VOLUNTEER JOB DESCRIPTION

TITLE: Volunteer
RESPONSIBLE TO: Volunteer Service Manager and designated staff members

GENERAL RESPONSIBILITY: To further the Hospice of the Western Reserve mission through supporting patient and family members directly and indirectly through organizational support appropriately within agency standards.

ESSENTIAL FUNCTIONS:
- Communicate and work collaboratively with team members
- Honor time commitments and provide notification when a substitute is needed
- Complete appropriate documentation according to standards within 24 hours
- Maintain appropriate boundaries and confidentiality
- Maintain universal precautions where appropriate

REQUIREMENTS:
- Complete Volunteer Education
- Accept a minimum of 1 assignment per year
- Attend additional education for specialized roles
- Uphold Hospice of the Western Reserve mission and covenants
- Compliance with customer service standards
- Physically able to perform assigned tasks
- Maintain appropriate licenses & insurances where applicable
- Compliance with organization regulatory requirements
- Participate in a minimum of 2 education or support initiatives a year- if attending an event or educational offering outside of HWR, please provide verification that includes a summary, date and # of hours.
- Complete annual competency

RECOMMOTTMENT

- I understand that I have the opportunity to serve until such time as I no longer wish to volunteer or until it is felt that my services are no longer needed.
- If using professional licensure/certification, I will act within the scope of licensure/certification and will submit updated documents when warranted. I understand that I will not offer goods or services for personal gain.
- I agree to document all hours worked to support Hospice of the Western Reserve including but not limited to direct patient care in all setting and programs, inpatient unit assignments, clerical, community outreach, or special projects within 24 hours, forwarding all documentation to appropriate Volunteer Service Manager.
- I agree to respect the patient’s and family’s right to be accepted where and as they are. My issues will not become theirs and their issues will not become mine. Individuals will be treated with respect and dignity.
- I agree to notify appropriate Volunteer Service Manager regarding cancellation of scheduled commitment, change of address, phone or availability.
- I agree to have the choice of accepting or rejecting any assignments and may, at any time, feel free to withdraw my services on an assignment with explanation to appropriate Volunteer Service Manager.
- I agree to abide by the confidentiality component of this agency. I understand that any patient/family information, to which I have access to including but not limited to, team conference, staff consultation, home or in-patient unit visits or telephone contact, is privileged and shall be held in strict confidence. This information will only be shared with appropriate Hospice personnel.
- I understand that I am not entitled to any worker’s compensation benefits as a result of illness or injury related to volunteering for Hospice of the Western Reserve.
- I understand that my health/car insurance will be the primary in the event of injury or illness related to volunteering with Hospice of the Western Reserve.
- I agree that Hospice of the Western Reserve has the right to terminate my association with this agency if terms of this agreement are violated.
THE CORPORATE COMPLIANCE PLAN

- Hospice of the Western Reserve (Agency) must abide by all regulatory requirements.
- All paid and volunteer staff, and others acting on behalf of the Agency must abide by these requirements.
- The Corporate Compliance Plan (Plan) describes these requirements and your obligations.

STANDARDS OF CONDUCT

- Staff must perform duties in accordance with all applicable laws and regulations.
- If you suspect fraud or abuse or any other violation of law or regulation, you must report it to your supervisor.

CONFLICT OF INTEREST

- Any paid or volunteer staff, or other person acting on behalf of the Agency, must avoid a conflict of interest.
- Examples of conflicts of interest include:
  - Accepting money, gifts or other gratuities
  - Having financial interest in a company that provides services to the Agency.
  - Using Agency money or resources for personal use.

BRIBES AND KICKBACKS

- A Federal law known as the Stark Law prohibits payment for referrals.
- Payment is not always money:
  - Tickets to a movie, play or sports event
  - Jewelry, clothes, electronics
  - Free car or home repair
- Offering a bribe for referring patients is punishable by up to 5 years in jail and a $25,000 fine.

BILLING

- The Agency will never intentionally misrepresent any billing information, including:
  - Using incorrect patient or provider information
  - Billing for services or supplies not provided
- Unintentional errors will be corrected immediately
  - Overpayment will be refunded to the payor
  - Patients/families will be notified, as necessary

MARKETING

- The Agency will honestly represent itself.
- Patients/families will:
  - Be fully informed about the hospice benefit
  - Always be given freedom of choice to select their provider
- The Agency will never encourage revocation of the hospice benefit when a patient’s care becomes expensive.
• If you suspect a Federal or State law, a patient’s rights, or the best interests of the Agency have been violated, you must report it.
  o Contact: Mary Kay Tyler, Vice President of Quality
    17876 St. Clair Avenue, Cleveland, OH 44110
    216.486.6007
    mkttyler@hospicewr.org

Compliance Hotline Voicemail (confidential): 216.383.6688

Compliance email (confidential): compliance@hospicewr.org

A complete copy of the Corporate Compliance Plan can be found on the Current Volunteer page of the website

www.hospicewr.org

• Volunteer/Community
• Current Volunteers
  o Login: azpub\volunteer
  o Password: hospice#1
POLICY ON CONFLICTS OF INTEREST AND DISCLOSURE OF CERTAIN INTERESTS

This conflict of interest policy is designed to help directors, volunteers, officers, and employees of the Hospice of the Western Reserve, Inc. (herein after referred to as HWR) identify situations that present potential conflicts of interest and to provide HWR with a procedure that, if observed, will allow a transaction to be treated as valid and binding even though a director or employee has or may have a conflict of interest with respect to the transaction. In the event there is an inconsistency between the requirements and procedures prescribed herein and those in federal or state law, the law shall control. All capitalized terms are defined in Part 2 of this policy.

1. Conflict of Interest Defined. For purposes of this policy, the following circumstances shall be deemed to create Conflicts of Interest:

   A. Outside Interests.

      (i) A Contract or Transaction between HWR and a Responsible Person or Family Member.

      (ii) A Contract or Transaction between HWR and an entity in which a Responsible Person or Family Member has a Material Financial Interest or of which such person is a director, officer, agent, partner, associate, trustee, personal representative, receiver, guardian, custodian, conservator, or other legal representative.

   B. Outside Activities.

      (i) A Responsible Person competing with HWR in the rendering of services or in any other Contract or Transaction with a third party.

      (ii) A Responsible Person’s having a Material Financial Interest in; or serving as a director, officer, employee, agent, partner, associate, trustee, personal representative, receiver, guardian, custodian, conservator, or other legal representative of, or consultant to; an entity or individual that competes with HWR in the provision of services or in any other Contract or Transaction with a third party.

