to the ACA code of Ethics; Primary Responsibility – The primary responsibility of counselors is to respect the dignity and to promote the welfare of clients.

TRUE FALSE

6. We do not have to follow up on outcomes or decisions made. All callers/clients should follow our suggestions and we hope for the best.

TRUE FALSE

7. The ACA cannot guarantee ethical behavior.

TRUE FALSE

8. One of the Ethical traps a hotline counselor should be careful not to fall into is called the Traditional Trap – “We have always done it this way before”

TRUE FALSE

9. We must always consider the consequence of our advice/suggestions/referrals to our callers or potential clients.

TRUE FALSE

10. Ethics can be defined as moral principles that govern a person's behavior or the conducting of an activity

TRUE FALSE

Staff Signature:_____ Date:_____

Supervisor Signatrue:_____ Date:_____

Unique Needs of Persons Served Training

Note: This training is an overview of working with individuals with unique needs. It is intended to provide a basic understanding of how to work with people who have a variety of unique needs and the challenges associated with special needs.

Appropriate procedures and practices that are in accordance with federal and nationally recognized guidelines regarding working with people who have unique needs provide the foundation for offering appropriate services for persons served.

Please read through this brief overview about individuals with unique needs. After completing this overview, complete the questionnaire that follows.

This questionnaire will provide an opportunity for you to test your knowledge regarding working with people with unique needs and is intended to improve your ability to conduct services in a professional manner.

Individuals with Special Needs Overview

When working with people who have unique needs one must consider a wide variety of physical or medical challenges. Staff education in the field has become vital in the quest to provide quality services. Staff attitudes and perceptions of individuals receiving services can either assist or hinder the process. Lack of awareness from staff regarding individuals who have unique needs including physical disabilities and medical conditions may be a detriment to the treatment processes.

Individuals seeking a variety of services may be embarrassed, might be depressed, angry or confused, and may easily walk away from services because of inefficient or judgmental treatment by staff. The demeanor of staff should include respect for the client and verbal comments should be carefully presented so as not to negate the process. When providing services for people with unique needs it may be necessary to include a wide variety of community and medical resources.

Unique physical needs

Hearing loss is one of the most prevalent chronic conditions in the United States and affects millions of people. People who have hearing loss may be embarrassed about their condition and pretend to hear or understand something they don’t. They may find it difficult or be unable to converse over the phone and be unable to follow conversations

when there are two or more people talking. When working with a person who experiences hearing loss you should always face them when speaking to them and do not chew gum or hide your mouth. The person should be seated away from sources of environmental noise such as the air conditioner or fan. Do not seat the individual facing bright lights or windows where a glare will make it difficult to see the faces of others.

Use visual aids if possible, including key words that are written or picture symbols and keep paper and pencil handy for the person to use if needed. Use facial expressions or gestures to give useful clues or cues.
To get someone's attention you might touch them lightly on the shoulder or wave your hand.

Never touch someone who has already indicated they do not wish to be touched. Repeat yourself if necessary and be patient, positive and relaxed. If there is an interpreter speak to the individual and not the interpreter. If the person uses an assisted hearing device ensure that it is present and working. Assistive hearing devices often pick up background noises so minimize environmental noises.

Working with an individual who is visually impaired can feel awkward and many are unfamiliar with how to provide services in an efficient way. Following some general tips can make assistance more comfortable for both staff and the individual with vision challenges. Talk to the individual in a normal tone of voice. Many staff members mistakenly speak louder than normal. Accept what the person can do without calling undue attention to it, such as dialing a phone, using a watch to tell time, or signing their name.

When offering assistance to an individual who is **visually impaired** speak to them directly. Identify yourself to the individual so they know of your presence and be sure to tell the person who else is present in the room. Offer help but never assume they need assistance. When assisting an individual who is visually impaired to move to another location allow them to take your arm.

Do not grab their arm as you might startle or frighten them, and always avoid unnecessary touching of the individual. Walk at a normal pace but pause when stepping up or down or give them verbal prompts.
It may help to walk half a step ahead of the person with visual impairment and increase that distance when going up or down stairs.

Always tell the person when you are coming to steps and whether they are descending or ascending. Go in front of the person when entering doors or narrow passages as they are more likely to run into door frames when they go ahead of you. If it is necessary for the person with vision impairment to move to the left or right in order to avoid something tell them quietly and never push them. Tell the person when you are coming to

something that they might trip over. Never leave a person who is blind in an open area, lead them to the side of the room or to a chair. When assisting them to a chair simply place their hand on the back or arm of
the chair. If you have to leave the person for a moment, tell them you
are leaving so that they know you are no longer there. Some individuals
with visual impairment use assistive devices. A magnifier, special lighting, or a larger font on paperwork can be utilized for someone who is
partially visually challenged. A white cane might be utilized for effective
mobility. A service animal such as a guide dog may be used to help a
person with more severe visual impairment be independently mobile. If
there is a service animal present do not pet the animal or feed the
animal.

When working with someone who uses a **wheelchair** for mobility it is important to consider what the person feels like when everyone around them is standing. It can be uncomfortable to have to look up for extended periods of time and can create anxiety when staff and others hover over the person.
Staff should be seated when working with a person using a wheelchair. Never assume the person needs your help in moving the wheelchair, many people are completely mobile in their chair
without assistance. If it is necessary for you to assist the person, grip the wheelchair firmly and lean into the wheelchair to begin movement. Move slowly and steadily being careful of any bumps or changes in surface. Never tilt a wheelchair with someone in it without alerting the individual, and never lift a wheelchair off of the ground completely with someone seated in the chair. Never tilt a motorized wheelchair as it may damage the chair and the person could fall over.

When working with someone who has a **medical diagnosis** such as Hepatitis or HIV/AIDS it is important to understand the condition and the possible risks. The better educated staff members are, the more likely they will take precautions necessary and avoid unnecessary stereotypical thinking regarding the medical diagnosis. When possible communicable diseases are present staff should be educated on all safety protocols for body fluid clean up, specimen collections, and prevention/control of communicable disease.

You should always use all personal protective equipment that has been provided to you. You should always refer to your agency’s policies and procedures regarding universal precautions and take the initiative to attend all training related to safety. Universal precautions include a staff perception that all body fluid is suspect and should be treated accordingly regardless of whether information confirming communicable disease is present or not, which will eliminate any tendency to treat a client differently than any other client.

Summary
With proper education staff will provide effective quality services to individuals who experience unique needs. Staff should always refer to company policy and procedure

and any regulations provided while utilizing techniques in the professional provision of services. The strategies listed above should never take to place of any individualized plan that has already been created for a specific individual.

Unique Needs of Persons Served Questionnaire

Please answer the following questions by selecting the most appropriate letter or respond to the
statements by selecting yes or no following the question/statement.

1. Hearing loss is a unique physical need that affects many people and speaking loudly with clients should be standard procedure for all staff.

__ Yes _ No

2. When working with a client who has hearing loss you should:

a. Always face the person when speaking to them.
b. Face the person toward the window so they can see you.
c. Speak directly to the person even if there is an interpreter.
d. Both A and C.

3. A person who experiences vision impairment should always have a representative who
will sign paperwork and explain written documents.

__ Yes _ No

4. When providing services for a person who is vision impaired you should:

a. Make sure there is water and food for their service animal.
b. Always take the person by the hand when moving from one location to another.
c. Always identify your presence in the room and speak to them directly.
d. All of the above.

5. It is acceptable to lift a wheelchair over a curb if 2 or more staff members are present.

__ Yes _ No

6. A person is being served by your agency and has been determined to be HIV positive.
You should take extra precautions for someone who has tested positive for HIV.

__ Yes _ No

NAME:_____ DATE:_____

Rights of the Person Served Training© 1

Note: This training is an overview of rights of the person served within a human service setting. It is intended to provide a basic understanding of guidelines and practices for all employees and meet the CARF accreditation standards for training for all employees. It is not intended to be a substitute for

competency-based training requirements. Please read through this brief overview on Rights of the Person Served.

After completing this overview, complete the questionnaire that follows. This questionnaire will provide several scenarios that can occur in organizations in the area of Rights of the Person Served and are intended to improve your ability to conduct services in a manner that respects the basic rights of those you serve.

Rights of the Person Served Overview

Explicit policies and procedures in the area of basic rights of the persons, who are served by human service organizations, are the foundation for protecting persons against abuse or mistreatment by organizations or persons acting for the organization. The majority of persons who enter human service organizations are receiving treatment or assistance for conditions that may increase their vulnerability to potential abuse or behavior that may not be in the best interest of the person served. Most states have specific legal and regulatory guidelines in the areas of the rights and responsibilities of the person served.

Recent federal regulations (the Health Insurance Portability and Accountability Act (HIPPA) have strengthened the rights of consumers of health care services through a federal mandate. Many human service organizations also belong to associations that develop rights that are specific to certain areas of providing services. Overall “rights” provide basic guidelines through which persons and organization scan measure and monitor the level of how people are treated throughout the provision of services.

Organizations that are attempting to become CARF accredited, or who are maintaining CARF accreditation, are required to adhere to a specific set of guidelines and standards regarding the rights of persons served. These are usually in addition to other regulatory requirements in the area of “rights” and many times cover some of the same areas.

This tutorial will provide a brief overview of the CARF “Rights of the Persons Served”, as an introduction to the standards of practice in this area.

RIGHTS OF THE PERSONS SERVED

A standard right of all human service organizations is the right to consent for treatment. All persons entering your organization for assistance should give their consent for treatment prior to any services/interventions being provided. When gaining consent, there should be a full explanation of the type of services to be provided and the possible risks involved.

In an emergency situation that is life threatening, consent can be obtained following the resolution of the immediate crisis. All persons have the right to be involved in all aspects of their service planning.

Service planning should not be provided in a “one size fits all” manner, although many of the services an organization provides will apply to all participants. If some goals apply to all participants, the individual’s strengths, abilities, needs, and preferences should be taken into account regarding the application of the goals and the interventions and practices used.

All persons also have the right to receive services in a manner that is responsive to each person’s unique characteristics, needs, and abilities. It is important that each person’s individual characteristics be recognized and respected.

Each person participating in services has the right to know how their records may be reviewed. Access may be through a review with a professional staff member, or with a designated third party advocate who possesses adequate skills and knowledge to conduct a review with a client. Some records, such as an individual plan, progress notes, or transition plan may be open and available for review at any time.

An organization’s policies and procedures should provide the levels and procedures of record review. All persons have the right to be treated free from any type of abuse. Physical punishment, threatening behavior, or exploitation of persons in any manner is a violation of the right to be free from abuse. A verbal comment that references a sexual act is considered an abuse of rights. Any exploitation of persons served for financial gain is also not appropriate.

All persons entering your services should have the right to express his or her preferences regarding choice of a service provider, regardless of whether the system can offer a choice or not in some situations. Any crisis intervention procedure, including seclusion or restraint, is required to have explicit policy and procedures in place protecting the person served should a crisis occur. All persons entering services have a right to know if seclusion and/or restraint is used by the organization, even if it is used on an emergency basis only.

All persons served have the right to know the guidelines regarding confidentiality within the

organization. The use of an authorization/release of information request should be explained in detail and follow specific regulatory guidelines at all times.

Rights of the Person Served Questionnaire (1)

Please answer the following questions by circling yes or no.

1. Your organization employs three male counselors. A client enters your organization and is upset

because she requested a female counselor and was assigned a male counselor. Were her rights

violated?

YES NO

2. A person enters your organization in crisis. After a quick assessment, a nurse or counselor assists

the person with the identified problem through a brief intervention. Following the crisis a full

assessment is provided and the client signs consent to be treated. Was this person's rights

violated by not signing a consent for treatment prior to the initial brief intervention?

YES NO

3. A staff member in your organization wants to help out several clients who are not able to

purchase sodas and treats due to lack of funds. She organizes an outing and takes three clients to her house to rake leaves and pays them $5 each for several hours of work. The clients are very appreciative and enjoyed the outing and can now buy sodas for the week. Were these client's rights violated?

YES NO

4. Several staff members are talking in a hallway about a movie they saw the previous evening. The discussion involves a description of some explicit sexual scenes that were in the movie. Clients are in a classroom waiting for a class and overhear much of the conversation. Have the client's rights been violated?

YES NO

5. Each person who enters your organization is given a standardized sheet that indicates the goals and specific objectives that have to successfully completed in order succeed in the program. All the goals and objectives are based on the latest research and are proven to

be effective in significantly improving the quality of life of those who participate. Each client signs a consent form, freely agreeing to the standardized goals and objectives that are stated. Is this process a violation of the client's rights?

YES NO

Name:_____ Date: _____

CONFIDENTIALITY AND HIPAA

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a) Summary

b) References

Section 1: Introduction

Course Contributors

This course was written by Amira Samuel, J.D. Ms. Samuel is a trial attorney in New York City. In her practice, Ms. Samuel focuses on making the law and legal concepts accessible to her clients while advising them on their rights and responsibilities. Ms. Samuel is a graduate of the Benjamin N. Cardozo School of Law, a graduate of the University of California at Santa Cruz, and a Certified Mediator with the New York Peace Institute.

The course was reviewed by Lisa Clark, J.D. Ms. Clark is a 1989 graduate of the University of Pennsylvania Law School and has received her Master's and undergraduate degrees from Harvard Divinity School and Yale University, respectively. Ms. Clark practices in the area of health care law with an emphasis on hospital representation, Medicaid, managed care contracting, and general regulatory compliance including licensure, accreditation, and certification. She has additional experience with quality of care and pay for performance, HIPAA, EMTALA, and general regulatory compliance. Ms. Clark is a frequent speaker on health care regulatory matters.

Additional information about the 2013 HIPAA Mega Rule was added in consultation with Rebecca Reynolds, EdD, RHIA, Associate Professor Chair of Health Informatics and Information Management at the University of Tennessee Health Science Center.

About This Course Consumers entrust professionals with very personal information and the government has enacted stringent laws to protect the information consumers reveal. The consequences of revealing personal consumer information, even inadvertently, can be severe. This course is designed to provide basic information regarding the principles of confidentiality along with specific information related to the Health Insurance Portability and Accountability Act (HIPAA) governing privacy and security and include updated information about the HIPAA mega rule that went into effect in March 2013. In this training, you will learn what confidentiality is and what HIPAA requires of mental health professionals like you. This course will specifically define what personal health information is, the ways in which this information must be protected, and best practices for maintaining client confidentiality. A variety of practice questions throughout the course will give you an opportunity to think critically about the topics covered and apply what you have learned. This course is designed for mental health professionals at all levels.

NOTE: This course is not intended as legal advice for any individual provider or situation. If you, please review the resources listed in the references section of this course and consult with your company's legal and compliance team.

Section 2: Confidential Information

Genna and Paul's Flub

Genna and Paul are mental health providers at the Bright Project. Genna has been supervising Paul and co-counseling Mila, who has been suffering from anxiety. Mila has made it very clear to Paul and Genna that she does not want anyone to know that she sought therapy. Genna and Paul typically speak in a counseling room before their sessions with Mila about Mila's prognosis and treatment plan. However, all the counseling rooms were occupied during their scheduled meeting this week, so before meeting with Mila, Genna and Paul sit in the staff kitchen and discuss Mila's treatment method. Over the course of their conversation, Dylan, a secretary in the office comes in to the staff kitchen and takes her lunch break. Though Dylan overhears the treatment plan and the various symptoms that Mila has been suffering from, Paul and Genna think nothing of this because Dylan is a staff member and has access to all of Mila's files.

Later that week, Bright Project has a continuing education training with the compliance and

legal department and Paul and Genna realize they have violated HIPAA by discussing Mila's case in the staff kitchen. Over the course of the training, Paul and Genna learn that a reasonable HIPAA violation that was not willful can still result in a $50,000.00 fine. They are both very nervous about the potential penalties.

What could Genna and Paul have done differently?

As a threshold matter, Genna and Dylan should not discuss personal health information in

common areas, even those that are in their office. Paul and Genna should have known that

when it comes to certain information, rules of confidentiality apply among office staff as much as they do between health care providers and perfect strangers.

HIPAA provides privacy and security protections for health information to ensure the

confidentiality of health information. HIPAA was recently amended to provider greater privacy protections to individuals by the Health Information Technology for Economic and Clinical Health ("HITECH") Act of 2009.

In January 2013, HIPAA was again expanded and reinforced with the release of the HIPAA Mega Rule, also called the Final Rule. The Mega Rule made the biggest modifications to HIPAA since its enactment in 1996. It creates tougher enforcement actions, sets new limits on use and disclosure of PHI, adds individual rights and protections, and broadens the

scope of HIPAA to include Business Associates (BAs). The Final Rule went into effect March 26, 2013 with a compliance date of September 23, 2013.

This course provides an introduction to some key requirements of the Mega Rule.

What Is Confidentiality?

Confidentiality means that data or information is not made available or disclosed without authorization. It includes information developed by the healthcare professional based on her/his evaluation/observation.

Confidential Information

In behavioral health care practice, the following information is generally considered to be confidential:

- Services provided
- Billing information
- Results of tests/procedures
- Interventions utilized
- Demographic information
- Dates of service
- Family and social information
- Financial Information
- Diagnoses

Protected Health Information

HIPAA Privacy regulations safeguard protected health information (PHI). PHI is defined as individually identifiable health information and it includes:

- Name
- Geographic subdivisions smaller than a state (street address, city, county, zip code, geocodes)
- All elements of a date related to the client except for the year (including birth date,

admission date, discharge date, date of death)

• Telephone number, fax number, email address

• Social Security number

• Account number, insurance number

More information that is considered PHI:

• License number, certificate number

• Vehicle ID

• Device number

• URL, IP address

• Biometric ID

• Facial photograph and comparable images and any other unique identifier or code

• With the Mega Rule, the genetic information of individuals and their family members is

now considered to be protected health information PHI can be information that is discussed, written, kept, and transmitted electronically or on paper. It can be documented in many places.

For example:

• Medical records (intake information, assessments, treatment records, etc.)

• Billing records

• Utilization review data

• Administrative data

The HIPAA Mega Rule set a time limit on PHI. Individual PHI is protected for 50 years after a

person's death. After 50 years, individually identifiable health information is no longer

protected.

Other privacy laws may have other names for PHI. For example, the privacy regulations

applicable to substance abuse providers (discussed in more detail in Section 3) call PHI "Patient Identifying Information," defined as information that could reasonably be used to identify an individual.

Confidential Information Review

Please indicate whether the following statements are True or False:

PHI includes demographic information, family/social information, diagnoses, services, interventions, dates of service, billing and financial information, and results of tests/procedures.

TRUE FALSE

• True (Correct! All of the information listed is considered confidential information in behavioral health care practice.)

• False (Incorrect. All of the information listed is considered confidential information in behavioral health care practice.

If you'd like to review a list of confidential information, according to HIPAA, PHI stands for "Personal Health Information."

TRUE FALSE

• True (Incorrect. PHI stands for "Protected Health Information" as defined by HIPAA.)

• False (Correct! PHI stands for "Protected Health Information" as defined by HIPAA.)

PHI includes a long list of individually identifiable health care information including (but not limited to) such things as name, address, telephone number, social security number, fax number, insurance number, and email address.

TRUE FALSE

• True (Correct! All of the information listed is classified as PHI.)

• False (Incorrect. All of the information listed is classified as PHI. If you'd like to review a list of protected health information, please refer back to the Protected Health Information screen.)

Who is Liable?

The Mega Rule extended HIPAA so that Business Associates (BAs) of Covered Entities are now liable for compliance. BAs are outside workers or contractors who need access to PHI to fulfill their functions. HIPAA makes BAs responsible for safeguarding PHI and monitoring

their own subcontractors. Moreover, the Mega Rule states that anyone who “creates, receives, maintains, or transmits PHI on behalf of a Business Associate” is considered a BA.

This means that the HIPAA obligations and restrictions flow downstream and “stick” to PHI wherever it goes.

Breach Notification

Before the final rule, breaches of PHI were only reported if the disclosure was considered to cause significant harm to the affected individual. Under the Mega Rule, affected individuals, the government, and in some cases the media must be notified of any breach unless the covered entity conducts a risk assessment and proves there is a low probability of disclosure. Additional resources on breach notification are available from the Center for Democracy and Technology (See “References”).

Tiered Penalties

The Mega Rule strengthened enforcement of HIPAA regulations by putting into place a tiered system of penalties for non-compliance. Penalties for individual violations range from $100 to $50,000 and can add up to $1,500,000 per violation for all violations of a similar type in a calendar year. Penalties are increased when violations are not corrected within a specific time frame.

Tiered Penalties

• Did not know and would not have known: $100-$50,000 per violation

• Violation due to reasonable cause: $1,000-$50,000 per violation

• Violation due to willful neglect and corrected within 30 days: $10,000-$50,000 per violation

• Violation due to willful neglect and not corrected within 30 days: $50,000 per violation

Section 3: HIPAA Privacy Rule

Privacy Rule

The Privacy Rule has a lot of specific requirements that fall under two major concepts:

• Concept 1

HIPAA grants individuals access to the information created and maintained about them by their health care providers, with some exceptions.

• Concept 2

HIPAA governs the disclosure/release of an individual's PHI. The disclosure or release of PHI is prohibited except under certain circumstances. For example, disclosure is permitted for treatment purposes when you have the client's consent or when disclosure is allowed by law. Note that HIPAA specifically protects psychotherapy notes and gives them additional legal protection.

Patient Authorization/Consent under the HIPAA Privacy Rule

Under HIPAA, no authorization (consent) is needed to use or disclose PHI for treatment purposes, payment purposes, or health care operations. But client authorization (consent) is required for disclosures of certain types of information:

• Federal regulations applicable to substance abuse providers.

• State mental health and substance abuse laws require consent prior to the disclosure of most information.

• HIPAA requires consent for three main types of disclosure: most disclosures of psychotherapy notes, uses and disclosures for marketing purposes, and uses and disclosures in which the Covered Entity receives any type of payment.

When in doubt, get consent!

State Laws

Did you know some other laws and/or regulations might take precedence or preempt HIPPA?

Each state has laws, rules, and/or regulations governing confidentiality of health care information and it is important for you to be familiar with your state requirements. State laws

may protect the privacy of medical information generally and/or may protect specific types of

medical information, such as substance abuse records or mental health records.

HIPAA Privacy Rule and Preemption

HIPAA establishes a floor for protecting confidential medical information. It is designed to work with other existing federal and state privacy laws, such as laws relating to substance abuse or mental health treatment. As a health care provider, you are required to comply with both federal and state laws regarding confidentiality. State laws may impose greater restrictions on what you can and cannot do with a client's confidential medical information. Where a state law provides greater privacy protections to a client, state law will take precedence over HIPAA.

It is important to understand preemption, as it has a direct bearing on whether you must follow HIPAA or other laws and regulations covering confidentiality and release of health information.

Here are the basics of preemption:

▪ If a state or federal law or regulation grants the client greater access to

her/his PHI, then it will preempt HIPAA.

▪ If a state or federal law or regulation gives client health information greater protection from disclosure, then it will preempt HIPAA.

An Example of Preemption

One example of this concept of preemption is the Federal Regulations on Confidentiality of

Alcohol and Drug Abuse Patient Records (42 CFR Part 2).

Members of the U.S. Congress believed that individuals were deterred from seeking substance abuse treatment due to the stigma and fear of prosecution. Therefore, in the early 1970's, they enacted legislation that gave substance abuse patients a right to confidentiality. These regulations are very detailed and specific. They generally apply to programs that receive federal assistance and provide alcohol or drug abuse diagnoses, treatments, or referrals for treatment.

Most behavioral health care providers who offer substance abuse programs are familiar with and follow these federal regulations. However, you must ensure that you are also following the HIPAA regulations. There are also privacy laws that relate to a particular condition, such as HIV/AIDS, mental health, and reproductive health. These laws may affect HIPAA compliance as well, and the protective measures they establish should be considered alongside HIPAA's so that a preemption analysis can be done.

HIPAA Privacy Rule Review

Select the correct regulation that you would follow for the statement below:

HIPAA treats a medical record number as PHI but the substance abuse (SA) regulations do not as long as the number does not consist of or contain numbers which could be used to identify the client from sources external to the treating program. Which regulation do you follow in this instance if you are a substance abuse provider?

A. HIPAA (You are right, the correct response is HIPAA. Since HIPAA gives the client greater

protection from disclosure, it must be followed.)

B. SA Regulations (Sorry! The correct response is HIPAA. Since HIPAA gives the client

greater protection from disclosure, it must be followed.) Select the correct regulation that you would follow for the statement below:

HIPAA allows for disclosure of some information with a subpoena; however, the SA regulations do not allow disclosure with a subpoena unless a court has issued an order following a hearing to show cause. Which regulation do you follow in this instance if you are a substance abuse provider?

A. HIPAA (Sorry! You are incorrect, the correct answer is SA Regulations. Since the SA

regulations give the client greater protection from disclosure, it must be followed.)

B. SA Regulations (You are right, the correct response is SA Regulations. Since the SA

regulations give the client greater protection from disclosure, it must be followed.)

Section 4: The Minimum Necessary Rule

What Does it Mean?

The minimum necessary rule refers to the practice of limiting the disclosure of PHI to the extent practicable to a “limited data set” or, if needed, to the minimum amount of information necessary to accomplish the purpose for which disclosure is sought.

Under HIPAA, a “limited data set” is defined as PHI that excludes certain information, such as:

• Names

• Postal addresses other than town/city, state, and zip code

• Telephone numbers

• Fax numbers

• Email addresses

• Social Security numbers

• Medical record numbers

• Health plan beneficiary numbers

• Account numbers

• Certificate/license numbers

• Vehicle identifiers and serial numbers, excluding license plate numbers

• Device identifiers and serial numbers

• Web universal resource locators (URLs)

• Internet Protocol (IP) address numbers

• Biometric identifiers, including finger and voice prints

• Full-face photographic images and any comparable images

The Minimum Necessary Rule applies to internal access and use by staff. Staff should have access to and use only the minimum necessary to perform their duties. For example, the individual hired to schedule client appointments does not need access to client's entire record.

Exceptions to the Minimum Necessary Rule

Except in limited circumstances, you must abide by the Minimum Necessary Rule when disclosing or requesting PHI. There are certain situations where the Minimum Necessary Rule does not apply, such as:

• Disclosures to or requests by a health care provider for treatment purposes

• Disclosures to the individual who is the subject of the information

• Uses or disclosures made pursuant to an individual's authorization

• Uses or disclosures required for compliance with HIPAA

• Uses or disclosures that are required by other laws

• Uses or disclosures required by the HIPAA Administrative Simplification Rules

• Disclosures to the Department of Health and Human Services (HHS) when disclosure of information is required under the HIPAA Privacy Rule for enforcement purposes

• Uses or disclosures that are required by other law

Would You Do?

Minimum Necessary Rule Review

Read the scenarios below carefully and then select the best answer.

You receive a call from staff at a local hospital stating that they need information regarding a former client of yours who is scheduled for surgery. They fax you a release of information form which only authorizes the release of medications, but the person on the phone is asking for dates of treatment and diagnoses. How would you respond?

A. Tell them everything they want to know since the client is scheduled for surgery. (That is incorrect. Your duties do not require you to have access to that level of information and it is a violation of the minimum necessary standard.)

