

**HEALTH  
AND  
SAFETY  
POLICIES**



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## HEALTH AND SAFETY POLICY

**C**rossroads Youth & Family Services, Inc. complies with all applicable federal, state and local health and safety regulations, and provides a work environment as free as feasibly possible from recognized hazards. Employees are expected to comply with all safety and health requirements. Employees are also expected to complete all necessary training to fulfill their responsibilities to the individuals receiving services, co-workers and visitors in all areas of safety.

### PURPOSE

The purpose of safety procedures is to ensure that all facilities are located, constructed, equipped, and operated to promote the efficient and effective conduct of programs, and to protect the health and safety of persons served, as well as staff and visitors.

### SAFETY REGULATIONS

The facility shall meet the accreditation, inspection, safety and building code regulations required by local, state and federal authorities and laws.

*OAYS 401.12 B*

#### EMERGENCY NUMBERS FOR QUICK REFERENCE

|   |                        |
|---|------------------------|
| <b>Police, Fire, Ambulance</b>                                  | <b>911</b>             |
| <b>Norman Police (Non-Emergency)</b>                            | <b>321-1600</b>        |
| <b>Moore Police (Non-Emergency)</b>                             | <b>793-5171</b>        |
| <b>Norman Civil Defense</b>                                     | <b>366-5276</b>        |
| <b>On-Call Supervisor</b>                                       | <b>615-5718</b>        |
| <b>Cleveland County Sheriff's Department</b>                    | <b>701-8888</b>        |
| <b>Wendy Swatek, Executive Director</b>                         | <b>203-8164 (Cell)</b> |
| <b>Ty Lewis Director of Shelter Services</b>                    | <b>436-3195 (Cell)</b> |
| <b>Mike Templeton, Director of Procurement &amp; Facilities</b> | <b>831-8799 (Cell)</b> |

Terrie Vicknair, Head Start/Early Head Start Director

630-5518 (Cell)

## **HEALTH AND SAFETY OFFICER**

The Health and Safety Officer for Crossroads Youth & Family Services, Inc. is the Director of Procurement & Facilities. The Health and Safety Officer reviews and oversees all safety-related concerns and issues related to Crossroads Youth & Family Services and promotes safety awareness and training to ensure a safe working environment. The Health/Nutrition Coordinators will serve as the liaisons between the Head Start/Early Head Start program and the Health and Safety Officer. All health and safety regulations and procedures are reviewed regularly at Administrative Team meetings. The Executive Assistant maintains all minutes of Administrative Team meetings that reflect discussions and actions taken regarding health and safety concerns. Crossroads YFS is committed to providing ongoing attention to the health and safety of the environment.

## **SAFETY INSPECTIONS**

### **SAFETY INSPECTIONS—INTERNAL**

The Health and Safety Officer, as designated by the Executive Director, completes internal safety inspections a minimum of two times per year on each shift at all sites owned, leased, operated, or rented by the organization. During the internal inspections, each site is evaluated for safety violations and for safe accessibility or evacuation for persons with disabilities and to meet the requirements of the Americans with Disabilities Act (ADA). The inspection will result in a written report that identifies areas inspected, recommendations for areas needing improvement, and actions taken to respond to the recommendations.

When Crossroads YFS does not control the facility, attempts will be made to obtain written documentation about internal inspections conducted in that facility. Internal inspections in the Head Start/Early Head start program will be done on an on-going basis. HS/EHS classroom staff will document efforts to maintain a clean and safe environment for children and staff in that program will conduct a Daily Housekeeping checklist and a Monthly Classroom Safety Checklist. The checklist will be turned in monthly to the Area Supervisor. The Health/Nutrition Coordinators will evaluate the checklist and report any concerns to the Health and Safety Officer

When safety violations are identified, an immediate report is made to the Executive Director. The Health and Safety Officer maintains records of all related recommendations and reviews the status of corrections at the following Administrative Team meeting. Recommendations for corrective actions that have not been satisfactorily responded to, as determined by the Health and Safety Officer will be investigated. Further lack of response and/or delay in completing corrective actions will be reported to the Executive Director in a special report of delinquencies.

#### **SAFETY INSPECTIONS—EXTERNAL**

To ensure compliance with all applicable local, state and federal laws, inspections by outside authorized agencies occur at each site on an annual basis or upon occupancy of new quarters, the installation of a new process, or the addition of major items of equipment. External inspections occur at all facilities where the organization delivers services or provides administration on a regular basis. A copy of any external inspection conducted by a qualified external authority is forwarded to the Health and Safety Officer who ensures a corrective action plan is completed where appropriate. The written report will identify the areas inspected, recommendations for areas needing improvement, and actions taken to respond to those recommendations. When Crossroads YFS does not control the facility, attempts will be made to obtain written documentation about external inspections conducted in that facility. A copy of the violations and the corrective action from each site is forwarded to the Health and Safety Officer. When this is completed, the report, along with all actions taken to meet standards, is filed with the Health and Safety Officer files. The Health and Safety Officer reports on all inspections, results and/or corrective actions taken at the following Administrative Team meeting. The report of the Health and Safety Officer at Administrative Team meetings is documented in the meeting Minutes and kept on file with the Executive Assistant.

#### **EMPLOYEE HEALTH AND SAFETY**

The health and safety of employees and others on Crossroads YFS property are of the utmost concern. It is the policy of the organization to strive constantly for the safety of staff and clients in all activities and operations. Staff are trained initially and annually on all aspects of the Health and Safety policy of Crossroads YFS. Persons served receive information regarding key aspects of the Health and Safety process during intake. Health and Safety emergency procedures and evacuations signs are posted throughout facilities for everyone's benefit. We enlist the commitment and compliance of staff with all applicable health and safety laws to ensure that facilities are free of hazardous conditions. Employees will be held responsible at all times to observe and practice the

highest possible standards of health and safety in carrying out assigned duties. Crossroads YFS will make every effort to provide working conditions that are as healthy and safe as possible. Employees are expected to be equally conscientious about workplace safety, including proper work methods, reporting potential hazards, and abating known hazards. Unsafe work conditions in any work area that might result in an accident are to be reported immediately to a supervisor. These safety procedures and practices will be strictly enforced. Failure to do so could result in disciplinary actions of employees found to be willingly negligent in the safe performance of their jobs.

## **HEAD START/EARLY HEAD START CHILD SAFETY**

An Emergency Medical Plan shall be posted in each classroom, which includes policies and plans of action for emergencies (medical/dental and EMS activation). An emergency notebook containing Day Care Licensing Child Information Forms with emergency contact information for each child (filled out during the EHV), staff, and regular volunteer, will be located by a telephone and nearest exit. An Authorization for Emergency Care to Minors form will also be located in this notebook in order to authorize teaching staff to escort a child to an emergency facility and allow medical professionals to administer care as described in the Emergency Medical Plan. This notebook will be kept separately from the Sign In/Out notebook to maintain confidentiality. The Day Care Licensing Child Information Form will be reviewed at each home visit and parent/teacher conference (at least 4 times a year). Changes will be made as necessary. Within the Emergency Medical Plan; a list of local hospital(s), emergency response units, ambulances services, sheriff and police departments, and local dentist's locations and telephone numbers will be listed for easy access.

## **Staff Training**

1. All Crossroads Youth & Family Services, Inc. staff will receive initial and annual competency-based training in:
  - a. Health and safety practices.
  - b. Identification of unsafe environmental factors.
  - c. Emergency procedures.
  - d. Evacuation procedures.
  - e. Identification of critical incidents.

- f. Reporting of critical incidents.
  - g. Infection Control
  - h. Vehicle Safety
  - i. First Aid/CPR
  - j. Fire Extinguisher usage
  - k. Emergency Intervention Procedures
  - l. Reducing Physical Risks
  - m. Workplace violence
  - n. Other safety issues specific to their work environment as required by their job description or recommended by their supervisor.
2. All initial training will be completed as specified by CARF and/or state requirements and/or within 90 days of employment and is documented on the employee orientation sheet. All staff will be notified one month in advance of any re-certifications that become due. Annual training is conducted in various staff meetings, administrative meetings, and in-service trainings and is documented in meeting minutes and/or training attendance sheets.
  3. Supervisors may require staff to retake any of the safety classes should the supervisor determine the retraining is necessary.

## **SAFETY PROGRAM REVISIONS**

As a result of data collected by the Health and Safety Officer, he/she may determine that there are corrections that need to be made with regard to the policies and procedures of the organization related to its safety program. If this is the case, the Health and Safety Officer will submit the corresponding annual safety revisions to the Administrative Team for review. Any changes in policies or procedures recommended by the Administrative Team will be submitted to the Advisory Board for their review and approval. Procedures that receive approval will be distributed to all sites/staff with procedure manuals as an addendum. Annually, the procedure manuals will be updated with the new material and outdated material will be discarded.

## **EMPLOYMENT RELATED ACCIDENTS**

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Employees who are injured on the job or whose injuries are directly related to the performance of job duties are to report all injuries to their supervisor immediately, regardless of the severity of the injury. If medical care is needed immediately, supervisors are to assist their employees in getting the necessary medical attention promptly.

In the event of an employment related accident, the following steps should be undertaken immediately:

- Determine the nature and cause of the injury.
- Administer basic first aid, if necessary.
- Notify Norman Regional Hospital Emergency Room by telephone should medical attention be deemed necessary.
- Arrange for transportation of the injured employee to the Emergency Room.
- Notify the individual's emergency contact person listed on the Emergency Contact form.

The injured employee's supervisor should provide the following information:

- The date the employee reported the injury to the supervisor.
- The date the employee last worked.
- The date the employee returned to work.
- Any restrictions the employee may have regarding the performance of his/her regular job duties.
- The supervisor's opinion regarding the validity of the incident.

The following procedures will assist in gathering required insurance information on the injured employee. It is the responsibility of the employee with the assistance of their immediate supervisor with the following information as soon as possible:

- Date of injury, to the nearest hour.
- Brief description of how the accident occurred.
- Verification of information supplied by others.

It is the responsibility of the supervisor to provide the following information as soon as possible:

- The date the injury was reported to the supervisor.
- The date the employee last worked.
- The date the employee returned to work after the injury.
- Any medical restriction noted that prohibit performance of the employee's duties.
- Any question regarding the validity of the accident.

If an injury prevents an employee from returning to work for more than two (2) days, the supervisor will notify the employee of employment benefits under this condition.

If an employee experiences a disabling work injury, the nature of which necessitates an absence from work, the supervisor will provide the injured employee with information concerning her/his lawful benefits. Employees are required to complete and file an Employee's Notice of Accidental Injury form and Claim for Compensation to the Oklahoma Worker's Compensation Court within (3) three days of their accident or injury in order to be eligible for worker's compensation benefits. Employees having questions concerning the payment of worker's compensation benefits are encouraged to contact the Oklahoma State Worker's Compensation Insurance Commission.

## **REPORTS OF CRITICAL INCIDENTS/ACCIDENTS**

The purpose of documenting and reporting Incidents/Accidents is to:

- Instill Reporting Requirements
- Document the Incident
- Remedial (corrective) Actions
- Identify causes and trends
- Actions for Improvement
- The development of Performance Improvement plans
- Development of education and training sessions
- Prevention of Recurring/and or systemic issues

- Maintain a record of significant events occurring during the course of provision of services.
- Debrief staff involved in a timely manner
- Identify recurring and /or systemic issues; and
- Alert the Administration and funding sources to potential liability issues.

Whenever accidents or work-related injuries occur, the employee's immediate supervisor completes an Incident Report form utilizing verbal and documented information from the employee and from other staff or individuals who may have witnessed the incident. The immediate supervisor also keeps a copy of the Notice of Accidental Injury form in a separate file of the incident.

Anytime a child is treated by a medical/dental professional for an accident that occurs at a Crossroads Youth and Family Services site or during field trips, the staff members on site shall fill-out a Critical Incident/Accident/Crisis Report form in order to document the accident and describe the procedures administered by the staff. This form must then be forwarded to the Health and Safety Officer and/or Health Coordinator for review and processing. A copy of this form will be filed in the child's folder.

If a critical incident occurs as defined by OJA, as soon as possible the agency staff shall notify the CBYSD Program Manager at (405) 530-2851 or the CBYSD Assistant Division Administrator at (405) 530-2882.