   C. Gifts, Gratuities and Entertainment. A Responsible Person accepting gifts, entertainment, or other favors from any individual or entity that:

      (i) does or is seeking to do business with, or is a competitor of Hospice of the Western Reserve, Inc.;

      (ii) or has received, is receiving, or is seeking to receive a loan or grant, or to secure other financial commitments from HWR;

      (iii) is a charitable organization;

under circumstances where it might be inferred that such action was intended to influence or possibly would influence the Responsible Person in the performance of his or her duties. This does not preclude the acceptance of items of nominal or insignificant value or entertainment of nominal or insignificant value that are not related to any particular transaction or activity of HWR.
2. Definitions.

A. A Conflict of Interest is any circumstance described in Part 1 of this Policy.

B. A Responsible Person is any person serving as a volunteer, officer, employee, or member of the Board of Directors of HWR.

C. A Family Member is a spouse, domestic partner, parent, child, or spouse of a child, brother, sister, or spouse of a brother or sister, of a Responsible Person.

D. A Material Financial Interest in an entity is a financial interest of any kind that, in view of all the circumstances, is substantial enough that it would, or reasonably could, affect a Responsible Person’s or Family Member’s judgment with respect to transactions to which the entity is a party. This includes all forms of compensation. (The board may wish to establish an amount that it would consider to be a “material financial interest.”)

E. A Contract or Transaction is any agreement or relationship involving the sale or purchase of goods, services, or rights of any kind, the providing or receipt of a loan or grant, the establishment of any other type of pecuniary relationship, or review of a charitable organization by HWR. The making of a gift or donation to HWR is not a Contract or Transaction.

3. Procedures.

A. Before board or committee action on a Contract or Transaction involving a Conflict of Interest, a director or committee member having a Conflict of Interest and who is in attendance at the meeting shall disclose all facts material to the Conflict of Interest. Such disclosure shall be reflected in the minutes of the meeting.

B. A director or committee member who plans not to attend a meeting at which he or she has reason to believe that the board or committee will act on a matter in which the person has a Conflict of Interest shall disclose to the chair of the meeting all facts material to the Conflict of Interest. The chair shall report the disclosure at the meeting and the disclosure shall be reflected in the meeting minutes.

C. A person who has a Conflict of Interest shall not participate in or be permitted to hear the board’s or committee’s discussion of the matter except to disclose material facts and to respond to questions. Such person shall not attempt to exert his or her personal influence with respect to the matter, either at or outside the meeting.

D. A person who has a Conflict of Interest with respect to a Contract or Transaction that will be voted on at a meeting shall not be counted in determining the presence of a quorum for purposes of the vote. The person having a conflict of interest may not vote on the Contract or Transaction and shall not be present in the meeting room when the vote is taken, unless the vote is by secret ballot. Such person’s ineligibility to vote shall be reflected in the minutes of the meeting. For purposes of this paragraph, a member of the Board of Directors of HWR has a Conflict of Interest when he or she stands for election as an officer or for re-election as a member of the Board of Directors.

E. Responsible Persons who are not members of the Board of Directors of HWR, or who have a Conflict of Interest with respect to a Contract or Transaction that is not the subject of board or committee action, shall disclose to the Chair or the Chair’s designee any Conflict of Interest that such Responsible Person has with respect to a Contract or Transaction. Such disclosure shall be made as soon as the Conflict of Interest is known to the Responsible Person. The Responsible Person shall refrain from any action
that may affect HWR's participation in such Contract or Transaction. In the event it is not entirely clear that a Conflict of Interest exists, the individual with the potential conflict shall disclose the circumstances to the Chair or the Chair's designee, who shall determine whether there exists a Conflict of Interest that is subject to this policy.

4. Confidentiality. Each Responsible Person shall exercise care not to disclose confidential information acquired in connection with such status or information the disclosure of which might be adverse to the interests of HWR. Furthermore, a Responsible Person shall not disclose or use information relating to the business of HWR for the personal profit or advantage of the Responsible Person or a Family Member.

5. Review of Policy.

A. Each new Responsible Person shall be required to review a copy of this Policy and to acknowledge in writing that he or she has done so.

B. Each Responsible Person shall annually complete a disclosure form identifying any relationships, positions, or circumstances in which the Responsible Person is involved that he or she believes could contribute to a Conflict of Interest arising. Such relationships, positions, or circumstances might include service as a director of or consultant to a not-for-profit organization, or ownership of a business that might provide goods or services to HWR. Any such information regarding business interests of a Responsible Person or a Family Member shall be treated as confidential and shall generally be made available only to the Chair, Chief Executive Officer, and any committee appointed to address Conflicts of Interest, except to the extent additional disclosure is necessary in connection with the implementation of this Policy.

C. This Policy shall be reviewed annually by each member of the Board of Directors. Any changes to the policy shall be communicated immediately to all Responsible Persons.
HOSPICE OF THE WESTERN RESERVE - HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY (HIPPA)

HIPPA WHO ADMINISTERS IT?

- The Health Insurance Portability and Accountability Act of 1996 (HIPPA) is a Federal Law that is administered by the Department of Health and Human Services, Office for Civil Rights (OCR)
- One of the OCR’s responsibilities is to protect patients’ right to confidentiality and privacy.

OCR ENFORCES THREE HIPPA RULES

1. **Privacy Rule**: Requires Protected Health Information (PHI) to be protected from unauthorized access and allows OCR to impose civil and criminal penalties
2. **Security Rule**: Sets national standards to secure electronic PHI (computers, thumb drives, etc.).
3. **Breach Notification Rule**: Requires healthcare organizations to notify OCR if the security of PHI has been violated.

WHAT IS PHI

- PHI is any information that could lead to identifying a particular patient
- There are 18 elements of PHI
- Breaching the confidentiality of only one element is a violation

THE 18 ELEMENTS OF PHI

1. Patient names
2. Addresses
3. All elements of dates (except year) and all ages >89 years
4. Telephone numbers
5. Fax numbers
6. Electronic mail addresses
7. Social Security numbers
8. Medical record numbers
9. Health/Insurance plan numbers
10. Financial account numbers
11. Certificate and license numbers
12. Vehicle identifiers, including license plate numbers
13. Medical device identifiers (implants, prostheses) and serial numbers
14. Personally owned website addresses
15. Internet Protocol (IP) address
16. Fingerprints and voice prints
17. Full-face images
18. Any other unique identifying number, characteristic, or code

COVERED ENTITIES

- Covered Entities (CE) are persons or organizations who bill for health care in the normal course of business.
- The CE and its paid and volunteer staff and business associates (contacted vendors) must abide by all HIPPA requirements.