B. Release information regarding medications only. (You are correct. You have received an authorization form and you are limiting the information released to only that which is authorized.)

C. Refuse to tell them anything. (That is incorrect. You have received an authorization form to release medication information.)

You work in the billing department of your agency and while you are processing claims, you notice the name of someone you know. Since you are curious, you decide to investigate and you pull their medical record and read it. Is this appropriate?

A. Yes (Sorry, you are not correct. This example does not meet the Minimum Necessary Rule because you do not need this information in order to perform your job duties.)

B. No (Correct. This example is not a situation that meets the Minimum Necessary Rule because you do not need this information in order to perform your job duties. Therefore, it represents a violation of the patient's privacy.)

Several staff members use the same computer terminal to access PHI in electronic medical records. Some of the staff members use the computer to access PHI for billing purposes and some of the staff members use the computer to access PHI for quality assurance purposes. Is this permissible?

A. This is never permissible. (Incorrect. This situation is permissible as long as each staff member has access to only the "minimum necessary" PHI to perform her/his job function.)

B. This is permissible if staff only access the information needed to perform their job duties. (Correct. This is permissible as long as each staff member has access to only the "minimum necessary" PHI to perform his or her job function.)

Section Summary

As you can see from the second scenario on the previous screen, it is important that agencies take reasonable measures to safeguard against internal access that is inappropriate. However, each staff person, once trained regarding the minimum necessary rule, also has an obligation as a condition of employment to abide by it!

The Minimum Necessary Rule refers to the practice of limiting the disclosure of information to that information reasonably necessary to accomplish the purpose for which disclosure is sought. The "minimum necessary" is defined as a "limited data set," or if needed, the minimum amount of information needed to accomplish the intended purpose of a disclosure. The implementation specifications for this provision require a health care provider to develop and implement policies and procedures appropriate for its own organization that reflect the entity's business practices and workforce.

The Minimum Necessary Rule applies to access to and use of client information internally by staff. Staff should have access to, and use, only the minimum necessary to perform their duties.

Section 5: Notice of Privacy Practices

What is Included in the Notice of Privacy Practices (NPP)?

Under the HIPAA Privacy Regulations, each health care provider must have a document that describes how information about the client is used by the agency and when the agency will disclose/release it without the client's authorization. Notices of Privacy Practices must be kept up-to-date and revised to incorporate any changes to HIPAA regulations such as the Mega Rule.

A Notice of Privacy Practices (NPP) includes:

• Examples of how you use information for purposes of providing treatment, obtaining payment, and health care operations.

• A description of disclosures of privileged information.

• Disclosures made to a personal representative.

• Disclosures made with authorization of a personal representative.

• Uses and disclosures that a consumer can object to (e.g. others present, pharmacy Pick up).

• Uses/disclosures that do not require authorization and those that a consumer may not object to (e.g. subpoena, court order, infections reported to health department, suspected abuse, duty to warn).

• Substance abuse records/information and how they are handled.

• An explanation of rights.

The HIPAA Mega Rule

The following are some new rights and restrictions in the mega rule that must be listed on NPPs: Prohibition on the sale of PHI

The Mega Rule prohibits disclosures of PHI through which the Covered Entity receives any type of remuneration, directly or indirectly.

Prohibition on use or disclosure of genetic information

Under the Mega Rule, “health information” now includes the genetic information of individuals and their family members.

Right to opt-out of fundraising Individuals now have the right to opt-out of having their PHI used for fundraising purposes.

Right to restrict sharing of PHI for out-of-pocket services People who pay for services out-of-pocket may instruct providers not to share PHI with health plans. This restricted PHI must be clearly marked to prevent accidental use or disclosure!

If you haven’t read your organization’s NPP, you probably should. It will help you understand

your agency's policies about confidentiality.

Section 6: Client Rights and Release of Information

Client Rights

To the right are the rights that clients are guaranteed under the HIPAA Privacy Regulations.

• Request Accounting

Request an Accounting of Disclosures. This would be a list or account of disclosures made that the client would not be aware of (e.g. they had not signed a release of information form).

• File a Complaint

A consumer can file a complaint internally with your office as well as with the Secretary of the United States Department of Health and Human Service.

• Receive a Copy

Receive a Copy of Notice of Privacy Practices.

• Access to Designated Record Set (“DRS”)

Access to DRS. At a minimum, this includes the medical record and billing information. This includes the right to inspect and copy. The Mega Rule also gives individuals the right to request and receive health records in an electronic format when it is reasonable for Covered Entities to do so.

• Request Amendment

Request Amendment to DRS. This request does not have to be granted, but you should have a written procedure that describes the process.

• Request Restrictions

A client can request that the provider restrict/limit use or disclosures of PHI when carrying out treatment, payment, or health care operations. However, the provider does not have to agree to the request, except for certain requested restrictions on disclosures to health plans.

• Request Communications

A client can request that the provider communicate with them in an alternate way or at an alternate location (e.g. only send mail and phone calls to office not home). A provider must accommodate reasonable requests.

Release of Information Authorization Form

A HIPAA compliant release of information authorization form must contain the core elements shown below.

• Client's name.

• A description of the information to be disclosed such as attendance, drug screen results, discharge summary, etc.

• Name or specific identification of person (or class of person) authorized to make the disclosure.

• Name or specific identification of person (or class of person) to whom to make the disclosure.

• A description of the purpose of the disclosure (the client can state “at the request of The individual” and this is sufficient if s/he is initiating the request and doesn’t want to specify the purpose).

• An expiration date or event.

• Signature of the individual/client (if signed by someone other than the client, it must include a description of that individual’s authority to act for the client).

• Date of the signature.

Release of Information Form

In addition to the core elements reviewed previously, the authorization form must contain statements adequate to place the client on notice of all of the following:

• The client’s right to revoke the authorization in writing.

• The ability or inability to condition treatment, payment, enrollment, or eligibility for

benefits on the authorization.

• The potential for information disclosed pursuant to this authorization to be subject to

re-disclosure by the recipient. The regulations also state that the authorization form must be written in plain language and that the client must be given a copy of the signed authorization form if the health care provider seeks an authorization from the client.

Client Rights and Release of Information Review

Let's have a quick pop quiz! (I know you love these)

When you are ready, take a look at the Release of Information Form to see if it meets the

minimum requirements under HIPAA.

How did you do? Congratulations if you noticed that the expiration date/event was missing!

The expiration date/event is a common missing element.

Client Rights Review

A patient requests that you only call her on her cell phone and asks you not to leave a message

if she does not pick up. Do you have to comply?

YES NO

• Yes, as long as you can reasonably comply with those conditions (Correct. Under HIPAA,

a health care provider must make a reasonable accommodation to comply with a

client's request to restrict the way in which s/he is contacted.)

• No (Sorry, you are not correct. Under HIPAA, a health care provider must accommodate

a client's reasonable requests to communicate with her/him in an alternate way or at an

alternate location.)

Section 7: Electronic and Mobile Devices and HIPAA

Technology and the Risk of Disclosure

Health care professionals are increasingly using new technologies such as tablet devices,

laptops, Blackberries, iPhones, and iPads to perform administrative tasks and communicate with clients and patients. There is no prohibition against the use of these

mobile devices under HIPAA or other confidentiality laws. Nevertheless, these devices pose a high risk of disclosure because data may be more easily disclosed to unauthorized third parties. Accordingly, special care should be taken when using these devices. Encryption is a way to provide greater protection to electronic information. In fact, HIPAA provides a safe harbor to encrypted data, which means that it considers encrypted data secure and does not require notification of clients when a device containing their PHI is lost or stolen.

Whenever possible:

• Don’t store sensitive data on wireless devices.

• Ensure that data is encrypted.

• Enable password protection on wireless devices, and configure the lock screen to

appear after a brief period of inactivity.

• Activate the remote wipe feature of wireless devices that contain personal information.

Electronic and Mobile Devices Review

A health care professional uses an iPad to receive and send email to clients, as well as to note

the names, phone numbers, and test results of clients in order to telephone the clients at night.

Is this appropriate?

YES NO

A. Yes (Correct. There is no prohibition on a health care professional using an electronic

mobile device under HIPAA or other confidentiality laws, but special precautions should

be taken to ensure that the additional risks of disclosure when using such a device are

addressed through extra security precautions.)

B. No (Sorry, you are not correct. There is no prohibition on a health care professional

using an electronic mobile device under HIPAA or other confidentiality laws, although

special precautions should be taken to ensure that the additional risks of disclosure

when using such a device are addressed through extra security precautions.)

Section 8: Best Practices and Review

Being Familiar with Terms

• Locked and Secure: Keep medical records room locked and secured.

• Minimum Necessary: Only access consumer information you need to do your job. Limit this information to the minimum necessary.

• Out of Sight: Keep consumer records and other documents containing PHI out of sight. Do not leave them lying around, and if they used in a meeting, make sure to remove them at the end of the meeting.

• Monitor Faxes: Monitor faxes containing PHI or confidential information. Try to keep fax machines in areas that are not generally accessible.

• Shred, Shred, Shred: Documents with PHI or confidential information to be discarded should be shredded. Do not just put them in the regular trash.

Best Practices for Privacy and Security

• Don’t talk about consumers in public areas or where you could be overheard, such as elevators or parking lots.

• Don’t share client information on social media websites.

• Use a secure computer password that changes periodically.

• Protect your computer passwords. Never share this password or give it to anyone and never write it down in a location where it can be found.

• Don’t access PHI that you do not need to see to perform your job duties.

• Don’t leave areas that contain PHI unlocked.

• Don’t include PHI in email unless it is encrypted or you are using a secure email system.

• Minimize the amount of information kept on portable devices and consider encrypting such information.

• Log off of the computer and any other open files that contain PHI or confidential information when not in use.

• Keep computer screens out of eye sight of others.

• Don’t throw papers with patient information away in the trash can.

• If you see any other staff violating these best practices, don’t just ignore it, instead give them a helpful/gentle reminder. If appropriate, report the violation.

• Report problems/violations.

Best Practices Review

A staff person whom you supervise clinically finds you in the staff break room and starts describing a counseling session he had with a client today so that he can ask your advice. How would you handle the situation?

A. Let him describe the details so that you can provide him with guidance. (Incorrect. You should not discuss confidential information in public/open areas.)

B. Politely remind him that you are in a public area and ask him to accompany you to your office so that you can discuss this in private. (Correct. You should not discuss confidential information in public/open areas.)

C. Ask him to get authorization from the client before he discusses it any further. (Incorrect. Given your role as a clinical supervisor, the client would not have to consent to this type of disclosure/use of information.)

You are the personnel director of your agency and receive a phone call from a clerical staff person wanting to file a complaint of unsafe working conditions. In the call, the staff person describes a situation in which a client became verbally abusive to her, she was frightened, felt threatened, and there was no one else around to assist. She provides the client’s name and diagnosis and well as a copy of the client’s demographic information.

Is there any confidentiality violation evident in this scenario?

A. Yes (Correct. It violates the Minimum Necessary Rule in that the staff person should not have shared all of the PHI (diagnosis) with the personnel director.)

B. No. (Incorrect. It violates the Minimum Necessary Rule in that the staff person should not

have shared all of the PHI (diagnosis) with the personnel director.)

Review

What are the two major concepts of the Privacy Rule?

Grant individuals access to the information created and maintained about them by their health

care providers and prevent the unauthorized disclosure or release of the information.

What rights are consumers granted under the HIPAA Privacy Rule?

Receive a copy of the NPP; access to DRS; request amendment to DRS; request restriction on

communications; request an accounting of disclosures; and file a complaint.

Section 9: Conclusion

Summary

This course has given you an overview of HIPAA confidentiality requirements. Now that you

have finished reviewing the course content, you should have learned:

• How to describe protected health information.

• How to explain confidentiality and the requirements of the HIPAA Privacy Rule for

protecting and releasing information.

• How to identify best practices for compliance with HIPAA.

References

U.S. Department of Health and Human Services: www.hhs.gov. Health Insurance Portability and Accountability Act of 1996 (HIPAA), P.L. 104-191. 42 U.S.C. §

1320d-9 (2010). See www.hhs.gov for more information.

Health Information Technology for Economic and Clinical Health Act (HITECH). P.L. 111-5, div. A, Title XIII, Sec. 13111, Feb. 17, 2009, 123 Stat. 242. 42 U.S.C. § 156 (2011).

Modifications to the HIPAA Privacy, Security, Enforcement, and Breach Notification Rules under

the Health Information Technology for Economic and Clinical Health Act and the Genetic Information Nondiscrimination Act; Other Modifications to the HIPAA Rules, Fed. Reg. 2017- 0107345. CFR Parts 160 and 164 (2018) Available online at www.federalregister.gov, search term: “HIPAA Modifications.” www.cdt.org. Center for Democracy and Technology (Search term: Health Privacy).

CONFIDENTIALITY AND HIPPA TRAINING

FINAL TEST

1. Which of the following violates the “minimum necessary” rule?

a) Disclosure required by law.

b) Disclosure to the Department of Health and Human Services.

c) Disclosure to a family member.

d) Disclosure for treatment purposes.

2. The Serenity Center has a Notice of Privacy Practices (NPP) that describes how the Center uses patient information. The NPP specifically explains confidentiality. What else, if anything, must the NPP include?

a) The only thing that the NPP must include is how information is used by the agency. The Serenity Centers NPP is sufficient.

b) The NPP must include state law restrictions on the use of information.

c) The NPP must include information regarding when the Center will disclose and release information without the clients authorization.

d) The NPP needs to include a specific disclaimer about the use of mobile devices to communicate with clients.

3. The use of mobile devices for the performance of administrative tasks is prohibited by confidentiality laws, but not by HIPAA.

True

False

4. Kiva disclosed information about a consumer to the Department of Health and

Human Services. Under what circumstances is this permissible?

a) The disclosure is permissible only if Kiva obtained the consumers informed consent.

b) The disclosure is permissible only if it is required under the Privacy Rule for enforcement purposes.

c) The disclosure is permissible only if there was a prior unlawful disclosure and Kiva is reporting the violation.

d) The disclosure is permissible only if it does not violate the “minimum necessary” rule.

5. Suzette wants to revoke her authorization form. How can she do this?

a) She can only do this once her authorization form is expired.

b) She should do this in writing.

c) She can do this at any time and by any method.

d) She must be evaluated by the practitioner to ensure there is no risk and then she can revoke authorization.

6. A driver’s license number is considered PHI.

True

False

7. Under what circumstance would state law preempt HIPAA?

a) State law would preempt HIPAA if it provided more stringent safeguards than HIPAA.

b) State law only preempts HIPAA when applied to substance abuse treatment programs.

c) State law does not preempt HIPAA unless it explicitly says so in the state statute.

d) State law would preempt HIPAA only with respect to the clients right to access information.

8. What is a limited data set under HIPAA?

a) Information that includes a consumers postal address, name, or telephone number.

b) Protected Health Information that excludes information such as address, social security number, and health

c) plan beneficiaries.

d) Information disclosed to practitioners.

e) Permissible disclosures to substance abuse providers.

9. A client has the right to request an amendment to his or her designated record set, but a provider does not need to grant the request.

True

False

10. Which of the following items must an authorization form contain?

a) Expiration date

b) Signature

c) A description of the information to be disclosed

d) All of the above

NAME:_____ DATE:_____

SUPERVISOR:_____ DATE:_____

Van Safety Driver Information

1. Use vehicle checklist

When entering the vehicle, use the checklist to determine that all safety features are reachable, check mileage and gas and log in book, check log for registration a nd insurance, use client transportation list (if applicable) to ensure all clients are accounted for, check headlights, seatbelts, mirrors, etc.

2. Identify Safety Features

Each vehicle has specific safety features that include first aid kits, fire extinguisher s and roadside safety tools. The vehicle checklist used every time a driver uses a c ompany vehicle will detail and help the driver identify where these items are.

3. Drive Careful and Cautious

Drivers must always use caution and exclude all distractions. No cell phones shoul d be used will driving company vehicles. Drivers should abide by all traffic and spe ed regulations. GPS directions, if needed, should be given via audio. Drivers must adjust according to weather conditions. If a phone call needs to occur, drivers mu st pull the vehicles over.

4. Follow Accident Procedure

The below accident protocol Below, you will find the Accident Protocol which outlines what to do in case of any emergency or accident. All drivers must review and pass driver safety test before they are permitted to drive any company vehicle.

Vehicle Safety Features This is a list of all items featured on all company vehicles used for the transportation of clients:

- First Aid Kit/Narcan
- Jumper Cables

• Flashlight

• Spare Tire

• Tire Iron

• Spare Tire Jack

• Fire Extinguisher

Driver: Start Miles: Start Fuel: End Fuel: Location:

Driver Safety and Procedure

Information

Accident Protocol

✓ Staff and client safety are our number one priority.

✓ Know Where Your Vehicle Documentation and Safety Equipment Are Located.

✓ Vehicle information; insurance card and registration will be placed in the glove box of vehicle.

✓ All safety procedure documents are located in transportation book.

✓ Familiarize yourself with the location of fire extinguisher and first aid kit.

1. Stop

If involved in an accident, DO NOT leave the scene until speaking with the other driver, the police, or both.

2. Stay Calm

Keep as calm as possible, avoid any urge to react with anger or aggression, especially when another driver might behave irrationally.

3. Safety of Clients and Staff are Vital

After being involved in a minor accident, be sure to move the vehicle safely to the side of the road out of traffic, having all occupants exit vehicle to safety. Be sure to use client passenger checklist to ensure all clients are accounted for. If the vehicle cannot be moved and no injuries have occurred, driver and passengers should remain inside vehicle with seat belts fastened until emergency services arrive. Turn on hazard lights and if safe, place cones, flares, or warning signs.

4. Call for Medical Assistance

Call for emergency medical assistance if anyone involved in the accident is bleeding, feels

lightheaded, or is suffering any physical injury. Always proceed with caution and call for help. Unless someone is specifically trained in emergency medical procedures, wait until the help arrives before attempting to move a person or perform emergency aid.

5. Contact the Police

Calling the police from the site of a crash is the best possible action. If the driver cannot personally contact police, they must instruct someone else to do so. Police officers will address traffic infractions and tak notes for the incident report.

6. Vehicle Information

Provide police with vehicle information; registration and insurance card in glove box. Also, provide your driver's license.

Accident Protocol (continued)

7. Do Not Admit Fault

Do not discuss specific details of the accident with anyone except the police directly. Be polite, but do not admit fault to the other driver or the police, ever if the driver's actions led to the accident.

8. Contact Your Direct Supervisor

When first available, call your direct supervisor and update them on the situation. The direct supervisor will collect all the information you have.

9. Photograph and Document the Incident

Take pictures of all damage done to the company vehicle and any vehicle involved in the incident. Be sure to include photos that reveal the overall context of the accident such as road conditions, intersection, traffic signs or lights, etc.

10. Record in writing all pertinent information involving the incident including:

• The date and time of accident, a description and exact location of the accident scene, and any recollection of your vehicles handling or mechanical function prior to the accident.

• Name, addresses, telephone numbers, vehicle info, drivers license number, insurance information and insurance carrier of all parties involved.

• Names, address, and general contact info of any witnesses

• Names and badge numbers of police officers involved, where to obtain the police report of incident, and any tickets or citations.

Person-Centered Planning Training© 2

Note: This training is an overview of Person Centered Planning. It is intended to provide a basic understanding of person centered planning guidelines and practices for all employees, and meet the CARF accreditation standards for training for all employees. It is not intended to be a substitute for competency-based training requirements.

Please read through this brief overview on Person Centered Planning.

After completing this overview, complete the questionnaire that follows.

This questionnaire is intended to improve your understanding of the

concept of Person Centered Planning.

ORIGINS

Person Centered Planning has its origins in the disability activist

movement of the 1960's and the early 1970's, which culminated in a

congressional act of congress (The Rehabilitation Act of 1973) that

included a provision that forbid discrimination on the basis of disability.

Ideas that grew out of the experience of disability activists resulted in a

growing movement to move away from dependence on "professionals" as

the experts on determining the needs of persons served; to persons

determining what best served their needs. The following represents an example of these two views:

Question Rehabilitation View Person Centered View

• Where is the problem located?

• Within the person Iin the environment and the

• way services work (or don't work)

• What is the solution?

• Professional intervention Removal of barriers,

• advocacy, consumer control,

• self-advocacy

• Who is the person? Patient/Client Person/Citizen

• Who is in charge? The professional The citizen

• What defines success?

• Maximum functioning as judged by the professional

• Independent living, being in control of your life regardless of how much assistance you need.

ASSUMPTIONS ABOUT PERSON CENTERED PLANNING

1. All people, with or without disabilities, share the same basic needs.

As human beings, all of us are concerned about having experiences

throughout our lives that provide us with:

a. Autonomy and independence

b. Individuality

c. Love and acceptance through participation within a family

and community

d. Stability and continuity

e. Continuous growth and learning

f. Community status

g. Security with respect to personal finances and protection of legal and human rights.

2. Description of disability is only relevant to the extent that the disabling condition complicates the fulfillment of human needs. What disabled people do not have in common with non-disabled people is the independent ability and means to create conditions, situations, and experiences in their lives to meet some or all of their basic human needs.

3. The form of help and the ways it is designed and arranged

determines whether or not people get their basic needs met. For example, it is common to hear phrases such as “Jim needs medication.” Re-wording this statement so that it is consistent with person centered planning would be: “Jim, like all of us, needs to be

able to concentrate in order to learn more effectively. His disability interferes with his ability to learn in several specific ways.

Medication may be one form of assistance that might help him learn more effectively.”

4. The goal of the human service systems is to join forces with natural unpaid support networks (families, friends, neighbors, coworkers, citizen advocates, etc.) to create conditions and support for people with disabilities that enable them to live within their

local communities. Services should be designed and delivered to enhance each person’s capacity for growth and to convey the conviction that each person can participate in a valued role within the community.

ELEMENTS OF PERSON CENTERED PLANNING

1. The individual’s needs, desires, and accommodations for communication will be made to maximize his/her ability for expression.

2. The individual’s choices, preferences, and abilities are respected.

3. Potential issues of health and safety are explored and discussed to

determine if there is a role for other persons to provide additional information.

4. All planning meetings are scheduled at a time and location convenient to the individual and the persons the individual chooses to participate.

5. The individual identifies, in collaboration with others, the strategies and supports to achieve desired outcomes.

6. Exploration of the potential resources for supports and services to be included in the individual’s plan are considered in this order:

a. The individual

b. Family, friends, and significant others

c. Resources in the community

d. Public funded and supports available to all citizens

7. Person centered planning includes regular opportunities for individuals to provide feedback.

8. The individual's support network is explored with the person to determine who may best help him/her create a plan, and a plan is developed for achieving desired outcomes.

PERSON-CENTERED PLANNING 2 QUESTIONAIRE

Please answer the following questions by selecting true or false.

1. Person Centered Planning has its origins in an act of congress, which spurred disability activists to develop advocacy-based approaches to treating people's problems and disabilities.

□ True □ False

2. A "rehabilitation" approach provides for experts, who have been trained to know what's best for disabled individuals, to utilize years of education and training in developing treatment that meets the needs of the individual, while a "person centered" approach relies on the a system of support to assist the individual in determining how best they fulfill their human needs.

□ True □ False

3. "John needs to take his medication in order to reduce his symptoms and function better within his community" would be a person centered approach to assisting someone with fulfilling their human needs.

□ True □ False

4. The goal of the human service systems is to join forces with natural unpaid support networks (families, friends, neighbors, co-workers, citizen advocates, etc.) to create conditions and support for people with disabilities to live within their local communities.

□ True □ False

5. The following are all elements of person centered planning:

a. The individual's choices, preferences, and abilities are respected.

b. The individual's support network is explored with the person to determine who may best help him/her plan, and a plan is developed for achieving desired outcomes.

c. The individual identifies, through the directives of the professional provider, the

strategies and supports to achieve desired outcomes.

d. Regular opportunities for individuals to provide feedback are available.

☐ True ☐ False

NAME:_____ DATE:_____

SUPERVISOR:_____ DATE:_____

Aggression Management and Communication Skills

Course Description:

The overall goal of this program is to familiarize the participant with ways to effectively manage aggression through effective verbal and non-verbal communication, by learning and implementing diffusion strategies as well as de-escalation techniques and skills

GOAL 1: OBJECTIVES

1. Participants will gain an understanding of signs and aspects of aggression.

2. Participants will be familiar with effective verbal and non-verbal communication.

3. Participants will learn about various diffusion techniques and de-escalation techniques.

4. Participants will improve ability to keep clients safe on a consistent basis.

Managing Aggression

The effective handling of aggression is one of the most demanding aspects of working in Behavior Health. It is an area where good interaction and communication skills are required.

• The majority of situations where there is a potential for violence can be handled through communication.

• Aggression: any behavior that is perceived by the victim as being deliberately harmful and damaging either psychologically or physically.

Goal: Prevent aggression from escalating into actual physical violence.

People may become aggressive for a number of reasons, including:

• Frustration Unfairness, perceived or real

• Humiliation Immaturity

• Excitement Learned Behavior (it get results)

• Reputation Means to an end

• Decoy Duty

• Mental Illness (i.e. Paranoia, psychosis, delusions)

Signs of Aggression:

• Standing tall

• Red faced

• Raised voice

• Rapid breathing

• Direct, prolonged eye contact

• Exaggerated gestures

• Tensing of muscles

Additional signs of aggression:

• Any major change in behavior that varies from what is normal for the person

• Clenched fists

• Focusing/narrowing of the gaze

• Tight jaw/facial muscles

• Increased agitation and disturbance in behavior (e.g. pacing)

Risk Factors to Consider:

• Is the person facing a high level of stress? (e.g. recent bereavement, pending court date)

• Does the person seem to be under the influence of drugs or alcohol?

• Does the person have a history of violence?

• Does the person have a history of psychiatric illness?

• Has the person verbally abused staff in the past?

• Has the person threatened staff with violence in the past?

• Has the patient experienced trauma?

Communication

Communication: a two-way process that relates to verbal interaction (listening, speaking, and hearing), and non-verbal interaction (interpretation and observational skills – looking and seeing).

To minimize communication problems:

• Use language appropriate to the person (his/her language if possible; use interpreter where

• necessary)

• Take time to communicate

• Check that you are understood

• Encourage and give feedback

• Conversation should take place at an appropriate time and place (whenever possible)

Aggression Management and Communication Skills Training

Common inhibitions to effective communication:

• Noise

• Language (native lang./demeaning lang.)

• Perception and prejudice

• Intrusion of personal space

• Communication: We cannot necessarily avoid or overcome all these barriers, but we need to

find ways of minimizing them.

Noise:

• Major distraction

• Hard to hold a discussion against noisy background

• Speaking loudly can be misinterpreted as yelling

Language:

• Express yourself in as direct and explicit manner as possible

• Avoid emotive language (Words used deliberately to create an emotional impact or response)

• Avoid demeaning language/belittling

• Find assistance for a person who does not speak the same language as you.

• Perception and Prejudice: everybody has a unique background and history with influences and

• experiences that form our way of looking at the world.

