

RIVERSIDE COMMUNITY CARE

POLICIES & PROCEDURES

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| TITLE: | Clinical Risk Management Review |
| AREA: | Health & Safety: Risk Management |
| APPLICABILITY: | All Divisions/Programs |
| Policy Number: | 35.1 |
| Date of Issue: | April 2, 2001 |
| Update: | |
| _____ | _____ |
| Signature of President/CEO or Designee | Date |

I. Overview:

This policy provides direction for Riverside programs that receive referrals of individuals with serious forensic or high-risk issues. The policy establishes that programs may accept adults with safety related high - risk issues provided that a reasonable treatment and risk management plan has been established prior to admission for ongoing services.

Riverside has established a Risk Management Team of staff clinicians and/or managers to consult with and provide guidance to programs. Residential programs having twenty-four hour responsibility for consumers must consult with the Risk Management Team for determination of a risk management plan prior to admission. All other programs may utilize their own clinical review teams for determination of a risk management plan but may opt to refer cases to the Risk Management Team for consultation.

II. Procedures

This policy applies to referrals of consumers who meet the following criteria:

History or current involvement in:

- Fire setting
- Assault, violence toward others, or history of significant threats
- Sexual perpetration
- Stalking or harassment
- Involvement in criminal justice system
- Behavioral problems that may place self or others in serious harm

The procedures for case review and establishing a risk management plan as described in the Riverside Community Care Risk Management Protocol shall be followed.

RIVERSIDE COMMUNITY CARE
CRITICAL INCIDENT SUPPORT RESPONSE

Protocols

Riverside has put in place policies and procedures to reduce the potential for and impact of critical occurrences at programs. Still, from time to time serious and disturbing events may happen. Follow-up after disturbing incidents should support staff and help the program go on with its important work. The first line of support is staff's supervisor, Program Director, and Division Director. Riverside has also developed the following resources and protocols for accessing additional support from the organization.

I. Critical Incident Team

- A. Riverside has established a team of staff who are interested in helping to provide support to fellow employees in the event of traumatic or disturbing incidents at our programs. It includes employees from throughout the organization who have received specific training in disaster/critical incident response and have been recommended by their supervisors to be on this team. Some team members are also trained clinicians. Team members also receive training in the role and expectations of the Riverside Support Team and its response protocols.
- B. The team is led by two or three managers – preferably geographically spread across the organization - with expertise in disaster response and experience in resource management. Team leaders screen requests for help from programs and enlist team members to provide the appropriate support to the program staff in need.

II. Mandatory and Optional Program Support Meetings

- A. Whenever a serious and disturbing incident happens in a program, the Program Director should discuss the incident with the Division Director. The Program Director and/or Division Director may ask the leaders of the Critical Incident Team to schedule a meeting at their program to assist them in supporting staff. The team will provide a debriefing or psycho-educational meeting, as appropriate.
- B. If the incident meets criteria described below, the Division Director must contact one of the Support Team leaders to discuss the incident that occurred and the potential need for a debriefing or psycho-educational support meeting provided by the Support Team. If the

- team leader determines that such a meeting should occur, the Division Director ensures that the Program Director schedules it.
- C. Program staff will be informed of the meeting and invited to attend. No staff shall be required to attend such a meeting.
 - D. Criteria for mandatory determination of the need for Support Team intervention include:
 - 1. A violent incident that occurs on site or during the course of a home/community visit
 - 2. A consumer death on site or discovered by staff during a home visit
 - 3. A serious physical attack on a staff member
 - 4. Any event that is felt to be so traumatic or disruptive that a reasonable person might be expected to have difficulty carrying on routine business without focused support
 - E. Generally a single meeting is provided to a program, but if the Support Team member believes a follow-up meeting is warranted he/she may provide a second program support meeting. If the program manager believes that additional assistance is needed for the program after that, s/he should consult with the Division Director about additional ways to support the staff and program.
 - F. Note: The Vice President for Human Resources & Staff Development should be consulted if legal action such as a restraining order might also be indicated.