REQUIREMENTS FOR COVERED ENTITIES

- PHI may be used without the patient’s consent only for treatment, payment or healthcare operations
- Only the minimum amount of PHI necessary to perform the work may be used
- Use of PHI for any other reason requires the patient’s consent
CONSENT AND PHI

Three instances when consent to use PHI is Not Needed:

1. Payment: To bill for services
2. Treatment: To provide health care to the individual, consult with other clinicians about the individual’s treatment, or send a copy of the medical record to a specialist or nursing facility who needs the information to treat the individual
3. Healthcare Operations: For example, preparing and sending data for quality programs (e.g., HIS and CAHPS, OASIS) or responding to a subpoena or other court or police order

OMNIBUS FINAL RULE

HIPPA was modified and strengthened in 2013 and combined with four federal laws called the Omnibus Final Rule.

1. HIPPA
2. HITECH – Health Information Technology and Economic and Clinical Health Act of 2009, which focuses on electronic medical records (e.g., Suncoast, Epic, Brightree) and increases requirements to protect PHI
3. GINA – Genetic Information Nondiscrimination Act of 2008, which forbids misuse of genetic information, particularly by insurers to limit or deny coverage based solely on a genetic profile
4. NPP – Notice of Privacy Practices, which requires healthcare organizations to notify patients of their right to privacy

NOTICE OF PRIVACY PRACTICES

- CEs are required to inform patients of their right to privacy.
- CEs are required to post the NPP on their websites
  - The NPP for Hospice of the Western Reserve is posted at http://www.hospicewr.org/privacy
  - The NPP for Hospice of Medina County is posted at http://hospiceofmedina.org/privacy-policy
- Patients may request an electronic copy or printed copy of the NPP.
  - Contact the Vice President of Quality for these requests.

NEW PROTECTIONS IN THE OMNIBUS

- A decedent’s PHI is protected for 50 years after death. Previously, death ended PHI protection
- Patients may agree to receive non-encrypted email communication, after being informed of the risk
- Business Associates are now equally liable for PHI and can be penalized the same as the CE
- CEs are their Business Associates may not sell PHI

WHAT CAN YOU DO TO HELP PROTECT PHI?

- Never leave PHI in a public area
- Discard PHI in Iron Mountain containers
- Never share your computer or Suncoast logins or passwords and always log out of Suncoast
- Always lock your computer before you walk away (Ctrl+Alt+Del)
- Promptly retrieve your documents from the printer
- When signing in at a facility, staff should sign their name and indicate Hospice of the Western Reserve in the patient name area
- Carry only the minimum amount of information when visiting a patient. All face sheets and patient information should be kept in a secure location and shredded at the end of an assignment.
- Never discuss patients in public or with anyone not directly involved.
- It is never permissible to share any information regarding the patient with anyone outside the team. If asked you should direct all inquiries to the patient and/or family.
REPORTING EMERGENCIES

Any staff member that learns of or observes an emergency situation will report it by calling: 216-298-0335 or internally x3822.

Emergencies that should be reported may affect a team, site or service area region and include:

- Natural disasters (developing or actual) including flooding, tornados, earthquakes, winter storms.
- Man-made including terrorist, bomb threats, accidents, fires, explosions, nuclear emergencies, active shooter, hostage situations, hazardous spills, public disturbances, robbery.
- Utility system failures.
- Technology system failures.
As part of being prepared for emergencies, Hospice of the Western Reserve, from time to time, will conduct drills where volunteer staff will be notified and updated via email and phone messages of a SIMULATED EMERGENCY. All drills will be prefaced with THIS IS A DRILL, THIS IS A DRILL, THIS IS A DRILL. The call will come from 216.255.9090.

EMERGENCY PLAN

Purpose
- To provide a plan to mitigate, respond to and recover from emergencies that may impact Hospice of the Western Reserve.

Location/Access to Plan
- The plan is contained in the RED BOOK and is available to all staff on the staff portal under Emergency/Safety tab
- The plan is also available on flash drives located at each site.

EMERGENCY RESPONSE TEAM (ERT)

The purpose of the Emergency Response team (ERT) is to develop, implement and evaluate agency emergency response and recovery plans.

EMERGENCY RESPONSE TEAM (ERT) COMMUNICATION

It is important that communication and coordination related to an emergency is done through the Emergency Response Team – we respond as an agency.

Leadership and Management Team members, and their designees, should identify the ERT Coordinator who has responsibility for the area they need assistance with, then communicate and collaborate with them directly.

EMERGENCY RESPONSE TEAM (ERT) COORDINATOR ROLES

- Emergency Response Team
- Clinical Staff Resources
- Internal & External Messaging & Communications
- Relocations and Evacuations
- Human Resource Needs
- Clinical Supplies, Equipment, and Support Services
- Information and Technology
- Administrative Needs
- Volunteer Resources
- Team Assistance

Detailed descriptions of each role and responsibilities can be found in the Red Book on the Employee Portal.

PAID AND VOLUNTEER STAFF ROLES AND RESPONSIBILITIES

- Contained within each Emergency Plan
- Summarized in Emergency Preparedness Roles and Functions - Individual and teams (Section ROL.2)
- May be directed by Local Emergency Response Coordinator (Section ROL.1)
- May be directed by ERT (Emergency Response Team)
WHAT IS AN EMERGENCY?

- **Natural disasters** - Includes flooding, tornados, earthquakes, winter storms.
- **Human-made disasters** - Includes bomb threats, terrorist actions, accidents, fires, explosions, nuclear emergencies, active shooters, hostage situations, chemical spills, public disturbances, robberies.
- **Utility System failures** - Includes power outages, telephone system failures, sewer system failures, heating and cooling system failures, natural gas failures.
- **Technology failures** - Includes internet access, network access, software program access computer system or software failures.

COMMUNICATED AN EMERGENCY EMERGENCY REPORTING NUMBER

Call 216.298.0335 (ext.3822)

Information found on the Emergency Reference Card:

- For paid staff the Emergency Response card can be printed from the Emergency/Safety tab on the staff portal
- Each paid staff member is responsible for having a copy of this with them
- For volunteer staff the Emergency Response card can be printed from the current volunteer page of the website
- Volunteer Staff should report emergencies to the Emergency Reporting number

COMMUNICATION DURING EMERGENCIES

The Emergency Response Team’s main system for communication during emergencies is the One Call Now System. This system allows for text, email and voice messages.