❖ Recognize our prejudices

❖ Work around prejudices of others

❖ Maintain professional attitude (not allowing our perceptions to get in the way of duties

and responsibilities to others, particularly in promoting equal opportunities)

❖ Not to let our prejudices influence the way we communicate

Intrusion of personal space:

• Avoid standing too close to the person

• Amount of space required for a person differs based on gender, familiarity, culture, mood, etc.

• In addition, standing too close to an angry individual can make the person feel unsafe, and make

YOU unsafe.

• Step-Kick distance Non-verbal communication: Staff should be aware of non-verbal messages that how how a person is feeling or may respond.

De-escalation Prevention Steps

Recognize:

• Anger is a choice of a range of behaviors that could be used to get what one needs in a situation.

• It is a behavior that has benefit for its user.

• Anger can get people the attention they need, escape things they don't want to do, gain control

over another person/situation

• Pump them up when they are feeling small/insignificant

Perform a quick self-assessment:

❖ Can I avoid criticizing and finding fault with the angry person?

❖ Can I avoid being judgmental?

❖ Can I keep myself removed from the conflict?

❖ Can I try to see the situation from the angry person's pt of view or understand the need s/he is

trying to

❖ satisfy?

❖ Can I remember that my job is to keep the peace and protect the client and staff?

Recognize Early Warning Signs: Many incidents can be prevented by recognizing subtle changes in behavior.

-Quiet people may become agitated

-Loud, outgoing people may become quiet and introspective.

Commenting on the changes may open up conversation and minimize frustration/buildup

Diffusion Strategies

Before anything else happens:

• Staff should seek to defuse the situation

• People that are out of control are under the influence of an "adrenal cocktail"

• Do nothing to escalate state of mind

• Be prepared to defend yourself

Seek to:

• Appear confident

• Display calmness

• Create some space

• Speak slowly, gently and clearly

• Lower your voice

• Avoid staring

• Avoid arguing and confrontation

• Show that you are listening

• Calm the person and assure she/he feels heard before trying to solve the problem

Adopt a non-threatening body posture:

• Use a calm, open posture (sitting or standing)

• Reduce direct eye contact (may be taken as a confrontation) without affirmative acknowledgment

• Allow the person adequate personal space

• Keep both hands visible

• Avoid sudden movements that may startle or be perceived as an attack

• Avoid audiences (when possible) – an audience may escalate the situation

TO DO:

• Give clear, brief, assertive instructions

• Explain your purpose or intention

• Negotiate options

• Avoid threats

• Move towards a “safer place” (i.e. avoid being trapped in

• Ensure your non-verbal communication is non-threatening:

• Consider which techniques are appropriate for situation

• Pay attention to non-verbal clues (i.e. eye contact)

• Allow greater body space than normal

• Be aware of own non-verbal behavior (posture and eye contact)

• Appear calm, self-controlled, and confident without being dismissive or over-bearing

De-Escalation Techniques

1. Technique #1: Simple Listening

Sometimes all an angry person needs is for someone to take the time to allow them to vent his/her anger and frustrations. Simply listen to what he/she is saying, give encouragers (i.e. uh-huh, yes, go on, etc.).

2. Technique #2: Active Listening

…really attempting to hear, acknowledge and understand what a person is saying. A genuine attempt to put oneself in the other's situation. LISTENING…not only to the words, but the underlying emotion as well as the body language.

3. Technique #3: Acknowledgement

…occurs when the listener is attempting to sense the emotion underlying the words. Relaying that you understand what a person is feeling helps the person to release that feeling.

4. Technique #4: Allow Silence

…although many find silence unbearable, sometimes the angry person may need the time to reflect or think.

5. Technique #5: Agreeing

…often when people are angry about something, there is something true in what they are saying. When attempting to diffuse someone's anger, it is important to find that truth and agree with it.

6. Technique #6: Apologizing

…an excellent de-escalation skill! …Not for an imaginary wrong, but a sincere apology for anything in the situation that was unjust; a simple acknowledgment that something occurred wasn't right or fair. It is possible to apologize without accepting blame.

7. Technique #7: Inviting Criticism

The final skill…The listener should simply ask the angry person to voice his/her criticism of the listener

(What am I doing wrong that makes you so angry at me? Tell me, I can take it. Don't hold anything back. I want to hear about everything you're angry about.).

8. Technique #8: Develop a Plan

Have a plan before one is needed. Think about options of what you could do before such a circumstance occurs. Decisions made before a crisis occurs are more likely to be more effective/rational than those thought of "on the fly".

WHEN NOTHING WORKS

There may be occasions, particularly with the mentally ill, when the listener is unsuccessful. Your safety and the safety of others should always be of primary concern.

NEVER THREATEN unless you are prepared to take the next step:

Once you have made a threat, or given an ultimatum, you have ceased all negotiations and put yourself in a potential win-lose situation…. and for safety's sake, you must be the winner. However, your rapport will suffer, leading to potential future problems, fear, or distrust from those you interact with daily.

Last resort.

De-escalation Closure

De-escalation is a very difficult and humbling skill.

• You cannot be unsure of your own pride or self-esteem.

• You must be able to control your own anger.

• You must be able to see the bigger picture.

• You must be willing to practice what you've learned.

Aggression Management Quiz

1) Name 5 signs of Aggression

_____

_____

_____

_____

_____

2) Name 2 risk factors to Aggression

_____

_____

3) Anger is a choice in a range of available behaviors. (circle one)

True False

4) Explain how Perception and Prejudice can inhibit Communication.

_____

_____

_____

5) Staring a client down is a sign of being in charge and can help to calm an aggressive person. (circle one)

True False

6) Apologizing to an angry client simply validates their anger and perpetuates a stressful situation. (circle one)

True False

Alc 303.03 Education.

(a) The required education shall consist of at least 46 hours covering the 4 domain areas, to include

at least:

(1) Sixteen hours of education in ethical responsibility inclusive of:

a. Substance use recovery services;

b. Ethical boundaries; and

c. 42 CFR Part 2 and HIPAA confidentiality laws;

(2) Ten hours of education in advocacy inclusive of:

a. Substance use recovery issues; and

b. Six hours of education of suicide prevention training;

(3) Ten hours of mentoring and education training inclusive of:

a. Substance use recovery issues; and

b. Three hours of mental health and co-occurring training; and

(4) Ten hours of recovery and wellness training inclusive of:

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a. Substance use recovery issues; and

b. Three hours of HIV and AIDS training.

(b) At least 50% of the required education shall be provided, sponsored, or approved by:

(1) The board or the licensing body of any state within the IC&RC;

(2) National Association for Alcoholism and Drug Abuse Counselors – The Association for Addiction Professionals (NAADAC);

(3) New Hampshire Training Institute on Addictive Disorders;

(4) New Hampshire Center for Excellence on Addiction;

(5) AdCare Educational Institute of New England;

(6) NHTI – Concord Community College;

(7) New Hampshire Alcohol and Drug Abuse Counselors Association; or

(9) The NH department of health and human services bureau of drug and alcohol services

(BDAS).

(c) No more than 25% of the required education described above shall be obtained by the applicant

online. This maximum shall not apply to educational hours obtained as part of an online college program

or from an online training that is live and simultaneously interactive.

(d) One college credit shall be equivalent to 15 contact hours.

Alc 303.04 Criteria for Initial Reciprocity Based Licensure or Certification.

(a) Applicants for initial certification as a CRSW who are currently certified recovery support

workers in another jurisdiction within the IC&RC shall be certified by the board upon completion of the

application requirements in Alc 304.01 – Alc 305.

(b) Applicants for initial certification as a CRSW who are certified recovery support workers in a

jurisdiction outside the IC&RC shall be eligible for certification in New Hampshire, provided that:

(1) The application requirements are equal to or more stringent than those outlined in this

chapter; and

(2) The applicant complies with the application requirements described in Alc 304.01 – 304.04.

Readopt with amendment Alc 304.01 through Alc 304.04, effective 10-13-16 (Document #12001), to

read as follows:

Alc 304.01 Procedures for Applying for Initial Certification as a Recovery Support Worker. An

applicant for certification as a recovery support worker shall arrange for the board's office to receive:

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(a) A completed, signed, and dated "Initial Certification Application as a Recovery Support Worker"

form provided by the board and further described in Alc 304.02;

(b) The additional materials described in Alc 304.04;

(c) Payment of the certification fee as described in Alc 317; and

(d) A criminal history records check form and fingerprint card or live scan document, requesting

both a New Hampshire and a federal records check, in accordance with the procedure specified by the NH

department of safety at Saf-C 5700, Operation of the Central Repository: Criminal Records, with the

required fee. The fee for the criminal history records check shall be submitted using a separate payment.

Alc 304.02 Application Form. The applicant shall furnish the following information on the

application form "Initial Certification Application as a Recovery Support Worker" provided by the board:

(a) The applicant's full legal name;

(b) Any other names ever used by the applicant;

(c) The applicant's date of birth;

(d) The applicant's current employer;

(e) The applicant's current employers address, business email, and phone number;

(f) Using the "yes" and "no" spaces provided, whether or not the applicant:

(1) Has any pending criminal charges;

(2) Has made a plea agreement relative to any criminal charge;

(3) Has been convicted of a felony or misdemeanor in this or any jurisdiction;

(4) Has any license or certification under revocation, suspension, or probation in another state

or territory of the United States; and

(5) Is currently on probation or parole in New Hampshire or in any other state or territory of

the United States;

(6) Has engaged in work with individuals with substance use or integrated co-occurring

disorders in a manner harmful or dangerous to them or the public;

(7) Has practiced fraud or deceit in procuring or attempting to obtain this certification;

(8) Has engaged in sexual relations with, solicited sexual relations with, or committed an act

of sexual abuse against or sexual misconduct with, a current or past participant or minor;

(9) Has failed to remain free from the use of any controlled substance or any alcoholic beverage

to the extent that the use impairs the applicant's ability to engage in work with individuals with

substance use and integrated co-occurring disorders with safety to the public;

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(10) Has engaged in false or misleading advertising;

(11) Has disciplinary action(s) pending in another state or territory of the United States;

(12) Has a mental disability which impairs professional ability or judgment; and

(13) Is currently or has previously been authorized in another jurisdiction to provided recovery

support work;

(g) If the applicant has answered any of the questions in Alc 304.02(g) in the affirmative provide a

detailed written explanation of the circumstances surrounding the "yes" answer and include any

restitution(s) or remedial action(s);

(h) List the private and public settings in which the applicant completed the paid or volunteer work

experience required by Alc 303.02;

(i) List the sources of the education required by Alc 303.03;

(j) The applicant's physical home address;

(k) The applicant's home telephone number or cellular phone number;

(l) The applicant's home mailing address;

(m) The applicant's personal email address;

(n) Pursuant to RSA 161-B:11 and RSA 330-C:20, I, the applicant's social security number for the

purpose of child support enforcement compliance with RSA 161-B:11; and

(o) The applicant shall sign and date the "Initial Certification Application as a Recovery Support

Worker" below the following statement:

"The information provided on this application form and in the materials, I have provided to

support my application is true, accurate, and complete to the best of my knowledge and belief.

I acknowledge that, pursuant to RSA 641:3, the knowing making of a false statement on this

application form is punishable as a misdemeanor. I have read and understand the laws, rule,

and ethical standards for Recovery Support Workers and if I am certified I will abide by those

laws, rules, and ethical standards as defined in Alc 500."

Alc 304.03 Meaning of the Applicant's Signature. The applicant's signature on the "Initial

Certification Application as a Recovery Support Worker" form shall mean that:

(a) The applicant confirms that the information provided on the "Initial Certification Application as

a Recovery Support Worker” form and submitted by the applicant to support his or her application is true,

accurate, and complete to the best of his or her knowledge and belief; and

(b) The applicant acknowledges that knowingly making a false statement on the “Initial Certification

Application as a Recovery Support Worker” form shall be punishable as a misdemeanor under RSA 641:3.

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Alc 304.04 Additional Materials to be Submitted. The additional materials to be submitted by an

applicant for initial certification shall be:

(a) The test scores from the examination described in Alc 305 submitted to the board directly from

the testing institution;

(b) A photocopy of the applicant’s:

(1) High school diploma;

(2) Certificate of general educational development or equivalent credential issued by a state

department of education;

(3) Any other certificate showing that the applicant has earned the equivalent of a high school

diploma; or

(4) A transcript showing completion of a college degree program indicating education beyond

a high school diploma;

(c) The completed, signed, and notarized form required by the New Hampshire division of state

police for the issuance and transmission to the board of the applicant's state and federal criminal conviction

reports;

(d) On a fingerprint card furnished by the board or live scan document, the set of fingerprints required

by the New Hampshire division of state police for the issuance of the applicant's state and federal criminal

conviction reports;

(e) Unless the information is available only on a secure website, an official letter of verification sent

directly to the board from every jurisdiction which has issued a license, certificate, or other authorization

to practice recovery support or other work supporting treatment of individuals with substance use and

integrated co-occurring disorders stating:

(1) Whether the license certificate or other authorization is or was, during its period of validity,

in good standing; and

(2) Whether any disciplinary action was taken against the licensee, certificate, or other

authorization to practice;

(f) A written description of the circumstances if the applicant has checked the “yes” space for any of

the “yes-no” questions on the “Initial Certification Application as a Recovery Support Worker” form;

(g) Proof of compliance with any current orders described in Alc 302.01(b)(3) dated within 60 days

of the date of submission of the “Initial Certification Application as a Recovery Support Worker” form;

(h) The “Supervised Work Experience Report Form” from each of the private and public employer(s)

for whom the applicant performed paid or volunteer work evidencing compliance with the work experience

required by Alc 303.02 shall require:

(1) Supervised work experience of at least 500 hours in duration;

(2) The supervised work experience to be:

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a. Be paid or volunteer in nature;

b. Involve direct services to clients;

c. Be performed under the supervision of an individual approved by the board to supervise CRSW's; and

d. Be performed in one or more of the following private or public settings:

1. A detoxification program;

2. A substance use counseling program;

3. A substance use treatment program; or

4. In the substance use aspect of a healthcare, social service, or other direct service program; and

(3) The supervised work experience to include:

a. Monitoring by the supervisor of the performance of the person being supervised; and

b. Record keeping and note taking by the supervisor which is sufficiently detailed to permit accurate later assessment of the work of the individual being supervised and accurate completion of the "Supervised Work Experience Report Form" as described in Alc 313.06;

(i) Photocopies of all certificates of completion showing compliance with the training requirement in Alc 303.03, attaching additional sheets as necessary to provide the following information if it does not appear on the certificate:

(1) The name of the applicant;

(2) The title of the training;

(3) The name of the training provider;

(4) The date(s) and number of hours of the training;

(5) If the training does not meet the requirements set forth in Alc 303.03(b), a description of the topic(s) covered by the training, in the form of a brochure or description issued by the training provider;

(6) The signature of the training instructor or a representative of the provider or sponsoring or approving organization, together with the title of the person signing the certificate of completion; and

(7) A list of the domains covered by the training;

(j) The "Supervision Agreement" further described in Alc 313.09; and

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(k) The "Applicant Evaluation Form" described in Alc 313.10.

Readopt with amendment Alc 305.01, effective 10-13-16 (Document #12001), to read as follows:

Alc 305.01 Examination and Examination Procedures.

(a) The examination to be passed for initial certification as a CRSW shall be the IC&RC written "Peer Recovery" (PR) examination.

(b) Applicants intending to take the IC&RC written peer recovery examination shall apply to and take the examination with the IC&RC.

(c) Applicants for certification shall request the IC&RC submit proof they have received a passing score on the "Peer Recovery" examination directly to the board.

Readopt with amendment Alc 304.05, effective 10-13-16 (Document #12001) and renumber as Part 306, to read as follows:

PART Alc 306 BOARD’S PROCESSING OF APPLICATIONS FOR INITIAL CERTIFICATION AS A RECOVERY SUPPORT WORKER

Alc 306.01 Processing of Applications for Initial Certification.

(a) Pursuant to RSA 330-C:20, III the board's office shall submit the release form described in Alc

304.04 (c), the fingerprints described in Alc 304.04(d), and the payment described in Alc 304.01(d) to the

division of state police for the purpose of obtaining the applicant's state and federal criminal conviction

reports.

(b) The application for initial certification shall be considered complete when:

(1) The board’s office has received:

a. A completed, signed, and dated “Initial Certification Application as a Recovery

Support Worker” form pursuant to Alc 304.02;

b. The additional materials described in Alc 304.04;

c. The applicant’s state and federal criminal conviction reports transmitted to the board

by the division of state police; and

d. Any additional information or documents which the board has requested pursuant to

(c) below; and

(2) The treasurer has transacted the applicant’s check, or money order in payment of the total

certification fee.

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(c) If the board, after receiving and reviewing the application materials submitted by the

applicant and the applicant's state and federal criminal conviction reports, requires further information

or documents to determine the applicant's qualification for certification, the board shall:

(1) So notify the applicant in writing within 30 days; and

(2) Specify the information or documents it requires.

(d) The application shall be denied if the applicant has not submitted all documents required pursuant

to Alc 306.01(b) within 120 days of the receipt by the board's office of the completed "Initial Certification

Application as a Recovery Support Worker" form.

(e) The board shall issue the recovery support worker certification or a written denial of the

application within 60 days of the date that the application is complete.

(f) An applicant wishing to challenge the board's denial of an application for initial certification

shall:

(1) Make a written request for a hearing in accordance with Alc 200; and

(2) Submit this request to the board:

a. Within 60 days of the board's notification of denial; or

b. If the applicant is on active military duty outside the United States, within 60 days of

the applicant's return to the United States or release from duty, whichever occurs later.

Readopt with amendment Part Alc 306, effective 10-13-16 (Document #12001) and renumber as Part

307, to read as follows:

PART Alc 307 INITIAL LICENSURE AS A LICENSED ALCOHOL AND DRUG COUNSELOR

Alc 307.01 Scope. The rules in Alc 306, Alc 307, and Alc 308 shall not apply to applicants applying

for reciprocity-based LADC licensure under Alc 309 unless otherwise specified in Alc 309.

Alc 307.02 Eligibility Requirements for Initial Licensure as a Licensed Alcohol and Drug Counselor.

(a) The board shall issue an initial license as a licensed alcohol and drug counselor to an individual

who:

(1) Has committed none of the acts or omissions described in RSA 330-C:27, III for which the

applicant has not made sufficient restitution as follows:

a. Restoration of the person or entity injured by the individual to his, her, or its original condition;

b. A restitution acknowledged by the injured person or entity to be sufficient;

c. Correction of the deficiency in the individual which led to the act or omission;

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d. A restitution ordered in disciplinary action taken by the board; or

e. Restitution ordered in disciplinary action taken by a regulatory body of another state or territory of the United States;

(2) Is of good character, as evidenced by:

a. Information provided on the “Application for Initial Licensure as an Alcohol and Drug Counselor or Master Alcohol and Drug Counselor” form pursuant to Alc 313.02 or in the additional materials reviewed by the board regarding any criminal convictions, pending criminal charges, and plea agreements;

b. Information provided on the “Application for Initial Licensure as an Alcohol and Drug Counselor or Master Alcohol and Drug Counselor” form pursuant to Alc 313.02 or in the additional materials reviewed by the board regarding any restitution made for any acts or omissions described in RSA 330-C:27, III;

c. Information provided on the “Application for Initial Licensure as an Alcohol and Drug Counselor or Master Alcohol and Drug Counselor” form or in the additional materials reviewed by the board regarding any remedial action taken with respect to mental disability; and

d. Official letters of verification and training requirements set forth in Alc 308.04(d), if

any;

(3) Has met the education requirements set forth in Alc 307.03;

(4) Has met the training requirements set forth in Alc 307.04;

(5) Has accumulated the supervised work experience specified in Alc 307.05;

(6) Has been found competent in substance use counseling [or recovery support work] as shown by ratings described in Alc 313.06(e)(9), meeting the following standards based on all

"Supervised Work Experience Report Form" required to cover the individual's entire work experience:

a. No "not acceptable" ratings on any of the core functions; and

b. At least one rating per core function which is not a rating of "no opportunity for supervision";

(7) Has passed the examination specified by Alc 308.01(a) and otherwise complied with the examination procedures of Alc 308.01; and

(8) Has complied with the application procedures set forth in Alc 312.

(b) The board shall waive an applicant's felony conviction, if any, if the applicant has corrected the

deficiency which led to the felonious act or omission.

(c) The board shall consider the following when determining if waiving the criminal act or omission

shall be appropriate:

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(1) The applicant's explanation of the offense(s) or omissions;

(2) The applicant's written explanation of the steps taken to make restitution;

(3) Compliance with probation or parole, if applicable;

(4) Payment of fines or restitution, if applicable; and

(5) Compliance with any plea agreement or settlement agreement made with any court, board,

or other supervising entity, if applicable;

(d) If the board determines, after considering all the information about the conviction or omission,

that it does not impair the applicant's ability to conduct, safety, the practices for which the applicant seeks

licensure the board shall issue the waiver.

Alc 307.03 Educational Eligibility Requirements.

(a) Pursuant to RSA 330-C:17, I, eligibility for initial licensing as a licensed alcohol and drug

counselor shall require an individual to have:

(1) Graduated with one of the academic degrees stated in (b) below;

(2) Received the required drug and alcohol use education stated in (c) below; and

(3) Received the supervised practical training in drug and alcohol counseling stated in (d)

below.

(b) The qualifying academic degrees shall be:

(1) An associate's degree in substance use counseling, addiction studies, or equivalent

program; or

(2) A bachelor's degree in clinical mental health, social work, psychology, substance use

counseling, addiction studies, or human services from a college or university accredited by:

a. The Commission on Institutions of Higher Education of the New England Association

of Schools and Colleges; or

b. Any other accrediting body recognized by the Council for Higher Education

Accreditation.

(c) The required drug and alcohol use education shall:

(1) Total at least 300 hours, including:

a. Six hours of education in confidentiality;

b. Six hours of education in the 12 core functions;

c. Six hours of education in ethics;

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d. Six hours of education in HIV and AIDS;

e. Six hours of education in suicide prevention; and

f. The remaining 270 hours covering the 18 categories of competence as described in Alc 313.10(j)(1)-(18); and

(2) Be received:

a. As part of the academic program; or

b. In a program given, sponsored or approved by:

1. The board or the licensing body of any other state within the IC&RC;

2. National Association for Alcoholism and Drug Abuse Counselors – The Association for Addiction Professionals (NAADAC);

3. New Hampshire Training Institute on Addictive Disorders;

4. New Hampshire Center for Excellence on Addiction;

5. AdCare Educational Institute of New England;

6. NHTI – Concord Community College;

7. New Hampshire Alcohol and Drug Abuse Counselors Association;

8. The NH department of health and human services bureau of drug and alcohol services (BDAS); or

9. Any public or private agency or institution providing training in the practice of substance use counseling and recognized by the Council for Higher Education Accreditation.

(d) No more than 25% of the required education shall be obtained by the applicant online. This

maximum shall not apply to educational hours obtained as part of an online college program or from an

online training that is live and simultaneously interactive.

Alc 307.04 Training Eligibility Requirements. The required supervised practical training in alcohol

and drug use counseling shall:

(a) Total at least 300 hours;

(b) Cover training in the 12 core functions, with a minimum of 10 hours of supervised practical

training received in each of the 12 core functions;

(c) Supervised practical training that includes direct and indirect supervision; and

(d) Be received:

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(1) In an internship or practicum; or

(2) At the site of, and as part of, the supervised work experience as described in Alc 301.01(k)

and as descried in Alc 307.05.

Alc 307.05 Supervised Work Experience Requirement.

(a) The required supervised work experience shall be of the following duration:

(1) For an individual holding an associate's degree, an accumulated 6,000 hours; and

(2) For an individual holding a bachelor's degree, an accumulated 4,000 hours.

(b) The supervised work experience shall:

(1) Be paid or volunteer in nature;

(2) Involve direct services to clients;

(3) Be performed under the supervision of an individual licensed by the board or authorized

by the regulatory board of another state to practice substance use counseling; and

(4) Be performed in one or more of the following private or public settings:

a. A detoxification program;

b. A substance use counseling program;

c. A substance use treatment program; or

d. In the substance use aspect of a healthcare, social service, or other direct service program.

(c) The supervised work experience shall include:

(1) Monitoring by the supervisor of the performance of the person being supervised; and

(2) Record keeping and note taking by the supervisor which is sufficiently detailed to permit accurate later assessment of the work of the individual being supervised and accurate completion of the “Supervised Work Experience Report Form” as described in Alc 313.06.

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City of Keene, NH

Congregate Living & Social Services License Application

For Office Use Only:
Case No. CLSS-2021-12
Date Filled 5/6/24
Rec'd By CAM
Page 1 of 2
Tax Map# 585-010-000
Zoning District: DT-T

If you have questions on how to complete this form, please call: (603) 352-5440 or email: communitydevelopment@keenenh.gov

SECTION 1: LICENSE TYPE

○ Drug Treatment Center	○ Group Home, Small	○ Homeless Shelter
○ Fraternity/Sorority	○ Group Resource Center	○ Lodging House
◉ Group Home, Large	○ Residential Drug/Alcohol Treatment Facility	○ Residential Care Facility

SECTION 2: PROPERTY LOCATION

ADDRESS: 26 Water St Keene, NH 03431

SECTION 3: CONTACT INFORMATION

I hereby certify that I am the owner, applicant, or the authorized agent of the owner of the property upon which this approval is sought and that all information provided by me is true under penalty of law. If applicant or authorized agent, a signed notification from the property owner is required.

OWNER	APPLICANT
NAME/COMPANY: 26 Water St, LLC	**NAME/COMPANY:** Live Free Recovery Services, LLC
MAILING ADDRESS: 106 Roxbury St Keene, NH 03431	**MAILING ADDRESS:** 106 Roxbury St Keene, NH 03431
PHONE: (603) 438-3276	**PHONE:** (877) 932-6757
EMAIL: rgagne@livefreerecoverynh.com	**EMAIL:** info@livefreerecoverynh.com
SIGNATURE: Ryan Gagne **DATE:** 5/6/20	**SIGNATURE:** Ryan Gagne **DATE:** 5/6/20
PRINTED NAME: RyanGagne **TITLE:** CEO/Owner	**PRINTED NAME:** Ryan Gagne **TITLE:** CEO/Owner

AUTHORIZED AGENT (if different than Owner/Applicant)	OPERATOR / MANAGER (Point of 24-hour contact, if different than Owner/Applicant) ☐ Same as owner
NAME/COMPANY:	**NAME/COMPANY:** Live Free Recovery Services, LLC
MAILING ADDRESS:	**MAILING ADDRESS:** 106 Roxbury St Keene, NH 03431
PHONE:	**PHONE:** (877) 932-6757
EMAIL:	**EMAIL:** info@livefreerecoverynh.com
SIGNATURE: **DATE:**	**SIGNATURE:** Jennifer Houston, MLADC, LICSW **DATE:** 5/6/20
PRINTED NAME: **TITLE:**	**PRINTED NAME:** Jennifer Houston, LICSW, MLADC **TITLE:** COO

SUBMITTAL CHECKLIST

A complete application must include the following items and submitted by one of the options below:

- **Email:** communitydevelopment@keenenh.gov, with *"CLSS License Application"* in the subject line

- **Mail / Hand Deliver:**
  Community Development (4th Floor)
  Keene City Hall,
  3 Washington St, Keene, NH 03431

The submittal requirements for a Congregate Living & Social Services License application are outlined further in **Chapter 46, Article X** of the City of Keene Code of Ordinances.