An incident is defined as an adverse, potentially adverse, or unusual occurrence in the course of the provision of services. These include but are not limited to:

- Death of a juvenile or staff
- Medication Errors
- Use of seclusion or restraint
- Emergency Crisis Interventions (Violence or Aggression)
- Incidents involving injuries from Equipment, Machinery, and Vehicles
- Communicable Disease
- Infection Control
- Property Damage or Loss
- Sentinel Events
- Use and unauthorized possession of Weapons

- Elopement and/or wandering (AWOL)
- Vehicular Accidents
- Biohazardous Accidents and Materials
- Unauthorized use or possession of Legal or Illegal Substances
- An incident occurring in the community that may have potential negative impact
- Abuse and Neglect of a juvenile
- Sexual Assault
- Suicide and attempted suicide
- Aggression or violence
- Any accident or injury to the individual receiving services
- A behavior inconsistent with the goals stated in the treatment plan
- Imminent risk to the health and safety of the individual, staff or others
- Unauthorized Disclosure of Information
- Misappropriation of state or federal funds by an employee or contractor
- Any event involving a client receiving services that gains the attention of the news media
- The commission of a felony by any youth while participating in any program or in the physical custody of the agency

An incident report shall be completed when an unusual incident occurs that may cause injury to persons or property, or where behavior on the part of a client or staff member may have violated program policies and procedures. The staff person in attendance will complete the organization's Critical Incident/Accident Report form and notify their organization supervisor within twenty-four hours of an unusual incident occurring or immediately if the incident cannot be resolved by staff according to standard program procedures; or in the Shelter, immediately to the on-call supervisor.

The staff that witnessed or first recognized the occurrence of an incident/accident should initiate incident/accident reports. This occurs after staff has dealt with the immediate needs of the individual as they relate to the occurrence of the incident. The report is then forwarded to the responsible Crossroads Youth and Family Services coordinator or administrator for administrative review.

A completed Incident Report should address each of the following, as applicable:

- Identifying information pertaining to the incident/accident (time, duration, specific location, witnesses, clients involved, etc.)

- The circumstance preceding the incident/accident (antecedents and/or cue)
- A clear, detailed, and objective description of the incident/accident
- The response and actions which occurred as a result of the incident/accident
- The signature/title of the staff who completed the incident/accident report and the date the incident/accident report was completed
- A detailed debriefing of staff members involved in the incident/accident
- A plan for corrective action as determined by supervisory and administrative staff
- The signature of the designated Crossroads Youth and Family services coordinator and/administrator who completed the internal review, along with the date the internal review was completed, and
- The date, time and name of the persons notified of the incident/accident (supervisors, Health and Safety Officer, etc)

## **INCIDENT/ACCIDENT TRACKING**

The Health and Safety Officer receives all documentation of employee incident/accident reports. The Health Coordinator for Head Start/Early Head Start receives all documentation of Incident/Accident reports for that program. A monthly report of these incidents/accidents is forwarded to the Health and Safety Officer for review. The Health and Safety Officer reviews all such reports received during the quarter at the regularly scheduled Administrative Team and Board of Directors meetings to determine significant causes, trends, actions for improvement, results of improvement plans, education and training needs, prevention of recurring problems, and internal and external reporting requirements. However, the Health and Safety Officer in consultation with the Executive Director may determine a need for a special interim meeting if the incident/accident being reported is of a critical nature. The organization maintains a separate Utilization Review (UR) file to identify significant trends/issues that may be systematically addressed. The report of the Health and Safety Officer at Administrative Team and Board of Directors meetings is documented in the meeting minutes and kept on file with the Executive Assistant.

## **EMERGENCY PLAN POLICIES AND PROCEDURES**

### **POLICIES**

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Crossroads Youth & Family Services, Inc. locations have a plan for meeting potential emergencies that meet all applicable authorities including the Fire Marshall, Health Department, Licensure Requirements. The emergency plans and procedures are locale specific. Unannounced tests of all emergency procedures are conducted at least annually on each shift, at each location, including, as relevant to the emergency procedure, complete actual or simulated physical evacuation drills. The tests are analyzed for performance improvement, result in improvement of or affirm satisfactory current practice, and result in a written report. The procedures include but are not limited to:

1. Written procedures to implement in the event of fires, medical emergencies, natural disasters, bomb threats, utility/power failures and workplace threat or violence, or catastrophic event in facilities controlled by the agency and in writing or other means in facilities not controlled by the organization. Crossroads YFS evaluates safety concerns related to possible natural disasters and their potential effects on our staff members, persons served, and property and develops procedures detailing action to be taken in the event of a natural disaster.
2. Procedures for evacuation including provisions for individuals who have not demonstrated the ability for taking action for self-preservation and the safety of all evacuees;
3. Procedures for notification of emergency services, law enforcement and the organization administrator or designee;
4. Procedures for communication during sustained emergency conditions;
4. Instructions on the use of alarm systems, fire fighting equipment and evacuation devices available in the facility;
5. Instruction on the procedures for action when threat of violence, bomb threat or other catastrophic event occurs; and,
6. An evacuation plan for each setting which designates the routes of evacuation, location of fire fighting equipment and location of evacuation devices.

### **HEAD START/EARLY HEAD START**

All Crossroads Head Start/Early Head Start locations have a site-specific plan for meeting potential emergencies. In the event of an emergency situation the *Emergency and General Disaster Plan* will guide staff step by step to ensure that appropriate

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measures are taken to protect the children, other staff, and others involved. Each site has an Emergency and General Disaster Plan that is specific for that particular site and community. The Emergency and General Disaster Plan is designed to be used during any emergency with maximum efficiency and a decreased potential for confusion during emergency situations. The Emergency and General Disaster Plan is available within each classroom and training will be provided at Pre-service and throughout the year as a part of new staff orientation. The Emergency and General Disaster Plan will be kept close to or in each classrooms Emergency Card notebook.

In the event of an emergency, the Child Information Forms and monthly attendance sheet and/or sign-in sheet will be taken with the classroom teaching staff in order to contact each family. The staff will post a pre-determined designation on the door, if the Head Start/Early Head Start facility is uninhabitable. These same items plus a fully equipped first aid kit will go with the classroom on all field trips. Emergency contacts are also available via the Child Plus software program in the Shawnee and Area Supervisor's offices. Updates of emergency contact information will be turned in by the Head Start classroom staff as needed to update the computer file by completing the Change of Status form. All emergencies will be documented by assigned classroom staff on the Accident/Crisis Report Form and forwarded to the main office for further processing.

All Emergency Plans shall be accessible in each Crossroads Youth & Family Services location to all staff and persons served.

## **EMERGENCY EVACUATION PROCEDURES**

In the event that it is necessary to evacuate a facility of Crossroads Youth and Family Services the following Emergency Evacuation Procedures should be followed:

- Emergency phone numbers are kept by each organization telephone. The proper emergency number will be called by the person alerting the **CODE GREEN**
- **CODE GREEN** should be communicated to personnel and consumers in the building. **CODE GREEN** is utilized when the building needs to be evacuated immediately
- Staff shall close files where confidential information is kept and calmly but quickly evacuate the building and proceed to designated safe area.

- Administrative Supervisors or other designated organization personnel will quickly “sweep” the building for individuals who have not demonstrated the ability for taking action for self-preservation including people with disabilities.
- Evacuees will meet at their predetermined areas of safety and an accounting of all persons involved will be conducted immediately.

|  |   |
|--|---|
| <u>Tecumseh Road Office and Shelter:</u> | Meet on the west side of the parking lot  |
| <u>Main Street Offices:</u>              | Proceed South of the main entrance to the parking area of the convenience store |
| <u>Noble Counseling Office:</u>          | Meet in the Parking lot North of the Building                                   |

\*\*\* Head Start/Early Head Start sites will meet at the predetermined safety locations identified in each site *Emergency and General Disaster Plan*. In addition, the emergency notebook containing Day Care Licensing Child Information Forms with emergency contact information for each child, staff, and regular volunteer should be taken and staff shall calmly but quickly evacuate the building.

- Once at the predetermined area of safety a head count will be conducted to ensure that everyone is accounted for. Safety of all evacuees will be of the utmost importance.
- Staff should not re-enter the building until the “ALL CLEAR” has been given by the Administrative Supervisor or Health and Safety Officer.

The Executive Director or other Administrative staff will determine if Temporary Shelter is needed in the event that the Emergency Youth Shelter is deemed uninhabitable. The Executive Director or other Administrative staff will identify essential services and will determine if these services will be continued. Essential services are things like the provision of medications, residential support services, or assistance with daily living requirements.

## EMERGENCY EVACUATION DRILLS

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At a minimum, all facilities will complete an emergency evacuation drill on an annual basis for each portion of the emergency plan, or per license and/or accreditation requirements, or as needed. Evacuation route signage is accessible, and understandable for personnel, persons served and others stakeholders including visitors in all facilities of Crossroads YFS. Drills are conducted during various day and/or night shifts. Fire Drills will be conducted monthly in the Shelter program per Department of Human Services Licensing standards.

The Health and Safety Officer is assigned the responsibility for evacuation drills. The Health and Safety Officer review's documentation of emergency evacuation drills on a quarterly basis at a minimum and/or each time a drill is conducted. Tests include complete actual or simulated physical evacuation drills and are analyzed for performance including areas needing improvement; actions to be taken; results of performance improvement plans; and necessary education and training of personnel; and are evidenced in writing. Evacuation drills address when it is appropriate to evacuate; the complete evacuation of a facility; when sheltering in place is appropriate; the safety of all persons involved; the accounting for all persons involved; temporary shelter for residential programs; identification of essential services and the continuation of essential services; emergency phone numbers; notification of appropriate emergency authorities. The Health and Safety Officer reports on the results and/or recommendations for corrective actions on each emergency evacuation drill at the following Administrative Team meeting. The report of the Health and Safety Officer at Administrative Team meetings is documented in the meeting minutes and kept on file with the Executive Assistant.

In the HS/EHS sites Tornado and Fire Drills will be conducted on a monthly basis and documented by classroom staff on Fire and Tornado Drill form. In addition, at least two times per year, each Area Supervisor, as part of a regular center visit, will call upon teaching staff to react to a pseudo-emergency situation (i.e. Bomb Threats, Power Failures, Work Place Threat or Violence, and medical emergencies). This will also be documented on the Fire and Tornado Drill form. Each drill will be analyzed for improvement or conferment of current practices.

A Copy of the completed Fire and Tornado Drill forms will be forwarded to the Health Coordinator who will review the drills for needed corrective actions or conferment of current practices and forward the results to the Health and Safety Officer. The Health and Safety Officer reviews documentation of emergency evacuation drills on a quarterly basis at a minimum and/or each time a drill is conducted. The Health and

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## **CONTROLLABLE FIRE**

In the case of a CONTROLLABLE FIRE, staff is to remain calm. All staff and clients will be evacuated according to the Emergency Evacuation Plan or Emergency and General Disaster Plan for Head Start/Early Head Start sites. Administrative or designated staff that stays in the building should proceed by taking the following steps:

1. Secure the nearest fire extinguisher and attempt to extinguish the fire. When staff are certain that the fire has been properly extinguished and in consultation with available Administrative staff, staff and clients should be informed that it is safe to re-enter the building.
2. If the fire has not been extinguished after several attempts, pull the fire alarm switch and immediately leave the building.
3. Call 911 immediately to notify the Fire Department that a fire exists.
4. Notify the Executive Director, Head Start Director or other Administrative staff if none are currently present as soon as possible to inform him/her of the situation. If the fire occurs on evenings or weekend in the Shelter, call the on-call supervisor as soon as possible to inform him/her of the situation.
5. When fire department personnel arrive, the staff will assist the emergency personnel in charge and follow their directives. The Executive Director, Head Start Director, Health and Safety Officer or other Administrative staff will consult with Fire Department personnel to determine what action shall be taken. Make sure an official police report is taken.
6. Administrative staff or designated staff (in the event an Administrative staff is not present) shall document the incident in detail on an Incident Report form including all juveniles involved as soon as possible and submit it to the Health and Safety Officer. The Health and Safety Officer will keep the report on file and will report on the results and/or recommendations for corrective actions at the following Administrative Team meeting unless the Executive Director determines that a special meeting of the Administrative Team is necessary. The report of the Health and Safety Officer at the Administrative Team meeting is documented in the meeting minutes and kept on file with the Executive Assistant.

All staff involved in the incident will be debriefed as soon as possible following the incident. All other staff will be debriefed about the incident as the next regularly scheduled staff meeting.

