

ST. CLAIR COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

ADMINISTRATIVE PROCEDURE

Date Issued **5/23**

Page **1**

CHAPTER Facilities		CHAPTER 09	SECTION 001	SUBJECT 0005
SECTION Building		SUBJECT Building - Health and Safety		
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I. APPLICATION:

- ☐ SCCCMHA Board
- ☐ SCCCMHA Providers & Subcontractors
- ☒ Direct-Operated Programs
- ☐ Community Agency Contractors
- ☐ Residential Programs
- ☐ Specialized Foster Care

II. PURPOSE STATEMENT:

St. Clair County Community Mental Health Authority (SCCCMHA) shall ensure that buildings owned or leased by the Board will provide a healthy and safe environment for the individuals we serve, staff and the general public. SCCCMHA's physical environment shall evidence ongoing attention of Safety practices, reduction of health safety risks, and an overall concern for health and safety.

III. DEFINITIONS:

- A. Critical Incident: Any actual or alleged event or situation that creates a significant risk of substantial or serious harm to the physical or mental health, safety or well-being of an individuals. Such an event that requires an immediate professional response. Examples may include a pandemic, medication error, aggression or violence, biohazard incidents, sexual harassment or sexual assault, etc.
- B. Designated Shelter or Safe Area: The area in which all occupants are to gather when there is a hazardous event. A designated shelter or safe area maybe inside or outside of the building depending upon the type of hazardous event. For example, if the hazardous event is an outside release of chemicals into the area, as in a "chemical/biological" event the designated shelter or safe area is inside of the building. If there is a release of chemicals inside of the building such as a gas leak, which is also a chemical/biological event or a fire the designated shelter or safe area is outside of the building.
- C. External Inspections: Health and safety inspections of direct operated buildings - leased, operated, rented or owned by SCCCMHA, carried out by an external authority.
- D. InformaCast: Is a broadcasting system that allows for enhanced communication in emergency situations when alerting is appropriate and necessary.

CHAPTER Facilities		CHAPTER 09	SECTION 001	SUBJECT 0005
SECTION Building		SUBJECT Building – Health and Safety		

- E. Internal Inspections: Health and safety inspections of direct-operated buildings-leased, operated, rented or owned by SCCCMHA, carried out by internal SCCCMHA staff or contractual staff.
- F. Medical Emergency: Life-threatening or serious condition that requires the assistance of trained medical professionals and would necessitate a call to EMS/ambulance and includes, but not limited to:
 - 1. Cardiac and/or respiratory distress
 - 2. Severe bleeding
 - 3. Acute conditions such as: severe asthma attack , ongoing seizures or diabetic emergency
 - 4. Stroke
 - 5. Poisoning
 - 6. Trauma – induced fractures
 - 7. Multiple injuries
 - 8. Anaphylactic reaction
 - 9. Overdose
- G. Workplace Violence:
 - 1. Dangerous/(or potentially dangerous) Person/“Mr. Champion”: When a person is actively engaged in showing an extremely disruptive, destructive or dangerous behavior.
 - 2. Active Shooter: The most extreme type of workplace violence and means someone is attempting to kill or injure others. When possible, this event “Active Shooter” will be announced over the Public Announcement (PA) system.

IV. STANDARDS:

- A. Any external authority used by SCCCMHA shall be recognized and credentialed as such (e.g., licensed or registered safety engineer, etc.). External inspections are to be conducted annually.
- B. All buildings will have eight (8) different types of safety (or actual events) drills annually which may be implemented utilizing the InformaCast Alerting System, via Cisco telephone using applicable alert code for the drill. Different drills are to be conducted quarterly. Required drill/event types are:
 - 1. Natural Disaster
 - 2. Workplace Violence (Dangerous, or Potentially Dangerous person, Active Shooter)
 - 3. Suspicious Mail/Parcel
 - 4. Bomb Threat
 - 5. Medical Emergency
 - 6. Fire
 - 7. Utility/Power Failure
 - 8. Chemical/Biological Incident
- C. Internal inspections shall be completed quarterly by an internal inspector (Transportation Technician/Designee or Program Supervisor), who shall have appropriate safety knowledge of items on the Safety/Infection Control Checklist (Exhibit A), and/or Kitchen Safety Inspection Checklist (Exhibit B) as applicable.

