

## State Operated Community Program (SOCP)



<b>SOCP Guideline:</b>	<b>Emergency Services Guideline</b> Accessing 911 and Emergency Services (Police Response)
<b>Action Request:</b>	<a href="#"><u>SPD-AR-07-052</u></a>
<b>Effective Date:</b>	<b>04/15/10 (revised 01/09/2013)</b>

These guidelines are NOT meant to replace any existing instructions in the client's Behavior Support Plan (BSP), Safety Plan, or any Individual Support Plan (ISP) Protocol. If staff believe an emergency exists they must immediately call 911 if faced with a serious injury or sudden illness including severe pain, or the individual has a life threatening condition, and do not need to call management before doing so. The Program Manager (PM), Program Administrator (PA), Clinical Services Manager (CSM) or On-Call Program Manager (PM) are to be notified per the existing SOCP protocol for emergencies.

### **Behavioral**

- **Behavior Supports in BSP** – Know your Behavior Support Plan (BSP). Know what REACTIVE and CRISIS STRATEGIES are written to prevent a crisis or contain one when it occurs.
- **Programmed PPI** – Know what Protective Physical Interventions (PPI's) are prescribed, know what resource you have available to implement PPI, request additional staff if needed, consult with Site Manager (SM), Program Manager (PM), Clinical Services Manager (CSM) or On-Call Program Manager whichever is appropriate. Remember that PPI's are only one of the strategies you have to manage a crisis.
- **Emergency PPI** – If you are in a situation where you need to use a PPI not prescribed in the BSP or you do not have the staff resource to implement a prescribed PPI, all staff certified in Oregon Intervention System (OIS) have the authority to implement an emergency OIS technique. Remember the principles of "Reasonable Response" taught in OIS class.
- **Staff Backup** – Sometimes the addition of extra staff can help to contain a situation and prevent a behavioral crisis. Consult with your SM, PM or On-Call PM for additional staff.
- **Consultation** – Sometimes a (phone) consultation with the SM, PM or CSM can de-escalate a client and the situation.
- **Know your client** and whether the presence of Police will escalate his/her behavior, if so, be prepared.

### **The decision to call 911 should be made with the following guidelines:**

QUESTION	YES	NO
1. Have you exhausted all strategies listed in the BSP?	Go on to question 2	Redirect and follow BSP
2. Is the crisis posing imminent * risk of injury?	Go on to question 3	Follow BSP to avoid escalation
3. Can the imminent risk be contained by extra staff?	Secure staff backup	Go on to question 4
4. Are additional staff available?	Secure staff backup	Go on to question 5
5. Can backup staff respond in time?	Wait for staff & contain crisis	Go on to question 6

6. Would a consult phone call help? (CSM, PA, PM, SM)	Call for consult	Call 911 and follow the guidelines below
7. Is this client on probation, parole, or PSRB?	Call your PM for consult	Proceed to question 8
8. Does the client require immediate medical attention?	Call 911 for emergency medical services	Provide on-site medical care. Consult with Nurse Mgr SM, PM as needed.

*\*Imminent risk of injury is defined as clear and immediate danger.*

Again, these guidelines are **NOT** meant to replace any existing instruction in the client's BSP, Safety Plan, or any ISP Protocol. The Program Manager (PM), Program Administrator (PA), Clinical Services Manager (CSM) or On-Call PM are to be notified per the existing SOCP protocol for emergencies. These are general guidelines for responding to emergency situations:

### **Behavioral**

- **Information to dispatch:**

Once the decision to call 911 has been made, please communicate the following information:

1. **The nature of the emergency** (AWOL, Assault, psychiatric emergency, etc)
2. **What are you requesting of the Police?** If you need for the Police to provide "a show of force" only, it's good to communicate this so the Police will respond accordingly. The Police may, however, decide to provide more than just a show of force depending on the situation when they arrive. If you are requesting the Police to transport a client to the Emergency Room/Psychiatric Crisis Center due to a psychiatric emergency, first call the ER or PCC. \*\*
3. **Explain that we are** a "State Operated Group Home for Developmentally Disabled Adults" and that you are a trained DD professional.
4. **Explain if the client is:**
  - Civilly committed (have copy of the court order ready)
  - Under parole or probation (explain if this incident is a parole violation)
  - Under Psychiatric Security Review Board (PSRB)
  - Registered sex offender

*\*\*Prior approval must be obtained by your PM or On-Call PM before seeking services through Psychiatric Crisis Center (PCC).*

- **When Police Respond:**

Be prepared for a neighbor or community member who calls 911 without your knowledge due to a client behavior.