III. Support Meetings for Individual Staff

- A. An individual staff member may request, or a program manager or Support Team member may recommend that an employee who has been particularly affected by an incident receive a one-time debriefing/support meeting. If the Support Team leader agrees that it is appropriate, the staff will be offered such a meeting.
 - 1. No employee may be required to participate in an individual support meeting.
- B. Any further individual support meetings or any clinical interventions or therapy that the employee may want or benefit from are beyond the scope of the Support Team and would need to be obtained by the employee outside of the workplace.

IV. Purpose and Limitations of Support Meetings

- A. Support meetings are provided to assist staff in talking about traumatic or disturbing incidents so that they may feel listened to and supported by their managers, colleagues, and the organization. Education about

normal reactions to traumatic events and/or grief will generally be provided to assist staff in managing their own and the program's response to the event. The Support Team does not provide counseling or therapy to staff.

Nonetheless, emotionally charged disclosures, areas of concern about programming or staff performance, or other sensitive material may come up from staff in the course of support meetings. Generally, program managers will be included in the program support meetings and will be able to use information to assist or improve the program going forward.

- B. In the event program managers are not present in a support meeting, the Support Team members must use their best judgment in determining whether information revealed to them is important for program and division managers to know to ensure the safety of consumers and staff and quality of programming. If in the team member's judgment the sensitive information is important for the effective and safe operation of the program, the team member will share it with the relevant manager and/or Senior Manager. The Support Team member should consult with the Support Team leader if s/he is uncertain about what to disclose.
 - 1. Support Team leaders may consult with the Vice President/ Director of Human Resources or the Vice President/COO as needed .

- C. Before beginning any support meeting with a group of staff or an individual staff, the Support Team member will explain that s/he will maintain confidentiality about feelings or information staff might share unless in his/her judgment it is serious and important for Riverside management to know it for the effective and safe operations of the program. By informing staff of the limits to confidentiality, staff can make their own decisions about what to share and not to share in support meetings.

V. Training of Support Team Members

- A. Training will include:
 - 1. Purpose of the Riverside Critical Incident Team
 - 2. The debriefing/psycho-education model to be used
 - 3. Protocols for assignment and follow-up with team leaders
 - 4. The structure of the support meetings, including boundaries of confidentiality
 - 5. The role and responsibilities of Support Team members
 - 6. The role and responsibilities of Support Team leaders
 - 7. Special consideration and expectations for providing support to staff and by staff within the organization – including boundaries

and confidentiality, supervisory approval if absence from the members program will be necessary, and management notification of serious issues raised

- B. Support Team leaders will arrange a meeting of the team twice yearly, if possible, but at least annually to review the team's experience, reinforce protocols, and keep all team members up to date on current knowledge and/or changes to debriefing protocols.

VI. Training for Managers on Supporting Staff After Disturbing Critical Incidents

- A. Upon implementing the Critical Incident Team for Riverside, the organization will provide brief trainings for managers on debriefing and supporting staff. The training will be conducted by the Support Team leaders with Senior Managers at Division meetings or other forums.
- B. The training will include:
 1. Orientation to the Critical Incident Team and protocols – including program managers responsibilities
 2. Overview of trauma/disaster and expectable human responses
 3. Guidance for managers on providing support to staff following a disturbing incident
- C. Division Directors should orient new managers who may not have participated in these initial trainings to their role and responsibilities in supporting staff in the aftermath of a critical incident and the organization's resources, including the Critical Incident Team and protocols.
- D. From time to time, the organization may provide additional trainings and or updates for managers.

VII. Availability of the Critical Incident Team to Riverside Administration

- A. Administrative Department managers may request assistance from the Support Team in the event of a traumatic incident occurring in the administrative offices or involving administrative staff. The Senior Manager overseeing the department should make the request and/or consult with one of the Support Team leaders.