Note: Additional information may be requested to complete the review of the application.

◯ **PROPERTY OWNER:** *Name, phone number and address*	◯ **POINT OF 24 HOUR CONTACT:** *Name, phone number, and address of person acting as the operator, if not owner* **Same as owner**
◯ **REQUIRED DOCUMENTATION:** *Provide all required state or federal licenses, permits and certifications*	◯ **WRITTEN NARRATIVE:** *Provide necessary information to the submittal requirements*
◯ **PROPERTY INFORMATION:** *Description of the property location including street address and tax map parcel number*	◯ **APPLICABLE FEES:** $165.00 application *(checks made payable to City of Keene)*
◯ **COMPLETED INSPECTION:** **or** *Inspection date:* _____	◯ **SCHEDULED INSPECTION:** *Inspection date:* _____
◯ **OPERATIONS AND MANAGEMENT PLAN:** Plan based on the industry standard *"Best Management Practices"* to include:	◯ **LOCATION MAP:**

◊ Security Plan
◊ Life Safety Plan
◊ Staff Training and Procedures Plan
◊ Health and Safety Plan
◊ Emergency Response Plan
◊ Neighborhood Relations Plan
◊ Building and Site Maintenance Procedures

In addition, Homeless Shelters will provide:

◊ Rules of Conduct, Registration System and Screening Procedures
◊ Access Policies and Procedures

SECTION 4: APPLICATION AND LICENSE RENEWAL REQUIREMENTS

Using additional sheets if needed, briefly describe your responses to each criteria:

1. Description of the client population to be served, including a description of the services provided to the clients or residents of the facility and of any support or personal care services provided on or off site.

Peer recovery services provided to men in substance use disorder recovery.

2. Description of the size and intensity of the facility, including information about; the number of occupants, including residents, clients staff, visitors, etc.; maximum number of beds or persons that may be served by the facility; hours of operations, size and scale of buildings or structures on the site; and size of outdoor areas associated with the use.

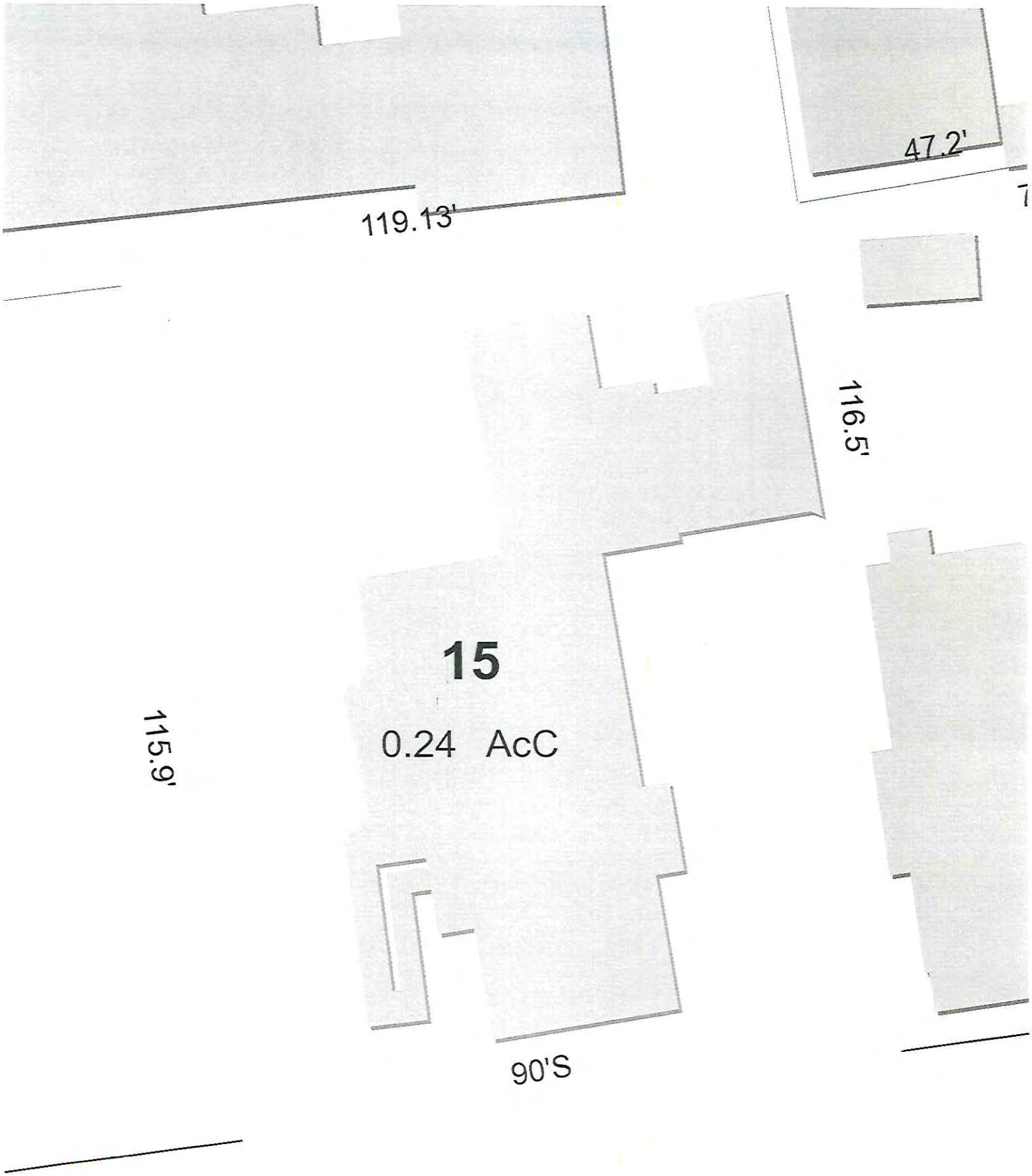
The property has 16 beds. There are 2 house managers who live at the house.

SECTION 4: APPLICATION AND LICENSE RENEWAL REQUIREMENTS CONTINUED

Using additional sheets if needed, briefly describe your responses to each criteria:

3. For Congregate Living Uses, describe the average length of stay for residents/occupants of the facility.

This is structured sober living and residents typically stay for about a year in most cases.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LIVE FREE

Live Free Recovery Services - Rules and Regulations Contract

1. Possession, seeking, or use of alcohol, drugs, paraphernalia, or weapons is strictly prohibited anywhere on the property. This includes any product that contains alcohol, including but not limited to mouthwash, aftershave, and over counter medicines. Violation may result in discharge. Relapse, as indicated by either positive alcohol/drug testing results or self-admission, is grounds for immediate discharge.
2. **Search Policy and Prohibited Items:** Staff reserves the right to search a resident's person or his personal belongings at any time for the safety of all house members. In addition, Staff may search the belongings of any house member at any time if there is suspicion of contraband being stored in the member's belongings. Suspicion will be determined by the sole discretion of staff.
3. **Prohibited items (i.e. contraband) include, but are not limited to**: any alcohol or alcohol containing products, illicit or intoxicating substances, paraphernalia, prescription medication (all prescription medication should be held by Staff in the safe), weapons (knives, guns, bats, etc.), tattoo/piercing equipment, pornographic materials, pre-work out supplements, animals of any kind unless prior permission granted by Director, stolen property, space heaters or any personal appliances that create fire or carbon monoxide hazards, fireworks, etc. Specific over-the-counter medications that are prohibited include any medication containing pseudoephedrine, ephedrine, dextromethorphan, and/or alcohol.
4. Live Free Recovery Services is a zero-tolerance home. The consequences of prohibited item possession range from notifying law enforcement and immediate expulsion from the home to warnings or loss of privileges. Prohibited items will always be confiscated. What constitutes a prohibited item is determined by Staff and is not limited to those identified above
5. **Alcohol and/or Drug Testing is mandatory if asked to submit to one by Staff.** It is our policy that all residents must submit to this test upon request. The test will be witnessed by the administrator or staff on duty. If the results are positive or the resident refuses/manipulatively delays the test, for any reason, the resident will be immediately discharged or offered appropriate consequences to be determined by the Staff.
6. Any attempt to alter the screen in any way (e.g. diluting urine) will be considered a

positive result for drugs or alcohol and is grounds for immediate discharge. If an in-home drug or alcohol screen produces ambiguous results or in claims of false positive results, the sample will be submitted to a lab for further testing. In cases where the resident claims ambiguous or false positive results, further testing will be at the resident's expense.

7. Threatening, violent, and/or aggressive behavior, be it verbal or physical is grounds for discharge.
8. No smoking, vaping, or dipping is allowed, except in the designated area outside the house. No incense, candles, or anything flammable is allowed anywhere in the house at any time. **Smoking is allowed only in designated areas.**
9. Residents must attend AA/NA/CA and/or some type of peer-based recovery meetings, 5 per week and can drop to 4 per week once employment is secured. Additional meeting requirements at the discretion of Staff may be added. Failure to comply may result in discharge.
10. No changes, improvements, decorating, or repairs are to be done to any part of the property without the approval of the Director. This includes appliances, moving and/or adding furniture, moving and/or adding pictures, photos and posters on the walls.
11. House Recovery Support Meetings are held every week, typically on Sunday evenings, and require attendance by all residents.
12. **Medication policy:** All prescription medications must be turned into Staff and will be held in the staff office in the safe. Prescription medications are logged, and residents must self-administer prescription medication in front of staff member on duty during medication times, then sign medication log every time when taking medication. Medication refill and pick up is the sole responsibility of the resident. Staff will not be tracking when refills are needed, although they may verbally let you know that you are running low. Staff performs regular medication audits to ensure medication logs are accurate.
    i. Live Free Recovery Services is an MAT accessible home, meaning that buprenorphine, methadone, or naltrexone is allowed provided the medication is prescribed by a legitimate physician for purposes of treating substance use disorder.
    ii. Under no circumstances may residents share, trade, buy, sell, give, or take prescription medication from others.
13. Etiquette for speaking on the phone will be enforced. Please be respectful of others while on the phone. Do not be loud and please use good judgement.
14. A chore list will be posted weekly. Chores are to be done daily and must be checked and signed off by Staff. Residents are responsible for keeping their own area orderly.

Beds must be made each morning. Everything else is to be put away. No open food or drink in bedrooms. Each person is responsible for washing his own dishes at the time they are used. Please make sure to turn lights off and the heat down when leaving bedrooms or the house.

15. No debt shall be incurred between any residents. This includes loans and sales. This includes any kind of bartering or trading.
16. An attitude of gratitude is required. Dishonesty, undermining, and enabling are grounds for immediate discharge. Bad mouthing of Staff, or any other recovery organization will not be tolerated. House problems should be discussed in house meetings. Enabling another resident to break a rule may have the same consequences as breaking the rule. Violation of any part of this rule could result in discharge.
17. Any disputes or concerns that arise in the house between residents should be brought to Staff's attention. Please do not confront any residents at any time! Follow the grievance policy if appropriate. Threatening, violent and/or aggressive behaviors will not be tolerated and may result in immediate discharge.
18. Transportation is the resident's responsibility.
19. **Please be respectful of the neighborhood. Good neighbor policy!** Your behavior in public is representative of Live Free as a whole. Do not smoke in non-smoking areas, be courteous and respectful of others, do not loiter around businesses/private property, avoid using lewd or offensive language, and avoid littering public or private property. Do not leave garbage outside of the house, on the lawn, in the parking area, etc.
20. Lost or stolen property is not the responsibility of the House at any time regardless of what anyone says or does. Residents are discouraged from bringing expensive jewelry and other valuables.
21. Residents may not lock, barricade, or deliberately jam doors at any time. Doors must always remain unlocked.
22. If a resident leaves or is discharged for any reason, there are no refunds. Resident's property is to be taken with them upon discharge. Personal property left behind by discharged residents will be stored in the staff office for up to 30 days after discharge for the discharged resident to make arrangements to recover them, however Live Free Recovery Services is not responsible in any way for items that have not been physically claimed.
23. If for whatever reason damage is done to resident's property (including, but not limited to, insects, pests, or water damage) the operator, Staff, and/or House will not be held responsible.

24. Please do not get the mail. Staff will be responsible for bringing in the mail and distributing it.

25. Staff may take pictures during weekend activities and post them on social media. Please let the house manager know if you would not like to have your picture taken and he will respect your request. Also, please review and sign the Confidentiality/Privacy Policy.

26. Staff may open any mail that comes to the house in front of the client.

27. **Audio/video recording:** There are security cameras recording both audio and video throughout the property, both interior and exterior, including inside the living room off the kitchen and in the medicine cabinet room. These cameras are for your security and may be viewed in live action or by reviewing footage, if deemed necessary by Staff.

28. Live Free Recovery Services assumes no responsibility or liability for the cost or anything else that may occur during the transportation to and from off-site meetings/events.

29. All residents must attend in house meetings and house dinner on Sunday night. At times, there may be house restrictions if there are ever any situations that need to be addressed. This may result in the occasional canceling of plans.

    i. **Violations of any of these rules and regulations may result in immediate discharge from the program. There is no lease signed for our program, so residents of Live Free Recovery Services have no tenant rights.**

    ii. **By signing below, I acknowledge that I have read and understand the above rules and regulations and agree to adhere to them, as well as the Resident Code of Rights, the Confidentiality/Privacy Policy, the Grievance Policy and Procedures, and the Weekly Fee and Services Provided Acknowledgement Form. I understand that any violation of the above terms may result in my immediate discharge from the residence and the program.**

30. Resident name_____

31. Resident Signature _____ Date_____

32. Staff member name_____

Live Free Recovery Services - Emergency Procedures

Live Free Recovery Services has specific plans and protocols that will be initiated and followed in the event of disaster. Diagram of the location of all exits and fire suppression equipment on each floor in public areas such as hallways, outside the office, etc.

Live Free Recovery Services will designate, maintain, and provide a phone number for residents, staff and others for after hour emergencies. The afterhours emergency phone number will be provided as a part of resident and employee orientation and conspicuously posted outside the staff office. If it is an imminent medical emergency, we suggest you dial 911 for assistance.

Fire Drill Procedure:

Get out of the building by heading to the nearest exit, please walk and do not run.

Meet the group at the designated gathering area (parking lot) and wait for the all clear before re-entering the building.

Suspected Overdose Procedure:

In the event of a suspected opioid overdose, the first person to arrive on scene is to administer the Narcan. Narcan is in each of the apartment units in their respective kitchens.

If able, a second person should be instructed to call 9-1-1. If nobody else is available, 9-1-1 is to be called after the first Narcan has been administered.

If the person remains unresponsive after 2-3 minutes, administer a second dose of Narcan.

I have been oriented to Live Free Recovery Services's emergency procedures and have been given the opportunity to ask questions.

Resident signature _____ Date _____

Staff signature _____ Date _____

LIVE FREE RECOVERY SERVICES - CONFIDENTIALITY/PRIVACY POLICY

Resident records, files, information, contracts, etc. will be kept secure in a locked file and accessed only by authorized staff.

Private resident files will be shared outside the residence only at the written request of the resident, by court order, or in case of emergency (when the release of private information would be essential to the safety of the resident(s))

Residents are responsible for maintaining the privacy of other residents. Residents will not release or share identifying information about housemates in conversation, in writing, or on social media platforms without expressed permission.

No identifiable images of or information about a resident will be shared by the home on social media platforms without a written release by the resident.

I, _____, agree to abide by this confidentiality/privacy policy.

_____I give Live Free Recovery Services permission to use my identifiable image on social media platforms or in marketing materials.

_____I do not give Live Free Recovery Services permission to use my identifiable image on social media platforms or in marketing materials.

Resident Name: _____

Resident Signature: _____

Date: _____

Staff Signature: _____

Date: _____

LIVE FREE RECOVERY SERVICES - RESIDENT CODE OF RIGHTS

As a resident of Live Free Recovery Services, you have the right to:

Be treated with dignity and respect in an environment that supports your recovery.

Be free from verbal and physical abuse.

Participate actively in your recovery, set your own recovery goals, and rely on fellow residents for honest appraisal, encouragement, and continued support of your positive actions towards building recovery capital.

Receive information regarding cost, refund policies, rights, responsibilities, rules, expectations, and policies governing resident conduct before making a financial commitment to Live Free Recovery Services.

Initiate a verbal or written complaint or grievance without retaliation and have the complaint investigated in a reasonable amount of time.

Request referral resources in the event of your dismissal.

Have any records or private information kept confidential and secure.

Retain personal property that does not jeopardize your own or others' safety or health.

Freedom from requirement to perform tasks that may cause injury or emotional trauma.

Freedom to express your personal values, belief systems, and cultural practices when these beliefs and practices will not harm others or interfere with their recovery.

Safe and clean accommodations.

Be provided an atmosphere free of sexual harassment from any source.

Be provided privacy that is consistently balanced with community goals and support of individual residents. This includes, but is not limited to privacy of person, personal belongings, and communications.

To reside in a home that is alcohol and drug-free.

To expect that, in the event the resident were to return to active alcohol and/or drug use, management will follow the established relapse policy.

To expect fellow residents to honor their commitment to maintain a clean, orderly and safe residence for all inhabitants to share equally.

To be provided a clear, safe and accessible path for communication of concerns regarding your own well-being, the well-being of fellow residents and/or the wellness and safety of the entire household.

To expect that, should an assessment be made that you need a higher level of care, Staff will communicate with you regarding this assessment and make reasonable effort to transition you to a more appropriate provider.

To receive, upon request and within a reasonable response time, copies of all documents that you signed upon admittance, receipts for all payments made directly.
by you and/or on your behalf by any third party, transcripts of any entries made by staff in your file, any drug urinalysis report(s) conducted through a confirmatory laboratory specific to you.

I have been informed at admission of my rights as listed above.

Print Name: _____

Signature: _____

Date: _____

Staff signature: _____

Date: _____

LIVE FREE

LIVE FREE
RECOVERY SERVICES

At Court Street and Water Street, staff are working towards CRSW certification. This is a State of NH program and is outlined below

CRSW Credentialing in NH

How do you become a Certified Recovery Support Worker (CRSW) or Certified Recovery Coach in NH?

First and foremost, in the state of NH the term Certified Recovery Coach does not exist. If you went through a Recovery Coach Academy you are a Trained Recovery Coach. Should you wish to pursue a state certification/credential you will need to follow the criteria set for Certified Recovery Support Worker (CRSW) licensing below.

Here are the documents you will need to navigate your way through the credentialing.

– To understand **the requirements to become a Certified Recovery Support Worker Requirements** read the NH ALC300 Laws – the CRSW information beginning on page 4, specifically 303, 304 and 305 rules, ALC300Laws for CRSW in NH
Be sure to check out this webinar addressing frequently asked questions, and sponsored by Community of Practice. For all past recordings of webinars for NH Center for Excellence Community of Practice, and to register for future recordings, visit Here.

Steps for submitting the application:

Prior to submitting your application for CRSW, it is highly recommended you take the exam. The exam process can take anywhere from 2 weeks to 2 months.

- Complete your application for the exam and send it in to the Board with your check for $115.00.
- In two-three weeks you should receive an email from the exam company giving you instructions to select your date and location.
- At this time, when you schedule your exam date and location you can opt to take the practice test for $30.00. This is the only time you have this option.
- Upon completing the exam you will be given preliminary results and they may tell you to wait for your official results before submitting them to the Board. This is NOT necessary. You are free to proceed with your application process. When you submit your CRSW application, the board will pull your exam results automatically.

NEXT: When you have all of your training, 500 hours and supervision complete prepare your packet to mail into the board which will include:

- Complete CRSW application prepared
- Copies of all of your training certificates
- Supporting letters for criminal records/ arrest restoration and rehabilitation

LIVE FREE
RECOVERY SERVICES

- 2 Passport photos
- $110 must be a separate check
- Background check application or receipt with a check for $48.25 separate check.

Just prior to mailing in the CRSW application:
Download and schedule your appointment for your criminal record check.

Call the State to schedule an appointment for fingerprints. You cannot use any other fingerprints or background checks. It MUST be a new background check. To make an appointment call 223-3867.

Upon completion of that appointment, send in the Background check application with the check attached, with your CRSW application.

The state only has 30 days after your appointment to request the results from the background check. If you don't plan this out timely, you'll have to do another background check which is why I say have all your stuff ready to mail in after your appointment.

In a couple of weeks, you will receive an email to schedule your test date and location site.

Supervision Rules and CRSW Code of Ethics

ALC 400-500- Rules Adopted July, 2018

CRSW Application Process Forms

- Exam Form & Cover Letter
- CRSW Initial Application
- Criminal Background Check
- Checklist

The Four Domains
Candidate Guide for IC & RC Exam
CRSW Exam Study Guide created by an organization in Rhode Island
NH Board of Licensing for Alcohol & Drug & Other Drug Use Professionals
Practice exams are available for this exam, through IC & RC. Please visit this link for more information on exam practice exams.

Once the new rules are released, they will be posted here.

Should you have any questions, you can contact the licensing board:

Office of Professional Licensure and Certification
Philbrook Building
121 South Fruit Street
Concord, NH 03301
Telephone: (603)-271-6761
Fax: (603) 271-6702
E-mail: NHLADC@nh.gov


NORTH
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LIVE FREE
RECOVERY SERVICES

Good neighbor policy!

ADDRESSING NEIGHBOR CONCERNS POLICY

It is crucial to the long-term success of any person in recovering to adopt new skills when dealing with difficult people, especially those who may not understand recovery. One of the most important parts of being in our recovery homes, is adopting certain pro-neighbor attitudes and behaviors – along the lines of, "love thy neighbor as thyself." even if those same behaviors and attitudes are not returned. New Foundations takes our Good Neighbor Policy profoundly serious in part to combat NIMBY (not in my back yard). We can show our neighbors that we are assets to the community. We are not "drug houses" or "trap houses", but rather look at us as good neighbors, and contributing members to society.

Below, lists the code of conduct you agree BEFORE moving forward in our program. If this is not something you're comfortable with, please let us know.

1. You represent yourself in such a manner of excellence and humility. Be proud where you are, but humble in your attitude toward others. Not everyone appreciates the steps you've taken or obstacles you've overcome to get here.
2. You represent the Live Free Family. Even though you will successfully transition on, we plan to be here to continue our mission, for generations. Think and act beyond yourself.
3. You represent people in recovery everywhere. The stigma of addiction remains, despite decades of public education. Although community members support your recovery, people still struggle with a sober living facility being in their neighborhood.
4. Demonstrate the strength and character it takes to change for the better. Our goal is to show, through our actions, we are good people with a bad illness, and that we deserve a chance, not judgement.
5. Do not travel in groups larger than 3-4 people while walking locally.
6. Be aware of the space you take up, give up space to others on the sidewalk, hallways, etc. Volunteer to be of help in any way you can. Look for ways to chip in, whether at home or out in public.
7. Keep your voices lowered and be aware of subject matter. This is just as important on the deck and smoking area, which should NOT be in the front of the home.
8. At meetings –silence phones, pay attention, learn from the people who have long-term sobriety.
9. Use "Please" and "Thank you". Listen.
10. If a neighbor confronts you, please do not engage or give them a reason to call the police.

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RECOVERY SERVICES

By signing below, you are agreeing to the above code of conduct while living in our recovery home.

PROGRAM PARTICIPANT SIGNATURE:*(Required)*

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RECOVERY SERVICES

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RECOVERY SERVICES

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Philbrook Building
121 South Fruit Street
Concord, NH 03301
Telephone: (603)-271-6761
Fax: (603) 271-6702
E-mail: NHLADC@nh.gov

LIVE FREE
RECOVERY SERVICES

ADMISSION CONSENT

I, _____ consent to a voluntary admission to Live Free Recovery Services on_____. I understand that I am required to follow the rules and regulations at Live Free Recovery Services.

I understand that my treatment may include evaluations, tests, psychotherapy (counseling) and medication management/observation. I will also participate in a treatment program which consist of group therapy, vocational services, and case management as deemed appropriate by Live Free Recovery Services staff or Licensed Independent Practitioners and carried out by Live Free Recovery Services staff.

I understand that I am agreeing to stay a minimum of 30 days, at approximately $120.00 dollars per day, which will be billed to my medical insurance. I understand that I am responsible for any expenses not covered by my medical insurance to include but not limited to co-pays, medications, and other incidentals. I understand that expected length of stay is 90 days, unless otherwise indicated by my Licensed Practitioner or Live Free Recovery Services Treatment Team. Should I wish to remove myself from treatment earlier than what my Treatment Team recommends, I will inform Live Free Recovery Services staff in order to evaluate my safety, review risks of terminating treatment, discuss alternatives, and to finalize arrangements for follow up care. If the results of the evaluation indicate that I am an immediate risk to myself or others, Live Free Recovery Services may petition for an involuntary Emergency Admission to New Hampshire State Hospital, according to State Law.

I have received and read the following:

a) Client's Bill of Rights
b) The Live Free Recovery Services Notice of Privacy Practices
c) The Live Free Recovery Services Client Handbook

Live Free Recovery Services ensures the confidentiality of all client information. Any discussion of your treatment will require your signature on a separate authorization or release form for this purpose.

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RECOVERY SERVICES

During my stay, Live Free Recovery Services will provide me with nutritious meals and will maintain the facility to have reasonable accommodations including onsite laundry appliances, television, internet, phone, and music designed to sustain and promote intellectual, social, and spiritual wellbeing. Live Free Recovery Services staff will provide me with assistance with taking and ordering my medications as well as arranging medical and dental appointments if needed. Live Free Recovery Services staff is available for me 24 hours per day, 7 days per week.

My signature below indicates that I consent to treatment and agree to participate in my care and adhere to the following safety guidelines:

1. There is no smoking in any Live Free Recovery Services facility
2. All belongings are searched, and my room may be searched at Live Free Recovery Services' discretion.
3. Drugs, alcohol, weapons, and other sharp items that may put myself or others at risk, are not allowed.
4. Soliciting or offering medications/substances to other clients is not allowed.
5. Live Free Recovery Services may use CPR, Narcan, Heimlich, EpiPen and other rescue/life saving techniques in an emergency or crisis situation without my prior consent. I will provide Live Free Recovery Services staff with a copy of my Advanced Directive.
6. I am responsible for active participation in my treatment and aftercare.
7. Group attendance is required unless otherwise indicated by treatment team.
8. Disruptive behavior, violence or threats of violence, inappropriate language or physical contact is not permitted.
9. I understand that I could be administratively discharged if I become non-compliant in my treatment or for breaking the Live Free Recovery Services rules and regulations.
10. I have signed a financial agreement and understand its contents.

Client Signature: _____ Date: _____

Witness Signature: _____ Date: _____

Service Place: **N/A**
Billing Location:
N/A Provider: **N/A**

397.501 Rights of individuals. Individuals receiving substance abuse services from any service provider are guaranteed protection of the rights specified in this section, unless otherwise expressly provided, and service providers must ensure the protection of such rights.

(1) RIGHT TO INDIVIDUAL DIGNITY. - The dignity of the individual served must be respected at all times and upon all occasions, including any occasion when the individual is admitted, retained, or transported. Individuals served who are not accused of a crime or delinquent act may not be detained or incarcerated in jails, detention centers, or training schools of the state, except for purposes of protective custody in strict accordance with this chapter. An individual may not be deprived of any constitutional right.