CHAPTER Facilities	CHAPTER 09	SECTION 001	SUBJECT 0005
SECTION Building	SUBJECT Building – Health and Safety		

- D. Malicious or intentional destruction of SCCCMHA property (e.g. building/dwelling, furniture and/or equipment) by an employee, visitor or an individual served will result in immediate personnel corrective/disciplinary action or law enforcement. The level of disciplinary action imposed is based upon the severity of the destruction.
- E. Space heaters are prohibited except when Leadership approves an exception. Non-compliance may result in disciplinary action.
- F. Residential extension cords are prohibited. Personal items such as, phones, fans, lamps, etc., must be plugged directly into an electrical outlet or SCCCMHA heavy duty surge protector. Note, staff are required to ensure personal items are turned off or unplugged daily. Non-compliance may be viewed as alleged malicious destruction to SCCCMHA property and may result in disciplinary action.
- G. Illicit drugs are prohibited on SCCCMHA property.
- H. Weapons, except where provided by law, are prohibited on SCCCMHA property.
- I. SCCCMHA shall maintain and review annually policies and/or procedures for Infection Control.

V. PROCEDURES:

A. **General Building Safety**

Facilities Supervisor/ Program Supervisor/Transportation Technician/Safety Committee Chairperson

1. Ensures that all building occupants follow SCCCMHA policies and administrative procedures that relate to health and safety.
2. Ensures that all applicable buildings and its contents meet the requirements outlined in the applicable Safety Checklist. See Exhibits A-B.
3. Ensures the building(s) maintenance personnel perform their tasks in accordance with their specific Contract and/or “Functional Job Task List.”
4. Alerts Safety Committee Chairperson and/or Facilities Supervisor if tasks are not performed correctly.
5. Submits a “Help Desk Ticket” for the Facilities Department to address all maintenance needs.
6. Ensures good housekeeping practices are utilized for both the inside and the outside of the building.
7. Ensures there are written procedures for building protocol, including security and visitors, during and after business hours.

CHAPTER Facilities	CHAPTER 09	SECTION 001	SUBJECT 0005
SECTION Building	SUBJECT Building – Health and Safety		

8. Ensures that all sensitive areas of each building are kept locked and only appropriate staff is allowed access. These areas include any area that may contain confidential data, hazardous materials, and controlled substances.
9. Ensures adequate First Aid equipment and supplies are easily accessible for use.
10. Ensures staff is adequately trained in all areas of safety, including hazardous materials, as necessary, to reduce potential risks. Trainings include identification of potential risks, ways to prevent risks and emergency procedures.
11. Ensures appropriate safety-related documents/information is up-to-date and available; including SDSs (Safety Data Sheets).
 - a. SCCCMHA will rely on SDSs obtained from product suppliers to determine which chemicals are classified as hazardous for employees.
12. Ensures appropriate and adequate communication occurs during the time of an emergency event.
13. Ensures staff is knowledgeable on how to use the InformaCast alerting notification system.
14. Ensures staff is knowledgeable of protocols when calling external emergency services.
15. Ensures processes are in place for bio-hazardous materials.
16. Ensures there are an appropriate number of Fire Extinguishers. Fire Extinguishers are appropriately inspected (with inspector's initials and dated), and staff are knowledgeable of their locations and how to use.
17. Ensures staff knows who to contact, as agency's Safety Committee members.

Facility Supervisor / Safety Committee Chairperson

18. Ensures that annually-required external inspections are conducted of the premise in compliance with the local municipal ordinances and Standard IV.A., as requested by accrediting body.
19. Ensures that all chemical containers entering the workplace from a manufacturer/distributor are properly labeled as required by OSHA labeling of hazardous chemicals (this includes labeling any secondary containers used in the workplace, according to required standards).
20. Maintains a master SDS file, and superseded MSDS (Material Safety Data Sheet)/SDS electronic file, of hazardous chemicals used by the Agency. Additional copies of current SDS may be available for employees in appropriate locations or upon request (e.g. Facilities, Galley, etc.). In the event that a SDS is not received, it will be printed from the Internet or the supplier will be contacted. Expired SDS's are maintained in an electronic file.