PROCEDURES FOR DEVELOPMENT OF PROGRAM SAFETY PLANS

Each program must develop a Safety Plan that is appropriate to its service modality, population served and location. Plans should be designed to assist the program by enhancing the general preparedness and security of their sites and especially in safely providing services to consumers who may present increased risk of assault, injury, property damage and other safety related incidents. All plans must address the following areas:

I. PHYSICAL SITE CONSIDERATIONS

- A. Identify and limit unauthorized or unaccompanied access to isolated/hidden areas of building by consumers and visitors (i.e.: residential homes may consider bedroom selection for consumers with identified safety risks, clinics may consider procedures for unescorted visitors beyond waiting rooms, etc.)
- B. Identify and limit unauthorized access to the premises (i.e. determine any side or back entrances that may need to be locked to prevent unwanted entries from outside; keep premises fully locked when unoccupied).
- C. Interviews with a person identified as presenting a safety risk should be conducted in the safest room possible (i.e. a clinic may designate an office nearest the front desk and remove potential projectiles like staplers, vases, etc.). Individuals at risk for violence should not be met with in a secluded room where other staff could not readily respond if there was a problem.

Interview rooms should, as far as possible, be arranged so that both the consumer and staff have ready access to the exit if desired. Furniture should be placed so as not to block egress to doorways for either party. Being able to choose to leave can be an effective way to avoid escalation to physical violence.

- D. The program should conduct an environmental assessment to determine other physical plant/environmental issues that may need to be addressed (i.e. whether additional security devices should be considered given the level of risk of the program, such as alarmed doors, better locks, etc.)
- E. Weapons are not permitted in buildings owned or occupied by Riverside and divisions/programs should determine procedures to be utilized in the event this policy is violated.
- F. Programs located in a building with other Riverside services should ensure that all program safety plans and procedures are coordinated with the coexisting programs.

II. COMMUNICATION PROTOCOLS

- A. The program should determine recommended procedures for staff to rapidly communicate the need for assistance in the event of a serious threat or actual safety violation. Procedures should include:
 - 1. Expectations for notification of on-site program managers and/or off site managers and other program staff. Procedures should define whom to call in the event the designated manager is unavailable.
 - 2. Chain of command, including who will take responsibility for informing others with a need to know and the Division Director/Riverside Senior Management
 - 3. Recommended methods of communication (i.e. use of phone; use of special signals or code words to alert other staff discretely).
 - 4. Procedures for communicating with other Riverside programs in the building that could be helpful or may be affected, if applicable.

- B. Programs should define staff responsibility for communicating safety concerns:
 - 1. If in doubt about who knows of a safety problem, staff should assume s/he is the “center” of the information responsibility rather than assume others who need to already know. Err on the side of safety – ensuring those who need to know are informed.
 - 2. Staff should consult with supervisors whenever there is a question or concern about safety. “Gray areas” are better addressed and considered than ignored.

- C. Consumer confidentiality must be maintained except to the extent necessary to prevent harm to self or others, consistent with applicable regulations and laws.

III. IDENTIFICATION OF SAFETY CONCERNS

- A. Programs should develop guidelines for staff to identify when consultation about safety planning for a consumer’s treatment should be sought. Threats and intimidation should be considered safety risks as well as known history of violence, acute agitated/angry behaviors, etc.

- B. Programs should utilize the criteria defined in Riverside’s Policy #35.1 (Clinical Risk Management Review Policy) and Policy # 35.2 (Maintaining Safety When Services Are Provided Outside the Office) as well as the Transportation Manual, as applicable, for guidance.

- C. Procedures for assessing new referrals for safety risk factors such as history of violence should be defined. (I.e. a clubhouse may add a question about history of violence to intake procedures).

- D. Procedures should include guidance for assessing acute or imminent risk, including when a consumer presents with extreme agitation, intoxication, etc.

