

POLICY MANUAL

Subject: Youth Program Safety Plan

Effective Date: June 23, 1993

Initiated By: Randal Lea
Youth Services Director

Approved By: James B. Moore
Chief Executive Officer

Review Dates: 1/25/94, 2/14/97, 12/30/99

Revision Dates: 2/14/97; 12/02 HC

12/08 PC/CM, 03/10 CBates, 02/11 PC, 04/12 PC DP 07/10 PC, 08/12 PP

3/13 PC, 2/14 RDP, 3/15 RDP

POLICY:

Patient and visitor safety, with staff close behind, is the primary and foremost consideration in treating patients and their families at Cumberland Heights' Youth Program. Staff is trained to be cognizant of the maintenance of a safe and hazard-free environment at all times. Cumberland Heights' patients and staff are instructed on fire and disaster evacuation plans. Potentially hazardous situations are routinely monitored and diffused. Areas serving adolescent clients do not and will not contain chute doors, which would be a threat to patients, siblings, other visitors, or staff nor do any other buildings on the complex.

The Director of Youth Services is responsible for instructing all youth staff on fire and disaster evacuation plans and changes in safety policies.

PROCEDURE:

The Director of Youth Services or designee meets with each newly hired employee on or before his/her official date of hire to review existing safety policies and evacuation plans. Updates on safety program findings are passed along to staff during staff meetings, via memoranda, and through the shift log as they develop.

POLICY:

All patients are informed of the evacuation plan upon transfer to the youth building.

PROCEDURE:

As part of the building orientation given to new patients upon transfer, the patient is instructed by the staff member facilitating the transfer as to the components of the evacuation plan. Documentation of this instruction is to be entered in the patients' record.

POLICY:

Cumberland Heights' staff is responsible for monitoring, confronting, and intervening on patient behaviors that increase risk of injury.

PROCEDURE:

Certain patient behaviors are considered dangerous or may present increased opportunity for risk. As such, staff members may give warnings and awareness's (i.e. consequences designed to teach), either specific to an individual or collectively to the community, for initial demonstration of these behaviors or may skip directly to a consequence, if severity or risk of the infraction warrants. These behaviors include: running in the building, sliding down a banister or handrail, leaping from or jumping onto furniture, running on the stairs, horseplay with other patients or "roughhousing," use of cigarette lighters, use of any inflammatory agent indoors, wrestling of any kind, or other behaviors as deemed by staff to be abusive or hazardous.

POLICY:

Cumberland Heights' staff visually inspects the work/patient residential environment for hazardous situations.

PROCEDURE:

Upon entering any room the staff visually inspects the area and takes the appropriate corrective action for the following potentially hazardous situations: that storage areas are neat and organized providing clear access to all electrical or emergency panels and shut off valves; that all drawers, closets, and cupboards are closed when not in use; that liquid spills are cleaned up immediately; that non-skid mats are in place at every building entrance; and that electrical cords are free from cuts, frays, potential overload, or other possible hazards. Upon leaving each room, staff will verify that all office and storage spaces vacated are locked when not in use. Upon leaving the building the last staff member to leave ensures the building is secured to prevent unwarranted entry.