ACTIVE SHOOTER AND/OR VIOLENT PERSON

**LOOKING AT HOW TO TAKE THREATS SERIOUSLY AND HOW TO REPORT THREATS**

Hospice of the Western Reserve and Hospice of Medina County do not tolerate verbal or physical threats or aggression.

Any threats of violence should be taken seriously and reported immediately to a supervisor. This includes those involving patients and families as well as paid and volunteer staff.

PREVENTING & REDUCING RISKS

- Screening for and communicating risks
  - Communicate patient or family member threats or potential for violence through red alerts in our electronic medical record, through written hand off communication and through direct and timely verbal communications
  - Team Leaders, Supervisors, Directors, Human Resources and Emergency Response Team should be notified of any potential threats of violence due to disgruntled paid and volunteer staff or domestic violence
- Securing sites/controlled access to sites
  - Ensuring that our badge access systems are utilized to control access by non-paid and non-volunteer staff (visitors)
  - Never propping open secured doors
  - Not opening doors for anyone that cannot state their reason for/who they are visiting, including visitors to our inpatient units
  - All vendors working in our building should be identified. Those without authorization/identification should not be permitted access
  - All visitors, including paid and volunteer staff from other sites, are required to sign in and out at all sites
• Utilizing security
• Following Facility and Community Safety plans
• Education and drills

The agency may send out communications to avoid a site or area of the community if threats or potential for violence have been determined. The agency may limit or restrict visitors to a site or one of the IPU’s when the potential for violence has been assessed.

ACTIVE SHOOTER/VIOLENT PERSON

• **Who** – Individuals engaged in killing or attempting to kill people in a confined and populated area
• **What** – Most often use firearms but may use other types of weapons; no pattern or method to their selection of victims, and incidents happen quickly and are over within 10-15 minutes
• **Where** – Anywhere, often unpredictable
  - Churches, schools, malls, public events, work places

IMPORTANT INFORMATION TO REMEMBER ABOUT RESPONDING TO ACTIVE SHOOTER/VIOLENT PERSON

• Be aware of your surroundings and environment and any possible dangers
• Note where the two nearest exits are located in any facility you are working in

IMMEDIATE RESPONSES: COMMUNICATE TO LAW ENFORCEMENT

**Call 911**

• As soon as possible/feasible while protecting and ensuring your own safety
• Don’t assume someone else has/will
• If you can’t talk, keep line open so dispatcher can hear what is going on

What to communicate

• Location (site, floor, office, etc.)
• Shooter/violent person(s) description (height, clothes, features, etc.)
• Shooter/violent person(s) location (site, floor, office, etc.)
• Number and type of weapons if known
• Number of victims if known

IMMEDIATE RESPONSES: COMMUNICATE THE EMERGENCY

Notify others in area

• Verbal communication of active shooter/violent person as you are ensuring your own safety
• Panic buttons (at the IPUs and HQ reception areas)
• Phone paging/system/overhead paging system
  - Use “Active Shooter/Violent Person in building” and provide location
  - State it 3 times

Notify agency emergency response number as soon as you are safe, and it is feasible.
IMMEDIATE RESPONSES: THREE ACTIONS!

Run, Hide, Fight

IMMEDIATE RESPONSES: RUN

- Evacuate
  - If there is an accessible escape path, regardless whether others agree to follow
  - Help others escape if it is possible. Do not attempt to move wounded people
- Leave belongings behind
- Prevent individuals from entering area
- Call 911 when you are safe
- Follow instructions of law enforcement – Be sure to keep hands visible at all times
- Meet at designated area(s)
  - Account for patients, visitors, paid and volunteer staff
  - Determine who may still be in the building
    - The site’s local emergency response coordinator (typically a team leader or their designee) will be responsible for accounting for those who were in the building. This will help the local law enforcement in determining who else may be left in the building that they need to search for or rescue.

IMMEDIATE RESPONSES: HIDE

- If escape is not possible, hide in area you would less likely be found/seen
  - Be out of the shooter/violent persons view
  - Where walls might be thicker, and the room has fewer windows
  - Ideally, where you aren’t trapped or options for movement are restricted
  - Hide along the wall closest to the exit but out of view from the hallway or common areas. This would allow you to ambush the attacker and then escape
- Lock and barricade the door to the room or fire doors in hallways
- Lock windows and close window coverings/drapes/blinds
- Silence cell phones/pagers – turn off sources of noise (TV’s, radios, etc.)
- Hide behind large items, then remain calm and quiet
- Call 911 if possible to alert police to your location; if you cannot speak, leave line open so dispatcher can listen
- Remain in place until law enforcement gives the all clear

IMMEDIATE RESPONSES: HIDE BARRICADES AND SECURING DOORS

Place furniture against door(s) and/or jam chair under door handle/knob to prevent door from opening.

Use belt, rope or electrical wire to secure door handles:

- Door handles may need to be secured to a piece of furniture being used to barricade the door to prevent entry
- For doors with door closers, the arm/hinge of the door closer can be tied so that it will not expand preventing the door from opening

IMMEDIATE RESPONSES: FIGHT

As a last resort and only when your life is in imminent danger. If this step is taken it is important that you fully commit to your decision and actions.
Disrupt or incapacitate shooter/violent person:

- By acting aggressively as possible against the attacker
- By throwing items, such as chairs or fire extinguishers at the attacker
- Improvising weapons to use against the attacker
- Yelling to distract them
- Creating a disturbance to distract them

WHAT TO EXPECT FROM FIRST RESPONDERS

- Rapid Response Team (police) will arrive first once 911 is called. This will consist of 2-4 officers.
- Will proceed to location where shots were/are being heard
- May use pepper spray or tear gas to control situation
- May shout commands and may push individuals to ground for their safety
- Will not stop to help injured persons. Rescue teams will follow to treat and remove injured persons. They may ask able-bodied persons to assist with removing the wounded.
- **Goal is to neutralize the active shooter/violent person and secure area/building**

First Responders will set up perimeter and staging area for other law and safety personnel.

They will need:

- To meet with agency/representative upon arrival. This should be the local emergency response coordinator or their designee, on-site security staff. If these staff are not available, then any staff member should provide the following:
  - Current floor plan. These are located throughout each site/facility and can be removed from the wall.
  - The location of the shooter
  - Access to cameras if available
  - Description of shooter/violent person
  - Type and number of weapons

WHAT YOU MUST DO WHEN POLICE ARRIVE

Remain calm, follow their instructions, and keep your hands visible at all times.