IV. RISK REDUCTION/PREVENTION PROCEDURES

- A. The responsibilities of managers who receive notification of an actual or potential risk situation should be delineated. These should include at least: further notification requirements, incident reporting, response management, and staff support.
- B. Programs should develop guidelines to help staff be proactive by raising awareness, encouraging teamwork, and taking practical steps in their general clinical and/or administrative practices. Plans should be congruent with the program's philosophy, resources, and responsibilities. Guidelines should at a minimum address the following in their program safety plans:
 - 1. In most instances, staff should take action or offer to help other people in need of assistance if they have reason to believe a safety breach is occurring. Staff are not expected to intervene in a manner that would jeopardize their physical safety.
 - 2. Through supervision, training, staff meetings or other means appropriate to the program, managers – in consultation with Division Directors/Designees - should help all staff identify ways in which they can help maintain safety, including through their own behavior and approach to people. Discussions must be relevant to the population being served by the program.
 - 3. Programs should consider “what if” situations appropriate to their modality and site and develop plans for responding.
- C. Programs/Divisions should have policies that define the accepted and appropriate use of physical interventions with consumers. Only programs that have been specifically designated and have trained staff are permitted to use physical restraints. Policies must be consistent with all relevant State, payor, and agency regulations and must be approved by the Division Director in consultation with the Director of Quality Management.
- D. Programs/Divisions should establish procedures for determining minimum staffing patterns necessary to manage a consumer with an identified serious safety risk. (i.e. a clinic should develop policies to ensure that intakes or treatment appointments are not scheduled when there is too few staff present to provide a “safety net”).

Procedures for responding if staffing falls below the determined minimum level should be established, including notification of the appropriate program managers (i.e. residential programs should have plans in case a residential counselor fails to show up for a shift).

- E. Programs should establish procedures for ensuring the development of treatment /risk management plans for at risk consumers, and for obtaining required consultation from the program's clinical team or the Riverside Risk Management Team when a consumer is identified as a possible safety risk. Such procedures must be consistent with all applicable policies, including #35.1 and #35.2.
- F. Programs should determine how intake interviews might be conducted in the safest possible manner (i.e. consider time of day, location, staffing).
- G. Plans should include guidance for staff on the appropriateness of calling for police assistance, pressing charges and/or obtaining court ordered protection. (Division Director, who will consult with the VP for Human Resources and Staff Development, should be consulted for assistance when considering the potential for requesting court protection for an individual or program.)
- H. In the event of an actual or imminent threat of a safety violation , the program should take reasonable steps to attempt to contain the issue. (i.e. a highly agitated consumer should not be permitted to wander the halls unattended).

V. COORDINATION WITH OTHER SERVICES

- A. Programs must ensure that all program safety plans and procedures are coordinated with other Riverside programs that are co-located within the same building.
- B. Programs should ensure that consumer specific risk management plans and procedures are communicated and coordinated with other parties, such as the local Emergency Service Team, State Agency staff, outside therapists, etc., where relevant. When a consumer specific plan involves a limitation on a consumer (i.e. a behavior plan) the Program Director or Designee must consult with the Director of Quality Management to determine whether Human Rights Committee review is required.
- C. Programs should seek to establish good relationships with local Police and Emergency Response resources to help facilitate positive and rapid response if the need arises.
- D. Other Riverside programs working with a consumer should be notified of serious safety concerns or incidents and every effort made to coordinate management and maintain ongoing communication for the safety of the consumer, staff, and others. To the extent allowable by law and regulation, providers outside of Riverside who work with the consumer should also be kept informed.

VI. INCIDENT FOLLOWUP PROCEDURES

- A. Following a serious safety related incident, the program manager with support from the Division Director/Designee is responsible for ensuring that the impact of the incident on staff and/or consumers and program operations are addressed. It is helpful to acknowledge people's feelings, provide support, and institute responses that may enhance safety procedures for the future.
 - 1. A debriefing should be held with affected staff. Assistance may be requested from Riverside's Emergency Service Programs or other programs, as appropriate.
 - 2. Support should be provided to consumers who may have witnessed or been affected by an incident.