### **UNCONTROLLABLE FIRE**

In the case of an UNCONTROLLABLE FIRE, staff is to remain calm. Staff should immediately pull the fire alarm pull station if possible, and all staff and clients should be evacuated according to the Emergency Evacuation Plan or the Emergency and General Disaster Plan for Head Start/Early Head Start sites. Staff should proceed by taking the following steps:

1. Call the local Fire Department by dialing 911 immediately whether or not the fire alarm could be pulled.
2. Account for all staff and clients. If all staff and clients are not accounted for, do not re-enter the building. Inform the proper authorities upon their arrival
3. Notify the Executive Director, Head Start Director, or other Administrative staff if none are currently present as soon as possible to inform him/her of the situation. If the fire occurs on evenings or weekend in the Shelter, call the on-call supervisor as soon as possible to inform him/her of the situation.
4. When fire department personnel arrive, the staff will assist the emergency personnel in charge and follow their directives. The Executive Director, Head Start Director, Health and Safety Officer or other Administrative staff will consult with Fire Department personnel to determine what action shall be taken. Make sure an official police report is taken.
5. Administrative staff or designated staff (in the event an Administrative staff is not present) shall document the incident in detail on an Incident Report form including all juveniles involved as soon as possible and submit it to the Health and Safety Officer. The Health and Safety Officer will keep the report on file and will report on the results and/or recommendations for corrective actions at the following Administrative Team meeting unless the Executive Director determines that a special meeting of the Administrative Team is necessary. The report of the Health and Safety Officer at the Administrative Team meeting is documented in the meeting minutes and kept on file with the Executive Assistant.

6. All staff involved in the incident will be debriefed as soon as possible following the incident. All other staff will be debriefed about the incident as the next regularly scheduled staff meeting.

## **FIRE PREVENTION AND PROTECTION PLAN**

Certain employees of Crossroads Youth & Family Services, Inc., as a part of their job function, will be required to participate in training on the use of the fire alarm system including the fire alarm pull switches and must attest that they could activate the alarm should there be a need to do so.

Fire drills will be conducted at least annually at each facility of the organization. The Health and Safety Officer will document the fire drill on the Emergency Drill Documentation form. The Health and Safety Officer will keep the report on file and will report on the results and/or recommendations for corrective actions at the following Administrative Team meeting. The report of the Health and Safety Officer at the Administrative Team meeting is documented in the meeting minutes and kept on file with the Executive Assistant.

Fire drills will be conducted on the 15th of every month on all three shifts in the Shelter facility. The drill will be documented on the Fire Drill form, noting the number of children in residence at the time of the drill, how long the drill lasted, as well as any problems encountered during the drill. Fire Drills will be conducted on a monthly basis at all Head Start/Early Head Start sites and documented by classroom staff on Fire and Tornado Drill form. All Fire Drill forms will be forwarded to the Health and Safety Officer who will keep the report on file. Any problems with any of the fire drills in the Shelter or Head Start/Early Head Start sites will be reported to the Administrative Team at the next regularly scheduled meeting. The report of the Health and Safety Officer at the Administrative Team meeting is documented in the meeting minutes and kept on file with the Executive Assistant.

## **FIRST AID, FIRE SUPPRESSION AND SPRINKLER SYSTEM EQUIPMENT**

- A. Crossroads Youth and Family staff are trained in First Aid and CPR upon hire and as determined by the American Red Cross. First aid supplies and fire suppression equipment shall be maintained in appropriate designated area within each facility of operation. Program staff shall know the exact location, contents and use of equipment and supplies. Relevant emergency information

on staff is kept in their personnel files; persons served information is collected at intake and kept in their individual files.

Head Start/Early Head Start sites will have a fully stocked first aid kit available in each classroom. A CPR/First Aid sign will be posted on the wall. First aid kits will be kept out of the reach of children and taken on all outings. In addition, a waist pack will be taken outside on the playground by Head Start/Early Head Start classroom staff, which contains first aid supplies commonly needed when children play outdoors (determined by Day Care Licensing Regulations and recommendations from our Health Services Advisory Committee).

First aid kits will be readily available and well supplied for the ages served and maintained at each facility and available on outings away from the site. Kits will be accessible to staff at all times but kept out of the reach of children.

Requirements of the first aid kits can be found on the First Aid Kit form located with the first aid kit in each site.

- B. In the case the sprinkler system has been triggered and the fire alarm is activated, all staff members, clients and residents will evacuate the building according to the evacuation plan. Administrative staff will determine if a fire exists and will do a check of the building. If it is determined that foul play has triggered the alarm, staff will take the following steps:
1. Designated staff will reset the alarm.
  2. If it is determined that there is trouble or a problem with the system, call AL fire protection, 787-4417, and request that they come out immediately to repair sprinkler system, pull station, or faulty smoke detector
  3. Alert staff and clients that they may re-enter the building once all systems are fully operational. Staff and clients may not re-enter the facility until sprinkler system is fully operational.
  4. If necessary, call on-call supervisor to report the situation.
  5. Document the incident on an Incident Report form including all parties involved and submit it to the Health and Safety Officer. The Health and Safety Officer will keep the report on file and will report on the results and/or recommendations for corrective actions at the following Administrative Team meeting. The report of the Health and Safety Officer at the Administrative Team meeting is documented in the meeting minutes and kept on file with the Executive Assistant.

6. All clients involved will be dealt with appropriately. If the incident occurs on evenings or weekends, staff should consult with the on-call supervisor about appropriate actions to be taken.
7. Staff will contact the Cleveland County sheriff's department, 321-8600, and ask for assistance in investigation where appropriate.
8. When necessary or if AL fire protection cannot be reached, staff will call the Norman Fire Department at 321-8696 for non-emergencies or 911 for emergencies for assistance.
9. If it is determined the system will be inoperable for an extended period of time, the Executive Director or the Health and Safety Officer will determine if the area is safe or unsafe and decide whether to close the organization and dismiss staff and clients. If the incident occurs during the evening or on weekends, Shelter staff should immediately consult with the on-call supervisor about the necessity of contacting parents, guardians, relatives or responsible adult to discharge clients.

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## **WORKPLACE THREAT OF VIOLENCE, BOMB THREAT OR CATASTROPHIC EVENT**

These procedures are to be used in the event of a threat of violence such as a bomb threat, toxic waste contamination, severe weather, threat of bodily harm by an angry client, or other catastrophic incident, which threatens the safety of staff or individuals being served.

### **PRECAUTIONARY MEASURES**

1. Increased communication between professional and support staff regarding difficult clients is extremely important in managing potentially disruptive situations. Professional staff will inform support staff of any angry, upset clients who will be visiting the organization. Support staff will be informed of appointment times and expected behaviors of any difficult clients.
2. Clinical staff will discuss during clinical management meetings any clients who may present a safety or security concern to the organization and/or staff. Follow-up discussion at all-staff meetings will be facilitated as necessary. Shelter staff

will communicate issues related to the safety and security of the residents at each shift change.

3. All organization personnel will maintain a heightened sensitivity to security issues within the organization. Staff will take responsibility to question unfamiliar persons who do not appear to have business with our organization and assist them in locating the person and/or service they were attempting to locate.
4. Doors leading to the Shelter from the counseling offices and the reception area door leading to the counseling offices will be kept locked beginning at 5:00 p.m. until 7:30 a.m. the next day. All staff is to take personal responsibility for keeping the door between the reception area and the counseling offices locked as they move about the building after 5:00 p.m. All staff will be notified of any threats or potentially angry/upset individuals who may be in the building on Court Docket days and additional precautionary measures will be taken in consultation with the Executive Director and/or the Health and Safety Officer.

#### **TELEPHONE THREAT**

1. Upon receipt or knowledge of immediate risk, the Executive Director or available Administrative Supervisors will be informed immediately or as soon as the situation allows. The Executive Director and/or available Administrative Supervisors will evaluate the threat and determine the exact course of action unless the following procedures provide a specific plan of action under certain circumstances such as imminent danger.
2. Should a threat, such as bodily harm or bomb threat, be made by phone, the recipient of the call shall should listen carefully and note the following:
  - a. Caller's gender
  - b. Caller's age
  - c. Caller's accent
  - d. Familiar sounds
  - e. Background noises
  - f. Time threat of violence is to occur or time of detonation

3. The recipient of the call will inform all staff by calmly utilizing the appropriate code according to the location of the incident that may occur or the location of the bomb:
  2. **CODE GREEN:** evacuate the building immediately
  3. **CODE RED:** stay in your office and wait for further instructions
  4. **CODE YELLOW:** take precaution and stay in your office until further notice
4. If specific information is received about an immediate threat of violence, bomb threat or a catastrophic incident, designated staff will immediately call 911.
5. If a bomb threat is received, all staff should make a visual search of their work area, looking for unusual or unfamiliar items as they exit the building. However, staff is not to touch any suspicious objects. If an unusual item is noticed, the Executive Director or Administrative Supervisor should be notified immediately. Staff shall close files where confidential information is kept. Administrative staff will evacuate individuals and staff to their predetermined area of safety identified for Fire Evacuation. In the event of an evacuation, Administrative staff will check the building for remaining staff, clients and other individuals.
6. The Executive Director and/or Administrative Supervisor will designate a staff member to notify staff at each work site, as appropriate, to alert them of the situation.
7. When law enforcement and/or fire department personnel arrive, the Health and Safety Officer, Executive Director or other Administrative staff will assist the emergency personnel in charge. The emergency personnel will handle all action regarding disposal or handling of the bomb or device or toxic waste. The Executive Director or other Administrative staff will determine whether further action shall be made in consultation with the appropriate emergency personnel.
8. The Executive Director or other Administrative staff will determine if the area is safe or unsafe and decide whether to close the organization and dismiss staff and clients.
9. The Health and Safety Officer, Administrative staff and the recipient of the call will complete an Incident Report Form, giving as much information as possible concerning the person making the call and all actions, which followed. The Health and Safety Officer will keep the report on file and will report on the

results and/or recommendations for corrective actions at the following Administrative Team meeting. The report of the Health and Safety Officer at the Administrative Team meeting is documented in the meeting minutes and kept on file with the Executive Assistant.

10. All staff involved in the incident will be debriefed as soon as possible following the incident. All other staff will be debriefed about the incident at the next regularly scheduled staff meeting.

### **THREAT IN PERSON**

1. If a support staff member or other staff should experience a threat in person, the following steps should be taken:
  - a. Attempt to verbally de-escalate the situation. Training will be provided to all staff on dealing with upset persons and violence in the workplace.
  - b. Ask a fellow staff member to help or call a member of the Administrative staff to inform them of the nature of the threat and the need for assistance.
  - c. Staff who hear this should contact an Administrative staff member or member of the clinical staff for assistance in the front office or wherever the situation is occurring.
  - d. Diffuse the situation if possible. Otherwise, staff should call 911 and wait for police.
  - e. Notify the Executive Director and/or Administrative staff member
  - f. Complete an Incident Report form and submit it to the Health and Safety Officer
  - g. The Health and Safety Officer will keep the report on file and will report on the results and/or recommendations for corrective actions at the following Administrative Team meeting. The report of the Health and Safety Officer at the Administrative Team meeting is documented in the meeting minutes and kept on file with the Executive Assistant.
  - h. Debrief staff.
2. If any other staff member should experience a threat of bodily harm particularly in a situation where the staff member is in their office with the threatening person and the office door is closed, the following steps should be taken:

- a. The staff member should ask the person making the threat if he/she would like something to drink. This gives the staff member an opportunity to leave the room.
- b. If the staff member is unable to leave the room, he/she should make an attempt to call the receptionist and say, "Please cancel my appointment with Mr. Green."
- c. The receptionist should then ask the following questions:
  1. Would it be safe for me to send someone to assist you?
  2. Do I need to call 911?
  3. Does the person have a weapon?
  4. Is it a gun?
  5. Is it a knife?
- d. Depending on the answers to those questions, the most accessible Administrative staff member or clinician will be contacted to defuse the situation, or the receptionist will call 911.
- e. Notify the Executive Director and/or Administrative staff member
- f. Complete a Incident Report form and submit it to the Health and Safety Officer
- g. The Health and Safety Officer will keep the report on file and will report on the results and/or recommendations for corrective actions at the following Administrative Team meeting. The report of the Health and Safety Officer at the Administrative Team meeting is documented in the meeting minutes and kept on file with the Executive Assistant.
- h. Debrief staff.

## **EMERGENCY INTERVENTION PROCEDURES**

In all programs of Crossroads Youth and Family Services we encourage positive approaches to behavioral intervention, including an emphasis on building positive relationships with persons served. We evaluate our environment to promote appropriate interactions for staff to promote de-escalation of crisis situations and to manage behavior problems. Staffs role in crisis situations include empowering persons served to manage their own behavior. The staff work with the person served on an individual basis to develop a personal safety plan. Seclusion and or Restraint are not

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utilized in the BHOP program, but may be utilized in the residential programs of Crossroads Youth and Family Services under very stringent guidelines.