(2) RIGHT TO NONDISCRIMINATORY SERVICES.

(a) Service providers may not deny an individual access to substance abuse services solely on the basis of race, gender, ethnicity, age, sexual preference, human immunodeficiency virus status, prior service departures against medical advice, disability, or number of relapse episodes. Service providers may not deny an individual who takes medication prescribed by a physician access to substance abuse services solely on that basis. Service providers who receive state funds to provide substance abuse services may not, if space and sufficient state resources are available, deny access to services based solely on inability to pay.

(b) Each individual in treatment must be afforded the opportunity to participate in the formulation and periodicreview of his or her individualized treatment or service plan to the extent of his or her ability to so participate.

(c) It is the policy of the state to use the least restrictive and most appropriate services available, based on the needs and the best interests of the individual and consistent with optimum care of the individual.

(d) Each individual must be afforded the opportunity to participate in activities designed to enhance self-image.

(3) RIGHT TO QUALITY SERVICES.

(a) Each individual must be delivered services suited to his or her needs, administered skillfully, safely, humanely, with full respect for his or her dignity and personal integrity, and in accordance with all statutoryand regulatory requirements.

(b) These services must include the use of methods and techniques to control aggressive behavior that poses an immediate threat to the individual or to other persons. Such methods and techniques include the use of restraints, the use of seclusion, the use of time-out, and other behavior management techniques. When authorized, these methods and techniques may be applied only by persons who are employed by service providers and trained in the application and use of these methods and techniques. The department must specify by rule the methods that may be used and the techniques that may be applied by service providers to control aggressive behavior and must specify by rule the physical facility requirements for seclusion rooms, including dimensions, safety features, methods of observation, and contents.

(4) RIGHT TO COMMUNICATION.

(a) Each individual has the right to communicate freely and privately with other persons within the limitationsimposed by service provider policy.

(b) Because the delivery of services can only be effective in a substance abuse free environment, close supervision of each individual's communications and correspondence is necessary, particularly in the initial stages of treatment, and the service provider must therefore set

reasonable rules for telephone, mail, and visitation rights, giving primary consideration to the well-being and safety of individuals, staff, and the community. It is the duty of the service provider to inform the individual and his or her family if the family is involved at the time of admission about the provider's rules relating to communications and correspondence.

(5) RIGHT TO CARE AND CUSTODY OF PERSONAL EFFECTS. - An individual has the right to possess clothing and other personal effects. The service provider may take temporary custody of the individual's personal effects only when required for medical or safety reasons, with the reason for taking custody and a list of the personal effects recorded in the individual's clinical record.

(6) RIGHT TO EDUCATION OF MINORS. - Each minor in a residential service component is guaranteed education and training appropriate to his or her needs. The service provider shall coordinate with local education agencies to ensure that education and training is provided to each minor in accordance with other applicable laws and regulations and that parental responsibilities related to such education and training are established within the provisions of such applicable laws and regulations. This chapter does not relieve any local education authority of its obligation under law to provide a free and appropriate education to every child.

(7) RIGHT TO CONFIDENTIALITY OF INDIVIDUAL RECORDS.

(a) The records of service providers which pertain to the identity, diagnosis, and prognosis of and service provision to any individual are confidential in accordance with this chapter and with applicable federal confidentiality regulations and are exempt from s. 119.07(1) and s. 24(a), Art. I of the State Constitution. Such records may not be disclosed without the written consent of the individual to whom they pertain except that appropriate disclosure may be made without such consent:

1. To medical personnel in a medical emergency.

2. To service provider personnel if such personnel need to know the

information in order to carry out duties relating to the provision of services to an individual.

3. To the secretary of the department or the secretary's designee, for purposes of scientific research, in accordance with federal confidentiality regulations, but only upon agreement in writing that the individual's name and other identifying information will not be disclosed.

4. In the course of review of service provider records by persons who are performing an audit or evaluation on behalf of any federal, state, or local government agency, or third-party payor providing financial assistance or reimbursement to the service provider; however, reports produced as a result of such audit or evaluation may not disclose names or other identifying information and must be in accordance with federal confidentiality regulations.

5. Upon court order based on application showing good cause for disclosure. In determining whether there is good cause for disclosure, the court shall examine whether the public interest and the need for disclosure outweigh the potential injury to the individual, to the service provider and the individual, and to the service provider itself.

(b) The restrictions on disclosure and use in this section do not apply to communications from provider personnel to law enforcement officers which:

1. Are directly related to an individual's commission of a crime on the premises of the provider or against provider personnel or to a threat to commit such a crime; and

2. Are limited to the circumstances of the incident, including the status of the individual committing or threatening to commit the crime, that individual's name and address, and that individual's last known whereabouts.

(c) The restrictions on disclosure and use in this section do not apply to the reporting of incidents of suspected child abuse and neglect to the appropriate state or local authorities as required by law. However, such

restrictions continue to apply to the original substance abuse records maintained by the provider, including their disclosure and use for civil or criminal proceedings which may arise out of the report of suspected child abuse and neglect.

(d) Any answer to a request for a disclosure of individual records which is not permissible under this section orunder the appropriate federal regulations must be made in a way that will not affirmatively reveal that an identified individual has been or is being diagnosed or treated for substance abuse. The regulations do not restrict a disclosure that an identified individual is not and has never received services.

(e) 1. Since a minor acting alone has the legal capacity to voluntarily apply for and obtain substance abuse treatment, any written consent for disclosure may be given only by the minor. This restriction includes, but is not limited to, any disclosure of identifying information to the parent, legal guardian, or custodian of a minor forthe purpose of obtaining financial reimbursement.

2.When the consent of a parent, legal guardian, or custodian is required under this chapter in order for a minorto obtain substance abuse treatment, any written consent for disclosure must be given by both the minor and the parent, legal guardian, or custodian.

(f) An order of a court of competent jurisdiction authorizing disclosure and use of confidential information is a unique kind of court order. Its only purpose is to authorize a disclosure or use of identifying information which would otherwise be prohibited by this section. Such an order does not compel disclosure. A subpoena or a similar legal mandate must be issued in order to compel disclosure. This mandate may be entered at the same time as, and accompany, an authorizing court order entered under this section.

(g) An order authorizing the disclosure of an individual's records may be applied for by any person having a legally recognized interest in the disclosure which is sought. The application may be filed separately or as part of a pending civil action in which it appears that the individual's records are needed to provide evidence. An application must use a fictitious

name, such as John Doe or Jane Doe, to refer to any individual and may not contain or otherwise disclose any identifying information unless the individual is the applicant or has given a written consent to disclosure or the court has ordered the record of the proceeding sealed from public scrutiny.

(h) The individual and the person holding the records from whom disclosure is sought must be given adequate notice in a manner which will not disclose identifying information to other persons, and an opportunity to file a written response to the application, or to appear in person, for the limited purpose of providing evidence on the statutory and regulatory criteria for the issuance of the court order.

(i) Any oral argument, review of evidence, or hearing on the application must be held in the judge's chambers or in some manner which ensures that identifying information is not disclosed to anyone other than a party to the proceeding, the individual, or the person holding the record, unless the individual requests an open hearing. The proceeding may include an examination by the judge of the records referred to in the application.

(j) A court may authorize the disclosure and use of records for the purpose of conducting a criminal investigation or prosecution of an individual only if the court finds that all of the following criteria are met:

1. The crime involved is extremely serious, such as one which causes or directly threatens loss of life or serious bodily injury, including but not limited to homicide, sexual assault, sexual battery, kidnapping, armed robbery, assault with a deadly weapon, and child abuse and neglect.

2. There is reasonable likelihood that the records will disclose information of substantial value in the investigation or prosecution.

3. Other ways of obtaining the information are not available or would not be effective.

4. The potential injury to the individual, to the physician-individual relationship, and to the ability of the program to provide services to other individuals is outweighed by the public interest and the need for thedisclosure.

(8) RIGHT TO COUNSEL. - Each individual must be informed that he or she has the right to be represented by counsel in any involuntary proceeding for assessment, stabilization, or treatment and that he or she, or if the individual is a minor his or her parent, legal guardian, or legal custodian, may apply immediately to the court tohave an attorney appointed if he or she cannot afford one.
(9) RIGHT TO HABEAS CORPUS. - At any time, and without notice, an individual involuntarily retained by a provider, or the individual's parent, guardian, custodian, or attorney on behalf of the individual, may petition for a writ of habeas corpus to question the cause and legality of such retention and request that the court issue a writ for the individual's release.

(10) LIABILITY AND IMMUNITY.

(a) Service provider personnel who violate or abuse any right or privilege of an individual under this chapterare liable for damages as determined by law.
(b) All persons acting in good faith, reasonably, and without negligence in connection with the preparation or execution of petitions, applications, certificates, or other documents or the apprehension, detention, discharge, examination, transportation, or treatment of a person under the provisions of this chapter shall be free from all liability, civil or criminal, by reason of such acts.

History.s. 4, ch. 93-39; s. 736, ch. 95-148; s. 3, ch. 95-407; s. 223, ch. 96-406; s. 2, ch. 98-107; s. 25, ch.
2009-132.

☐ If I am a Spanish-speaking client, this information has been translated to me.

FORM SIGNATURES

LIVE FREE
RECOVERY SERVICES

POLICY: Program Admission and Exclusionary Criteria

PURPOSE: To ensure for the timely admission of clients in need ofservice

PROCEDURE:

- All individuals seeking services will be seen face-to-face or have atelephone interview within 10 working days of initial contact to complete the intake to ensure appropriateness of the potential admission.

- Assessment will occur face-to-face and include an assessment tool which will assist in diagnosis and placement criteria, a bio-psycho-social assessment, and other information that is required by the funding source.

- If an individual is found ineligible for services, the individual and thereferring agency will be notified of the ineligibility and will be offered alternative referrals for admission (release of information needed for the referral source).

- Priority of admissions are based on seriousness of need:
    1. Pregnant injecting drug users
    2. Pregnant substance abusers
    3. Injecting drug users
    4. All other substance abusers

- The client is assessed as meeting diagnostic criteria of the AmericanSociety of Addiction Medicine - Patient Placement Criteria for the Treatment of Substance-Related Disorders; Second Edition- revised.

- The client may be assessed as having a secondary

diagnosis of amental health problem.

- Any of the client's biomedical conditions, if persistent, continue to besufficiently stable to permit participation in outpatient services.

- Mental status of client does not preclude his or her ability to comprehend and understand material presented. Client canparticipate in treatment process.

- Client expresses a willingness to cooperate and attend all scheduledactivities.

- Client presents as not a danger to self or others.

- Client is free of communicable disease, or if a client had a communicable disease, that the client is treated, or if the disease innot curable, that the client is managed to prevent transmission to other clients.

- The client is assessed as being able to achieve or maintain abstinenceand recovery goals only with support and scheduled therapeutic contact to deal with such issues as, but not limited to, mental preoccupation with alcohol/drug use, mental health issues, craving, peer pressure, lifestyle, and attitudinal changes.

The following are exclusionary criteria:

- An individual who is unconscious at the time of presentation but shalltransfer such an individual immediately to a hospital.

- An individual who manifests such a degree of behavioral disorder thatthe individual is a danger to him/herself or others, or whose behaviorinterferes with the health or safety of staff or other clients. The program shall aid in referring such individuals to an appropriate treatment program.

- All requests for admission will be reviewed by the treatment team consisting of Executive Director, Director of Admission, and clinicalstaff.

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POLICY: Treatment Planning and Review

PURPOSE: To ensure each client receives complete and appropriate service planning assuring that treatment is appropriate to client needs.

PROCEDURE:

- Upon admission, the Primary Therapist will ask the client whathis/her goals/plans for treatment are and will reflect that information in the admission note.
- The client's primary therapist will provide and/or coordinate the individualized treatment plan.
- The primary therapist will utilize the referral sources, family members, clinical team, and client interview in determining client'sneeds and the development of goals for services.
- The treatment planning process will be holistic in approach focusing on all domains that impact on the client (i.e.: recoveryissues, vocational, educational, housing, relationships, etc.).
- In developing a client's treatment plan, the primary therapist willutilize client input ascertained during focused interviews, as well as the input of family members via phone conversations, family therapy and informal interviews.
- Client and family will receive education and be provided with information regarding symptoms, effects, and treatment of mental illness, medications, substance abuse; co-dependency and its effect on substance abuse treatment; the implementation of self- care rehabilitation (including, but not limited to, Alcoholics Anonymous, Al-Anon, Narcotics Anonymous, Nar-Anon, Alateen) and community

agencies/resources available during treatment services. Clinical team will provide above mentioned education andinformation.

- The treatment plan will include goals, timeframes, measurableobjectives that relate to the goals and specific criteria for termination or reduction in services.
- The treatment plan will be completed by the 3rd face-to-face visitnot to exceed 30 days.
- Client's treatment plan will be evaluated monthly by the multidisciplinary team during Case Review and in Clinical Supervision.
- Criteria for a decrease in services or discharge include: The client has achieved the goals articulated in his/her treatment plan, thus resolving the problem(s) that justified admission to the present level of care. Or the client has been unable to resolve the problem(s) that justified admission to the present level of care, despite amendments to treatment plan. Or the client has demonstrated a lack of capacity to resolve his/her problem(s). Or the client has experienced an intensification of his/her problem(s),or has developed a new problem(s), and can be treated effectively only at a more intensive level of care.
- Before completion of treatment and discharge from facility, primarytherapist will secure referrals to community agencies and resources for aftercare, as assessed and developed by client and multidisciplinary team.
- Primary therapist will utilize representatives of support groups including, but not limited to, Alcoholics and Narcotics Anonymous,to secure sponsorship and/or contacts to accompany clients to support groups prior to discharge.
- For clients who are receiving medication monitoring, that is to beincluded in the treatment plan.

- The client is to sign the treatment plan as an indication of client's participation in the development of the treatment plan.

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Aggression Management and Communication Skills

Course Description:
The overall goal of this program is to familiarize the participant with ways to effectively manage aggression through effective verbal and non-verbal communication, by learning and implementing diffusion strategies as well as de-escalation techniques and skills

GOAL 1: OBJECTIVES

1. Participants will gain an understanding of signs and aspects of aggression.
2. Participants will be familiar with effective verbal and non-verbal communication.
3. Participants will learn about various diffusion techniques and de-escalation techniques.
4. Participants will improve ability to keep clients safe on a consistent basis.

Managing Aggression

The effective handling of aggression is one of the most demanding aspects of working in Behavior Health. It is an area where good interaction and communication skills are required.

- Most situations where there is a potential for violence can be handled through communication.
- Aggression: any behavior that is perceived by the victim as being deliberately harmful and damaging either psychologically or physically.

Goal: Prevent aggression from escalating into actual physical violence. People may become aggressive for several reasons, including:

- Frustration Unfairness, perceived or real
- Humiliation Immaturity
- Excitement Learned Behavior (it get results)
- Reputation Means to an end
- Decoy Duty
- Mental Illness (i.e., Paranoia, psychosis, delusions)

Signs of Aggression:

- Standing tall
- Red faced
- Raised voice
- Rapid breathing
- Direct, prolonged eye contact
- Exaggerated gestures
- Tensing of muscles

Additional signs of aggression:

- Any major change in behavior that varies from what is normal for the person
- Clenched fists
- Focusing/narrowing of the gaze
- Tight jaw/facial muscles
- Increased agitation and disturbance in behavior (e.g., pacing)

Risk Factors to Consider:

- Is the person facing a high level of stress? (e.g., recent bereavement, pending court date)
- Does the person seem to be under the influence of drugs or alcohol?
- Does the person have a history of violence?
- Does the person have a history of psychiatric illness?
- Has the person verbally abused staff in the past?
- Has the person threatened staff with violence in the past?
- Has the patient experienced trauma?

Communication

Communication: a two-way process that relates to verbal interaction (listening, speaking, and hearing), and non-verbal interaction (interpretation and observationalskills – looking and seeing).

To minimize communication problems:

- Use language appropriate to the person (his/her language if possible; use an interpreter when
- necessary)
- Take time to communicate
- Check that you are understood
- Encourage and give feedback
- Conversation should take place at an appropriate time and place (whenever possible)

Aggression Management and Communication Skills Training

Common inhibitions to effective communication:

- Noise
- Language (native lang./demeaning lang.)
- Perception and prejudice
- Intrusion of personal space
- Communication: We cannot necessarily avoid or overcome all these barriers, but we need tofind ways of minimizing them.

Noise:

- Major distraction
- Hard to hold a discussion against noisy background
- Speaking loudly can be misinterpreted as yelling

Language:

- Express yourself in as direct and explicit manner as possible
- Avoid emotive language (Words used deliberately to create an emotional impact or response)
- Avoid demeaning language/belittling
- Find assistance for a person who does not speak the same language as you.
- Perception and Prejudice: everybody has a unique background and history with influences and
- experiences that form our way of looking at the world.

- ❖ Recognize our prejudices
- ❖ Work around prejudices of others
- ❖ Maintain professional attitude (not allowing our perceptions to get in the way of dutiesand responsibilities to others, particularly in promoting equal opportunities)
- ❖ Not to let our prejudices influence the way we communicate

Intrusion of personal space:

- Avoid standing too close to the person
- Amount of space required for a person differs based on gender, familiarity, culture, mood, etc.
- In addition, standing too close to an angry individual can make the person feel unsafe, and make YOU unsafe.
- Step-Kick distance Non-verbal communication: Staff should be aware of non-verbal messages thathow a person is feeling or may respond. De-escalation Prevention Steps

Recognize:

- Anger is a choice of a range of behaviors that could be used to get what one needs in a situation.
- It is a behavior that has benefit for its user.
- Anger can get people the attention they need, escape things they do not want to do, gain control over another person/situation
- Pump them up when they are feeling small/insignificant

Perform a quick self-assessment:

- ❖ Can I avoid criticizing and finding fault with the angry person?
- ❖ Can I avoid being judgmental?
- ❖ Can I keep myself removed from the conflict?
- ❖ Can I try to see the situation from the angry person's point of view or understand the need s/he is trying to satisfy?

- ❖ Can I remember that my job is to keep the peace and protect the client and staff?
  Recognize Early Warning Signs: Many incidents can be prevented by recognizing subtle changesin behavior.

-Quiet people may become agitated
-Loud, outgoing people may become quiet and introspective.
Commenting on the changes may open conversation and minimize frustration/buildup

Diffusion Strategies

Before anything else happens:

- Staff should seek to defuse the situation
- People that are out of control are under the influence of an "adrenal cocktail"
- Do nothing to escalate state of mind
- Be prepared to defend yourself

Seek to:

- Appear confident
- Display calmness
- Create some space
- Speak slowly, gently, and clearly
- Lower your voice
- Avoid staring
- Avoid arguing and confrontation
- Show that you are listening
- Calm the person and assure she/he feels heard before trying to solve the problem

Adopt a non-threatening body posture:

- Use a calm, open posture (sitting or standing)
- Reduce direct eye contact (may be taken as a confrontation) without affirmativeacknowledgment
- Allow the person adequate personal space
- Keep both hands visible

- Avoid sudden movements that may startle or be perceived as an attack
- Avoid audiences (when possible) – an audience may escalate the situation

TO DO: Give clear, brief, assertive instructions

- Explain your purpose or intention
- Negotiate options
- Avoid threats
- Move towards a "safer place" (i.e., avoid being trapped in
- Ensure your non-verbal communication is non-threatening:
    - Consider which techniques are appropriate for situation
    - Pay attention to non-verbal clues (i.e., eye contact)
    - Allow greater body space than normal
    - Be aware of own non-verbal behavior (posture and eye contact)
    - Appear calm, self-controlled, and confident without being dismissive or over-bearing

De-Escalation Techniques

1. Technique #1: Simple Listening

Sometimes all an angry person needs is for someone to take the time to allow them to vent his/her anger and frustrations. Simply listen to what he/she is saying, give encouragers (i.e., uh-huh, yes, go on, etc.).

2. Technique #2: Active Listening

...really attempting to hear, acknowledge and understand what a person is saying. A genuine attempt to put oneself in the other's situation. LISTENING...not only to the words, but the underlying emotion as well as the body language.

3. Technique #3: Acknowledgement

...occurs when the listener is attempting to sense the emotion underlying the words.
Relaying that you understand what a person is feeling helps the person to release

that feeling.

4. Technique #4: Allow Silence

...although many find silence unbearable, sometimes the angry person may need the time to reflect orthink.

5. Technique #5: Agreeing

...often when people are angry about something, there is something true in what they are saying. Whenattempting to diffuse someone's anger, it is important to find that truth and agree with it.

6. Technique #6: Apologizing

...an excellent de-escalation skill! ...Not for an imaginary wrong, but a sincere apology for anything in the situation that was unjust; a simple acknowledgment that something occurred was not right or fair. Itis possible to apologize without accepting blame.

7. Technique #7: Inviting Criticism

The final skill...The listener should simply ask the angry person to voice his/her criticism of the listener
(What am I doing wrong that makes you so angry at me? Tell me, I can take it. Do not hold anything back. I want to hear about everything you are angry about.).

8.Technique #8: Develop a Plan

Have a plan before one is needed. Think about options of what you could do before such a circumstanceoccurs. Decisions made before a crisis occurs are more likely to be more effective/rational than those
thought of "on the fly"

WHEN NOTHING WORKS

There may be occasions, particularly with the mentally ill, when the listener is unsuccessful. Your safety and the safety of others should always be of primary concern.

NEVER THREATEN unless you are prepared to take the next step:
Once you have made a threat, or given an ultimatum, you have ceased all negotiations and put yourself in a potential win-lose situation.... and for safety's sake, you must be the winner. However, your rapport will suffer, leading to potential future problems, fear, or distrust from those you interact with daily. Last resort.

De-escalation Closure
De-escalation is a very difficult and humbling skill.

- You cannot be unsure of your own pride or self-esteem.
- You must be able to control your own anger.
- You must be able to see the bigger picture.
- You must be willing to practice what you have learned.

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Aggression Management Quiz

1) Name 5 signs of Aggression

_____
_____
_____
_____
_____

2) Name 2 risk factors to Aggression

_____
_____

3) Anger is a choice in a range of available behaviors.

(Circle one)True False

4) Explain how Perception and Prejudice can inhibit Communication.

_____
_____
_____

5) Staring a client down is a sign of being in charge and can help to calm an aggressiveperson. (Circle one)

True False

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6) Apologizing to an angry client simply validates their anger and perpetuates a stressfulsituation. (Circle one)

True False

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De-escalation Policy and Procedure:

Live Free Recovery Services is a non-hands on, non-restraint using facility. De-escalation practices are to be used while keeping staff and clients as safe as possible. If a situation becomes escalated and de-escalation techniques are not effective, emergency services will be called for assistance.

Remember when dealing with an upset client to not take the situation personally. Our clients do not have the same skillset to manage their discomfort or ability to express what is troubling them. It is okay to switch out staff if the client has a better rapport with someone else. Remember the goal is to support the client in the best way possible. Remember, staff response is the key to avoiding physical confrontation, frustration, and verbal escalation.

TIP 1 BE EMPATHIC AND NONJUDGMENTAL

When someone says or does something you perceive as weird or irrational, try not to judge or discount their feelings. Whether or not you think those feelings are justified, they are real to the other person. Pay attention to them. Keep in mind that whatever the person is going through, it is the most important thing in their life at this moment

TIP 2 RESPECT PERSONAL SPACE.

If possible, stand 1.5 to three feet away from a person who is escalating. Allowing personal space tends to decrease a person's anxiety and can help you prevent acting-out behavior. If you must enter someone's personal space to provide care, explain your actions so the person feels less confused and frightened.

TIP 3 USE NONTHREATENING NONVERBALS.

The more a person loses control, the less they hear your words—and the more they react to your nonverbal communication. Be mindful of your gestures, facial

expressions, movements, and tone of voice. Keeping your tone and body language neutral will go a long way toward defusing a situation.

TIP 4 AVOID OVERREACTING.

Remain calm, rational, and professional. While you cannot control the person's behavior, how you respond to their behavior will have a direct effect on whether the situation escalates or defuses. Positive thoughts like "I can handle this" and "I know what to do" will help you maintain your own rationality and calm the person down.

TIP 5 FOCUS ON FEELINGS.

Facts are important, but how a person feels is the heart of the matter. Yet some people have trouble identifying how they feel about what is happening to them. Watch and listen carefully for the person's real message. Try saying something like "That must be scary." Supportive words like these will let the person know that you understand what is happening—and you may get a positive response.

TIP 6 IGNORE CHALLENGING QUESTIONS.

Answering challenging questions often results in a power struggle. When a person challenges your authority, redirect their attention to the issue at hand. Ignore the challenge, but not the person. Bring their focus back to how you can work together to solve the problem

TIP 7 SET LIMITS.

If a person's behavior is belligerent, defensive, or disruptive, give them clear, simple, and enforceable limits. Offer concise and respectful choices and consequences. A person who is upset may not be able to focus on everything you say. Be clear, speak simply, and offer the positive choice first.

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TIP 8 CHOOSE WISELY WHAT YOU INSIST UPON.

It is important to be thoughtful in deciding which rules are negotiable and which are not. For example, if a person does not want to shower in the morning, can you allow them to choose the time of day that feels best for them? If you can offer a person options and flexibility, you may be able to avoid unnecessary altercations.

TIP 9 ALLOW SILENCE FOR REFLECTION.

We've all experienced awkward silences. While it may seem counterintuitive to let moments of silence occur, sometimes it is the best choice. It can give a person a chance to reflect on what is happening, and how he or she needs to proceed. Believe it or not, silence can be a powerful communication tool

TIP 10 ALLOW TIME FOR DECISIONS.

When a person is upset, they may not be able to think clearly. Give them a few moments to think through what you have said. A person's stress rises when they feel rushed. Allowing time brings calm.

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POLICY: **Contents of Clinical Records**

PURPOSE: To ensure that all client records have the appropriate and necessary data as well as to ensure that all information is entered as scheduled.

PROCEDURE:

- ✓ The Clinical Director at Live Free Recovery Services ensures that the clinical records are current and contain all the documentation required.

- ✓ Live Free Recovery Services requires the following to be included in the clinical record:
  - Client identification data, including name, date of admission, address, date of birth, gender, and the name, address, and telephone number of the person(s) to be notified in an emergency which is completed at time of admission
  - Previous treatment records and correspondence to include but not limited to Biopsychosocial, History and Physical, Medication list.

  - The client's signed acknowledgment that he or she has been informed of and received a copy of client rights at time of admission

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- A summary of the admission interview/intake (interpretive summary) at time of admission.

- A client treatment plan signed and dated by clinical personnel and the client. Initial treatment plan completed at time of admission and Master Treatment Plan completed within 7 days of admission

- Progress notes for individual, group, psycho-educational groups, shall be documented in each client's record by a summary note listing the date and topic of all treatment sessions attended, and a narrative of his/her participation and treatment progress within 24 hours of when the session occurred

- Medical notes for services provided by Physicians, nurses and other licensed medical practitioners shall be entered in the client record on the day of service

- Documentation of the client's participation in the development of his/her treatment plan when treatment planning occurs which is upon admission, within 7 days of admission and based on ASAM criteria.

