



## Stabilization and Crisis Unit (SACU)

<b>SACU Guideline:</b>	<b>Emergency Services Guideline</b> Accessing 911 and Emergency Services (Police Response)
<b>Action Request:</b>	<a href="#">SPD-AR-07-052</a>
<b>Effective Date:</b>	<b>04/15/10 (revised 01/17/14)</b>

These guidelines are NOT meant to replace 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 for individuals with serious injuries, sudden illness, severe pain, or a life threatening condition. Do not delay client care by calling management before calling 911. The Program Manager (PM), Clinical Services Manager (CSM) or On-Call program administrator are to be notified per the existing SACU protocol for emergencies.

### **Behavioral emergency guidelines:**

- **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(s) you have available to implement PPI(s), request additional staff if needed, consult with Site Manager (SM), Program Manager (PM), Clinical Services Manager (CSM) or On-Call program administrator whichever is appropriate. Remember that PPI's are only one of the strategies staff use to manage a crisis.
- **Emergency PPI** – All staff certified in Oregon Intervention System (OIS) have the authority to implement an emergency OIS technique. Use OIS "Reasonable Response" when insufficient staff resources are available to implement a prescribed PPI or when considering the need for non-prescribed BSP PPI.
- **Staff Backup** – Consider/evaluate if extra staff can help contain a situation and prevent a behavioral crisis. Consult with your SM, PM or On-Call administration for additional staff.
- **Consultation** – Consider a (phone) consultation with the SM, PM or CSM for client de-escalation and situation assessment.
- **Know your client** and whether the presence of Police will escalate his/her behavior. If so, be prepared.

### **Decision Q & A guideline to determine need to call 911:**

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, 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.*

### Determine when to call 911 -- instead of PPI or when applying PPI:

1. The PPI decision is based on the principle of "reasonable response." Evaluate the threat level and respond with appropriate level of intervention for protection from injury with no more than necessary.
2. PPI's are "only implemented when the behavior can be **safely controlled**" and when "the intervening staff is sufficiently trained and can reasonably expect to **achieve safe control**."
3. When safe control is not achievable, call 911 immediately and follow guidelines. Examples:
  - a. Insufficient staff numbers,
  - b. Client has physically escalated and available staff does not have sufficient size and/or strength,
  - c. Client continues to evade/escape staff's attempts to capture and implement a PPI and poses a danger to self or others,
  - d. Client has evaded/eloped staff supervision and cannot be caught, and/or
  - e. Client use of an object/weapon against themselves or others presents the risk for severe injury.
4. Follow dispatch information guidelines: Identify yourself as a Stabilization and Crisis Unit (SACU) group home and provide a detailed description of the client and incident.

*Offer the 4 digit OSP code, 911 will dispatch either local police or Oregon State Police.*

<b>Discovery</b> 5525 NE 2110	<b>Brooks</b> 5334 Quail St NE 2104	<b>Turner</b> 9460 Fowler Way 2112	<b>Hampden</b> 5545 Discovery 2109
<b>Gath</b> 5683 Gath Rd NE 2106	<b>Macleay</b> 1999 74 <sup>th</sup> Av SE 2101	<b>Milton</b> 4059 Milton St 2107	<b>Cade</b> 871 Cade Ave. 2105

**Probation, parole or PSRB clients:** Call Program Manager (PM) for approval to call the Probation Officer (PO) or Case manager for revocation under PSRB.

### While waiting for "911 Responders":

1. Move other clients into a safe area/place (if possible their bedroom).
2. Staff is to continue using evade/deflect techniques to keep themselves safe.
3. Use objects as barriers/shields when possible (chair, cushion, etc).

4. Move to a "safe" area of the house if necessary (locked kitchen, office) that allows staff to continue monitoring the client in crisis.