Sometimes in spite of our best efforts to de-escalate a situation, physical violence and aggression occurs. The following Emergency Intervention Procedures will be utilized if physical intervention is necessary to respond to aggressive or assaultive behaviors or in situations where self harm behaviors are occurring until law enforcement can arrive to take charge of the situation. Emergency Intervention Procedures is a brief hold using no undue force for the purpose of separating individuals threatening to harm one another, comforting the person served and to prevent self-injurious behavior. This may include holding a person's hand or arm to safely guide them from one area to another. Emergency Intervention procedures can be used for children, adolescents, adults and with people with disabilities in a life or safety-threatening situation, only when verbal de-escalation has failed or is not possible. An emergency situation is unanticipated behavior that places the persons served or others at serious threat of violence or risk of injury if no intervention occurs. As an Emergency Intervention Procedure the Managing Aggressive Behavior (MAB) standing physical hold will be used as a time limited emergency procedure provided by designated, trained, competent personnel, until appropriate law enforcement, safety or other emergency service providers arrive on the scene.

The organization utilizes Managing Aggressive Behavior Training Curriculum as the foundation of its Emergency Intervention Training that emphasizes the following:

- The contributing factors or causes of threatening behavior including training on recovery and trauma informed services and the use of personal safety plans
- Learning how to recognize precursors that may lead to aggressive behavior
- How to handle a crisis without restraints, in a supportive and respectful manner
- Which medical conditions may contribute to aggressive behavior
- How interpersonal interactions towards clients, including staff to staff may impact the behaviors of persons served
- The use of alternative interventions, such as mediation, de-escalation, self-protection, and time outs.
- Recognizing signs of physical distress in the person requiring an intervention including staff involved in the intervention
- Recovery/wellness oriented relationships and practices

- The re-establishment of communication after a person has been involved in a physical intervention
- The prevention of threatening behaviors
- When and how to restrain or seclude while minimizing risk
- Training on how to monitor and continually assess for the earliest release
- The practice of intervention done by a team
- The practice of intervention done by an individual
- Training includes when and how to utilize emergency intervention procedures
- Training on the risk associated with Emergency Intervention procedures to the person served and the personnel including medical risks and psychological risks.

During a physical intervention organization staff will review the need for continuation of the physical hold ever 15 minutes. Only those staff members that have been trained in the Emergency Intervention procedures may intervene in a crisis situation. Emergency Intervention Training occurs on an annual basis for employees of the Residential Programs (Shelter) and on a bi-annual basis for other Crossroads YFS staff. Staff that provide Emergency Intervention Procedures are also trained in CPR and First Aid. Staff learn how to monitor and continually assess for the earliest release of the person served. The maximum time that a physical hold will occur for an emergency intervention is 45 minutes. All physical holds will have an observer to insure the safety of those involved in the intervention. The observer will contact or direct another staff member to contact law enforcement or other safety personnel. Immediately following an emergency intervention, the Executive Director or other Administrative Supervisors will be notified. In the event the emergency intervention occurs after hours or at the Emergency Shelter the on-call supervisor will be notified. A Critical Incident/Accident Report form will be completed and forwarded to the Health and Safety Officer for processing. The Executive Director or a designated Administrative Supervisor will debrief the individuals involved in the emergency intervention as soon as possible to gather information and ensure that the physical intervention was conducted according to policy. Any time a client is placed in a physical hold during an emergency situation, his/her record shall contain detailed documentation of the incident and subsequent debriefing. A case-by-case evaluation will be made for persons with special needs.

#### **PHYSICAL INTERVENTION GUIDELINES FOR STAFF**

1. Manage Yourself. To avoid causing pain and to assist the person served in gaining more control over him/herself, you must first manage yourself. You

have more control of the crisis situation if you breathe slowly, relax your muscles and merge (blend) with the movements of the person served. If you cannot manage yourself, you cannot assist the person served in managing him/herself.

2. Avoid Pain. Pain is unacceptable or unnecessary. If you are hurting someone (person served or other staff), stop that behavior. Check periodically for pain producing behaviors or gripping (look, feel, listen, ask). It is not necessary to hold someone tightly to control his or her movements. Remember, we are not pitting force against force or strength against strength, we are moving with the person served, blending the movements of the person served and staff.
3. Assess the Situation. Are there enough adults available to handle the situation safely? Remember, having too many adults involved can also escalate the situation and place everyone in danger. Assess your resources, and get help if you need it. Two or three adults are usually enough; more than three becomes crowded.
4. Use the Least Amount of Physical Intervention Necessary. Your goal is to maintain safety for the aggressive person, other persons served, yourself, and other staff. To a lesser degree, protection of the physical environment is also a consideration. Using the least amount of physical intervention necessary allows the person served every opportunity to regain control. On the other hand, it is intimidating and punitive to allow a person to commit frightening amounts of physical damage. Do not let an individual hurt another consumer or staff member when you could have safely intervened at an earlier moment.
5. Encourage Self-Control. Reassure the person served that you believe he can restore him/herself to self-control. Provide opportunities and encouragement to the person served to do so.

## **SEVERE WEATHER AND NATURAL DISASTERS PROCEDURES**

The following precautions are to be followed in the event of severe weather. Head Start/Early Head Start sites should refer to the Emergency and General Disaster Plan for their specific location.

In case of a tornado watch or when severe thunderstorm conditions exist, the Norman Civil Defense will call the Central Oklahoma Youth Services Detention Center, who, in turn, will notify the Crossroads Youth & Family Services, Inc. and the Emergency Youth Shelter. In addition, each site is equipped with a weather radio that will sound an alert should severe weather approach the area. When Detention staff notifies Crossroads

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YFS staff that there is a “watch” in effect, or when the weather radio sounds a “watch” alert, the staff person receiving the call will obtain information about the storm, and then notify the Director of Shelter Services and/or the Executive Director.

### **STORM AND/OR TORNADO WATCH**

During a *STORM AND/OR TORNADO WATCH*, all staff and clients will remain inside the building. Adult clients who choose to leave will be informed of the pending weather situation. Staff will supervise clients at all times until the watch is cleared. A rechargeable flashlight located in the Shelter staff lounge as well as other battery operated flashlights placed in strategic locations in each facility of the organization should always be carried by staff. Battery operated weather radios are located in:

1. Shelter Intake office and the Norman Counseling Office staff lounge in the main office location;
2. Reception area and Fiscal Office of 1333 West Main Offices;
3. Head Start and Early Head Start sites according to Emergency and General Disaster Plan.

The weather radio alerts staff to pending severe weather throughout the metro area. Battery operated radios and televisions will be turned to local stations for current information regarding severe weather and remain on until the weather alert is cleared.

In the event the area sirens are sounded, the Internal Warning System at Detention will be sounded in the main facility. Detention will notify the Shelter of all information they receive, and Shelter staff will do the same if they receive updated information. Request for information can be made to the Norman Civil Defense at 366-5276. Staff should keep tuned in to local radio and/or television stations for notification of an “all clear”.

### **STORM AND/OR TORNADO WARNING**

In the event of a *STORM AND/OR TORNADO WARNING*, Administrative staff and/or designated authority will proceed through the building and calmly alert those in the building, informing them of a Code Red situation, and to congregate at the designated area. All staff and clients will go to the:

1. Hallway outside of the staff restrooms near the counseling offices in the Norman Counseling Office (including Shelter residents);
2. Hallway outside of the counseling offices in the Noble Counseling Office;

3. First floor hallway West of glass doors in the Main Street location;
5. Head Start and Early Head Start sites according to Emergency and General Disaster Plan.

Administrative staff and/or designated authority should check the building for remaining staff and clients. All doors should remain closed throughout the building. A rechargeable flashlight located in the Shelter staff lounge as well as other battery operated flashlights placed in strategic locations in each facility of the organization should always be carried by staff. Battery operated radios and televisions will be turned to local stations for current information regarding severe weather and remain on until the weather alert is cleared.

In the event staff are on an outing with clients/residents away from the office when a storm sirens sound, staff should direct clients/residents to cover in a low-lying area if outside, or moving to the innermost part of the building if indoors. Staff is to remain calm and supervise the clients/residents closely. When the warning is over, staff and clients/residents should immediately return to the office.

The following information will assist in protecting the safety of individuals during a storm:

1. Stay away from windows. Close all doors to reduce chances of injury from flying objects.
2. Keep calm. Excitement results in poor judgment and creates danger for staff and clients.
3. When severe weather threatens, staff should be alert to the increased anxiety the clients might experience. As anxiety increases, clients rely on staff for a sense of safety and stability.

Involved staff should complete an Incident Report form including all parties involved and submit it to the Health and Safety Officer. The Health and Safety Officer will keep the report on file and will report on the results and/or recommendations for corrective actions at the following Administrative Team meeting. The report of the Health and Safety Officer at the Administrative Team meeting is documented in the meeting minutes and kept on file with the Executive Assistant.

All staff involved in the incident will be debriefed as soon as possible following the incident. All other staff will be debriefed about the incident as the next regularly scheduled staff meeting.

### **ADVANCED WARNING**

In the event of a tornado with advanced warning, staff and clients should proceed to the closest official shelter:

1. Norman Counseling Office—Norman North High School
2. Main Street Office—Cleveland Elementary School
3. Head Start and Early Head Start sites according to Emergency and General Disaster Plan.

### **EARTHQUAKE PREPAREDNESS**

Crossroads Youth & Family Services believes that preparing staff for possible emergency situations is crucial to increasing the likelihood that children, staff, and volunteers will be safe during these often chaotic situations. Earthquake preparedness training will be provided to staff and volunteers on an annual basis at pre-service and/or during orientation to Crossroads' programs and services. Drills will be conducted on a monthly basis in Head Start and Early Head Start programs and on an annual basis in Counseling and Residential programs.

#### **A) Before an Earthquake**

The following are things that can be done to protect the children in Crossroads' care as well as staff members, volunteers, and property in the event of an earthquake:

- Place large or heavy objects on lower shelves.
- Store breakable items such as bottled foods, glass, etc. in low, closed cabinets with latches, if possible.
- Store weed killers, pesticides, and flammable products, if any, securely in closed cabinets with latches and on bottom shelves.
- Pictures and mirrors should be placed away from beds, couches, and anywhere people sit.
- Locate safe spots in each room under a sturdy table or against an inside wall. Reinforce this information by moving to these places during each drill.

## **B) During an Earthquake**

In the event any location should experience an earthquake, the following procedures should be followed:

### **If Indoors**

- **DROP** to the ground; take **COVER** by getting under a sturdy table or other piece of furniture; and **HOLD ON** until the shaking stops. If there isn't a table or desk near you, cover your face and head with your arms and crouch in an inside corner of the building.
- Stay away from glass, windows, outside doors and walls, and anything that could fall, such as lighting fixtures or furniture.
- Children who are in bed when an earthquake strikes should remain there. Staff should assist them in holding on and protecting their head with a pillow, unless they are under a heavy light fixture that could fall. In that case, they should move to the nearest safe place.
- Do not stand under a doorway unless you know it is a strongly supported, load-bearing doorway and it is close to you. Many inside doorways are lightly constructed and do not offer protection.
- Stay inside until the shaking stops and it is safe to go outside. Do not exit a building during the shaking. Research has shown that most injuries occur when people inside buildings attempt to move to a different location inside the building or try to leave.
- **DO NOT** use the elevators.
- Be aware that the electricity may go out or the sprinkler systems or fire alarms may turn on.

### **If Outdoors**

- Stay there.
- Move away from buildings, streetlights, and utility wires.
- Once in the open, stay there until the shaking stops.

### **If in a Moving Vehicle**

- Stop as quickly as safety permits and stay in the vehicle. Avoid stopping near or under buildings, trees, overpasses, and utility wires.

- Proceed cautiously once the earthquake has stopped. Avoid roads, bridges, or ramps that might have been damaged by the earthquake.

### **If Trapped Under Debris**

- Do not light a match.
- Do not move about or kick up dust.
- Cover your mouth with a handkerchief or clothing.
- Tap on a pipe or wall so rescuers can locate you. Use a whistle if one is available. Shout only as a last resort. Shouting can cause you to inhale dangerous amounts of dust.