- Documentation of allergies in the clinical record and on its outside front cover at time of admission

- The results of laboratory, radiological, diagnostic, and/or screening tests performed on date services were provided

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- Reports of accidents at the time accident occurred
- A record of referrals to other health care providers
- Summaries of consultations
- Any signed, written informed consent forms or an explanation of why an informed consent was not obtained
- A record of any treatment, drug, or service offered by program staff and refused by the client
- Instructions given to the client and/or the client's family for care following discharge.
- The discharge/continuum of care plan
- The discharge/continuum of care summary is to be completed within a week from the last treatment or discharge
- The clinical record shall be available to the program's assigned substance abuse practitioner that is always involved in the client's care during the hours of operation

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Entries in the clinical record should be typewritten or written legibly in ink, dated, and signed by the person entering them.

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POLICY: **Psychiatric and Mental Health Screenings/Services**

PURPOSE: To ensure that clients are provided with psychiatric and mental health services when indicated in a prompt and professional manner.

PROCEDURE:

- The initial phone assessment will determine if there is a present mental health concern, a history of mental health diagnosis, and/or if the client is on mental health medications.

- The initial assessment on admission will further determine the need for mental health services.

- If the client is already linked to mental health services on admission, the primary therapist will ensure that services are not interrupted.

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- If the client is on mental health medications, the primary therapist will ensure that medications are continued as prescribed.

- If a present mental health need has been identified, an appointment for a psychiatric assessment will be made by the primary therapist at Live Free Recovery Services Clinical Director or psychiatric medication provider

- Client will sign the necessary releases and a Live Free Recovery Services CM will accompany the client to the initial appointment.

- Upon discharge, clients will be given the contact information and encouraged to continue with mental health services and/or medications.

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Decision Tree

Seek consultation if applicant, family or referring facility provides any of these diagnoses:

Depressive Disorders

Major Depressive Disorder **WITH** Psychosis or Psychotic Features

Bipolar and Related Disorders:

Bipolar Disorder **WITH** Mania or Psychosis or Psychotic Features

Trauma and Stressor-Related Disorders:

Post-Traumatic Stress Disorder **INCLUDING** Combat Stress Disorder
HISTORY OF Reactive Attachment Disorder

Schizophrenic Spectrum and Other Psychotic Disorders:

Schizophrenia
Schizotypal Disorder
Schizoaffective Disorder
Schizophreniform Disorder

Personality Disorders:

Paranoid Personality Disorder
Schizoid Personality Disorder

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Schizotypal Personality Disorder
Antisocial Personality Disorder
Borderline Personality Disorder: inquire about self-injury history

Neurodevelopmental Disorders:

Tourette's Disorder
Autism Spectrum Disorder **INCLUDING** Asperger's Syndrome

Feeding and Eating Disorders:

Anorexia Nervosa
Bulimia Nervosa

Sleep Wake Disorders:

Narcolepsy

Disruptive-Impulse Control and Conduct Disorders:

Kleptomania

Paraphilic Disorders:

Exhibitionistic Disorder
Voyeuristic Disorder

Neurocognitive Disorders:
Neurocognitive Disorders due to Traumatic Brain Injury

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Suicidal/Homicidal Ideation

Recent/current thoughts of suicide **with a plan or Recent attempts**

Self-Injurious Behavior

Cutting, Burning, Picking, (ED) that becomes more acute when not using substances. Recent and no prior treatment

Legal

Hx of Arson, weapons charges, sexual assault, assault, homicide

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Policy: Medication handling, administering, orders

The following procedures will be in place for all clients in order to ensure proper medication handling.

- At time of admission, client shall have a list of current medications from their licensed practitioner
- A list of approved over the counter medications will be signed by licensed practitioner
- All medications will be available to the client within 24hours of their admission
- All medications shall be listed in the medication book and include the following information:
    - Client's name
    - Medication Name
    - Medication Strength
    - The prescribed does
    - The route of medication administration if not by mouth
    - The frequency of administration
    - The indication that the medication is intended for usage
    - The dated signature of the prescriber
- All medication orders will include the information listed above
- Refill medications will be confirmed by the prescriber and called in as needed

- For any PRN (as needed) medications, the indications for use, and any limitations of the use of the medication including the maximum dose allowed in a 24-hour period, will be clearly documented.
- All prescriptions that are brought by client to admission will be in the original container and have all prescription in formation legibly read on the original container

Change orders:

When the med provider changes any medication for a client when the medication will not be reordered to indicate the change the following will happen:

- The original container will be clearly flagged and marked with an orange sticker
- Indicate that a change has been made and indicate dose change
- This change will also be indicated in the medication log by drawing one line through the current order and writing the new order in the next empty space

All medications will be locked in the medicine cabinet in the locked tech office which will remain closed and locked at all times, except when medications are being observed. Over the counter medication will also be locked in the medicine cabinet.

Controlled substances:

When the med provider has prescribed a controlled substance, it will be documented in the medication book and will remain locked in the medicine cabinet.

Along with the medication orders, a count sheet will be started for each medication. At time of administration, a count of medication will be done

by client with staff oversight. This count will occur at each time the medication is administered following the prescription order.

All medication will be given to client upon discharge.

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POLICY: Smoke Free Environment & Smoking Policy

As a healthcare facility, and Residential Living facility, Live Free Recovery Services reserves the right to maintain a Smoke Free Environment to ensure the safety and promote the health and wellbeing of our clients, visitors, and staff.

Smoking and or vaping is always prohibited within the structure of the facility. Visitors, clients, and staff who choose to engage in smoking activities may do so only in the area outside of the facility structure that are designated for smoking. This area is a minimum of 25'ft from the building and is clearly labeled.

Clients who smoke will be encouraged to seek physician assistance in initiating a smoking cessation program.

At no time are resident's smoking materials or paraphernalia to be stored in resident care areas. Cigarettes, cigars, pipes, tobacco, lighters, matches, etc., must be stored at the in the identified storage location in the staff office.

Visitors identified as violating the facility's Smoke Free Environment policy will be provided with counseling. Any subsequent violations will be considered a threat to resident health and safety and will be grounds for involuntary discharge from the facility in accordance with State and Federal rules and regulations.

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All employees are required to participate in infection prevention and control training on an annual basis. This study guide is designed to assist in preparing employees to perform in a way that protects patients, employees, students, and visitors from spreading pathogens and communicable diseases to one another.

Bloodborne Diseases

Bloodborne diseases are diseases that are spread by contact with infected blood and other infectious body fluids.

Transmission of bloodborne pathogens, including HIV, Hepatitis B virus and Hepatitis C virus, may occur if infectious blood or body fluids contact the mucous membranes of the eyes, nose, or mouth. They can be transmitted by needlesticks and puncture wounds or cuts from other contaminated sharps. Non-intact skin also provides a way to contact these organisms. This is especially true if you have abrasions, cuts, rashes, or burns on your hands and you touch blood, other potentially infectious materials, or a contaminated surface with your bare non-intact hands. These pathogens can be present long before the infected person shows any signs of the disease. Sometimes they are present without the patient or the employee developing signs of the disease.

Contaminated objects can transmit Hepatitis B, as the virus can live on inanimate objects for up to four (4) weeks. The HIV virus, however, cannot live outside the body. The pathogens that cause bloodborne diseases may be present in:

- Blood
- Body fluids which has visible blood
- Semen, vaginal secretions, cerebrospinal fluid, synovial fluid, plural fluid, pericardial fluid, amniotic fluid
- Blood-tinged saliva in dental procedures unfixed tissue or body organs other than intact skin
- Organ cultures, HIV containing culture media, or similar solutions
- Blood, organs, and tissue from experimental animals infected with HIV or HBV
- Items contaminated with any of the above. (An item is contaminated if it is, or is being suspected of being, soiled with blood or other infectious materials.) (Only blood, semen, vaginal secretions, and breast milk have been shown scientifically to transmit HIV.) Bloodborne pathogens may enter your body in a variety of ways including:
- Through open cuts, nicks, skin abrasions, dermatitis, and acne, as well as the mucous membranes of your mouth, eyes, or nose
- By touching an object soiled with infectious material and then indirectly transferring the infectious material to your mouth, eyes, nose, or open skin lesion
- An accidental injury that results in a puncture or cut of your skin by a sharp object soiled with infectious material (for example, a needle, knife, broken glass, dental wires, etc.).

Surfaces such as walls, floors, counters, and furniture that are contaminated with infectious material are a major danger for spreading diseases such as hepatitis B. The hepatitis B virus can survive on surfaces for up to four (4) weeks. Infectious materials such as serum or plasma, without visible signs, can soil surfaces and objects. Therefore, we use standard housekeeping procedures for cleaning and disinfecting of all equipment and work surfaces outside of the host and on an environmental surface. Hepatitis B is a much stronger and more viable virus than HIV.

Some of the bloodborne diseases that healthcare employees can be exposed to on the job include:

- Hepatitis B (HBV)
- Hepatitis C (HCV)
- Human Immunodeficiency Virus (HIV), the virus that causes AIDS The most common and the most contagious of these bloodborne diseases is Hepatitis B (HBV).

The other infection that is becoming of great concern to hospital employees is Hepatitis C and as in the past human immunodeficiency vims (HIV) that causes AIDS.

Hepatitis B (HBV)

Hepatitis B is an inflammation of the liver that can lead to cirrhosis and death. Hepatitis B (HBV) is a major risk for health care workers. It is estimated that 1 to 1.25 million persons in the U.S. have chronic Hepatitis B and are potentially infectious to others. It affects about 8,500 health care workers each year. Studies show the infection rate for Hepatitis B from a contaminated needle, a common mode of transmission, is as high as one in six. Symptoms include weakness, fatigue, anorexia, nausea, abdominal pain, jaundice (yellow skin), fever, headache, vomiting, diarrhea, decreased appetite, and generalized muscle aches.

Hepatitis B vims may be transmitted when a person's mucous membranes or breaks in the skin are exposed to an infected person's blood, semen, vaginal secretions, or other potentially infectious materials. Of those who are infected with hepatitis B, 1/3 will have no signs, 1/3 will have mild, flu-like illness, and 1/3 will have severe symptoms of the illness.

The signs of severe clinical hepatitis B include jaundice (yellowing of the skin and eyeballs), dark urine, extreme fatigue, loss of appetite, nausea, abdominal (belly) pain, joint pain, rash, and fever.

The Hepatitis B virus may be spread by sexual or other contact with semen, vaginal secretions, blood, and other body fluids of an infected person. Hepatitis B can also be spread from a pregnant woman to her unborn child. Health care workers can control the spread of Hepatitis B and protect themselves by acting as if EVERY patient they meet has the disease. (Remember, 2/3 of infected people either do not have signs or have signs that can be mistaken for flu!)

By using Standard Precautions, which will be discussed later in this module, health care workers can protect themselves from illnesses such as Hepatitis B. Using Standard Precautions and becoming vaccinated is the best way to protect yourself from the Hepatitis B virus. Employees whose job description requires that they meet blood and body fluids may consider having the vaccine. (The Hepatitis B vaccine does not protect against other bloodborne diseases.) Hepatitis B vaccine is used to immunize people of all ages against infection caused by all subtypes of Hepatitis B virus. There is no danger of getting Hepatitis B from the vaccine because no human substances are used to make it. At this point, we do not know how long the protection lasts, or whether periodic booster doses will be needed. Antibody levels that develop from the vaccine drop steadily over time.

Up to 50% of adults who develop enough antibodies with the vaccine will have low or no antibody levels 7 years after the vaccination. However, it appears that they still are protected against infection and clinical disease from the Hepatitis B vims. Human Immunodeficiency Virus (HIV) A person who is HIV positive (HIV+) is infected with the human immunodeficiency virus. This virus causes Acquired Immune Deficiency Syndrome (AIDS). Being HIV+ does not mean that the person has AIDS, or that they will become seriously ill soon. The virus may be inactive for periods of time, sometimes for several years. During this time, an infected person may have no signs of disease.

It is estimated that 36.7 million cases worldwide, 1.1 million cases in the United States and 106,585 in the state of Florida. The HIV virus attacks the immune system. It eventually affects the body's ability to fight off "opportunistic infections" which are caused by organisms that usually do not cause disease in people who have healthy immune systems. People infected with the HIV virus are also more likely to develop contagious diseases such as tuberculosis, because the immune system is not able to fight them off.

A person infected with HIV may have the following characteristics:

- Carry the virus for years without developing any signs
- Suffer from flu-like symptoms of fever, diarrhea, and fatigue
- Develop HIV-related illnesses such as nervous system problems, cancer, Pneumonia, tuberculosis, and opportunistic infection HIV is spread through contact with infected blood, semen, and vaginal fluids.

HIV is not spread by casual contact such as touching or working around patients who are infected. The main behavior that transmits HIV is sexual contact. Vaginal, penile, rectal intercourse, and/or sharing of needles during I.V. drug abuse also transmit the virus. Occupational needlestick injuries show the rate of infection, after being stuck with an HIV contaminated needle, is one in 300. Health care workers can help control the spread of HIV and protect themselves by acting as if EVERY patient they meet is infected with the vims. (Remember, patients may carry the virus for years without developing any signs, or the signs can be mistaken for other health problems! Early on when an individual is

exposed, and prior to any symptoms, a person is 1,000 times more infectious. Yet when tested prior to developing antibodies the test will be negative.)

By using Standard Precautions, which will be addressed later in this module, health care workers can protect themselves from infections such as HIV.

Hepatitis C Virus (HCV)

Hepatitis C Virus is spread mainly through blood transfusions and intravenous drug abuse. It resembles Hepatitis B in that it attacks the liver. Symptoms of active HCV are milder than those of HBV - or may not even be present. However, HCV is more likely to cause chronic carrier state and more likely to lead to cirrhosis, liver cancer, and death.

AIRBORNE DISEASES

Airborne diseases are spread by breathing in air which has droplets or droplet nuclei (5mm or smaller in size), that can cause airborne disease.

Some examples of airborne diseases include:

- Tuberculosis
- Chickenpox
- Measles
- Shingles in a person whose immune system is weak There are many ways to protect staff and other patients from airborne diseases.
- Patients who have airborne diseases will be discharged and/or transferred to another facility until there are free from the airborne disease.
- Staff will be notified any airborne diseases to ensure proper care is given to individual.

Tuberculosis (TB) Tuberculosis

(TB) is an infectious disease that occurs most often in the lung. TB is a serious and growing threat to everyone. Some TB infections are treatable with drugs. There are strains of the disease that are resistant to most drugs now available. Although anyone can get TB, there are some groups that are at a greater risk than others. These high-risk groups include low socio-economic levels without a strong social support system, the homeless, the elderly, those who live in nursing or retirement homes, IV drug users, migrant workers, and those who live in areas where the disease is common.

In addition to a positive TB skin test the patient may have one or more of the following symptoms if infected with TB:

- Productive cough
- Coughing up blood

- Fever and chills
- Night sweats
- Recent weight loss

Patients who are HIV (AIDS) infected may have TB without showing these typical signs. TB is most spread by breathing in the airborne droplet nuclei <5 microns. Organisms transmitted in this matter can be suspended in air for long periods of time and can be dispensed in air currents. An important way to control the spread of tuberculosis is to find out early who has been exposed to the disease. Persons can have a positive tuberculosis skin test (PPD) without being infectious with TB. Live Free Recovery Services employees are required to have a tuberculin skin test or chest x-ray prior at time of pre-employment health screening.

Any client suspected of having tuberculosis should be put on air-born precautions right away and be prepared for transfer to a medical facility for further evaluation and/or treatment.

Droplet Precautions

Droplet transmission involves contact of the conjunctivae or the mucous membranes of the nose or mouth of a susceptible person with large particle droplets (5mm or larger in size). Droplets are generated from the person primarily during coughing, sneezing, or talking. Droplets usually travel short distances of 3 ft. or less.

Diseases that are spread by droplets include:

- Invasive Hemophilus influenza type b disease, including meningitis, pneumonia, epiglottis, and sepsis • Invasive Neisseria meningitides disease, including meningitis, pneumonia, epiglottitis, and sepsis
- Diphtheria (pharyngeal)
- Mycoplasma pneumonia
- Pertussis
- Pneumonic plague
- Streptococcal pharyngitis, pneumonia, or scarlet fever in infants and young children
- Adenovirus
- Influenza
- Mumps
- Parvovirus
- Rubella

EXPOSURE CONTROL PLAN

The Occupational Safety and Health Act (OSHA) defines occupational exposure as "reasonably anticipated skin, eye, mucous membrane, or parenteral [piercing the skin] contact with blood or other

potentially infectious materials that may result from the performance of an employee's duties." The OSHA regulations require the organization to develop an Exposure Control Plan and to make it available to all employees.

The Exposure Control Plan is in the Infection Prevention and Control Manual and the plan is available to all employees. Be sure to read the Exposure Control Plan. It has important information that will help you protect yourself from getting diseases that you might be exposed to because of your work. The Exposure Control Plan lists tasks and procedures, which could cause you to be exposed to infectious diseases. Let this list serve as a reminder for you to protect yourself when doing these tasks or procedures. Because we do not always know what diseases or pathogens a patient may have, we need to learn to lower our risk and protect ourselves. We need to act as if EVERY patient has an infectious disease such as hepatitis, malaria, syphilis, and HIV/AIDS. (This behavior is part of Standard Precaution, which is discussed in detail later in this module.) It is harmful and may be life threatening not to protect ourselves from these diseases or pathogens.

There is no way to tell with certainty that any person is free of Bloodborne disease. Any person can be infected without being aware of the infection. The infected person may not have any signs or symptoms of disease. We cannot make safe judgements about absence of infection by appearance, age, sex, socioeconomic level, or any other factor. The best way for health care workers to protect themselves from exposure to bloodborne infections is to treat ALL patients as if they were infected with Hepatitis B, Hepatitis C, HIV, or other bloodborne diseases. Some major ways to reduce the risk of exposure to bloodborne organisms on the job are:

Engineering Controls

Engineering controls are physical or mechanical systems designed to stop hazards before they start. Examples of engineering controls are self-sheathing needles, bio-safety bags, sharps disposal containers, appropriate hand washing facilities.

Personal Protective Equipment (PPE)

Personal Protective Equipment is intended to protect you from contact with possible infectious materials. Examples of such equipment include gloves, masks, protective eye wear, fluid resistant gowns, resuscitation bags and other resuscitation devices.

To be effective, personal protective equipment must be fluid resistant and help prevent blood or other potentially infectious materials from passing through to the employee's work clothes, street clothes, undergarments, skin, eyes, mouth, and other mucous membranes. This protection should be effective under normal conditions of use for the length of time for which it will be used.

Some general guidelines for selection and use of protective equipment are:

- The employee must be taught to use it properly.
- Appropriate protective equipment must be used each time a task is done.
- The equipment must be free of flaws that would make it unsafe.
- Gloves must fit properly.
- If infectious materials go through the protective equipment, remove it as soon as possible and wash the exposed intact skin surface with an antimicrobial soap for 10 minutes.
- When the task is complete, remove all protective equipment and place it in the appropriate place or container for washing, decontamination, or disposal.

Once personal protective equipment has been used, it must be properly disposed of. Disposable items (for example gloves, masks, fluid resistant gowns,) should be handled as follows:

- If items are visibly contaminated and could cause dripping with blood or other body fluids, they are disposed of in red plastic bags for medical service waste disposal.
- If items are not contaminated and cannot cause dripping, splattering, or splashing, they are disposed of in regular trash.

HOUSEKEEPING PRACTICES

- When cleaning up broken glass, do not pick it up with gloves or bare hands. Use tongs or a brush and dustpan.
- Spill kits may be used for blood and body fluid spills.
- Do not place contaminated laundry on the floor. Handle contaminated laundry as little as possible. Do not hold up to the body. Place all contaminated laundry in blue laundry bags.
- Place ALL sharp items in a sharp's container.
- Clean up contaminated areas first with soap and water (while wearing PPE) follow with an EPA registered disinfectant or a fresh solution of 5.25% of sodium hypochlorite mixed 1:10 with water.
- All bio-medical waste will be placed in red bags that have a biohazard symbol on it. Red bags will be located for disposal in various locations.

Sharp's container must be properly closed when line indicates FULL, for pick-up.

EMPLOYEE WORK PRACTICES

Employee work practices are specific procedures that are aimed at reducing the chances of exposure to infectious material. Examples of employee work practices are:

Handwashing: Comply with current CDC hand hygiene guidelines to reduce the risk of healthcare acquired infections.

The generally accepted correct handwashing time and method is a 10-15 second vigorous rubbing together of all soapy surfaces followed by rinsing in a flowing stream of water. If hands are visibly soiled,

more time may be required. Handwashing should occur after every patient contact, each time gloves are removed, and when skin or mucous membranes come in direct contact with blood or other body fluids. Handwash with an antimicrobial soap or flush eyes and mucous membranes immediately with water for 10 minutes in the event direct contact with blood or other body fluids. Purell handwashing stations are available on each unit.

Needlesticks: Avoiding injuries from needlesticks and other sharps: use only safe needle devices, do not bend, hand-recap, shear or break contaminated needles or other sharps; and dispose of sharps promptly in puncture-resistant, leak-proof containers.

Personal hygiene: Do not eat, drink, smoke, apply cosmetics or lip balm, or handle contact lenses, where you may be exposed to potentially infectious materials; avoid petroleum-based lubricants that may "eat" through latex gloves; do not keep food or drinks in refrigerator, freezers, cabinets, or on shelves, counter tops or bench tops where possible infectious materials may be present.

STANDARD PRECAUTIONS

Standard Precautions are meant to protect workers from biohazards and is inclusive of Body Substance Isolation and Universal Precautions. Live Free Recovery Services has adopted Standard Precautions as its isolation technique for all patient care that is based on the idea that "Anything that's wet and not yours is potentially infectious!"

Three basic principles apply in Standard Precautions:

1) Strict hand washing technique is used in all cases of contact with patients, blood/body fluids, secretions, excretions, and contaminated items. Wash hands after removing gloves.

2) Contaminated needles and sharps are handled and disposed of according to policy and procedure.

3) Personal protective equipment that is adequate and appropriate is used. The type of protective equipment appropriates for a given task depends on the expected exposure.

* If you expect to be splashed, sprayed, or spattered with droplets of infectious material, use a mask, eye protection, and fluid resistant gown, gloves.

SIGNS AND LABELS The universal biohazard symbol shown below is used on all containers of medical waste, refrigerators, and freezers that hold blood or other infectious material. There are several ways to warn that a piece of equipment or material is contaminated or possibly contaminated. You can attach a biohazard symbol or a warning label or put it in a red bag or red container. Also, you should always treat all blue bagged linen as contaminated.

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BIOHAZARD

EXPOSURE INCIDENTS

When an employee is exposed to blood or potentially infectious body fluids the employee should: • Remove all contaminated clothing as soon as possible (The employee's supervisor will provide alternate clothing).

• Immediately wash or flush contaminated skin with antimicrobial soap and water for 10 minutes. If you obtained a needlestick squeeze/milk the area of blood and then wash for 10 minutes.
• Employees are responsible for reporting incidents to their supervisors immediately after they happen and reporting to Employee Health immediately.
• You and the source will be tested for HIV, HBV after the consents and counseling is completed.
• You will be seen by the workmen's compensation physician for an evaluation and any treatment. You will receive a written opinion in 15 days.
• The protocol that will be followed is detailed in the exposure control plan.

REPORTING EMPLOYEE SIGNS OF DISEASE

Employees who have any of the following signs of disease should contact the Clinical and/or Executive Director of Live Free Recovery Services: eye infection (conjunctivitis); signs of respiratory illness; skin rashes, open lesions, cold sores; recent exposure to chickenpox, mumps, measles, whooping cough; cast, and/or bandages that prevent effective hand washing. Employees who feel that they are infectious or who are too sick to work are encouraged not to come to work.

INFECTION PREVENTION AND CONTROL TEST

1. What type of personal protective equipment (PPE) is needed when performing a task when touching of human blood/body fluid may occur?

a. Gloves ☐

b. Mask Goggles ☐

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c. Gowns ☐

d. All the above. ☐

2. What is the correct response to clean up a spill containing blood/body fluids?

a. Call your supervisor ☐

b. Call 911 ☐

c. Put on gloves, wipe up spill (utilize spill kit_ then disinfect with an EPA registered disinfectant and/or a 1:10 sodium hypochlorite (bleach) ☐

3. The best way to protect yourself from Hepatitis B is to be vaccinated and utilize Standard Precautions with all patients.

TRUE ☐ FALSE ☐

4. Good handwashing techniques keep you from transferring contamination to other areas of your body or the environment.

TRUE ☐ FALSE ☐

5. Every time you remove your gloves you must wash your hands with soap and running water.

TRUE ☐ FALSE ☐

6. Never pick up broken glass with your hands. Use tongs or a brush and dustpan.

TRUE ☐ FALSE ☐

7. Blood is the only body fluid that can carry blood-borne diseases.

TRUE ☐ FALSE ☐

8. HIV can live on inanimate objects for up to 4 weeks.

TRUE ☐ FALSE ☐

(Infection Prevention and Control Test Continued)

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9. Hepatitis B virus (HBV) hand Human Immunodeficiency virus (HIV) are spread through:

a. Casual contact or contact with toilet seats, doorknobs, etc.

b. Exposure to blood/body fluids by percutaneous exposure (needlesticks) and/or mucous membrane (mouth or eye) exposures.

10. Any task that involves human blood/body fluid, tissues and/or a needle or sharp contaminated with human blood/body fluids is a task where there is a chance of exposure to HBV OR HIV.

TRUE ☐ FALSE ☐

11. Standard Precautions are utilized based on the premise that any contact with human blood/body fluids is potential infectious risk.

TRUE ☐ FALSE ☐

Your Name _____

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Policy: Calculating and Determining Census

Statistical data should be compiled routinely and reported in a manner that allows review and analysis of the information over time (i.e., the current month and year-to-date). The use of spread sheets can be very helpful in compiling, reporting, and graphically depicting statistical data. The statistical data can be helpful to administration, the facility quality assurance/quality improvement committee, and corporate office staff.

The following statistical formulas are shown for a monthly reporting period.

Total Admissions

Each month the total number of new admissions or readmission is reported. This number should not reflect residents who were out on a bed hold or temporary leave of absence.

Total Discharges

Each month the total number of discharges is reported excluding residents who were transferred/discharge on bed hold or left for a temporary leave of absence.

Average Daily Census

To calculate the average daily in-house census in a month, add the daily census for each day of the calendar month and divide the total by the number of days in a month. Each census day begins at 12:00am and ends at 11:59 p.m. This standard is generally used by the industry.

- Formula: Sum of the Daily Census for each day of the month
- Total number of days in the month

- This formula can be adopted for any period. For example, to calculate the average daily in-house census for a year, add the daily in-house census for each day of the year and divide by the number of days in the year.
- When a resident is both admitted and discharged in one census day, they are usually counted in the daily census.

Total Census Days

The sum of the daily census for a given period for each day in the month.

Length of Stay

To calculate the length of stay for a resident admission, total the number of days the resident has been in the facility. Count the day of admission but not the day of discharge. Typically, bed hold days or temporary leaves are not subtracted from the total length of stay for a resident.