- B. The program should review the occurrence and determine what was learned and recommendations for improvements in procedures for the future.

- C. Incident reports must be filed in accordance with Riverside's Incident Reporting Policies.

- D. Division Directors are responsible for ensuring that sufficient and appropriate response is made to any serious safety related incident.

RIVERSIDE COMMUNITY CARE
POLICIES & PROCEDURES

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|---|---|
| TITLE: | Program Safety Plans |
| AREA: | Health & Safety: Risk Management |
| APPLICABILITY: | All Programs Serving Consumers |
| POLICY NUMBER: | 35.4 |
| DATE OF ISSUE: | April 1, 2002 |
| UPDATE: | |
| _____ | _____ |
| Signature of President/CEO or Designee | Date |

I. Overview

To ensure the safest possible workplace for Riverside consumers and staff, each program must develop a program specific safety plan. Program specific safety plans describe what staff and management will do to safely serve consumers, family members, or others. The goal of the safety plan is to identify key risk factors and develop measures to address them. Through proper planning, education, and staff awareness, Riverside will reduce the risk of assault, injury, and property damage.

Each plan should be developed in accordance with the Procedures for Developing Program Safety Plans and should incorporate the requirements outlined in Risk Management Policies 35.1 and 35.2 as applicable. Riverside programs that are co-located in a building with other Riverside programs should coordinate program safety plans as much as possible to best utilize organizational resources and ensure optimal precautions.

II. Procedures

Division Directors are responsible for ensuring that each program develops and operationalizes a program specific safety plan. Plans must be in writing and should be approved by the Division Director.

Plans should be relevant to the particular modality, site, and population served by each program and be consistent with all relevant policies and procedures. Programs that meet with consumers in people's homes or other community settings or provide consumer

transportation should include safety procedures outlined in Riverside's Transportation Manual and/or Policy on Maintaining Safety When Services are Provided Outside the Office.

Program Directors must ensure that all staff are oriented to the completed plans and that plans are reviewed periodically so that staff will remain familiar with plan provisions. Plans should be revised when there are significant changes to the physical plant or service delivery.

III. Applicable Policies

Health & Safety: Risk Management Policies

Incident Reporting Policies

Transportation Policies

Confidentiality Policies

Human Rights Policies

RIVERSIDE COMMUNITY CARE

RISK MANAGEMENT PROTOCOL

This protocol is designed to provide a framework for identification, systematic assessment, and ongoing clinical review of high-risk individuals being served in Riverside programs. Our goal is to provide the most effective treatment for all individuals, while working to ensure the safety of consumers, staff, and the community.

I. Upon referral, a designated clinician or staff within the receiving program will use the following criteria to immediately identify individuals who meet criteria for the risk management protocol:

These criteria include a history or current involvement in:

- Fire setting
- Assault, violence toward others, or history of significant threats
- Sexual perpetration
- Stalking, or harassment
- Involvement in criminal justice system
- Behavioral problems that may place self or others in serious harm

II. For all individuals who meet one of the characteristics listed above, a comprehensive assessment will be completed by the clinician or staff, which will include:

- Review of complete referral packet (specific to the treatment modality)
- Interview(s) with consumer
- Interview(s) with current and past treatment providers, probation officer, etc.
- Interview(s) with family/significant others, if applicable

Special attention will be paid to gathering a complete history of the person's risk behaviors, including dates; known precipitants; effect of mental illness, cognitive limitations, and substance use to the behavior(s); and response to interventions.