### **Behavioral Dispatch information:**

Once the decision to call 911 is made, communicate the following:

1. **Nature of the emergency:** AWOL, Assault, psychiatric emergency, etc.
2. **Specify what is requested of the Police:**
  - "**Show of force only:**" The Police may, depending on the situation assess the situation differently.
  - "**Police transport:**" Of a client to the Emergency Room or Psychiatric Crisis Center due to a psychiatric emergency. **NOTE:** *PM or On-Call administrator notification and approval is necessary for any Psychiatric Crisis Center (PCC) Services admits.*
3. **Identify house/staff:** As a "Stabilization and Crisis Unit (SACU) group home for Intellectual or Developmentally Disabled Adults" and staff are trained DD professionals.
4. **Identify client and situation:** 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

### **Responding Police and/or Sheriff Information:**

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

5. **Verify the information** given to dispatch: nature of the emergency, specific request of the Police, and client information such as probation.
6. **Reiterate if request is for "show of force"** knowing the client responds to "show of force."
7. **Identify yourselves.** Show State ID Badge when Police arrive and state staff are trained in OIS physical restraint technique(s).
8. **Request** (when possible) **Police/Sheriff communicate** to the client the potential legal consequences of further maladaptive behavior to encourage the client to de-escalate. Thank Police for their efforts.
9. **If Police decide to arrest the client , get the detainment details:**
  - Where Police are taking the client?
  - For how long?
  - Explain the need to represent/present information to the jail/detention center about the client.
  - If the Police direct staff to assist in detaining the client -- Staff are to follow their directive including, but not limited to, implementation of a restraint along with the following:
    - Observe vital signs including respirations/diaphragm, air way, facial expression and color during and after restraint.
    - If signs of distress and/or asphyxia occur, staff are to request EMT response ASAP.
    - Staff are to document the incident in detail on a GER and notify PM/on call Manager.

**10. If the Police are taking control of the situation and arresting the client, follow the officer's direction.**

**Oregon State Police (OSP) responds to SACU Marion County group homes. Cade staff should expect either local police or OSP.**

Cade staff are to follow training. Identify yourself as a Stabilization and Crisis Unit (SACU) group home and provide a detailed description of the client and incident. Offer the 4 digit OSP code - 2105, the Keizer Police will make the decision who physically responds (Keizer/OSP) to the call.

**When client is being transferred - jail, emergency room or Psychiatric Crisis Center:**

- Follow in a state car, and
- Take required documentation (if in the community: return to house only if nearby and gather documentation or call house for additional staff to bring documentation).
  - Medical card, Community Book, Therap – IDF, Therap – Consultation form (*print and take*), Legal documents (Civil Commitment, 427 – ***no originals***)

**Medical emergencies:**

- Call 911\*
- Maintain basic First Aid until paramedics arrive
- Follow health care protocols for calling 911 on known health care conditions
- If Emergency Room or transport is required, take required documentation.
  - Medical card, Community Book, Therap – IDF, Therap – Consultation form (*print and take*), Legal documents (Civil Commitment, 427 – ***no originals***)
- Bring extra clothing (if appropriate)
- Follow in state car
- Have staff make appropriate notifications per SACU guidelines and chain-of-command

**\*NOTE:**

If calling 911 is not warranted but a serious condition exists – do not wait, take client to the nearest hospital, emergency room or urgent care.

Staff should notify their manager (or on-call manager) while waiting for assistance to arrive or after obtaining client help. Wait 15 minutes for SM's/On-Call's response; proceed to call Program Manager.

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*Print name*

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*Employee signature*

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*Date*

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*Site Manager's signature*

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*Date*

# Emergency Reporting

## SACU Chain-of-Command / Procedure

Situation	Staff report to Site Manager	Site Manager, reports to Program Manager, Service Coordinator / Guardian	Program Manager reports to Director	Program Manager reports to OIT
◆ Death	→	→	→	→
Abuse / neglect	→	→	→	→
*AWOL (serious = immediate call)	→	→	→ Serious	
*Suicide attempts serious	→	→	→ Serious	
*Emergency Restraints / Psych Med.	→	→		
*911 Fire/Medical/Police	→	→	→	
ER Visits	→	→	→ Admits	
*Hospitals / Jail	→	→	→ Admits	
Neighbor or Community complaints	→	→	→ Serious	
Incidents involving the Public	→	→	→ Serious	
Serious staffing issues (inclement weather, etc.)	→	→	→	
◆ Vehicle Accidents	→	→	If injuries	

**\*Contact Clinical Services Manager** (jail, 911, Serious suicide attempt, AWOL and supine or prone PPI).

◆ **Safety Manager** (Vehicle accidents and Death)

Cross over policies: 2.007 Abuse, 3.001 Behavioral Support, 5.001 Safety Committee & Program, 5.003 Emergency Plan, **5.005 IRs & Emergency Notification**, 5.006 Individual Summary Sheets