### **C) After an Earthquake**

- When the shaking stops, look around to make sure it is safe to move. Then exit the building.
- Expect aftershocks. These secondary shock waves are usually less violent than the main quake but can be strong enough to do additional damage to weakened structures. Additionally, they can occur in the first hours, days, weeks, or even months after the quake.
- Help injured or trapped persons. Remember to help those who may require special assistance such as infants, the elderly, and people with access and functional needs. Give first aid where appropriate. Do not move seriously injured persons unless they are in immediate danger of further injury. Call for help.
- Look for and extinguish small fires. Fire is the most common hazard after an earthquake.
- Listen to a battery-powered radio or television for the latest emergency information.
- Use the telephone only for emergency calls.
- Stay away from damaged areas. Stay away unless your assistance has been specifically requested by police, fire, or relief organizations. Return to your building only when authorities say it is safe.
- Be careful when driving after an earthquake and anticipate traffic light outages.
- After it is determined that it is safe to return, ensuring everyone's safety should be the primary priority in the clean up and recovery process.

- Open cabinets cautiously. Beware of objects that can fall off of shelves.
- Clean up any spilled medicines, bleaches, gasoline or flammable liquids, if any, immediately. Leave the area if you smell gas or fumes from other chemicals.
- Inspect utilities.
  - Check for gas leaks. If you smell gas or hear blowing or hissing noises, open a window and quickly leave the building. Turn off the gas at the outside main valve if you can and call the gas company from outside the building. If you turn off the gas for any reason, it must be turned back on by a professional.
  - Look for electrical system damage. If you see sparks or broken or frayed wires, or if you smell hot insulation, turn off the electricity at the main fuse box or circuit breaker **unless you have to step in water to get to the fuse box or circuit breaker**. In that case, call an electrician first for further instructions.
  - Check for sewage and water lines damage. If you suspect sewage lines are damaged, avoid using the toilets and call a plumber. If water pipes are damaged, contact the water company and avoid using water from the tap.
- Administrative staff or designated staff (in the event an Administrative staff person is not present) shall document the incident in detail on an Incident Report form as soon as possible. This report should include information on all children involved and must be submitted to the Health and Safety Officer. That staff person will keep the report on file and report on the results and/or any recommendations for corrective action at the next Administrative Staff meeting unless the Executive Director determines that a special meeting is necessary.
- All staff involved in the incident will be debriefed as soon as possible following the incident. All other staff will be debriefed about the incident at the next regularly-scheduled staff meeting.

### **CLOSING DUE TO INCLEMENT WEATHER**

The decision to close Crossroads Youth & Family Services, Inc. due to inclement weather and snow will coincide with the closing decisions of Cleveland County offices, local public school districts in Cleveland, Comanche, Pottawatomie and Seminole counties, or at the discretion of the Executive Director. Employees of the Emergency

Youth Shelter are considered “essential employees” in those programs and are expected to report to work as scheduled even though the rest of the agency may be closed due to inclement weather.

## **POWER FAILURE**

If any location of the Crossroads Youth & Family Services, Inc. experiences a power outage, the following steps should be followed:

1. The Health and Safety Officer, the receptionist, group facilitator or other designated staff will call the electric company. Head Start Center Directors, Lead Teachers or designated authority should contact their local power company. For Norman and Moore sites, call OG&E at (405) 272-9595 except for the Tecumseh Road Office, call OEC at (405) 321-2024. The Shelter is set up with a power failure phone to notify authorities and on-call supervisors of the situation.
2. All staff has access to emergency lighting, flashlights located in each staff member’s desk and/or other strategic locations. Staff should keep their flashlights with them at all times.
3. If the building is too dark to continue activities:
  - a. Head Start Center Directors, Lead Teachers, or designated authority should contact their immediate supervisor and/or Area Supervisor. The Area Supervisor will contact the Head Start Director.
  - b. Youth Services staff should escort clients to the lobby;
  - c. Youth Services staff will then congregate in the largest room of the facility;
  - d. The Executive Director, Head Start Director, Health and Safety Officer or other designated authority will decide whether to dismiss staff and clients.
  - e. The Executive Director, Head Start Director, Health and Safety Officer or other designated authority will decide when it is safe to return to the office.
4. Involved staff should complete an Incident Report form including all parties involved and submit it to the Health and Safety Officer. The Health and Safety Officer will keep the report on file and will report on the results and/or

recommendations for corrective actions at the following Administrative Team meeting. The report of the Health and Safety Officer at the Administrative Team meeting is documented in the meeting minutes and kept on file with the Executive Assistant.

5. All staff involved in the incident will be debriefed as soon as possible following the incident. All other staff will be debriefed about the incident as the next regularly scheduled staff meeting.

## **MEDICAL EMERGENCIES**

### **LIFE-THREATENING MEDICAL EMERGENCY**

If anyone should experience a life-threatening medical emergency (suspected internal injury, dazed, semiconscious or unconscious states, respiratory distress such as shortness of breath or labored breathing) while at Crossroads Youth & Family Services, Inc. and any delay could place the person's life in immediate danger, the following actions will be taken:

1. Call "911"
2. The person dialing "911" should be prepared to give the following information.
  - Identify yourself and the organization
  - The location of the incident
  - What safety precautions have been taken to this point
3. If the medical emergency occurs in the Shelter or Head Start/Early Head Start site, ask a co-worker to help by contacting the on-call supervisor or Area Supervisor to notify him/her of the situation. Staff should also remove the other children and unnecessary persons from the area.
4. If the person is a youth ask a co-worker to help by contacting the parent, guardian, caseworker, responsible adult, or "person to notify in case of medical emergency" and advise them of the situation. If the person is a staff member or Volunteer ask a co-worker to contact the Human Resources Department at 292-6440 to obtain the Emergency Contact information on that person. If the emergency occurs after hours or in the Shelter or Head Start/Early Head Start program contact the on-call supervisor or the appropriate Area Supervisor. If not initially successful, continue attempts until contact is made.

5. If conscious and the victim is an adult, ask permission to administer First Aid. *First Aid will only be administered by staff members who have been trained in Emergency First Aid Procedures.*
6. A staff member will accompany the victim to the Emergency Room by following in his/her car or riding in the ambulance where appropriate and/or requested. (This may not be possible in the Shelter and Head Start/Early Head Start sites due to the need to maintain licensing standards.) The remaining staff member should contact the Executive Director, Head Start Director, the Health and Safety Officer or other Administrative supervisor if it hasn't already been done.
7. Upon returning to the organization, involved staff should complete an Incident Report form including all parties involved and submit it to the Area Supervisor, Health and Safety Officer and/or Program Director. The Health and Safety Officer will receive a copy of the report and will keep it on file. The Health and Safety Officer will report on the results and/or recommendations for corrective actions at the following Administrative Team meeting. The report of the Health and Safety Officer at the Administrative Team meeting is documented in the meeting minutes and kept on file with the Executive Assistant.
8. All staff involved in the incident will be debriefed as soon as possible following the incident. All other staff will be debriefed about the incident as the next regularly scheduled staff meeting.

### **MEDICAL EMERGENCY THAT IS NOT LIFE-THREATENING**

If anyone should experience a medical emergency that is not life threatening while at Crossroads Youth & Family Services, Inc., the following actions will be taken:

1. If the person is a youth, contact the parent, guardian, caseworker or “person to notify” in case of a medical emergency and request instruction for treatment. If the person is a staff member or Volunteer ask a co-worker to contact the Human Resources Department at 292-6440 to obtain the Emergency Contact Information for that person. If the emergency occurs after hours or in the Shelter or Head Start/Early Head Start program contact the on-call supervisor or the appropriate Area Supervisor. If not initially successful, continue attempts until contact is made.
2. If the medical emergency occurs in the Shelter, ask a co-worker to help by contacting the on-call supervisor to notify him/her of the situation.

3. If the person is an adult, assist the person by directing him/her to the Nearest Emergency Room, Minor Emergency facility, or a physician of his/her choice.
4. If the person is an adult without personal transportation, ask the person if there is someone who can be called who can provide transportation and/or assistance to him/her. Checker Cab (329-3335) or Sooner Taxi (619-7888) can be called to transport client when necessary. Other options may be determined after consulting with a supervisor.
5. If dealing with an adult, ask permission to administer First Aid. *First Aid will only be administered by staff members who have been trained in Emergency First Aid Procedures.*
6. Involved staff should complete an Incident Report form including all parties involved and submit it to the Health and Safety Officer, Health Coordinator, or Area Supervisor. The Health and Safety Officer will receive a copy of the report and will keep it on file. The Health and Safety Officer will report on the results and/or recommendations for corrective actions at the following Administrative Team meeting. The report of the Health and Safety Officer at the Administrative Team meeting is documented in the meeting minutes and kept on file with the Executive Assistant.
7. All staff involved in the incident will be debriefed as soon as possible following the incident. All other staff will be debriefed about the incident as the next regularly scheduled staff meeting.

## **TRANSPORTATION POLICIES**

All staff that transport clients shall be at least 23 years of age with a valid Oklahoma driver's license. The agency provides insurance on all agency vehicles that covers the vehicles and passengers. Staff receive training on the organization's transportation procedures and unique needs of the persons served upon hire and annually thereafter. Staff who will provide transportation of persons served in vehicles designed to transport 10 or more passengers are required to complete training specific to the safe operation of that type of vehicle. Only those staff on the approved driver list may drive organization-owned or operated vehicles. Staff will insure that a current copy of their insurance verification is in their personnel file. There will be a check of each staff's past driving record and a criminal record check with a satisfactory record obtained. Direct care staff will insure that their vehicle contains needed supplies for the safety of clients. A fire extinguisher, first aid kit, and road warning and/or hazard equipment will be available at all times in vehicles owned or operated by the organization, and used to

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provide transportation for the person served. Staff is responsible for checking the supplies in the first aid kit and reporting any needed supplies. In addition, a cell phone or other communication device and a flashlight will also be available to assist with safety. A copy of the transportation rules and written emergency procedures will be displayed in all vehicles. When accessibility issues arise every effort will be made to ensure that transportation for persons served meets their accessibility needs.

All staff that transport clients agree to follow all federal, state, provincial, county, and city requirements. No vehicle shall be put into motion until all occupants of the vehicle have their seat belts securely fastened. Infants and children will utilize the use of age-appropriate restraining devices that are secured in the vehicle during transportation. Staff that regularly transports infants and children will be trained in the proper use of infant/child vehicle restraining devices. Children age 12 and under are prohibited from sitting in the front seat of an airbag equipped vehicle unless an airbag cut off switch is installed and activated. If a child 12 years of age or younger must be placed in front of an air bag, because all other position are taken, it must be a child whose age and weight requires a forward facing harness seat. Smoking, eating and drinking is not permitted in vehicles. Clients are to know that they are responsible for the cleanliness of the vehicle, with the ultimate responsibility falling on staff. Staff shall come to a complete stop and look before crossing railroad crossings. Staff receives training on an annual basis with regard to Crossroad's transportation requirements and with regard to how to correctly handle medical emergencies when transporting clients.

In all organization-owned, leased, or rented vehicles, maintenance will be according to manufacturers' recommendations. Quarterly inspections of tire wear and pressure, brakes, lights, and functioning seat belts are conducted. Each vehicle will have operable door locks which will be locked while the vehicle is in motion. Each vehicle will have an operable heater that is capable of maintaining a temperature of 65 degrees Fahrenheit in the vehicle and a workable ventilation system is in place. It is expected and agreed that staff who transport clients in their own vehicles will follow all organization rules with regard to vehicle safety and are instructed to maintain their personal vehicles in accordance with the manufacturers' recommendations.

### **FIELD TRIPS**

Transportation for all off-site field trips for Head Start/Early Head Start children will be provided by the organization through owned or leased vehicles/vans/buses with approved child-safety restraints. Staff and/or independent contractors, who are hired as

approved drivers, and who drive children and/or staff for field trips, shall have a current Commercial Driver's License, a copy of which shall be provided and on file with the organization. All Oklahoma Child Care Licensing Standards, Section 29, Transportation, A through F, pertaining to transportation of children apply.

### **TRANSPORTATION OF PERSONS SERVED**

Before each trip, clients who are to be passengers in the van are to read the Van Rules (staff may read them to clients). A copy of the Van Rules will be in the van at all times. This is to make all passengers aware of the rules and staff expectations before a trip begins. Clients are to be reminded that violation of these rules may result in the immediate return to the organization and a loss of transportation privileges for those individuals involved.

In the event a male staff person must transport (by himself) a female client to a given destination (or vice versa if a female staff person must transport a male client), it is very important for the staff person to document in the Daily Log the time of departure and destination. The staff member is to call the office upon reaching their destination. Transportation of the opposite sex is to be avoided if possible. It is preferable that staff transports more than one child at a time on outings.