- Put down anything in your hands
- Raise hands and spread fingers

DO NOT:

- Make quick movements towards law enforcement personnel
- Point, yell/scream or try to hold onto law enforcement personnel
- Stop officers to ask for help or directions.

Evacuate in the direction from which officers are entering and proceed to designated gathering area – remain there until law enforcement personnel instruct you to leave.

Remain in gathering area until situation is under control:

- All witnesses will be identified and questioned
- Injured will be transferred to medical care
- Evacuation will begin - this takes time as they search the building/surrounding area
- A member of law enforcement may be assigned to stay with patients and staff attending to them until evacuation occurs
**LOCAL EMERGENCY RESPONSE COORDINATOR**

Account for all patients, visitors and paid and volunteer staff:

- Use available sign in/out sheets, census sheets, or verbal confirmation by staff present in gathering area
- Determine who is still in the building
- Ensure that no one leaves area until released by law enforcement
- Use *Employee and Volunteer Tracking Logs* found in the Red Book
- Use *Patient and Family Communication Triage Logs* found in the Red Book

Provide information to law enforcement on who is still in building and approximately where they may be if known.

- Maintain ongoing communication with the Emergency Response Team
- Assist with evacuation/transfer once permitted by law enforcement
- Keep in mind that the site is now considered a crime scene

**EMERGENCY RESPONSE TEAM (ERT)**

The ERT will be activated immediately and a member of law enforcement will be assigned to join ERT, they will

- Provide access to cameras
- Provide facility information
- Collaborate with Marketing & Communications Team
- Assist with accessing local resources, such as crisis response teams

They will also collaborate with Human Resources to notify victim’s families

**RECOVERY**

The ERT will be responsible for ensuring that actions are put in place to aid individuals and the organization in recovering from the event.

- Ensuring that all patients, visitors, paid and volunteer staff have been released from the site or evacuated to a safe location
- Ensuring that the site has been secured
- Collaborating with law enforcement and community crisis intervention specialists to notify the families of victims
- Ensuring a crisis intervention plan and resources are in place for patients and families impacted by the incident
- Managing media inquiries and presence at the site
- Assigning a project manager responsible for coordinating site activities needed to return to normal operations

A complete copy of the Active Shooter/Violent Persons Plan and Emergency Response Card is available on the Current Volunteer page of the website

[www.hospicewr.org](http://www.hospicewr.org)

- Volunteer/Community
- Current Volunteers
  - Login: azpub\volunteer
  - Password: hospice#1
OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION (OSHA)

- OSHA is a government agency. It was created to promote safe and healthy working conditions for employees.
- Examples of what OSHA sets standards for include building safety, equipment safety, product safety (this is why every product used in the agency must have a Safety Data Sheet or SDS), safe work practices including respiratory protection, use of appropriate personal protective equipment and education including annual bloodborne pathogen exposure education.

OSHA INSPECTIONS

- OSHA inspections are conducted without advanced notice. They may be on-site, or an investigation may be conducted by phone or fax.
- The compliance officers are highly trained to recognize unsafe conditions or work practices (No food or uncovered drinks in potentially contaminated areas, such as team/nursing stations or patient areas). The law requires that hazards be cited.
- Violations are categorized as other-than-serious, serious, willful, repeated, and failure to abate.
- Penalties may range up to $7,000 for each serious violation and up to $70,000 for each willful or repeated violation.

WHO IS RESPONSIBLE FOR PREVENTING THE SPREAD OF INFECTION?

- All paid and volunteer staff are responsible for preventing and controlling the spread of infections.

TUBERCULOSIS CONTROL PLAN: PREVENTION AND STAFF SCREENING

- Hospice of the Western Reserve’s Tuberculosis Screening Plan can be found in section III of the Infection Control Manual
- A copy of the Infection Control Manual is available on the Infection Control page of the Employee Portal.
- Volunteers can ask the Volunteer Team’s Resource Nurse for a copy.

WHAT IS TUBERCULOSIS?

- Tuberculosis (TB) is a disease that is spread from person to person through the air. TB usually affects the lungs. The germs are put into the air when a person with TB of the lung coughs, sneezes, or spits. TB can also affect other parts of the body, such as the brain, the kidneys or the spine.
- According to the World Health Organization Tuberculosis (TB) is one of the top 10 causes of death worldwide.
- In 2016, 10.4 million people around the world became sick with TB disease. There were 1.7 million TB-related deaths worldwide.
- Drug surveillance data show that of the estimated 600 000 people developed MDR-TB in 2016, and 240 000 people died.
- The estimated number of people falling ill with TB each year is declining, although very slowly.

ACTIVE TB VS. LATENT TB

- People with active TB disease usually have one or more of the symptoms of TB caused by the bacteria that is active in their body. General symptoms may include weakness or feeling sick, weight loss, fever, and night sweats. Symptoms of TB of the lungs may include cough, chest pain, coughing up blood. Other symptoms depend on the particular part of the body that is affected. People with active TB are capable of giving the infection to others. They are generally prescribed medications to treat the disease.
• People with latent TB infection (without disease) have the germ that causes TB in their body, but it lies inactive. They have no symptoms and cannot spread the germ to others. However, these people may develop active TB in the future. Medication is often prescribed for these people to prevent them from developing TB disease.

**STAFF SCREENING – MANTOUX TUBERCULIN SKIN TESTING**

• Hospice of the Western Reserve (HWR) requires a 2-step skin test for new volunteers that have patient contact. If you can provide a documented test within 12 months, a 1-step will be performed.

• Annual skin tests are only administered for patient care volunteers who volunteer 100 hours or more in a revolving calendar year in certain patient care settings; nursing homes, assisted living facilities, hospice inpatient units and hospitals.

• Positive skin test converters will be required to provide a health survey and a baseline chest x-ray prior to their initial assignment.

**TB AND RESPIRATORY PRECAUTIONS**

• Volunteers will not be caring for patients with active TB as all staff who do so MUST wear a NIOSH approved N95 particulate filter respirator that protects them when caring for the patient with active TB.

**BLOODBORNE PATHOGEN EXPOSURE CONTROL PLAN: EXPOSURE IN THE WORKPLACE**

• Hospice of the Western Reserve’s Exposure Control Plan can be found in section II of the Infection Control Manual. A copy of the manual is available on the Infection Control page on the Employee Portal.

• The Infection Control Bloodborne Pathogen practice and procedure can be accessed on the Employee Portal.

• A link to the OSHA Blood Borne Pathogen standard (29 CFR 1910.1030) can be found on the Infection Control page on the Employee Portal.