III. Based on the designated clinician or staff's formulation, additional information may be sought to determine the level of current risk, and to clarify management strategies. This may include:

- Specialized clinical assessments (such as forensic or neuropsychological evaluations)
- Legal consultation

IV. Prior to admission, a consultation may be requested from Risk Management Team (RMT), for:

- Determination of program(s) that best meet consumer's rehab and safety needs;
- Development of transition plan to identified program(s), where appropriate;
- Development of management strategies within each program;
- Identification of treatment needs;
- Recommendations for specialized staff training;
- Recommendations for development of a safety plan by treatment team, to include:
 - Identification of specific behaviors that lead to consumer placing self or others in danger, with corresponding interventions at each stage of "escalation"
 - Clear definition of behaviors (based on individual's history) that would indicate a need for emergency evaluation
 - Identification of secure psychiatric setting/hospital of choice
 - Inclusion of local Emergency Services team
 - Collaborative inclusion of referring agency in developing the plan
 - Proactive involvement of city/town emergency services (police, fire), as needed

Programs may also request consultation from the RMT for consumers who are identified as meeting the risk protocol criteria during the time they are being served in a Riverside program.

V. The RMT will determine the frequency and best forum for ongoing evaluation of the effectiveness of the risk management plan on an individual basis.

RIVERSIDE COMMUNITY CARE
POLICY AND PROCEDURE

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|--|--|
| TITLE: | Maintaining Safety When Services are Provided Outside of the Office |
| AREA: | Health and Safety; Risk Management |
| POLICY NUMBER: | 35.2 |
| APPLICABILITY: | |
| DATE OF ISSUE: | June 15, 2001 |
| UPDATE: | |
| <hr/> | |
| Signature of President/ CEO or Designee | Date |

I. Policy Overview

This policy is designed to establish clear guidelines to promote positive and safe experiences for consumers and staff when services are provided outside the organization/office. Given the wide range of possible circumstances and the potential need for rapid decision-making, the choice of whether or not to provide a particular service to a particular consumer ultimately must be decided by the staff in conjunction with his/her supervisor. This policy addresses the safety, training and liability of personnel.

II. Safety Issues

A. Safety Risks

Safety is paramount in promoting a satisfactory work environment and therapeutic relationships. Staff should identify and acknowledge concerns about potential risk factors, and share them with his/her supervisor/team. Staff needs to be cognizant of potential security issues when in the community, in a consumer's home or in another out-of-office environment.

1. Potential safety risks may include (but are not limited to):
 - a. Threats by family/consumer/household member etc.
 - b. Physical assault/abusive family/consumer etc.
 - c. Sexual harassment (see Personnel Policy 10.0)

III. General Safety Guidelines and Protocols

A. Prior to the Visit

To ensure a safe and effective meeting with a consumer/family outside the office, it is important for the staff to be prepared. The following are guidelines for staff:

1. Staff should review all consumer information prior to a visit to assess for potential safety needs.
 - a) Review referral information. If safety is a concern or question, contact other collaborators who may be able to provide additional information about security issues, and how those concerns were addressed (i.e. Emergency Services, other Riverside programs or service providers, DMH, DSS, DMR, DPH), in accordance with applicable laws and regulations governing confidentiality.
 - b) If it is determined that there is a potential for serious risk, staff should:
 - 1) Discuss issues with supervisor
 - 2) With supervisor, determine appropriate steps to insure safety. Depending on the clinical situation and program specific protocols, such steps may include, but not be limited to:
 - Meeting with the consumer /family in a more public or potentially secure environment.
 - Seeing the consumer/family member with another staff/collaborator
 - Calling an emergency treatment team meeting, if applicable to discuss treatment and/or safety plan components
 - Requesting consultation from Riverside's Clinical Risk Management Team.
2. Prior to a home visit or meeting with a consumer outside the program, when a serious safety issue has been identified, staff must leave the following information with designated person at the program.
 - a) Consumer's name, address and phone number (name only required for Emergency Services evaluations at hospitals)
 - b) Location of the meeting
 - c) Time scheduled to be with the consumer and time expected back at the office
 - If the staff has let the designated person know that s/he has safety concerns, but is not coming back to the program, the staff person should contact the designated person letting them know when the interview has been completed and that s/he is safe.