- Average Length of Stay: The average length of stay is calculated by adding the total length of stay for each discharged resident in the month and dividing by the number of discharge residents in a month. The average length of stay can be calculated for the entire facility or by specialty unit/program. When there are short-term stay or dementia units, calculating a separate average length of stay can be helpful in accurately reporting the average length of stay for that specific population.
- Formula:
- Total length of stay for discharges (for facility or for a unit) in a one-month period
- Number of discharges in the month
- Discharge Days or Length of Stay: The discharge days also known as the length of stay is the total number of calendar days a resident is in the facility from admission to discharge. When calculating the length of stay,

count the day of admission but not the day of discharge. Days when the resident is not in the facility due to a temporary leave of absence or bed hold are not subtracted from the length of stay. If a resident is admitted and discharged on the same day, one discharge day is assigned.

- Total Length of Stay: The total length of stay is the sum of the length of stay/discharge days for a given population and discharged during a specified period. Usually, the total length of stay is calculated for the entire facility but could also be calculated by unit particularly when there are short-term or dementia units.

Percentage of Occupancy

The percentage of occupancy is calculated by adding the daily census for each day of the month and dividing by the total bed count days. The total bed count is the number of beds available multiplied by the number of days in the month.

Formula:
Sum of the daily census for the month
Total bed count days in the month
(Bed count x number of days in the month)

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City of Keene, NH

Congregate Living & Social Services License Application

For Office Use Only:
Case No. CLSS-2024-13
Date Filled 4/2/24
Rec'd By CAM
Page 1 of 31
Tax Map# 568-058-000
Zoning District: DT-C

If you have questions on how to complete this form, please call: (603) 352-5440 or email: communitydevelopment@keenenh.gov

SECTION 1: LICENSE TYPE

○ Drug Treatment Center	✓ Group Home, Small	○ Homeless Shelter
○ Fraternity/Sorority	○ Group Resource Center	○ Lodging House
○ Group Home, Large	○ Residential Drug/Alcohol Treatment Facility	○ Residential Care Facility

SECTION 2: PROPERTY LOCATION

ADDRESS: 24 Vernon Street, Keene, NH 03431

SECTION 3: CONTACT INFORMATION

I hereby certify that I am the owner, applicant, or the authorized agent of the owner of the property upon which this approval is sought and that all information provided by me is true under penalty of law. If applicant or authorized agent, a signed notification from the property owner is required.

OWNER	APPLICANT
NAME/COMPANY: Monadnock Peer Support Agency	**NAME/COMPANY:** Monadnock Peer Support Agency
MAILING ADDRESS: 24 Vernon Street	**MAILING ADDRESS:** 24 Vernon Street
PHONE: (603) 352-5093	**PHONE:** (603) 352-5093
EMAIL: david@monadnockpsa.org	**EMAIL:** david@monadnockpsa.org
SIGNATURE: [signature] **DATE:** 3/25/24	**SIGNATURE:** [signature] **DATE:** 3/25/24
PRINTED NAME: David Ports **TITLE:** Interim Executive	**PRINTED NAME:** David Ports **TITLE:** Interim Executive

AUTHORIZED AGENT (if different than Owner/Applicant)	OPERATOR / MANAGER (Point of 24-hour contact, if different than Owner/Applicant) ☑ Same as owner
NAME/COMPANY:	**NAME/COMPANY:**
MAILING ADDRESS:	**MAILING ADDRESS:**
PHONE:	**PHONE:**
EMAIL:	**EMAIL:**
SIGNATURE: **DATE:**	**SIGNATURE:** **DATE:**
PRINTED NAME: **TITLE:**	**PRINTED NAME:** **TITLE:**

SUBMITTAL CHECKLIST

A complete application must include the following items and submitted by one of the options below:

- **Email:** communitydevelopment@keenenh.gov, with *"CLSS License Application"* in the subject line

- **Mail / Hand Deliver:**
  Community Development (4th Floor)
  Keene City Hall,
  3 Washington St, Keene, NH 03431

The submittal requirements for a Congregate Living & Social Services License application are outlined further in **Chapter 46, Article X** of the City of Keene Code of Ordinances.

Note: Additional information may be requested to complete the review of the application.

◉ **PROPERTY OWNER:** *Name, phone number and address*	✓ **POINT OF 24 HOUR CONTACT:** *Name, phone number, and address of person acting as the operator, if not owner* **Same as owner**
✓ **REQUIRED DOCUMENTATION:** *Provide all required state or federal licenses, permits and certifications*	✓ **WRITTEN NARRATIVE:** *Provide necessary information to the submittal requirements*
✓ **PROPERTY INFORMATION:** *Description of the property location including street address and tax map parcel number*	✓ **APPLICABLE FEES:** $165.00 application *(checks made payable to City of Keene)*
✓ **COMPLETED INSPECTION:** **or** *Inspection date:* Feb. 13, 2024	✓ **SCHEDULED INSPECTION:** *Inspection date:* _____
✓ **OPERATIONS AND MANAGEMENT PLAN:** Plan based on the industry standard *"Best Management Practices"* to include:	✓ **LOCATION MAP:**

◊ Security Plan
◊ Life Safety Plan
◊ Staff Training and Procedures Plan
◊ Health and Safety Plan
◊ Emergency Response Plan
◊ Neighborhood Relations Plan
◊ Building and Site Maintenance Procedures

In addition, Homeless Shelters will provide:

◊ Rules of Conduct, Registration System and Screening Procedures
◊ Access Policies and Procedures

SECTION 4: APPLICATION AND LICENSE RENEWAL REQUIREMENTS

Using additional sheets if needed, briefly describe your responses to each criteria:

1. Description of the client population to be served, including a description of the services provided to the clients or residents of the facility and of any support or personal care services provided on or off site.

MPS is am intentional peer support agency that provices mental health support as an alternative to clinical services. MPS progams are free and open to any NH resident 18 years or older who is a recipient or is at risk of becoming a recipient of mental health serices. MPS has spent 30 years devloping strong, connected relationships where people feel valued, become empowered and move toward wellnes and independance. Our programs are grounded in the principles of personal responsibility, mutuality, reciprocity, and respecting others thoughts and beliefs as valid and important. We encourage growth beyond stigma, shame, and the limits plasced upon us, creating and maintaining a strong, active,voice and presence dedicated to social change.

MPS provides a peer support program that includes over 40 kindred groups and social events each week. Members of MPS participate in selecting and choosing group topics and social events as well as providing input to the management and operations of MPS by attending community meetings twice per month and sharing their perspective. All participants and members are required to read and sign the Members Rights and Responsibilities document that sets standards for behavior while at MPS.

MPS also provides two residential programs - Step Up/Step Down which provides a residence for up to 90 days for those who qualify and who are hoping to prevent hospitilzation for mental health issues or who are returning to the community after hospitilzation and need help reacclimating. The Respite Program is also offered which provides an emergency 7 day stay for those who need to immediately seperate themselves from a harmful situation in order to focus on their mental health. Together, these programs can accomodate 8 people at any one time.

MPS provides transportation for those in our program as well as individual peer counseling led by trained Peer Support Core Specialists with shared experiences.

MPS has 15 staff members, 12 board members, and works in collaboration with the State of NH DHHS, Bureau of Mental Health Services and the 14 other Peer Support Agencies located in NH.

2. Description of the size and intensity of the facility, including information about; the number of occupants, including residents, clients staff, visitors, etc.; maximum number of beds or persons that may be served by the facility; hours of operations, size and scale of buildings or structures on the site; and size of outdoor areas associated with the use.

MPS's facility is 12,640 square feet, sits on .28 acres, and is located in downtown Keene, NH. MPS has a capacity of 8 beds for residents, and serves approximately 40 people per day in programs ranging from autism support group to AA meetings. We require that all participants adhere to the members rights and responsibilities which include being drug and alcohol free when attending programs and services.

We are open from 9am - 5:15pm Monday - Friday and for program use only from 6-8pm. Residents are present 7 days per week and have a curfew of 9:30pm when they must be in the facility for the evening.

Our facility has a teaching kitchen, seating area, computer hall, library, and program rooms.

We maintain a mailing list of 500 members and participants.

SECTION 4: APPLICATION AND LICENSE RENEWAL REQUIREMENTS CONTINUED

Using additional sheets if needed, briefly describe your responses to each criteria:

3. For Congregate Living Uses, describe the average length of stay for residents/occupants of the facility.

Step Up/Step Down Residential Program: 90 days with the ability to extend to 120 days.
Respite Program: 7 days

Security Plan

Monadnock Peer Support

24 Vernon Street

Keene, NH 03431

603-352-5093/5094

Last Revised: March 2024

The safety and security of our employees and staff is the first consideration of Monadnock Peer Support. Our philosophy is to ensure the safety and well-being of all while at MPS. To achieve this, MPS maintains a comprehensive plan that is geared toward continuous improvement of workplace safety.

A1. Safety

MPS' Safety Committee is charged with monitoring organizational risk management. This includes ensuring that the facility is clean and well-maintained; that all facilities and vehicles are compliant with local, state, and federal regulations, and that policies and procedures related to safety are up to date.

The staff team regularly monitors, identifies, and addresses safety issues. With guidance from the Safety Committee, the Facility Director is responsible to ensure that all safety plans, including emergency exit maps, fire, and threat responses are updated and posted. Emergency training will be required for all staff in 2024.

A2. Security

The upstairs area of MPS is open and available during the day for those who seek mental health support, and the entry is monitored by front line staff. Administrative staff work in the same facility, interact consistently throughout the day with participants, and are available as needed. The program area downstairs is locked unless a program is in session.

The smoking area has been removed as it was attracting people who had no interest in participating in MPS. Since that removal in 2023, the number of incidents that required attention have been dramatically reduced.

Monadnock Peer Support will ensure that all employees have access to cell phones, handheld two-way radios, and are monitoring the number of individuals in the building. The leadership team (called Support Central) have access to all cameras and footage.

- MPS has twelve live cameras in the building to ensure the safety and security of its members and staff.
- MPS has three exterior cameras to ensure the safety and wellbeing of members and staff.
- MPS is continuously working with Keene PD, Keene Fire and Keene Mutual aid to find areas of improvement.

Future Security Improvements:

MPS will be improving security in 2024 -2025 by:

- Renovating the entrance to provide better security coverage.
- Upgrading the security system to include hard wired cameras and member management software.

Expectations

Members will:

- Follow the rights and responsibilities of MPS.
- Not be permitted to bring drugs or alcohol into the facility.
- Not be permitted to behave in an aggressive or inappropriate manner as outlined in our rights and responsibilities.
- Not engage in sexual activities while at the center
- Are not permitted to enter another person's room.

Executive Director will:

- Oversee and emphasize the importance of safety and security for all.
- Ensure adequate resources to address security concerns.
- Communicate policies and procedures to employees, members, and vendors.
- Encourage employees to report safety and security concerns immediately.

Directors will:

- Set a good example by always following workplace best practices.
- Ensure that equipment and work areas under their direction are safe and well kept.
- Ensure that procedures are being followed for safety and security.
- Ensure employees are adequately trained.
- Participate with ED in regular safety and security procedures.
- Respond promptly to reports of concerns.
- Always be ready to dial 911.

All other employees will:

- Follow procedures and policies for working safely and security.
- Report any security issues immediately,
- Document all incidents and submit them to the safety committee and the state of NH DHHS.
- Communicate with Keene PD regarding issues that need attention and support maintaining the trauma informed model and individual.

Monadnock
PEER SUPPORT

AN INCLUSIVE AND JUDGEMENT-FREE COMMUNITY
TO SUPPORT YOUR MENTAL WELL-BEING.

Life Safety Plan

Monadnock Peer Support

24 Vernon Street

Keene, NH 03431

603-352-5093/5094

Last Revised: March, 2024

A life safety plan is a plan in place for when an emergency situation occurs, and an egress route is needed in order to evacuate the building in a safe manner.

Front of the building

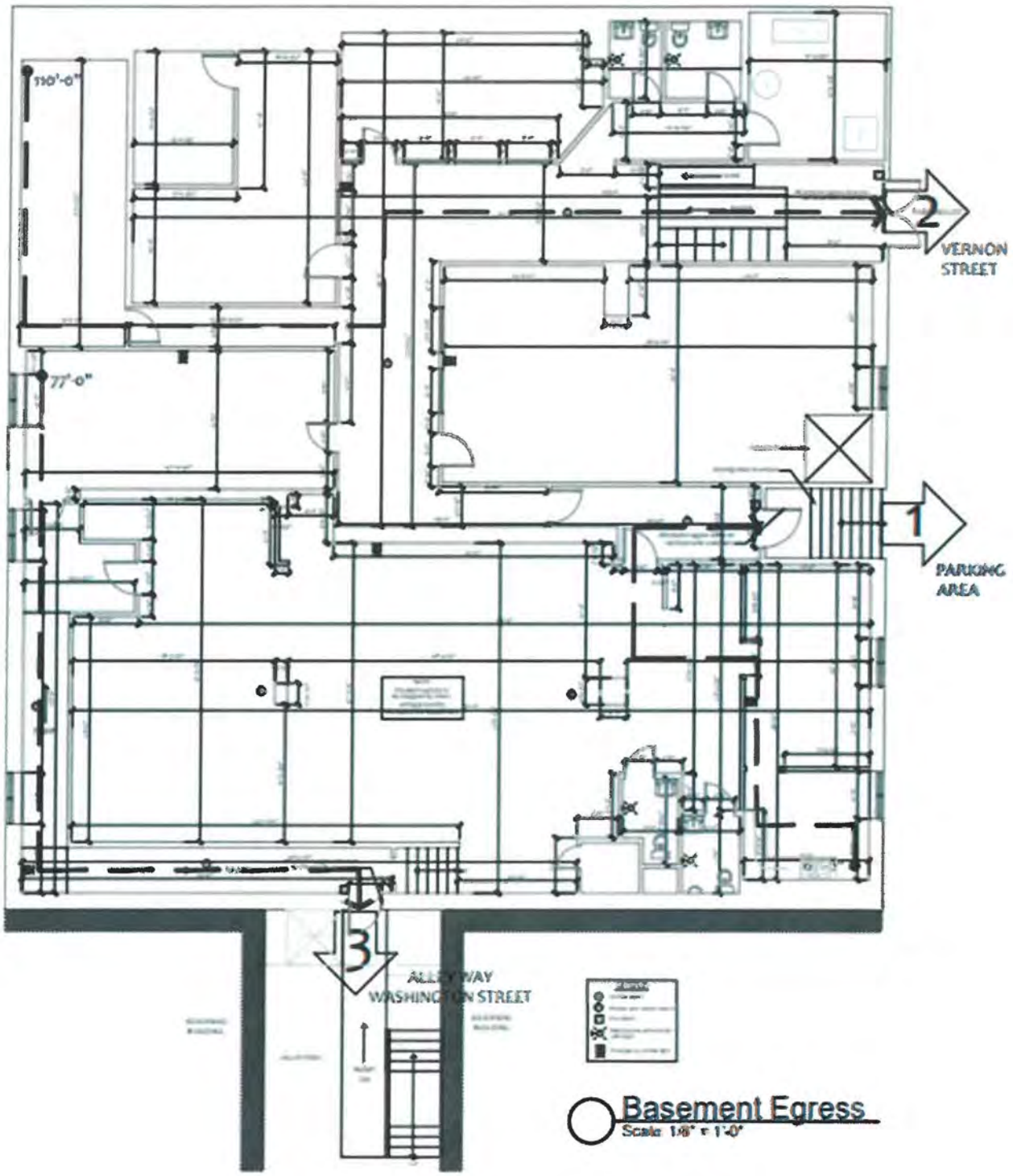
- Top Entrance and Exit
    - Elevator for wheelchair or disabled individual
- Bottom Entrance and Exit
    - Elevator for wheelchair or disabled individual

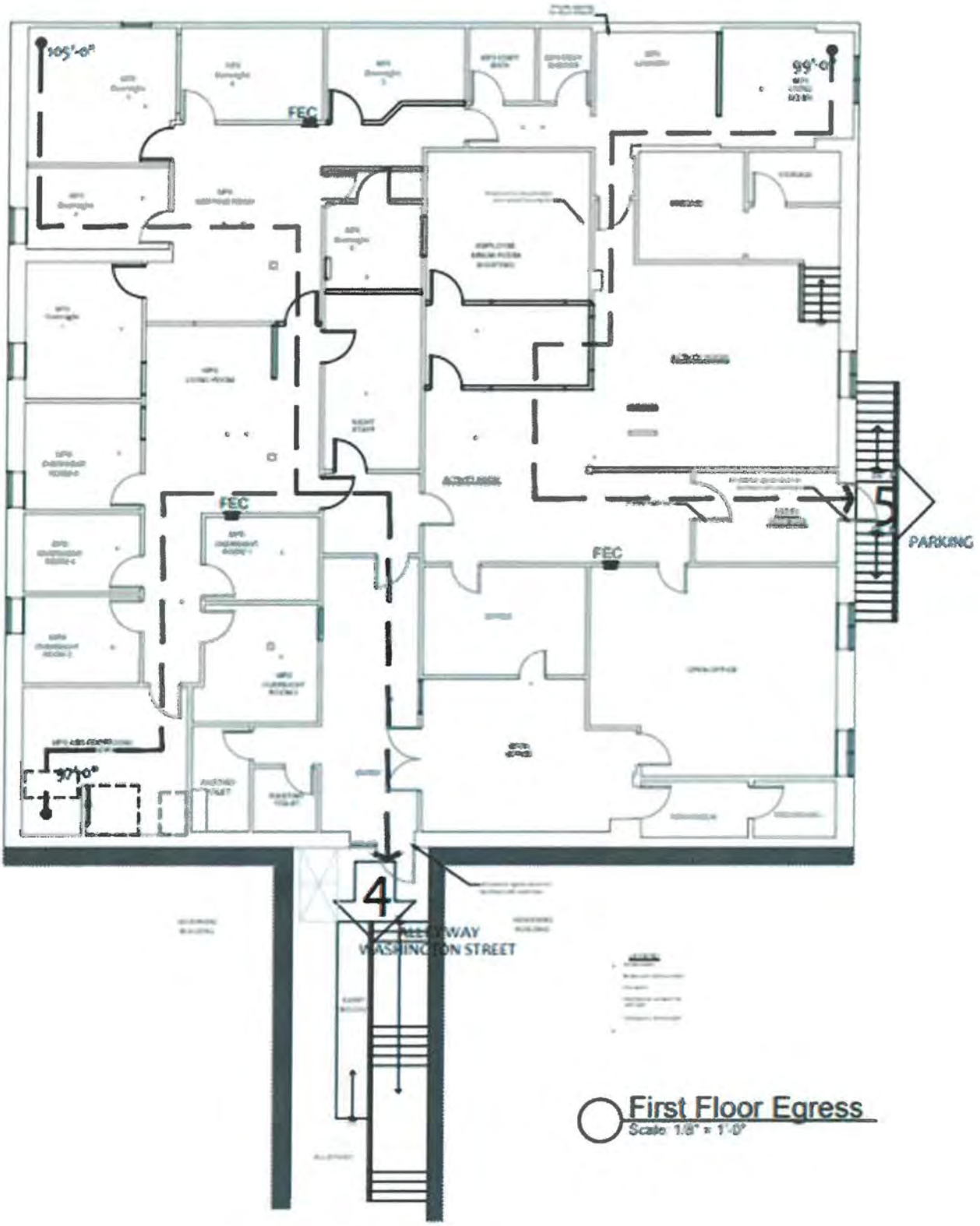
Back Entrances

- One Entrance and Exit to top floor.
- Two Entrances and Exits for bottom floor
- Second Bottom Entrance has wheelchair ramp

Facility is equipped with:

- Exterior and Interior Emergency Lights
- Exterior and Interior Exit Signs
- Smoke/Carbon monoxide detectors.
- Sprinkler System
- Accessible Fire Extinguishers in every room


110'-0"
77'-0"
2
VERNON STREET
1
PARKING AREA
3
ALLEY WAY
WASHINGTON STREET
Basement Egress
Scale: 1/8" = 1'-0"



First Floor Egress
Scale 1/8" = 1'-0"

Staff Training and Procedures Plan

Updated, March 2024

Staff Orientation:

Upon being hired, a new employee will receive a new employee orientation from their supervisor. on all aspects of the job, program regulations, personnel policies, pay, time sheets, benefits, etc.

Training and Career Development:

Employees are required to complete and maintain any certifications required under state rules, regulations, and contract requirements. MPS will provide details of such training and cover the costs. Trainings required by MPS will be compensated at the staff member's determined rate of pay.

Employee Handbook:

The employee handbook is updated regularly. This is led by MPS' HR Consultant and Administrative Director and is approved by the board of directors each time it is updated. All employees must read and sign off on the handbook when beginning employment and whenever the handbook is updated.

Health and Safety Plan

Monadnock Peer Support

24 Vernon Street

Keene, NH 03431

603-352-5093/5094

Last Revised: March 2024

The health and safety of our employees and participants is the first consideration of Monadnock Peer Support. MPS has made a commitment to ensuring that our facilities and programs are safe and welcoming for all members of the Keene community and we are making significant changes to the program and services we provide so that we broaden our constituent base and reduce incidents that create safety issues.

A1. MPS Goals

MPS focuses on our mission of mental health support, reducing chances of injury, and broadening our constituency. To do this, we have taken the following actions:

- Commissioned a safety committee made up of board members and employees.
- Launched a strategic planning process to address opportunities and challenges.
- Hold meetings with all employees to discuss policy, roles, responsibilities, and avenues for communication.
- Develop and explain clear procedures for reporting incidents, injuries, illnesses, and close calls/near misses.
- Ensure all members and participants adhere to the MPS rights and responsibilities.
- Conduct regular inspections using a checklist.
- Discuss, reevaluate, and share emergency procedures.
- Ensure all employees are trained in how to identify and control hazards.
- Review and update as needed.

A2. Resources

Monadnock Peer Support will ensure that all employees will have access to training, equipment, personal protective equipment, substitute chemicals or other products, and materials like Safety Data Sheets and other information about chemicals used at the center.

A3. Expectations

Executive Director will:

- Oversee program development and implementation.
- Ensure adequate resources for anything needed.
- Designate employees to conduct regular workplace inspections, incident reports, and follow up on corrective actions.
- Communicate policy to employees, members, and vendors.
- Encourage employees to report safety and health concerns through an open-door policy, as well as providing a suggestion box for participants and employees to report anonymously.
- Determine whether program safety goals are being met.
- Lead review of the program to see if it needs improvement.

Directors will:

- Set a good example by always following workplace practices.
- Ensure that equipment and work areas under their direction are safe and well kept.

- Ensure that procedures are being followed for safe use of hazardous substances.
- Ensure employees are adequately trained in safe work procedures.
- Participate with ED in regular safety and health inspections following incidents and identification of hazards.
- Respond promptly to reports of concerns.

All other employees will:

- Follow procedures and policies to work safely.
- Report any injuries or illnesses to appropriate director.

A4. Risk Mitigation

MPS will collect information about hazards.

- The Executive Director and Facilities Director will review relevant information about potential safety and health hazards, including:
  - Applicable OSHA standards
  - Information about past incidents, injuries, and illnesses
  - Safety data sheets (SDSs) for hazardous chemicals
  - Equipment safety information
  - Close calls/near misses
  - Input from all employees about hazards.

MPS will inspect the workplace.

- The Executive Director or Facilities Director will develop, use, and regularly update a checklist for potential job hazards.
- Using the checklist, the Facilities Director will conduct inspections in all areas of the facility:
  - Whenever an employee mentions a safety or health concern
  - Whenever we change processes, equipment, or materials.
  - Every month

MPS will identify the hazards.

- The Facilities Director or other designated safety committee member will identify any sources of health hazards in our workplace, such as:
  - Chemical hazards – by examining SDSs and product labels to identify chemicals in use.
  - Physical health hazards – by considering exposures to noise or heat.
  - Biological hazards – by considering exposures to bodily fluids, molds, or animal materials.
  - Ergonomic hazards – by evaluating activities involving repetitive motions, heavy lifting, work above shoulder height, or vibration.

MPS will conduct investigations.

- The Executive Director or designated member of the safety committee will investigate injuries and illness to identify hazards and systematic failures that might have caused those injuries or illnesses. They will:
    - Train the people conducting investigations on incident investigation techniques, emphasizing the need to be open-minded.
    - Investigate the root causes of all incidents.
    - Initiate investigations within 24 hours or any incident reported.
    - Use corrective and preventive action processes following the investigation that includes:
        - Documenting findings and corrective actions
        - Describe how the recommendations will be implemented.
        - Verify completion.
        - Communicate findings to appropriate parties.
        - Monitor the corrective and preventive actions to determine effectiveness.
- The Safety Committee will assess emergency situations and non-routine tasks workers might encounter, such as fire, weather emergencies, violence, etc.
    - For hazards identified, the ED will prioritize the need for control by considering.
        - Severity of hazard
        - Likelihood of recurrence
        - Number of people exposed.
    - The ED will implement any readily available interim controls immediately.

Hazard Prevention and Control

For hazards we identify or anticipate, the Executive Director and senior staff will gather and evaluate information about appropriate actions to take through input from employees, members, anyone above the ED at the state level, and other consultations.

MPS will:

- Plan to control hazards.
- Prioritize hazards for control based on the seriousness of injuries or illnesses that could result.
- Will make repairs as needed.
- Update plan as it is implemented.

For hazards that cannot be controlled immediately, MPS will:

- Select and provide procedures to protect employees or members to prevent exposure to the hazard.
- Reevaluate procedures as needed.
- Document the control measures and hazard control as needed.
- Communicate any plan to control the hazard agency-wide.

For hazards that happen when the center is closed, MPS will:

- Develop plans and procedures to respond effectively and safely.
- Obtain any equipment needed to control emergency-related hazards.

- Incorporate relevant plans and procedures into training.

MPS will provide education and training.

Monadnock Peer Support will ensure that all staff receive training on the policies and procedures, how to report hazards, and how to manage hazards when the center is closed. The training will occur annually and for any new hires. The training will be conducted in an accessible way, and the organization will maintain records of all who have completed the training.

MPS will train employees in their roles and responsibilities.

Monadnock Peer Support will provide training to ensure every employee knows how they can contribute to the health and safety of the center, especially the importance of reporting health and safety concerns in a timely manner to the appropriate staff.

Monadnock
PEER SUPPORT

AN INCLUSIVE AND JUDGEMENT-FREE COMMUNITY
TO SUPPORT YOUR MENTAL WELL-BEING.

EMERGENCY RESPONSE PLAN

MONADNOCK PEER SUPPORT

24 Vernon Street

Keene, NH 03431

603-352-5093/5094

www.monadnockpsa.org

Date Revised: March, 2024

Emergency Personnel Names and Phone #'s

When we are open:

DESIGNATED RESPONSIBLE INDIVIDUAL: David Ports, Interim Executive Director: (603)409-0226.

If IED is not here

DESIGNATED RESPONSIBLE INDIVIDUAL: Facilities Director, Matt Johnson. (603) 717-6799

If IED and Facilities Director are not here.