• Volunteers can ask the Volunteer team’s resource nurse for a copy

**EXPOSURE RISKS EXIST IN ALL HEALTHCARE SETTINGS**

• Clinical volunteers (Other than Hands on Care or Feeding Volunteers) are at a lower risk for exposure to blood or other potentially infectious materials that may cause disease, but it is always important to be aware of your surroundings.

**PATHOGENS OF PRIMARY CONCERN**

• Hepatitis B virus (HBV)
  o Is a liver infection caused by the Hepatitis B virus (HBV).
  o Is transmitted when blood, semen, or another body fluid from a person infected with the Hepatitis B virus enters the body of someone who is not infected.
  o For some people, hepatitis B is an acute, or short-term, illness but for others, it can become a long-term, chronic infection.
  o Chronic Hepatitis B can lead to serious health issues, like cirrhosis or liver cancer.
  o The best way to prevent Hepatitis B is by getting vaccinated.
    • Hospice of the Western Reserve offers the Hepatitis B Vaccination free of charge to direct patient care paid and volunteer staff.
    • New Volunteers receive information about the Hep B vaccination series during orientation.
    • Contact the Volunteer Team’s Resource Nurse for more information - Joan Ibbett RN, P 216-255-9059
• Hepatitis C virus (HCV)
  o Is a liver infection caused by the Hepatitis C virus (HCV).
  o For some people, hepatitis C is a short-term illness but for 70%–85% of people who become infected with Hepatitis C, it becomes a long-term, chronic infection.
  o Chronic Hepatitis C is a serious disease that can result in long-term health problems, even death. The majority of infected persons might not be aware of their infection because they are not clinically ill.
  o There is no vaccine for Hepatitis C. The best way to prevent Hepatitis C is by avoiding behaviors that can spread the disease.
  o Adults born during 1945–1965 should receive one-time testing for the hepatitis C virus (HCV) without prior ascertainment of HCV risk (Strong Recommendation, Moderate Quality of Evidence).

• Human immunodeficiency virus (HIV)
  o Enables the body’s immune system until it is no longer capable of fighting infection.
  o Once a person becomes immunocompromised, he or she can exhibit symptoms of weight loss, persistent low-grade fever, night sweats, and flu-like symptoms.
  o The person is also more vulnerable to pneumonias, intestinal disorders, and fungal infections.

EXPOSURE WHEN VOLUNTEERING WITH PATIENTS

• If you are visiting your patient and they have a sudden nose bleed or serious fall that you assist with and they get a cut.
• Spill of blood or body fluid.
  o For small spill you have the spill kit in your OSHA kit or have family/staff clean up.
• Needle prick if used needle left laying around.
• Contact with open wound.
  o If you notice an open wound or dressing that is soiled or coming loose notify a staff member to take care of it.
• If you are assisting with or cleaning the environment
  o Sharps have been found in linens and lying hidden on tables or nightstands
  o Wound dressings or used tissues may be laying about
  o Surfaces may be contaminated, remember...HBV can live in dried blood on surfaces for 7 or more days
  o Contaminated materials and sharps may be in the trash
• If you are performing or assisting with personal care of a patient or changing soiled linen (Hands on Care/Feeding Volunteers only- this requires additional training)

CDC RECOMMENDATIONS FOR POST-EXPOSURE EVALUATION AND FOLLOW-UP

• If an exposure to blood or OPIM from a patient should occur, complete the following:
• Immediately following an exposure:
  – Wash needle sticks and cuts with soap and water
  – Flush splashes to the nose, mouth, or skin with water
  – Irrigate eyes with clean water, saline, or sterile irrigants
  – No scientific evidence shows that using antiseptics or squeezing the wound will reduce the risk of transmission of a bloodborne pathogen. Using a caustic agent such as bleach is not recommended.
• Report the exposure to the supervisor for that patient immediately. Prompt reporting is essential because, in some cases post-exposure treatment may be recommended, and it should be started as soon as possible. Discuss the possible risks of acquiring HBV, HCV, and HIV and the need for post-exposure treatment with the provider managing your exposure.

The Bloodborne Pathogen Exposure (Sharps Injury) Practice can be found in the practice and procedure manual on the Employee Portal. –volunteer would be instructed by the supervisory.
SIGNS AND LABELS

- This agency employs the following signs and labels:
  - In the inpatient care centers, patients, family members, and visitors are instructed about the importance of hand hygiene. Signs are placed in various locations where they can be seen (reception area, outside of patient’s rooms identified to have an infection) and hand sanitizer and hand washing facilities are available.
  - In the inpatient care centers, a butterfly will be placed on the door frame of patients identified to have infections requiring additional precautions (Standard Precautions are used with all patients). Signs to see the nurse before entering may also be placed on the door, as appropriate.
  - As required by OSHA, signs with the Biohazard symbol will be clearly affixed to containers of Biohazard or Regulated Infectious Waste, refrigerators or coolers containing blood or other potentially infectious materials, and other areas/containers used to store, transport, or contain blood or other potentially infectious materials.
  - Red bags may be used to contain infectious or regulated medical waste, including waste contaminated with blood or other potentially infectious materials.

WAYS TO PROTECT YOURSELF FROM EXPOSURE IN THE WORKPLACE

- **Standard precautions** will be utilized in the care of all patients receiving care from Hospice of the Western Reserve, regardless of their diagnosis or presumed infection status.
- Use of all engineering controls, appropriate use of PPD and adherence to agency practice and procedures.
- Contaminated needles and other contaminated sharps must not be bent, recapped, removed, sheared or purposely broken. **Volunteers should not be handling needles.**

STANDARD PRECAUTIONS

- Hand hygiene is the best way to control the spread of infection!
  - Artificial nails, wraps, and extenders are not allowed to be worn by those with direct patient care. You will be asked to remove them.
  - Remember gloves do not replace hand hygiene!
- Respiratory Etiquette
  - Simply put, cover your coughs and sneezes! The preferred method is to cough or sneeze into your sleeve - less germs are spread into the environment and less contamination occurs.
  - If you use your hands or a tissue to cover your cough or sneeze, dispose of the tissue and clean your hands immediately.
- The use of personal protective equipment (PPE), which includes gloves, gown, and mask or face shield as needed for the type of interaction you plan to have with the patient
- Use PPE when you can reasonably anticipate the potential for exposure

  **Remember if visiting a patient in their own home to carry your OSHA kit into your visit**
TRANSMISSION BASED PRECAUTIONS