d) The staff's pager number is applicable

B. During the Visit

1. If in the course of the visit, the staff experiences any serious breach of his/her safety, including but not limited to threats, physical assault, or sexual harassment, the staff needs to rapidly determine steps to restore safety. Actual responses may vary according to the particular situation and may include steps such as the following:

- a) Leaving the situation immediately
- b) Contacting a supervisor and determining a plan
- c) Contacting the police, if appropriate

C. After the Visit or Encounter

1. Following a serious safety-related incident that occurs during the course of a clinical/service intervention, as soon as it is safe to do so, staff should notify the Program Director/Supervisor

- a) The Program Director/Supervisor is responsible for assisting staff in clearly following internal program protocols regarding emergencies.
- b) The Program Director/Supervisor will inform the Division Director of the occurrence.
- c) In situations that are reportable to DPPC, DDS, or the Office of Elder Affairs, the alleged abuse or neglect must be reported to the appropriate agency by the staff person who witnessed the abuse or neglect, or by the Program Director, in accordance with applicable policies and procedures
- d) The incident must be reported and an Incident Report submitted to the appropriate funding source and Riverside's Department of Quality Management, in accordance with applicable policies and procedures

2. The Division Director will Work with the Program Director to determine that all appropriate and necessary steps are taken. This may include such steps as:

- a) Filing criminal charges
- b) Contacting parole or probation officer etc.
- c) Arranging a debriefing meeting with the staff
- d) Arranging a planning meeting to review treatment and/or risk management plans
- e) Notifying and/or seeking consultation from the Executive Management and from other Riverside staff and programs as relevant.
- f) Discussion with the funding source

D. Transporting Consumers

1. If it is believed that there is a safety risk, staff should discuss the concern with the supervisor and determine steps to reduce risk prior to providing

- transportation for a consumer. Depending on the clinical situation and program specific protocols, such steps may include but not be limited to:
- a) Transporting the consumer with a second staff member or collaborator
 - b) Utilizing an ambulance for emergency transportation, rather than staff driving the consumer in an agency or personal vehicle
 - c) Rescheduling or canceling a planned trip
 - d) Instituting a behavior plan with the consumer to increase safety during transportation
2. If during the course of transporting a consumer, staff experience a serious breach of safety, the staff needs to assess the situation and determine steps to restore safety and whether it is safe to continue the trip. Refer to the Vehicle/Transportation Manual, Procedures for Transportation Emergencies/Incidents and utilize program policies and procedures to respond to incidents. Actual responses may vary according to the particular situation and may include steps such as the following:
- a) Verbally instructing the passenger that his/her behavior is distracting and firmly asking that the behavior stop.
 - b) Pulling the vehicle over to the side of the road
 - c) Asking the consumer to step out of the vehicle until s/he is able to calm down
 - d) Following steps outlined in the consumer's behavior plan, if applicable
 - e) Summoning assistance from the supervisor, police if appropriate or others
3. Following a serious safety-related incident that occurs during the course of transporting a consumer, staff should notify the Program Director/Supervisor and follow steps outlined in Section C above.

IV. Training to Address Safety:

Riverside provides formal in-service training and ongoing supervision to promote awareness and skills development on relevant issues, including safety.

V. Liability: Riverside employees are covered by Riverside's general and professional liability insurance.

VI. Applicable Policies:

Personnel Policies
Vehicle and Transportation Policy
Incident Reporting Policies

Protocol the Support Team is contacted. The Support Team consults with the Program Director and others as needed, and if appropriate, creates a follow-up plan.

3. The Support Team provides the follow-up delineated in the Protocol and provides the appropriate feedback to the Program and Division Director.
4. The Support Team sends the Attendance Sheet from the meeting to Quality Management. (See #5)
5. The Quality Management Department queries the program regarding the usefulness of the intervention.
6. The QM Department provides the Support Team and Senior Management with an analysis of this feedback, which can be used in trainings for future Support Team members.

IV. Applicable Policies and Protocols

- Critical Incident Support Response Protocol.
- Follow-up Questionnaire