Due to liability issues, whenever possible, the van, and not staff members' personal automobiles, should be utilized for transportation of clients.

### **STAFF RESPONSIBILITIES**

- 1) The van is only to be used for the transportation of Crossroads Youth & Family Services clients and for running errands for the organization or for transporting staff members to training.
- 2) The van is only to be driven by staff that is approved by the insurance company and the Executive Director.
- 3) Staff members are responsible for documenting mileage and destination each time the van is used. A van mileage log will be kept in the van. Staff is to document the beginning odometer reading, the date, and initial entry.
- 4) Staff members are responsible for making sure all windows and doors are secured and locked before leaving the van unattended.

- 5) Staff members using the van are responsible for the cleanup of the van upon return to the organization. Children riding in the van should be responsible for making sure the van is kept clean.
- 6) Staff members are responsible for reading the Van Rules to passengers before each trip away from the organization. A copy of the Van Rules shall be kept in the van at all times.
- 7) The van is to be thoroughly washed and cleaned out every weekend.
- 8) Staff are responsible for alerting the Director of Shelter Services in the event of maintenance needs for the van. If unusual noises are heard, oil leaks are spotted, or anything is broken, staff must alert the Director of Shelter Services as soon as possible. The Director of Shelter Services and/or the Executive Director are to be notified immediately in the event of a traffic mishap, traffic violation, etc. The Director of Counseling Services needs to be notified when the mishap involves either Clinical Staff or clients of the organization. Staff members who are ticketed while driving the van are responsible for paying any resulting fines. Staff is responsible for reminding the Director of Shelter Services when the oil is due to be checked. The oil is to be changed every 3,000 miles.
- 9) All gas, oil and repair receipts are to be given to the Director of Shelter Services for processing.
- 10) No smoking, food or drinks in the van.
- 11) The van is to be locked at all times when not in use.
- 12) First Aid Kit, flashlight, and road hazard signs are to be kept in the van at all times. If items need to be replaced staff is responsible for reporting this to the Director of Shelter Services.
- 13) Seat belts must be worn by all passengers (and the driver) at all times.
- 14) The oil is to be checked with each gasoline fill up.
- 15) Monday through Friday 8:00 a.m. – 4:00 p.m. staff are to check on the amount of gas in the van and are to fill up if needed. Staff are not to return the van to the organization with out filling up if the van has less than a quarter tank of gas.

## **VAN RULES**

While you are in the van:

- 1) There will be no loud music, screaming or yelling

- 2) Children are to sit in their seats. Infants and young children are to be securely fastened in approved restraining devices.
- 3) Seat belts are to be worn at all times and are not to be removed until the van comes to a complete stop at the desired destination.
- 4) Children are to sit in their own seats and not in an adult's lap.
- 5) We will not use any obscene gestures and/or language toward pedestrians or other vehicles.
- 6) We will not throw objects out the windows and/or spit out the windows of the van.
- 7) We will not litter.
- 8) In order to prevent injuries, only staff members will be responsible to close the large side door.
- 9) The back door is to be used only in case of emergency and is not for general use.

#### **USE OF CELLULAR PHONE**

Staff will keep a cellular phone or other communication device with them when transporting clients in their personal vehicle. A cellular phone will be kept at the organization to be used by staff that do not have a cellular phone assigned to them or don't have a personal cellular phone.

#### **MEDICAL EMERGENCIES WHEN TRANSPORTING RESIDENTS/CLIENTS**

All organization vehicles and all staff that transport clients and/or residents shall have and keep in their vehicle easily assessable procedures for handling medical emergencies, in addition to the following emergency equipment will be in vehicles:

1. Safety Cones
2. Fire Extinguisher
3. First Aid Kit
4. Flash Light
5. Cellular Phone or Other Communication Device

In the event of a medical emergency, such as fainting, seizure, cardiac arrest or other medical problems while transporting residents and/or clients, staff should adhere to the following procedures:

1. Staff members should attempt to remain calm.
-

2. If in transit, immediately find a safe location to park the vehicle.
3. One staff member should attend to the resident/client and administer basic First Aid/CPR procedures if necessary.
4. The attending staff member should remain with the victim at all times.
5. If there is only one staff member available, that staff member should call for emergency medical personnel immediately and then, if possible, also call the organization to ask for emergency assistance from available staff. The staff member should make every effort to stay with the victim while making these phone calls.
6. The second staff member or available adult should move other residents/clients away from the scene.
7. The second staff member or available adult should supervise the remaining residents/clients and call for emergency medical personnel utilizing the organization cell phone or closest public telephone.
8. The second staff member or available adult should also contact the on-call supervisor, organization administrator, and/or remaining staff on duty at the organization immediately after contacting emergency medical services.
9. The second staff member or remaining staff on duty at the organization shall immediately make every effort to contact parent, guardians, responsible adults or caseworkers and inform them of the medical emergency.
10. Upon the arrival of emergency medical personnel, the staff member attending to the victim shall accompany the victim to the emergency room as long as there is another adult remaining to stay with the rest of the clients/residents.
11. The second staff member or available adult will return to the organization with the remaining residents/clients.
12. Involved staff should complete an Incident Report form including all parties involved and submit it to the Health and Safety Officer. The Health and Safety Officer will keep the report on file and will report on the results and/or recommendations for corrective actions at the following Administrative Team meeting. The report of the Health and Safety Officer at the Administrative Team meeting is documented in the meeting minutes and kept on file with the Executive Assistant.

13. All staff involved in the incident will be debriefed as soon as possible following the incident. All other staff will be debriefed about the incident as the next regularly scheduled staff meeting.

## **VEHICLE EVACUATION**

An emergency evacuation of a vehicle may become necessary due to fire, noxious fumes, fuel leak, collision, and engine or battery failure in adverse weather or traffic conditions. To ensure all individuals can be safely and efficiently evacuated from a vehicle during community travel, staff will be trained in vehicle safety to assess and complete the vehicle evacuation.

1. Staff will be trained to evacuate ambulatory and non-ambulatory individuals using safety techniques in evacuating individuals in wheelchairs.
2. If the vehicle is involved in a collision and damage has resulted, judgment must be exercised as to the appropriateness of moving the occupants.
3. If the collision caused a whiplash effect, or if there are injuries and there does not appear to be the danger of explosion, it may be best to await evacuation by medical personnel. If injuries to occupants have occurred, procedures for Handling Medical Emergencies When Transporting Residents/Clients should be followed.
4. All individuals will be directed to a place of safety away from traffic and if possible out of the elements. Staff available at the organization and/or the on-call supervisor will be notified immediately.
5. Available staff will assist in calling a wrecker service for immediate Assistance and/or towing service. The responding staff will attend to the immediate needs of the occupants by making every effort to contact parent, guardians, responsible adults or caseworkers and inform them of the situation.

## **FIRST AID PLAN**

All direct service staff of Crossroads YFS are required to maintain current First Aid/CPR certification. All other staff including support staff and administrative staff of the organization is encouraged to receive First Aid/CPR training. First Aid tips are posted in strategic locations of all sites as a helpful reminder to staff regarding First Aid

techniques. A fully stocked First Aid kit is kept at each Crossroads YFS site. Emergency contact information for persons served is kept in their individual case files. Emergency contact information for agency personnel may be obtained during business hours by contacting the Human Resources Department at (405) 292-6440. Residential staffs' emergency contact information may also be obtained after hours by contacting the Director of Shelter Services at (405) 543-3476. The following First Aid techniques are to be followed in an emergency:

**FOR CHOKING AND RESPIRATORY DISTRESS:**

1. Tap and shout to see if the person responds. Ask for assistance—send someone to call the local emergency number: 911.
2. If no response, look, listen, and feel for breathing for about 10 seconds.
3. If the person is not breathing or you can't tell, position victim on back while supporting head and neck. Tilt head back and lift chin.
4. Look, listen, and feel for breathing for about ten (10) seconds.
5. If not breathing, give two (2) slow breaths.
6. If the person is a child or infant, check pulse for no more than 10 seconds.
7. Check for severe bleeding.

**IF A PERSON HAS STOPPED BREATHING:**

1. Lay victim on back. With the victim's head tilted back and chin lifted, pinch the nose shut.
2. Give two (2) slow breaths. Breathe into victim until chest gently rises.
3. Check for pulse.
4. If a pulse is present but person is still not breathing, give 1 slow breath about every three (3) seconds.
5. Do this for about 2 minute (40 breaths).
6. Recheck pulse and breathing about every 2 minutes.

**IF A PERSON IS UNABLE TO SPEAK, COUGH OR BREATHE:**

1. Assume the air way is blocked; Support person and give 5 back blows between the shoulder blades;

2. Then provide abdominal thrust by placing thumb side of fist against middle of abdomen just above the navel. Grasp fist with other hand.
3. Give quick, 5 upward thrusts.
4. Repeat 1 and 2 until object is coughed up or person becomes unconscious.

**EMERGENCY NUMBERS:**

|                                  |                 |
|----------------------------------|-----------------|
| <b>Poison Control:</b>           | <b>271-5454</b> |
| <b>Norman Regional Hospital:</b> | <b>307-1500</b> |

## **NON-MEDICAL EMERGENCY**

### **CRISIS POLICY**

The term “crisis” is defined by the Crossroads Youth & Family Services, Inc. as any situation, interpreted by a staff therapist that presents a life threatening danger to a child less than 18 years of age or threatening to the family of such a child. Examples of such situations might include but are not limited to: suicidal attempts or gestures, homicidal threats to family members or others, or runaway situations when the parent feels the child would be in a life-threatening situation. Problems of a long-standing nature (i.e. poor school grades, truancy, or discipline problems) are not to be considered a crisis situation.

The procedure in which the organization handles these types of crisis calls is as follows:

1. The support staff person or Shelter staff takes the initial phone contact by the parent or child. The staff person alerts the staff counselor who is on-call for that week by paging, calling them, or finding them in the building. If the on-call counselor is not available, the Clinical Supervisor or another staff counselor will be alerted.
2. The staff counselor who takes the crisis call will in turn contact the consumer and clinically assess the situation over the phone to determine if it falls under the criteria of a crisis emergency. The case will be handled in the following manner based upon the assessment make by the counselor:
  - a. Case is deemed a Crisis Situation:  
If necessary, the consumer will be instructed to contact police, the community mental health center, or ambulance services for immediate emergency services. If that is not deemed appropriate, an emergency

intake appointment is scheduled no later than 72 hours after the call, and every effort will be made to schedule the appointment the next business day. (There may be occasions that, upon consultation with the Administrative Supervisor, the on-call counselor may agree to meet the consumer at the Emergency Youth Shelter during evening or weekend hours to provide crisis intervention services.) At this time, the therapist will make an in-depth assessment as to the nature of the emergency including previous crisis episodes and how they were dealt with, background history, family support system, etc. After this assessment, the therapist will either:

1. Reschedule an appointment to see the consumer and family for additional information and/or counseling services; or
  2. Reschedule a formal intake session with the next available staff counselor and devise an intervention strategy if the crisis arises again before the intake session; or
  3. Discuss community resources that might be more appropriate for the situation where the family's needs might be more appropriately met.
- b. Case is deemed to not be a Crisis Situation by the on-call counselor:
1. If the case is determined to be best handled by family counseling, the on-call counselor will schedule the client's family the next available formal intake session.
  2. If it is determined the family's needs may be met more appropriately through another community resource, the on-call counselor will provide referral information to the client.
  3. The counselor will fill out a Crisis Intervention form documenting the names of the individual's involved, the nature of the crisis, intervention services provided, referral information provided, and any additional assistance given. In the event that the client does not access additional counseling services at Crossroads YFS, the counselor providing crisis intervention services will conduct a follow-up phone call one week later to determine if the crisis is being appropriately addressed. Documentation of the follow-up call will be recorded on the Crisis Intervention form and kept in a separate file.

## **PROHIBITION OF TOBACCO**

In keeping with changing community standards to provide a healthy environment and appropriate role modeling for children, families, and staff, all buildings, offices and outdoor areas under the control of Crossroads Youth & Family Services, including parking lots, are declared to be tobacco-free environments at all times, without exception. Therefore, smoking and/or use of tobacco products by anyone are strictly prohibited inside and outside the buildings. Tobacco products are any product that contains or is derived from tobacco and is intended for human consumption and includes e-cigarettes and vapor devices/products but excludes tobacco cessation products such as nicotine patches and nicotine gum. In addition, tobacco use in vehicles owned or operated by Crossroads YFS or in personal vehicles on properties owned or under the control of Crossroads YFS is prohibited. This policy extends to all employees, volunteers, clients, customers, visitors, vendors, contractors, and others on business at Crossroads YFS. “Tobacco-Free” signs will be posted at the entrance of all properties owned or under the control of Crossroads YFS. Staff members who choose to use tobacco shall not knowingly do so in front of children, youth residents and/or clients of Crossroads YFS, or on the properties of the organization or at events sponsored by Crossroads YFS and held off-site.