• Contact:
  o Presence of stool incontinence (may include patients with norovirus, rotavirus, or *Clostridium difficile*), draining wounds, uncontrolled secretions, pressure ulcers, or presence of ostomy tubes and/or bags draining body fluids
  o Presence of generalized rash or exanthems
  o PPE use:
    o Wear gloves when touching the patient and the patient’s immediate environment or belongings
    o Wear a gown if substantial contact with the patient or their environment is anticipated

• Droplet:
  o Respiratory viruses (e.g., influenza, parainfluenza virus, adenovirus, respiratory syncytial virus, human metapneumovirus)
  o Bordetella pertussis
  o For first 24 hours of therapy: *Neisseria meningitides*, *group A streptococcus*
  o PPE use:
    o Wear a facemask, such as a procedure or surgical mask, for close contact with the patient; the facemask should be donned upon entering the exam room
    o If substantial spraying of respiratory fluids is anticipated, gloves, gown and face shield should be worn

• Airborne
  o Tuberculosis
  o Measles
  o Chickenpox (until lesions are crusted over)
  o Localized (in immunocompromised patient) or disseminated herpes zoster (until lesions are crusted over)
  o PPE use:
    o VOLUNTEERS DO NOT SEE THESE PATIENTS AS A SPECIAL MASK IS REQUIRED (a fit-tested N-95 or higher level disposable respirator).
    o VOLUNTEERS DO NOT SEE THESE PATIENTS (If substantial spraying of respiratory fluids is anticipated, gloves and gown as well as goggles or face shield should be worn)

HWR RESOURCES

• A complete description of the Hospice of the Western Reserve OSHA Blood Borne Exposure Control Plan can be found in the Infection Control Manual on the Employee Portal.
• A link to the OSHA blood borne standard is available on the Infection Control page (under links) of the Employee Portal.
• Specific clinical practices including hand hygiene, standard and transmission-based precautions, bloodborne pathogen exposure and techniques for applying PPE can be found in the Clinical Practice Manual on the Employee Portal.
• Volunteer can ask the Resource Nurse for the Volunteer for this information if desired.

ADDITIONAL CDS RECOMMENDATIONS FOR STAFF

• Stay home if you are sick. If you have a fever, you should not return to work until 24 hours after the fever has gone. If you have had the “stomach flu” or “GI bug” with nausea, vomiting, and/or diarrhea, you should not return to work until at least 48 hours after the last episode of vomiting or diarrhea.
• Get your annual flu shot! The influenza vaccination protects you, patients, your co-workers and your family from complications from influenza!
• Get other vaccinations as recommended by the CDC and your physician, for example, Hepatitis B, Varicella (chicken pox), MMR (measles, mumps, rubella), Pertussis (whooping cough), and Varicella zoster (shingles).
**ONLINE RESOURCES**

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<tr>
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<td><a href="https://www.osha.gov/">https://www.osha.gov/</a></td>
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<td><a href="http://www.odh.ohio.gov/">http://www.odh.ohio.gov/</a></td>
<td>Ohio Department of Health</td>
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ABUSE/NEGLECT: PROCESS OF IDENTIFYING AND REPORTING SUSPECTED OR WITNESSED ABUSE/NEGLECT

LEVEL OF RESPONSIBILITY

All Staff

PURPOSE

To ensure the safety of all patients by identifying and reporting observed or suspected abuse and/or neglect while adhering to state law.

PROCEDURE

1. If staff witness or suspect abuse and/or neglect they will immediately notify their team leader or supervisor on-call and provide the related assessment and observations.
2. If an HWR employee witnesses or is given a report of alleged abuse in a facility:
   a. The family will be encouraged to discuss concerns with the Director of Nursing(DON) and Administrator at the facility.
   b. The Director of Access to Care or designee will be immediately notified by the team leader.
   c. Team Leader/Supervisor will instruct employee as to who should be given a verbal report of this at the facility (i.e. supervisor, DON, administrator).
   d. Facility staff members should be requested to accompany HWR staff to assess and interview the resident, looking for details, bruises, injuries, and other forms of abuse/neglect.
   e. The Director of Access to Care or designee will contact the DON once all information is gathered and no later than 24 hours:
      i. To discuss the possible abuse and information gathered by HWR staff
      ii. To ascertain whether an investigation has taken place
   f. If the facility is investigating or reported the incident, HWR staff will work collaboratively with the facility and continue to assess the patient for safety, updating the Team Leader of findings.
   g. In the case where DON or facility staff does not respond after contact by HWR, the Chief Clinical Officer or designee and the Chief Marketing and Communications Officer will be notified.
      i. The Team Leader or the Director of Alt Home will contact Administrator of the facility for further discussion
      ii. If the concern of abuse/neglect has not been satisfactorily investigated by the NF per discussions with the Administrator/and or DON, Ohio state law requires that a report be made to the Ohio Department of Health.
1. The facility administrator, and applicable corporate offices affiliated, will be notified the Ohio Department of Health (ODH) will be notified of suspected abuse/neglect
2. Contact is made by the Chief Clinical Officer/designee
3. ODH is notified via submission of a complaint form at Complaint Form
4. Questions may be directed to ODH at 1-800-342-0553

3. In home care
   a. Reporting of the suspected abuse and/or neglect is completed by the concerned staff member within 24 hours.
   b. Any discipline may make the report
   c. Anonymous reporting may be warranted to protect the relationship with the patient and family while also acting on behalf of the patient to maintain safety.
   d. The patient’s physician will be notified of any reports and updated on patient condition and any results of the report.
   e. If there is an active county case
      i. Notify designated hotline and not the caseworker.
      ii. The protective service supervisor may be requested if there is difficulty in reporting.

4. Ongoing
   a. The clinical team will continue to evaluate patient safety at all visits.
   b. Family meetings may be warranted for collaboration and ongoing training.
   c. Discussion of reporting outcomes will be provided at all team conferences and as new information is obtained

5. At the time of death, the protective service agency will be notified if the case is active or was active within the past year.

### DOCUMENTATION

QA form will be completed by the Team Leader

Documentation including phone calls will be completed in the plan of care, Initial & Comprehensive Form, and Abuse/Neglect/Exploitation Report From in the EMR.

Abuse/Neglect/Exploitation report form under collaboration/referral will be completed per agency standards
LEVEL OF RESPONSIBILITY

All Staff

PURPOSE

To respond to any patient/family member or primary caregiver expressing or verbalizing suicidal/homicidal ideation, to meet safety needs, to address the individual’s psychosocial wellbeing and to establish positive coping mechanisms.

PROCEDURE

(There are several procedures dependent upon the situation II thru VI.)