When the Police/Sheriff show up to the house, please communicate the following information:

1. **Verify the information** given to dispatch including the nature of the emergency, what you are requesting of the Police, and any client information such as probation.
2. **If you are asking for a "show of force"** because you know that the client will respond to this, explain to the Police that you are a State employee with DHS (show ID), trained in OIS physical restraint techniques just in case you need to use them.
3. **Sometimes Police are willing to talk** to the client about the potential legal consequences of further maladaptive behavior and the client de-escalates. Thank the Police for their efforts.

4. **If the Police make the decision to arrest** the client, find out the details of the detainment:
  - o Where are the Police taking the client?
  - o For how long?
  - o Explain that you will need to present information to the jail/detention center about the client.
5. **If the Police explain that they are taking control** of the situation and arresting the client, follow the officer's direction.

It has come to our attention some of the Marion County homes may not be responded to by the Oregon State Police when staff call 911.

Keizer group homes will be dispatched first to the Keizer Police. Keizer Police (respectively) may make a decision to dispatch the call to their own officer on duty or they may refer it over to OSP.

**Addresses in Marion County with an OSP first-in response:**

5525 NE Discovery PL	5334 Quail St NE	9460 Fowler Way SE	5545 Discovery PI NE
5683 Gath Rd NE	1999 74 <sup>th</sup> Av SE	4059 Milton St NE	

**Addresses inside the City of Keizer with a Keizer PD response:** 871 Cade St NE

**Staff should still follow training which is to identify yourself as a SOCP home along with a detailed description of the incident & client. Staff should still offer the 4 digit OSP code but the Keizer Police will make the decision as to who physically responds to the call. Cade Staff should be told to expect either their local police or OSP**

• **When the client is being transferred to jail, ER, or PCC:**

When the Police have taken the client to jail, ER, or PCC, staff are to follow in the State vehicle and bring the following information: \*\*\*

1. Bring the client's Residential Book
2. Bring the client's Medication Administration Record/Treatment Administration Record (MAR/TAR)
3. Bring copies (**not originals**) of any legal documents such as a civil commitment court order (*see attached example*)
4. Bring an extra change of clothing if appropriate

*\*\*\*If staff are in the community they can either quickly return to the house to collect the above information or call the house or have another staff bring the information.*

**Protective Physical Intervention (PPI)**

• **When to call 911 instead of or in the midst of a PPI:**

1. The decision to implement a PPI is based on the principle of "reasonable response" which states that you match your response to the level of threat posed and implement just enough intervention for protection from injury and no more than is necessary.
2. A PPI should "only be implemented when the behavior can be **safely controlled**' and when "the intervening people providing support are sufficiently trained and can reasonably expect to **achieve safe control.**"
3. If staff believe that they cannot achieve safe control because:
  - a. There are not sufficient numbers of staff available to achieve safe control

- b. The client has escalated physically and the available staff do not have sufficient size and strength to achieve safe control
- c. The client continues to evade staff's attempt to capture and implement a PPI and still poses a danger to self or others
- d. The client has escaped from a PPI and staff cannot achieve safe control
- e. The client has evaded staff supervision, is eloping and cannot be caught
- f. The client is using an object as a weapon against others or themselves, the risk for injury is severe and staff cannot achieve safe control

Call 911 immediately and follow the guidelines above on giving information to dispatch\*\*\*\*

\*\*\*\*If a client is under probation, parole or PSRB, call your Program Manager (PM) to gain approval to call the Probation Officer (PO) or Case Manager for revocation under PSRB.

4. After/while 911 is being called, staff should ensure the following:
  - a. That other clients are moving out of the area to a safe place (their bedroom if possible)
  - b. Continue to evade and deflect to keep themselves safe
  - c. Use objects as barriers & shields if possible (chair, cushion, etc)
  - d. Move to a "safe" area of the house if necessary (locked kitchen, office) that allows you to continue to monitor the client in crisis

### Medical

Staff should call 911 anytime **they** believe the client's health will be harmed without immediate attention. In case of medical emergency:

1. Call 911
  2. Maintain basic First Aid until paramedics arrive.
  3. Follow all health care protocols for calling 911 on known health care conditions.
  4. Items to take if going to ER:
    - a. Residential Book
    - b. MARS/TARS
    - c. Copies of any legal documents such as a civil commitment court order. **(No originals)**
  5. Bring an extra change of clothing if appropriate
  6. Follow in state car
  7. Have staff make appropriate notifications per SOCP guidelines
- ❖ If there is a serious condition that should not wait, but staff does not feel calling 911 is warranted, they should take the client to the nearest hospital or emergency room and should not wait.
  - ❖ Staff should notify their manager (or on-call manager) after obtaining help for the client or while they are waiting for assistance to arrive. If there is no response from the manager within 15-minutes they should call the Program Manager or on-call manager.