Being tobacco-free is encouraged. All new employees will receive a copy of this policy and information about the Oklahoma Tobacco Helpline for cessation services. At the discretion of the Executive Director, funds may be spent to defray the expenses of staff members receiving services for smoking cessation. In addition, optional Cancer Insurance benefits are available through Crossroads YFS’ insurance carrier.

State law governs the use of tobacco products by minors. The organization prohibits juveniles from possessing or using tobacco products. It is illegal for staff to purchase, give or procure any tobacco products, including cigarettes, cigarette papers, cigars, snuff, chewing tobacco or any other form of tobacco product to minors. The organization prohibits staff from allowing minors to use tobacco in their presence while conducting organization business.

Any violations of this policy by any employee will be handled through the standard disciplinary procedure.

21 O.S. Section 1241 and 1242

## **OPEN FLAME DEVICES**

In accordance with the National Fire Protection Association Code, which prohibits the use of open flame devices in public buildings, the use of open flame devices are prohibited in all buildings, offices and/or facilities of the Crossroads Youth & Family Services, Inc. The restriction includes the lighting of candles, scented candles and/or heating-type candles.

## **PROHIBITION OF FIREARMS AND CONCEALED WEAPONS**

Possession of firearms on Crossroads YFS premises or while on Crossroads YFS business is prohibited. Possession of firearms or concealed weapons in any buildings, offices and/or facilities of the Crossroads Youth & Family Services, Inc. is prohibited. However, this policy does not restrict employees when off-duty and away from Crossroads YFS from participating in the Oklahoma Self-Defense Act. Employees violating this policy will be subject to disciplinary action, up to and including dismissal.

Staff persons who are aware of any visitors or client who has in their possession a firearm or concealed weapon while in any of the buildings, offices, or facilities of Crossroads YFS should immediately notify the Executive Director, the Health and Safety Officer or any available Administrative Supervisor. When necessary, the procedures of the Workplace Threat policy may need to be followed.

*Okla. Stat. Ann. Tit. 21, 1277 (A) (1) (West 1995). Okla. Stat. Ann. Tit 21 1290.7 (2) (West 1995)*

## **OUT OF OFFICE SERVICES**

A comprehensive policy and procedures for out of office and/or home-based worker safety is found in the General Program Policies section of the Policies and Procedures manual. This policy addresses the provision of information and training designed to reduce the physical risk of the person served as well as personnel.

## **EQUIPMENT SAFETY AND SUPPLIES**

- A. To ensure the safety of individuals and employees Crossroads Youth and Family staff are trained in Standard First Aid and CPR, only authorized and trained

- personnel are permitted to operate any equipment or machinery of Crossroads YFS.
- B. Non-portable equipment or machinery will have a safety zone painted on the floor surrounding pieces of equipment to identify working area; unauthorized personnel will not be permitted inside identified working area.
  - C. Personal protective equipment and supplies are provided to prevent injury and/or the spread of infection or contagious disease.
  - D. First aid kits are maintained at each work area and are inspected on a scheduled basis to ensure the expended supplies are replaced.

### **INFECTION PREVENTION AND UNIVERSAL CONTROL POLICY**

- A. Crossroads Youth & Family Services, Inc. will comply with all local, state and federal requirements to ensure the work environment is clean, safe and hazard free.
- B. Crossroads Youth & Family Services, Inc. staff receives training regarding infection prevention, infection control, infectious diseases, universal precautions, and communicable diseases such as Hepatitis, HIV, etc. upon hire and annually. Persons served and other stakeholders who visit the agency receive prevention information through the consumer handbook and postings throughout our facilities.
- C. Crossroads Youth & Family Services, Inc. provides protective equipment in changing areas, first aid boxes, and in locations where infectious wastes may be generated.
- D. Job classifications shall be reviewed as needed to determine the risk factor for exposure to blood borne pathogens. Those employees working in the designated classifications will be immunized at Crossroads Youth & Family Services, Inc. expense should the employee desire to do so. Any other employee who feels that he/she is at risk will contact the Health and Safety Officer for immunization information.
- E. The Oklahoma Child Care Facilities Licensing Act requires “Any child afflicted with a reportable contagious disease shall be excluded from attending a day care center or day care home until such time as the period of communicability has elapsed as determined by a licensed physician or health department official.”

Staff and clients may not be aware of the presence of communicable conditions; therefore universal precautions and basic hygiene practices should be followed. This includes hand washing, use of protective barriers and disinfecting when exposed to bodily fluids and blood, proper health care, and prohibited behaviors. Any person with knowledge of suspected or confirmed communicable disease has the responsibility to report this information to their immediate supervisor.

- F. Hand washing is appropriate as follows:
1. Upon arrival at the Shelter
  2. Before eating or handling food
  3. After eating, drinking or smoking
  4. After changing diapers or wiping noses
  5. After using the restroom
  6. Before and after administering medications
  7. After cleaning
  8. Before and after cleaning and dressing of wounds or sores
  9. As often as necessary to keep hands clean
- G. Use of latex gloves should be worn when there is exposure to blood, bodily fluids, open wounds, when changing diapers, cleaning up vomit, cleaning up results of incontinence, cleaning and dressing wounds or sores, and shampooing children with head lice.
- H. Clean-up of blood and bodily fluids on environmental surfaces should be done with soap and water followed by a disinfecting rinse with a solution of one part household bleach to ten parts water. Disposable towels should be used. If a mop is used, it needs to be rinsed in a disinfectant solution. Waste, laundry and housekeeping articles that are contaminated shall be handled with gloves, cleaned in soap and water and disinfected with 1:10 dilution of hydrochloride solution. Contaminated articles which cannot be cleaned or flushed (such as sanitary napkins) should be wrapped securely in a plastic bag then placed into a second bag and disposed with other solid wastes (the trash dumpster).
- I. Staff should not work with open lesions or wounds. Proper bandaging is required. Care should be given to avoid exposure of one's mucous membranes or open lesions to blood or bodily fluids. Staff who may be actively contagious should take sick leave.

- J. Prohibited behavior by staff and/or clients on the premises of the organization includes:
1. Sharing contact lenses and lens washing solutions
  2. Intimate kissing
  3. Shared razors, toothbrushes, combs, hairbrushes
  4. Sexual activity
- K. Decisions to admit or continue services to persons with communicable disease conditions should be made on an individual basis with consideration to the following criteria:
1. Degree of life-threatening potential of the disease
  2. Degree of communicability of the disease within the given environment
  3. Appropriate medical confirmation of the disease
  4. Recommendations and/or requirements about the disease from public health officials
  5. Behavior, physical condition and expected interaction with others by the ill person
- L. Information regarding a client's or staff member's communicable condition shall be treated as confidential information.
- M. Human Immunodeficiency Virus (HIV) Of particular concern is the possibility of exposure to Human Immunodeficiency Virus (HIV) also known as AIDS— Acquired Immune Deficiency Syndrome, HTLV III Human T-Lymphotropic Virus Type III; LAV Lymphadenopathy Associated Virus & ARC AIDS Related Complex.

Most HIV infected school-age children are suitable for admission (pending other admittance criteria being met). For pre-school and some neurologically handicapped children, admittance is more appropriate to a setting able to minimize exposure of others to blood or bodily fluids. Decisions are best based on development and capability rather than chronological age.

Decisions to admit or continue serving a child identified as having HIV shall consider the behavior, neurological development, physical condition of the child and expected interaction with others. Information for the best decision is

appropriately gathered by involving the child's physician, parent/guardian, public health personnel and other involved personnel (caseworker).

Hygiene practices sufficient for Shelter admission improve with maturity, but may deteriorate if the child's condition worsens. Factors to evaluate include:

1. Hand and object mouthing behaviors
2. Lack of control of bodily secretions
3. Biting or other uncontrollable behaviors that may cause exposure to blood or bodily fluids
4. Oozing, uncovered or uncoverable skin lesions
5. Ability to control sexual activity and abide by Shelter Rules
6. Current physical condition
7. Immune deficient children have a risk from exposure to viruses and other contagions in a child care setting. Severe complications may arise from exposure to chicken pox, tuberculosis, measles, herpes simplex, vaccines and viruses. The child's physician should be consulted on this factor.
8. Decisions to exclude someone already admitted for service but who is learned to have HIV should be based on behaviors described above and developmental levels.

Decisions to admit and provide service in the counseling, outreach and special programs of the organization require consideration of the above factors without the more stringent concern for caring for a child in a residential facility.

The Surgeon General reports none of the identified HIV cases are known or suspected of being transmitted from one child to another in school, day care or foster care settings. HIV cannot be spread by spitting, coughing, sneezing, toilet seats, bathtubs, touching, dishes, clothes, tools, or eating foods prepared by a person with HIV or being near a person with HIV. Casual contact is safe. This includes shaking hands, hugging, social kissing, back patting, crying, handholding, coughing, sneezing, contact with bathtubs, toilet seats, shower, sink, doorknobs, telephones, office equipment and furniture.

Clients or employees with HIV should be handled as any client or worker with a chronic illness. Children and adolescents are not able to mobilize resources on their behalf, and therefore they need advocates.

Symptomatic staff infected with HIV may care for children if they have no weeping lesions or other condition that would allow contact with bodily fluids. Such staff shall have written approval from their physician that they are able to work and not be at risk from exposure to viruses and contagions in the work place.

The Oklahoma Department of Health reports that in general, there is very little or no risk of acquiring HIV in the workplace. They also state that foodservice does not pose a hazard. Sexual activity and exposure to blood are the known ways to transmit HIV.

## **HAZARDOUS MATERIAL POLICIES**

Federal, state, and local environmental impact regulations require strict control of handling, storage, and disposal of all materials that have been designated as hazardous or toxic to human health or to the environment. It is the policy of Crossroads Youth and Family Services, Inc. that each employee will receive initial and annual training regarding the handling, storage and disposal of hazardous and/or bio hazardous materials. (See Infection and Universal Control Policy, H) All cleaning supplies will be kept away from clients and residents in locked janitorial closets and/or locked cabinets.

All chemicals including cleaning supplies must have a MSDS (Material Safety Data Sheets) or a statement from the company that says these compounds are not hazardous under OSHA regulations. All MSDS and statements from companies are kept in binders in a designated location of each organization site. Before using a chemical or cleaning supply for the first time, staff should read the MSDS and take appropriate precautions including wearing personal protective equipment. All chemicals and cleaning supplies will be disposed of according to manufacturers' specifications and/or according to the MSDS.

## **Hazard Analysis Critical Control Point Plan (HACCP)**

### **Description of Food Safety Plan**

This plan was developed in April 2006 by Oklahoma Department of Human Services, School Nutrition Programs and adopted by Crossroads Youth and Family Services, Inc.

This food safety plan follows the USDA guidance on developing a food safety plan based on the Process Approach to Hazard Analysis Critical Control Point Plan (HACCP). All standards in this food safety plan are in accordance with the current Oklahoma Food Code. Minimum cooking temperatures used are those required by Oklahoma Food Code.

### **Purpose of a School Food Safety Program**

The purpose of a school food safety program is to ensure the delivery of safe foods to children in the school meals programs by controlling hazards that may occur or be introduced into foods anywhere along the flow of the food from receiving to service (food flow). This plan is designed to help control food safety hazards that might arise during all aspects of food services (receiving, storing, preparing, cooking, cooling, reheating, holding assembling, packaging, transporting and serving).

There are two types of hazards: 1) ones specific to the preparation of the food, such as improper cooking for the specific type of food (beef, chicken, eggs, etc.) and 2) nonspecific ones that affect all foods, such as poor personal hygiene. Identifying Critical Control Points (CCPs) and implementing measures to control the occurrence or introduction of hazards control specific hazards. Developing and implementing SOPs will control nonspecific hazards.

A school food safety program should control both specific and non specific hazards and consist of SOPs and a written plan for applying the basic HACCP principles. This guidance presents HACCP principles adapted to help Local Education Agencies develop an overall school food safety program for their jurisdiction and HACCP-based food safety plans tailored specifically for each school foodservice site within their jurisdiction.