DESIGNATED RESPONSIBLE INDIVIDUAL: Director of Mission Impact, Karen Richi. (603) 762-7574

- **When we are closed:**

DESIGNATED RESPONSIBLE INDIVIDUAL: Overnight Residential Staff. (603) 352 -5093

EVACUATION ROUTES

Evacuation route maps have been posted in each work area. The following information is marked on evacuation maps:

1. Emergency exits.
2. Primary and secondary evacuation routes
3. Locations of fire extinguishers

Site personnel should know at least two evacuation routes.

Emergency Phone Numbers

*In case of immediate emergency, please dial 911! *

Fire Department:

Central Station: (603) 357-9861

Station 2: (603) 357-9886

Fire Prevention Bureau: (603) 757-1863

Fire Alarm Division: (603) 757-1864

Police Department:

Non-Emergency: 603-357-9813

Records: 603-357-9815

Poison Control:

Hotline: 1-800-222-1222

Administrative: 207-662-7222

Fax Number: 207-662-5941

Ambulance:

DiLuzio: (603) 357-0341

UTILITY COMPANY EMERGENCY CONTACTS

ELECTRIC:

Eversource Customer Service: 800-662-7764

TTY/TDD Hearing Impaired: 800-346-9994

WATER:

Main Office: 603-352-6550

Water Billing: 603-352-3239

After Hours Emergency: 603-357-9813

GAS:

Liberty Utilities Emergencies: 1-855-327-7758

Customer Care: 1-800-833-4200

OIL:

Dead River Telephone: 603-352-5240

Toll-Free: 800-442-5240

PHONE/INTERNET:

Consolidated Communications: 1-844-968-7224

Europa IT Support Line: 802-275-4848

MEDICAL/CRIMINAL EMERGENCY

- Call medical emergency phone number (see page 4)
    - Fire
    - Police
    - Poison Control
    - Ambulance
- Provide the following information:
    - Nature of the medical emergency
    - Location of the emergency (address, room, etc.)
    - Your name and the number from which you are calling.
- Do not move the person in distress unless necessary.
- If personnel trained in First Aid and CPR are not available, attempt to provide the following assistance:
    - Stop bleeding with firm pressure on wounds (please avoid contact with blood or other bodily fluids)
    - Clear the air passages using the Heimlich Maneuver in case of choking.
- In case of rendering assistance to personnel exposed to hazardous materials, consult the Poison Control number or website. Please wear the appropriate protective equipment.

FIRE EMERGENCY

When fire is discovered:

- Notify the local fire department by calling 911 or (603) 357-9861.
- If fire alarm is not available, notify site personnel and members/guests by the following means:
    - Face-to-face
    - Phone call.

Fight the fire ONLY if:

- The fire department has been notified.
- The fire is small and not spreading to other areas.
- Escaping the area is possible by backing up to the nearest exit.
- The fire extinguisher is in working condition and personnel are trained to use it.

Upon being notified of the fire emergency, occupants must:

- Leave the building using the designated escape routes.
- Assemble in the designated area: sidewalk on the corner of Vernon Street and Elm Street
- Remain outside the building until the Designated Official announces that it is safe to enter.

Designated Official/Supervisors must:

- Delegate responsibility of assisting any physically challenged individuals to another member/participant/guest.
- Disconnect utilities and equipment unless doing so jeopardizes her safety.
- Coordinate an orderly evacuation of personnel/guests/members.
- Perform an accurate headcount of individuals gathered in designated area.
- Provide the Fire Department personnel with necessary information about the facility.
- Perform assessment and coordinate with other staff to determine emergency closing procedures and how to transport guests/members if need be.

SEVERE WEATHER AND NATURAL DISASTERS

Tornado:

- When a warning is issued by sirens or other means, seek inside shelter. Consider the following:
    - Small interior rooms on the lowest floor and without windows,
    - Hallways on the lowest floor away from doors and windows, and
    - Rooms constructed with reinforced concrete, brick, or block with no windows.
- Stay away from outside walls and windows.
- Use your arms to protect your head and neck.
- Remain sheltered until the tornado threat is announced to be over.

Earthquake:

- Stay calm and await instructions from the Emergency Coordinator or the designated official.
- Keep away from overhead fixtures, windows, filing cabinets, and electrical power.
- Assist people with disabilities in finding a safe place.
- Evacuate as instructed by the Emergency Coordinator and/or the designated official.

Flood:

- If indoors:
    - Be ready to evacuate as directed by the Emergency Coordinator and/or the designated official.
    - Follow the recommended primary or secondary evacuation routes.
- If outdoors:
    - Climb to high ground and stay there.
    - Avoid walking or driving through flood water.
    - If car stalls, abandon it immediately and climb to a higher ground.

Blizzard:

- If indoors:

- Stay calm and await instructions from the Emergency Coordinator or the designated official.
- Stay indoors!
- If there is no heat:
  - Close off unneeded rooms or areas.
  - Stuff towels or rags in cracks under doors.
  - Cover windows at night.
- Eat and drink. Food provides the body with energy and heat. Fluids prevent dehydration.
- Wear layers of loose-fitting, lightweight, warm clothing, if available.

Neighborhood Relations Plan

Monadnock Peer Support

24 Vernon Street

Keene, NH 03431

603-352-5093/5094

Last Revised: March 2024

MPS believes that a safe, supportive, and connected neighborhood is vital to achieving our mission. We believe that MPS should take a leadership role in engaging our neighbors so they may understand our mission, values, and vision; participate in creating a safe and supportive neighborhood; and have a direct line of communication with MPS. To achieve this, MPS will:

1. Hold quarterly neighborhood meetings on:
    a. Thursday, March 14th (completed)
    b. Thursday, June 13th
    c. Thursday, September 12th
    d. Thursday, December 12th
    e. A new schedule will be developed for 2025 at the December meeting.
2. Ensure that all neighbors have contact information for the Executive Director.
3. Engage neighbors by:
    a. Listening with the intent to learn
    b. Seeking input and feedback to improve the atmosphere in the neighborhood.
    c. Inviting them to events and to participate in programs.
    d. Educating neighbors about any plans, programs, or events that may impact them.
4. Nurture effective relationships with the Keene PD and Keene Fire Department to help MPS ensure the safety and well-being of all connected with our organization,
5. Reduce incidents of inappropriate behavior by:
    a. Removing the smoking area which attracted individuals with no interest in participating in MPS (completed)
    b. Eliminating services that attract individuals who are not participating in peer support. This will include:
        i. Eliminating showers for the public.
        ii. Eliminating food distribution for the public,
        iii. Eliminating use of the kitchen by the public.
        iv. Establishing protocols for computer use and internet access that support our mission.
        v. Providing additional transportation throughout the day to reduce the number of people loitering. Limiting transportation to members/participants who are attending groups and events only.
        vi. Revising our group and program schedule to attract a broader range of individuals seeking mental health support.
        vii. Encouraging connectivity between individuals from a range of socio-economic status.
    c. Launch a new strategic plan that will provide strategies and tactics to engage a broader range of constituents and ensure that MPS is sustainable and striving to stay focused on its mission of providing peer support.

Building and Site Maintenance Procedures

Monadnock Peer Support

24 Vernon Street

Keene, NH 03431

603-352-5093/5094

Last Revised: March 2024

Building and Site Maintenance Procedures include cleaning communal areas, removing trash regularly to maintain a clean space for all individuals. Repairing items that are broken or replacing items that cannot be fixed. Inspecting, repairing, and maintaining electrical systems (heating, air conditioning systems, and utility services) are included in maintaining a safe environment for all individuals.

- Kitchen
    - Checking fridges for leaks
        - Electrical tears in wires
        - Cooling temps
            - Fridge cleanliness
    - Checking ice machine/microwave/coffee makers and maintaining cleanliness
        - Electrical tears in wires
        - Leaks
        - Mold and mildew
    - Faucets
        - Plumbing
        - Dishwasher leaks and electrical tears
        - Garbage Disposal
    - Oven
        - Electrical tears
        - Electrical power outlet
        - Cleanliness
        - All knobs/buttons in working order.
    - Fire Alarms
        - Electrical tears
        - Batteries if needed.
        - Test as needed.
        - Fire extinguisher up to date and not used.
    - Mold and mildew check in ceiling and floors
- Common Areas
    - Electrical Outlets
    - Fire Alarms are up to date along with fire extinguishers.
    - Cleanliness
    - The air conditioning is working properly.
    - Heating working properly.
    - Electrical Lights are working properly.
    - Mold and mildew check in ceiling and floors
- Residential Areas
    - Electrical Outlets
    - Fire extinguishers and Fire alarms.
    - Exit signs are working properly.
    - Cleanliness

    - Electrical Lights are working.
    - The air conditioning is working properly.
    - Heating working properly.
    - Mold and mildew check in ceiling and floors
- Group Rooms
    - Electrical Outlets
    - Fire extinguishers and Fire alarms.
    - Exit signs are working properly.
    - Cleanliness
    - Electrical Lights are working.
    - The air conditioning is working properly.
    - Heating working properly.
    - Mold and mildew check in ceiling and floors
- Staff Meeting Rooms
    - Mold and mildew check in ceiling and floors
    - Electrical Outlets
    - Fire extinguishers and Fire alarms.
    - Exit signs are working properly.
    - Cleanliness
    - Electrical Lights are working.
    - The air conditioning is working properly.
    - Heating working properly.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69
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14
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WASHINGTON STREET (L)
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0.32 AcC
68
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59
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61
73
0.81 AcC

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City of Keene, NH

Congregate Living & Social Services License Application

For Office Use Only:
Case No. _____
Date Filled _____
Rec'd By _____
Page _____ of _____

If you have questions on how to complete this form, please call: (603) 352-5440 or email: communitydevelopment@keenenh.gov

SECTION 1: LICENSE TYPE

☐ Drug Treatment Center	☐ Group Home, Small	☐ Homeless Shelter
☐ Fraternity/Sorority	☑ Group Resource Center	☐ Lodginghouse
☐ Group Home, Large	☐ Residential Drug/Alcohol Treatment Facility	☐ Residential Care Facility

SECTION 2: CONTACT INFORMATION

I hereby certify that I am the owner, applicant, or the authorized agent of the owner of the property upon which this approval is sought and that all information provided by me is true under penalty of law. If applicant or authorized agent, a signed notification from the property owner is required.

OWNER	APPLICANT
NAME/COMPANY: Keene Serenity Center	**NAME/COMPANY:** Samuel L Lake
MAILING ADDRESS: 24 Vernon Street, Keene, NH 03431	**MAILING ADDRESS:** 24 Vernon Street, Keene, NH 03431
PHONE: (603) 283-5015	**PHONE:** 6039035903
EMAIL: sam.lake@kscrecvoery.org	**EMAIL:** sam.lake@kscrecovery.org
SIGNATURE:	**SIGNATURE:**
PRINTED NAME: Samuel L. Lake	**PRINTED NAME:** Samuel L. Lake

AUTHORIZED AGENT (if different than Owner/Applicant)	OPERATOR / MANAGER (Point of 24-hour contact, if different than Owner/Applicant) ☐ Same as owner
NAME/COMPANY: Monadnock Peer Support	**NAME/COMPANY:**
MAILING ADDRESS: 24 Vernon Street, Keene, NH 03431	**MAILING ADDRESS:**
PHONE: (603) 352-5093	**PHONE:**
EMAIL: karen@monadnockpsa.org	**EMAIL:**
SIGNATURE:	**SIGNATURE:**
PRINTED NAME: Karen Richi	**PRINTED NAME:**

SECTION 3: PROPERTY INFORMATION

PROPERTY ADDRESS:	TAX MAP PARCEL NUMBER:
24 Vernon Street, Keene NH 03431	K-568/054
ZONING DISTRICT: DT-L	☐ **LOCATION MAP:** *Please attach*

SECTION 4: APPLICATION AND LICENSE RENEWAL REQUIREMENTS

Using additional sheets if needed, briefly describe your responses to each criteria:

1. Description of the client population to be served, including a description of the services provided to the clients or residents of the facility and of any support or personal care services provided on or off site.

We are a Recovery Community Organization (RCO) that offers peer support for those experiencing substance use disorder, including family members and support staff.

We offer recovery coaching by individuals that either have been state certified as Certified Recovery Support Workers (CRSW) or trained peers as Peer Recovery Support Specailist (PRSS). Coaches are required to complete extensive training along with 500 voluntary hours under supervision of an approved supervisor. Engagements can be one one, telehealth or in group sessions depending on the request of those being served.

Our facility is set up to allow support type groups to use our space such as mutual aid groups (alcoholics anonymous, all recovery and the like). Some of our groups are volunteer created and lead such as crafting in recovery or meditations groups.

We host a transportation program called Road to Recovery (RTR) that started as volunteers loaning time and personal vehicles and now has moved to operating our own vehicle that was donated by a supporting partner business. We currently offer in excess of 80 rides per week, many are to support individuals getting to medicated assisted treatment. The basic critea to utilize our program is simply- does this support your recovery? We help with many doctors appointments, trips to and from treatment or housing opportunities.

We operate a harm reduction program called GROW SSP (guerilla recovery support worker) (syringe service program). The program supports people by offering education and supplies that reduce risk of overdose or the spread of disease and injury. Our participants take the education about harm reduction out into the community and share with peers. We partner with all other SSP's throughout the state and are part of NH Harm Reduction coalition.

We are non- clinical and refer those in need of clinical care to an appropriate partner, often the Doorway at Cheshire Medical.

We do not offer any housing or overnight services outside of refferals to qualified organizations.

2. Description of the size and intensity of the facility, including information about; the number of occupants, including residents, clients staff, visitors, etc.; maximum number of beds or persons that may be served by the facility; hours of operations, size and scale of buildings or structures on the site; and size of outdoor areas associated with the use.

We lease approximately 3,500 sq ft of space in the lower lever of 24 Vernon Street. The remainder of the building is housed by our landlord- Monadnock Peer Support (MPS). Our space consists of 2 large shared offices and a good sized space that is used for groups, trainings and activities. The center of the space acts as hallway and common area. We have 2 bathrooms. Our particapants have full acces to resources at MPS which is an amazing asset as they have a larger meeting space, a gym and 2 housing support programs.

We are a day program only, with no beds or overnight support.

We currently have 4 full time staff and 1 part time. We utilize a number of volunteers that offer peer support, facilitate groups or support our other programs.

Our general hours of operation are M-F from 9-5:00 however we do have groups or trainings that may take place evenings or weekends- most are under 2 hour time frames.

We do not have any real outdoor space other than shared use at MPS.

3. For Congregate Living Uses, describe the average length of stay for residents/occupants of the facility.

Our full time staff work 40 hours which some of that time is done out of facility doing outreach or meeting peers in public, Participants are usually onsite just over an hour. (many groups or coaching servicies are 1 hour)

Again we do not have housing so our participants leave at the end of day.

Health and Safety Plan- CLSS

All individuals that come into the Center are required to sign in. If the person presents a noticeable health risk, they are asked to either add PPE or leave the building, at the discretion of the person completing intake.

Keene Serenity Center provides Personal Protective Equipment (PPE) for all staff and participants. We follow all CDC required guidelines for COVID precautions. We monitor policy changes and ensure that they are enforced for the health and safety of all concerned.

All cleaning supplies are labeled for correct use. We are a peer driven center and much of the cleaning and organizing is completed by volunteers. The staff oversees the cleanliness and safety of the facility and is responsible for the space.

We have been supportive with referrals to vaccination clinics for any need. Currently we are partnered with a mobile crisis unit offering Hep- C testing and treatment for participants.

Neighborhood Relations Plan CLSS

We are a Recovery Community Organization and our mission is: "To build a community that embraces all pathways to recovery through peer support and community engagement in a safe environment " .

Having strong, inclusive neighborhood partners is the key to our success- following the idea that "together we can accomplish that which I, alone cannot.

Some of the ways in which we support a Neighborhood Relations Plan is to:

- Hold and post regular office hours. (M-F 9-5)
- Support a social media profile and manage links and comments for Facebook and tik tok.
- Support an active website (www.kscrecovery.org with open email link - info@kscrecovery.org
- Phone service including available anytime access to the Director.
- We host outreach events all over the city including at the public library most Fridays from 1-3.
- We offer harm reduction trainings to any organization or individual that asks.
- We accept used syringes for disposal and will go out and offer disposal services as an outreach.
- We have working partnership relations with most organizations in our neighborhood. Such as the Community Kitchen, Monadnock Peer Support, Parenting Resources, Probation, Drug Court and Planned Parenthood.

We have an internal ethics team that is available to handle concerns such as complaints. We are also part of a larger Ethics committee that includes members from Harborcare and all 20 Recovery Community Organizations across the state.

We answer all public inquiries or complaints promptly and with an open mind.

At this time we do not have any open cases or complaints.

Neighborhood Relations Plan CLSS- Keene Serenity Center

Our mission Statement:

"To build a community that embraces all pathways to recovery through peer support and community engagement in a safe environment".

Having strong, inclusive neighborhood partners is the key to our success- following the idea that "together we can accomplish that which I, alone, cannot."

Some of the ways in which we support a Neighborhood Relations Plan is to:

- We are easy to get in touch with.
- Hold and post regular office hours. (M-F 9-5)
- Support a social media profile and manage links and comments for Facebook.
- Support an active website (www.kscrecovery.org with open email link - info@kscrecovery.org
- Phone service including available anytime access to the Director.
- We host outreach events all over the city.
- We offer harm reduction training to any organization or individual that asks.
- We accept used syringes for disposal and will go out and offer disposal services as an outreach.
- We have working partnership relations with most organizations in our neighborhood. Such as the Community Kitchen, Monadnock Peer Support, Parenting Resources, Probation, Drug Court and Planned Parenthood.
- We support a volunteer program and many of the volunteers come directly from this neighborhood.
- We hold monthly open social events in the evening called "Recovery Rocks", that is open to anyone.
- We have Keene Serenity Center safety vests available, and we regularly go out into the local neighborhood and clean up the sidewalks around town. This happens as we have volunteers and usually on a weekly basis and has been a good chance to "show our face" in the neighborhood.

We have an internal ethics team that is available to handle concerns such as complaints. Any concern is investigated by our complete staff and together, we determine a course of action. We are also part of a larger Ethics committee that includes members from Harborcare and all 20 Recovery Community Organizations across the state.

Recovery Coaching and Peer support is about working towards building relations with others. We discuss how we represent ourselves in the community. Often, those coming out of active addiction and into Recovery have a lot to learn about how they fit in society, and we help come up with plans that include good neighbor relations. The best way to do this is by example. We are good neighbors.

We answer all public inquiries or complaints promptly and with an open mind.

We do not have any open cases or complaints.

02- 2024

Staff Training and Procedures Plan- CLSS

All staff and volunteers are required to complete training requirements at the time of onboarding.

Training includes-

- Code of Ethics
- Confidentiality & Non-Disclosure
- Code of Conduct
- HIPPA (42 CFR)
- Crisis Prevention Institute- (non- violent crisis management)
- Harm Reduction & Overdose Prevention
- General Fire Safety and Emergency Response.

The center always has a clear and defined responsible person in charge and a policy of 2 or more staff/ volunteers on site at all times.

State of New Hampshire

Board of Licensing for Alcohol and Other Drug Use Professionals

Authorized as

Certified Recovery Support Worker

Issued To

Todd A Schillinger

License Number: 0398
Active

Issue Date: 05/12/2022

Expiration Date: 06/30/2024

State of New Hampshire
Board of Licensing for Alcohol and
Other Drug Use Professionals

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License #: 0398
Issue Date: 05/12/2022
Expiration Date: 06/30/2024

OPLC Pocket Card; Cut on dotted lines

CRSW Training Series
February - March 2024

Feb 5-9: The Art & Science of Peer- Assisted Recovery (PAR)

Feb 15 & 16: Ethical Considerations in PAR

Feb 21: Suicide Prevention in PAR

Feb 22: HIV/AIDS/Hepatitis C in PAR

Feb 23: Co-Occurring Disorders in PAR

March 11, 12, 18 & 19: Motivational Interviewing: The Basics

Join us for the 6-course series or enroll in individual classes

Want to make a difference and enter the field of recovery work? Thinking about some professional training for the New Year? We've got you covered!

SOS offers the CRSW Training Series four times a year - which includes all the educational requirements needed to receive a CRSW license in NH. Our training program also can offer other courses that we teach at area hospitals and in partnership with other agencies.

Many of the participants who enroll in our CRSW Training Series are eager to give back to the field where they met peers who provided them with compassion, support, and resources. After completing training, they have gone on to pursue careers in recovery centers, treatment facilities, the Department of Corrections, recovery housing, and many other areas.

Our next CRSW Series kicks off in February and thanks to the generosity of New Hampshire Healthy Families, we have scholarships available. To apply for a scholarship for the entire series, use the link in the CRSW series course description. You may also register for individual courses. Scholarships are only available for the full series.

The Peer-Assisted Recovery curriculum, which includes five mandatory courses plus Motivational Interviewing has been developed by us and other experts in the field and is delivered by our team of highly qualified professional trainers.

By offering our courses on Zoom, we reach a wide audience, and we are also available to come to your agency or organization to train in-person. Visit our training website for full details about all of our courses, and if you have questions or would like to book a training for your organization, contact our Training Coordinator Eileen Doyle at edoyle@sosrco.org.

We look forward to assisting with your training needs and launching many more careers in Peer-Assisted Recovery in 2024!

Security Plan

Keene Serenity Center utilizes key lock doors with a limited number of key sets. The interior office and rest room doors are set to always lock upon closing. We have a rule of 2 or more staff/ qualified volunteers in the Center while open.

The Center holds regular scheduled office hours. M-F from 9:00 a.m. – 5:00 p.m.

All employees wear photo name tags at all times.

All staff must complete yearly non violent crisis intervention training. (CPI).

Staff involved in bi-weekly supervision meeting where security procedures are a topic.

All compliant files are kept in a locked office, within a locked cabinet.

Any computer holding secure information is password protected and held by a quailified member.

First aid kit is clearly labeled and located near the entrance. A staff member is charged with ensuring that it is stocked and ready.

Life Safety Plan- CLSS

Keene Serenity Center occupies a leased space at 24 Vernon Street, Keene, N.H. 03431. The lessor holds responsibility for offering a legal space to conduct business. Our landlord is.

Monadnock Peer Support

24 Vernon Street, Keene NH 03431

www.monadnockpsa.org Office: 603. 352.5093

The space has fire extinguishers, sprinkler system and alarm system that is inspected on a yearly basis. Documentation is kept on each extinguisher.

All emergency exits have an escape plan diagram that includes a meeting spot outside the facility. (corner of Elm and Vernon)

All staff are trained in emergency response.

Emergency Response Plan CLSS

All Keene Serenity Staff are trained in recognizing emergency and know to call 911 first in a crisis that threatens the immediate health and safety of those involved.

The appropriate contact information for police, fire and crisis management is clearly posted and all staff have access to several methods of contact, including cell phones, land lines and internet.

The Executive Director is to be notified immediately (Samuel L. Lake- sam.lake@kscrecovery.org, or 603-903-5903) Back up is Board Chair (Jennifer Griffey- jgriffey95@gmail.com or 408.309.8388 ,

Of any crisis or emergency.

Building and Site maintenance Procedures CLSS

Our space at 24 Vernon Street is leased by our landlord, Monadnock Peer Support and our lease contract states that basic internal responsibilities, such as notification of a problem or basic maintenance is the responsibility of Keene Serenity Center and all external and repairs are that of the landlord.

We take care of cleaning, light bulbs etc. The landlord in responsible for trash removal, winter maintenance including sidewalk, HVAC, electrical and plumbing.

KEENE

City of Keene, NH

1 inch = 69 Feet

0 69 138 207

November 13, 2023

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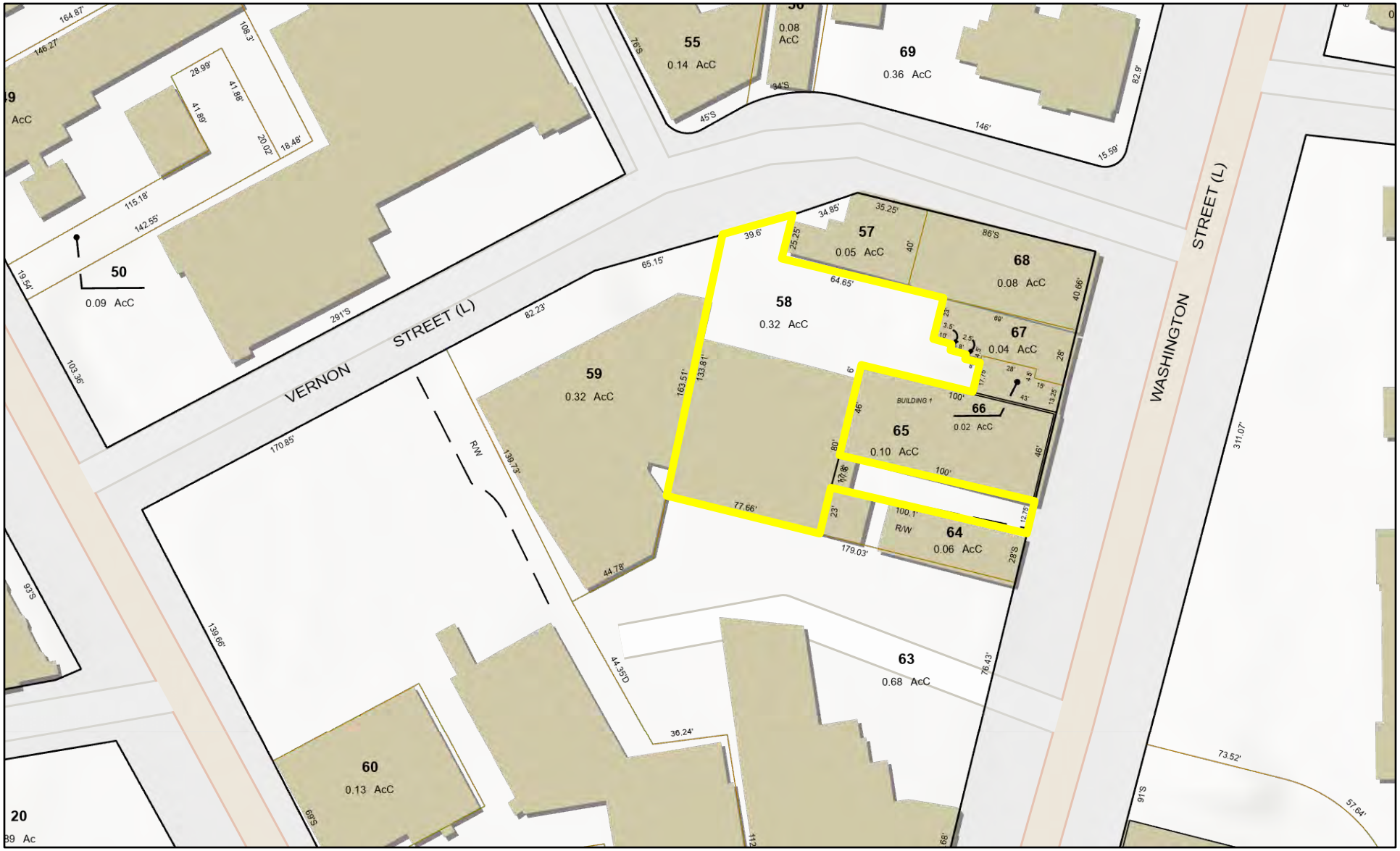

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