I. Important Guidelines in the Assessment of the Suicide/Homicide
   A. Establish rapport with assurances of help and concern.
   B. Identify and clarify the current problem. *Keep the conversation focused on the current crisis. Persons in crisis may be confused, upset, and inarticulate. Keep focused.*
   C. Evaluate suicide/homicide potential *Gather information about the severity of the situation, do not question the person in such a way as to make it appear you are filling out a questionnaire.*
   D. Assess available resources and individual strengths. *Assess who is immediately available.*
   E. When able utilize the Social Worker to assist with assessment/evaluation.
   F. Develop a concrete plan. (See II C below.)

II. Suicide/Homicide Thoughts or Threats
   An individual may indirectly express the desire to end their life long before they have begun to formulate a plan. They may not use the word “suicide” directly. They may just be beginning to conceptualize that dying slowly is something that they find intolerable, or a bereaved family member may feel they can no longer go on with life without the hospice patient that has or is beginning to die. *It is important not to minimize these thoughts, but to further assess intent.*
   
   A. Attempt to engage the individual in a conversation. Appropriate questions include:
      1. Have you thought of harming yourself or another?
      2. How long have you been considering this?
      3. Have you told anyone about this?
      4. Do you have a plan? What is it?
B. Explore past suicide/homicide history including ideation and actual attempts.
C. Establish a concrete plan.
   1. Determine if the patient/caregiver feels safe at this moment.
   2. Mobilize resources of support, i.e. relatives, significant others, friends, behavioral health professional (if someone is receiving outpatient behavioral health services, the provider should be contacted) and/or clergy.
   3. Consider developing a contract, written or verbal with the patient/caregiver tailored to meet the needs of a specific situation. Ensure that the individual/caregiver involved have phone numbers to meet support needs. Specifics may include:

**Patient/caregiver responsibilities if thoughts continue to escalate:**

A. Call others in their defined support system.
B. Call HWR.
C. Call the local support services:

1. Cuyahoga County Mobile Crisis: 216-623-6888
2. Lake County Crisis Hot Line: 440-953-8255 or 1-800-411-0103
4. Summit County Crisis Hotline: 330-434-9144
5. Lorain County Crisis Services: 1-800-888-6161
6. Ashtabula County Hope Line: 1-800-577-7849
7. Ashtabula County North Coast Center: 440-992-8552
8. Portage County, Coleman Professional Services: 1-877-796-3555
10. Trumball County 330-393-1565
11. Medina County Alternative Paths: 330-725-9195
12. National Suicide Prevention Lifeline: 800-273-8255
13. National Crisis TEXT Lie: 741741

**Team Responsibilities:**

A. Inform Team Leader/Supervisor and primary team members.
B. Notify triage/on-call supervisors of situation and the need for a follow up call/and or visit.
C. Social Worker/Counselor will contact patient/caregiver within 24 hours for support, assessment of situation and establish the potential for increased supportive services and interventions.
III. Direct Suicide/Homicide Threat with a Plan

A. Assess the viability of the plan including the availability of means i.e. weapons and/or medications. An assessment should include a history of previous attempts psychiatric history, and treatments, past and current if available. If there is a history, the patient’s present mental health counselor should be contacted and be a supportive resource.

B. Ask family, significant other, etc. to remove means to a place inaccessible to the individual expressing threat.

C. In the case of a suicidal individual, notify supportive resources including family, MD, HWR team members, Team Leader/supervisor, friends, behavioral health professional and clergy. If the means to carry out the threat has not been removed, be sure to include this information when speaking with above members.

D. In the case of a homicidal plan in which weapons are available, notify Team Leader/supervisor and the area police.

E. Inform the patient/caregiver that help is being called, and discuss the proposed plan. Establish a contract, which may include a need for immediate hospitalization and/or referral to a mental health agency.

F. Make sure back-up support has arrived before leaving the situation. If staff feel threatened or unsafe, they are to call for back-up support, call Security Services or leave premises, and call appropriate authority.

IV. Suicide/Homicide Attempt

If a patient/caregiver indicates that an attempt has been made, immediate action is imperative. Once an attempt has been made, it is probable that another attempt will occur.

A. If either a suicide or homicide attempt has just occurred, medical attention and safety should take priority. Call 911 immediately, and then Team Leader/Supervisor who will then contact the Director of Home Care, Director of Access to Care and the Chief Clinical Officer.

B. Mobilize support systems including family, MD, behavioral health professional friends, clergy, and the HWR team.

C. Establish a concrete plan with individuals involved as previously discussed in Procedures II and III.

V. Completed Suicide/Homicide

A. Call 911

B. Notify Team Leader/Supervisor who will then notify: Chief Clinical Officer, who will notify the Chief Executive Officer, and the Chief Strategic Officer.

C. Notify Bereavement Center Coordinator of situation for immediate intervention with family/caregiver and debriefing support for all primary team members and site staff.

D. HWR staff or Families can contact Bio Clean Services at 1-800-901-2988 or Carrara Company at 216-236-5881 for assistance with clean up in the home if needed.
VI. Guidelines for Telephone Intervention

Information about suicide ideation may come over the telephone rather than in person.

A. In the case of suicide/homicide thoughts or threats from an HWR patient or family, follow the steps in Procedures II and III. If a caller is not an HWR patient or family member, see Guideline for Crisis Call for Unknown Individual. **Make a face-to-face visit with the individual within a 24-hour period. Have another team member at the face to face, if desired for increased safety measures.**

B. In the case of an actual suicide/homicide attempt:

1. Verify address and phone number.
2. Ask that the door be unlocked in case the individual passes out before help arrives.
3. **Call 911.** If someone else is available, have him or her call 911 while you keep the individual on the phone. If you must hang up to call 911, arrange to call the patient/caregiver back immediately.
4. Notify Team Leader/Supervisor.
5. Have team member meet individual/family in ER, if appropriate.
6. Call individuals’ MD if number is accessible.

**DOCUMENTATION**

Documentation should include:

1. A thorough discipline comprehensive assessment for each team member involved with situation describing threat and/or suicidal ideation.
2. Plan of Care: Suicide/Homicide/Euthanasia PIO.
3. Document contact established with patient/caregiver.
4. Documentation of all contacts made, either in person or by telephone. Telephone numbers of people contacted need to be included for all staff reference.
5. QA needs to be completed for completed Suicide/Homicide.

Follow-Up

1. Patient and family should be contacted and/or visited daily until acute crisis resolved.
2. Involved all members of the team to provide ongoing support.