### **Requirements of a School Food Safety Program**

Crossroads Youth and Family Services, Inc. has implemented a comprehensive food safety program, including a plan for every school food preparation and service site. This plan meets the USDA standard requirements of a school food safety program and includes the following elements:

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1. **Documented Standard Operating Procedures (SOPs)**

- SOPs serve as a basic food safety foundation and to control hazards not outlined specifically in the HACCP plan. SOPs outline the proper procedures for controlling and preventing critical hazards during the food flow process.

2. **A written plan at each school food preparation and service site for applying HACCP principles that includes methods for:**

- Documenting menu items in the appropriate HACCP process category
- Documenting Critical Control Points of food production
- Monitoring
- Establishing and documenting corrective actions
- Recordkeeping
- Reviewing and revising the overall food safety program periodically

**Section I: Standard Operating Procedures**

The following Standard Operating Procedures have been adapted from the National Food Service Management Institute (NFSMI) for use in Oklahoma schools and agencies contracting with the Oklahoma Department of Human Services, School Nutrition Programs. SOPs serve as a basic food safety foundation and to control hazards not outlined specifically in the HACCP plan. SOPs outline the proper procedures for controlling and preventing critical hazards during the food flow process.

**Section 2: Categorizing Menu Items**

The food service manager or other designated employee will ensure that all production staff is aware of the menu items, the process category they belong to and the necessary control measures by posting the Process Charts in the kitchen. (An example of a sample Process Chart with menu items is attached on the following pages). In addition, the menu, recipes, product directions and charts are kept in the notebook in the manager's office.

- All food service staff will be given an overview of the Process Approach to HACCP after being hired and before handling food.
- Any substitute food service staff will be given instructions on the Process Approach and a list of necessary procedures relevant to the tasks they will be performing and the corresponding records to be kept.
- Training for employees will be provided on an annual basis.

### **Section 3: Identifying Control Measures**

The HACCP Plan must consider what control measures, if any, exist which can be applied for each potential food hazard. More than one control measure may be required to control a specific hazard(s) and more than one hazard may be controlled by a specific control measure. Control Measures include both identifying the critical control points in order to maintain foods at its proper temperature and following SOP's.

#### **Process 1 Control Measures**

Critical Control Point (CCP)

- Cold holding – Critical Limit is 41 degrees F or below

Standard Operating Procedures (SOPs)

- Personal Hygiene
- Washing Fresh Fruits and Vegetables
- Limiting time in danger zone to inhibit bacterial growth and toxin production (e.g., holding at room temperature for 4 hours and then discarding)
- Verifying receiving temperatures of food
- Date marking for ready-to-eat food

#### **Process 2 Control Measures**

Critical Control Point (CCP)

- Cooking to destroy bacteria and other pathogens
- Use manufacturer's instructions for heated processed products

Standard Operating Procedures (SOPs)

- Hot holding or limiting time in the danger zone to prevent the outgrowth of spore-forming bacteria

#### **Process 3 Control Measures**

Critical Control Point (CCP)

- Cooking to destroy bacteria or other pathogens
- Use manufacturer's instruction for processed heated products (beef crumbles)

Standard Operating Procedures (SOPs)

- Cooling to prevent the outgrowth of spore-forming bacteria (SOP)
- Hot and cold holding or limiting time in the danger zone to inhibit bacterial growth and toxin formation

## **Section 4: Monitoring**

### **Supervisor Responsibilities:**

- The supervisor for each site will be responsible for ensuring assigned food service staff are properly monitoring control measures and Critical Control Points (CCPs) at the required frequency and are documenting required records.
- The supervisor will also be responsible for monitoring the overall performance of standard operating procedures. (Specific details regarding monitoring are addressed in each SOP)
- Monitoring will be a constant consideration. However a checklist will be used to formally monitor food service staff at least once per month. (The checklist is included on the following page)

### **Food Service Staff Responsibilities:**

- Food service staff is responsible for monitoring individual critical control points (CCPs) in the handling and preparation of food.
- Food service staff is responsible for monitoring control points as defined in the standard operating procedures (SOPs).

## **Section 5: Corrective Actions**

### **Determining Corrective Actions:**

- The food service director or manager (i.e. the person responsible for food service management and operations for this sponsor), is responsible for developing predetermined corrective actions for the most common deviations from control measures including critical control points (CCPs) and standard operating procedures (SOPs).
- Corrective actions for CCPs are listed on the following pages.

- Corrective actions for all SOPs are outlined in the SOPs provided by the National Food Service Management Institute.
- The food service director or manager will review and update all corrective actions at least annually.

**Training:**

- In addition to the corrective actions outlined on the following table and in the SOPs, food service staff will be trained on a continuous basis to take corrective actions when necessary.

**Determining Corrective Actions:**

- Food service staff will be responsible for documenting any non-routine corrective action taken while handling and preparing food as well as any actions taken while performing SOPs. In most cases, these will be written directly on the recording form for the temperature in question, either in a separate column or on the back of the form.

**Section 6: Recordkeeping**

**Staff Responsibility:**

- All food service staff will be held responsible for recordkeeping duties as assigned. Overall, the assigned supervisor will be held responsible for making sure that records are being made and for filing records in the proper place.

**Recordkeeping Procedures:**

- All logs will be kept in the kitchen for ease of use
- All forms/logs will be replaced as needed and multiple employees will know where to find blank replacement forms.
- All completed forms will be filed in Supervisors office

**Training:**

- The Supervisor or designee is responsible for educating all food service personnel on the use and importance of recording critical information.

**Maintenance of Records:**

- All records will be maintained for a period of three years, plus the current fiscal year, or until the resolution of pending audits or reviews.

**Section 7: Review of Food Safety System and Plan**

The Director of Shelter Services will review the facility's food safety system and plan at the beginning of each school year and when any significant changes occur in the operation. The 2-page Checklist for Review of Food Safety System and Plan will be used for the Review process.

**Local School Wellness Policy**

**Purpose of Wellness policy**

The link between nutrition, physical activity, and learning is well documented. Healthy eating and activity patterns are essential for students to achieve their full academic potential, full physical and mental growth, and lifelong health and well-being. Healthy eating and physical activity, essential for a healthy weight, are also linked to reduced risk for many chronic diseases, like Type 2 diabetes. Schools have a responsibility to help students learn, establish, and maintain lifelong, health eating and activity patterns. Well-planned and effectively implemented school nutrition and fitness programs have been shown to enhance students' overall health, as well as their behavior and academic achievement in school. Staff wellness also is an integral part of a healthy school environment, since school staff can be daily role models for healthy behaviors.

**Goals of Wellness Policy**

1. Crossroads Youth and Family Services is committed to providing an environment that enhances learning and development of lifelong wellness practices.
2. All children receiving meals in a program of Crossroads Youth and Family Services will have the opportunity to gain the knowledge and skills necessary to make nutritious food choices and enjoyable physical activity choices for a lifetime.

3. All staff of Crossroads Youth and Family Services are encouraged to model healthful eating and physical activity as a valuable part of daily life.

To meet these goals, Crossroads Youth and Family Services has adopted policy with the following commitments to nutrition education, nutrition guidelines, physical activity, guidelines for reimbursable school meals, and a plan for implementation and community involvement. The intent of this policy is to effectively utilize agency and community resources and to equitably serve the needs and interest of all students and staff, taking into consideration differences in gender, physical and cognitive abilities, culture, and fitness levels.

### **Nutrition Guidelines and Education**

Crossroads Youth and Family Services is committed to offer meal menus (breakfast, lunch, and snack) that meet the meal patterns and nutrition standards established by the U.S. Department of Agriculture and the Oklahoma Department of Human Services, School Nutrition Program. In programs that operate after the school day and on weekends the same commitment to USDA guidelines will apply. All agency programs will attempt to ensure that the program environment is safe, comfortable, pleasing, and allows ample time and space for the children to eat their meals. Staff will attempt to ensure that all foods made available at sites adhere to food safety and security guidelines. The agency will establish a food safety program of all food operations and ensure that the food services permit is current for the food services sites. Hazard Analysis and Critical Control Points (HACCP) plans and guidelines will be implemented to prevent food illness at each site. Food service staff will be encouraged to attend professional and nutrition education training.

Children in the agency's programs will be provided adequate time to eat and enjoy their meals. Each child will be provided a minimum of 15 minute to eat for breakfast and 20 minutes to eat for lunch. All children will have affordable access to varied and nutritious foods necessary to increase their health and ability to concentrate. Staff members are encouraged to eat with the students in order to model healthy eating habits, proper table etiquette, and voice level. No employee of Crossroads Youth and Family Services should use food as a reward or a punishment for student behaviors during the meal services.

Crossroads Youth and Family Services will attempt to create eating environments that promote health and nutrition education. Staff will be trained and educated to promote wellness and to educate children in making healthy lifestyle choices. Children will be

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encouraged to choose healthy foods and activities while participating in services at the agency. Staff members are encouraged to provide positive, motivating messages, both verbal and non-verbal, about healthy lifestyle practices when interacting with the children.

### **Physical Activity**

Crossroads Youth and Family Services will provide staff monitored recreational activities that promote moderate physical activity during all outdoor and indoor recreational time. Group activities that involve teaching and developing motor skills, self management, and positive attitudes; activities that promote sports that youth can enjoy and pursue through out their lives will be supervised by trained staff and/or volunteers. Staff members are encouraged to seek out recreational activities in the community that provide the children with other opportunities for physical activity.

### **Community Involvement**

Crossroads Youth and Family Services will continue to host a local Health Advisory Committee comprised of families, teachers, nutritionist, agency administrators, DHS, Health Department, and others to plan, implement, and improve nutrition and physical activity in the agency environment.

### **Program Implementation**

The Health and Safety Officer and Health Coordinator for HS/EHS will be designated to insure the implementation of the School Wellness Policy as written. Review of the progress toward school wellness goals will be reviewed with other agency goals each year to identify areas for improvement.

## **MEDICATION MANAGEMENT**

The Medication Management Policy of the Crossroads Youth & Family Services, Inc. is located in the Behavioral Health Outpatient Program Policies section, the Emergency Youth Shelter section, and the Head Start and Early Head Start section of the Policies and Procedures Manual of the organization.

## **LICIT OR ILLICIT DRUGS**

### **LEGAL DRUGS**

**Employees:** Staff members who are on prescription medications that may interfere with the performance of his/her job duties should report that they are on such

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medications to their immediate supervisor. They should inform the supervisor of the type of medication, the possible effects, the length of time that they need to be on the medication, and any specific doctor's orders. The supervisor will determine in conjunction with the employee whether or not the employee should be placed on sick leave. If the medication that interferes with job performance is prescribed for an extended period of time, the supervisor in conjunction with the employee should consider Family Leave as an option. Employees may consider whether they want to list any prescription drugs that they are taking on the Medical Emergency Contact sheet in their personnel file. All information pertaining to the use of prescription medication is considered confidential.

**Clients and Visitors:** Staff clinicians in the Behavioral Health Outpatient Program obtain information from clients during the intake/assessment process regarding current medications, both licit and illicit, in the course of documenting the client's family history and presenting problem. Staff clinicians are not involved in the dispensing, transportation, purchase, administration or disposal of any medication. Staff clinicians encourage clients to regularly consult with their attending physician regarding their use of medications for the benefit of their overall healthy functioning. Additional Medication Management policies can be found in the General Program Policies and the Emergency Youth Shelter Policies sections of the Policies and Procedures Manual.

### **ILLEGAL DRUGS**

Staff who are aware of any staff member, visitor, or client who has in their possession illicit or illegal drugs while in any of the buildings, offices, or facilities of Crossroads YFS or who are participating in any of the programs or services of the organization should immediately notify the Executive Director, the Health and Safety Officer or the most readily available Administrative Supervisor. The Administrative staff member who is available to assist with the situation should immediately call the Norman or Moore police non-emergency number to inform dispatch of the situation. Staff should attempt to delay the offending party from leaving the premises in a casual manner, but should not prevent them from leaving the premises. Staff should fully cooperate with law enforcement when they arrive.

Clients who have brought illicit or illegal drugs into any of the facilities of the organization will be dismissed from services. All clients have a right to seek reinstatement of services following the readmission procedures of the organization.

Involved staff should complete an Incident Report form including all parties involved and submit it to the Health and Safety Officer. The Health and Safety Officer will keep the report on file and will report on the results and/or recommendations for corrective actions at the following Administrative Team meeting. The report of the Health and Safety Officer at the Administrative Team meeting is documented in the meeting minutes and kept on file with the Executive Assistant.

All staff involved in the incident will be debriefed as soon as possible following the incident. All other staff will be debriefed about the incident at the next regularly scheduled staff meeting.