Program Supervisor / Designee

CHAPTER Facilities	CHAPTER 09	SECTION 001	SUBJECT 0005
SECTION Building	SUBJECT Building – Health and Safety		

21. Implements disciplinary action when malicious or intentional destruction of SCCCMHA property has been imposed by a SCCCMHA employee in accordance with the “Personnel: Corrective/Disciplinary Action”, administrative procedure #06-001-0055.

B. Emergency Preparedness

Responsible Staff

1. Utilizes InformaCast alerting system or panic button, as appropriate (unless emergency necessitates 911 to be called first, then the InformaCast alert, as applicable).
2. Documents actual emergencies on “Emergency Event”, form #0910, as incident(s) necessitate.

Safety Committee Chairperson / Safety Designee

3. Ensures there are written procedures for the following emergency:
 - a. Fire
 - b. Utility/Power Failure
 - c. Bomb Threat
 - d. Medical Emergency
 - e. Workplace Violence (Dangerous, or Potentially Dangerous person, Active Shooter)
 - f. Chemical or Biological Incident
 - g. Suspicious Mail/Parcel
 - h. Natural Disaster/tornado (adverse weather)
 - i. Pandemic
4. Ensures the procedures are kept up-to-date and easily accessible.
5. Conducts annually required drills by utilizing InformaCast alerting system, (when applicable) using applicable alert code for the specific drill at specific location in accordance with Standard IV.B, and procedures outlined in Exhibit D “Procedure Guidelines for Emergencies Events/Drill ” as required by accrediting body.
6. During drills and actual emergency events, Designees will secure their specific assigned location to ensure protocol has been followed (i.e. all staff evacuate, doors closed- fire drill, computers shut off-utility failure, etc.).
7. Declares/alerts an “All Clear”, when applicable.
8. Executes an electronic voting email response request to track staff participation, once drill has been completed.

OR

CHAPTER Facilities	CHAPTER 09	SECTION 001	SUBJECT 0005
SECTION Building	SUBJECT Building – Health and Safety		

9. Documents staff participation, for small drills and/or actual events such as, Suspicious Mail Drills, Dangerous Person-Mr. Champion, and Medical Emergency, on the “Emergency Event”, form #0910. **Sends “Emergency Event” form to Safety Committee Chairperson.**

Safety Committee Chairperson

10. Review, drills and actual emergency events, reports compliance/non-compliance, oversee corrective actions, when applicable, and maintains all information within a central file.

Safety Committee Chairperson/Supervisors

11. Ensures 95% compliance of all staff participating in a minimum of one (1) emergency drill (or actual emergency event) annually.

C. Building Inspections

Transportation Technician/Designee

1. Conducts quarterly internal inspections of applicable SCCCMHA locations/program using Exhibit A; “Safety/Infection Control Checklist,” for Electric Avenue, Child and Family Services, Marine City and Capac locations, Exhibit B “Galley Kitchen Safety Inspection Checklist” for Galley.
2. Leaves a copy of applicable Inspection Checklist for Program Supervisor.

Program Supervisor

3. Completes the “Feedback on Improvements or Corrective Action Taken” section of the completed “on the Inspection Checklist form if applicable, and signs the form.
4. Forwards signed copy to Transportation Technician.

Transportation Technician

5. Addresses corrective actions and forwards all Inspection Checklists to Safety Committee Chairperson.

Safety Committee Chairperson

6. Reviews Corrective Action Plan and follows-up as necessary.
7. Maintains central file of internal inspections and completed Corrective Action Plans.
8. Reports updates to the Safety Committee on a quarterly basis.

VI. REFERENCES:

CHAPTER Facilities		CHAPTER 09	SECTION 001	SUBJECT 0005
SECTION Building		SUBJECT Building – Health and Safety		

- A. CARF – Behavioral Health Standards Manual

VII. EXHIBITS:

- A. Safety/Infection Control Checklist
- B. Galley–Kitchen Safety Inspection Checklist
- C. Procedures for Emergency Events/Drills

VIII. REVISION HISTORY:

Dates issued 12/95, 08/12, 01/14, 01/15, 1/16, 07/16, 07/17, 07/18, 07/19, 07/20, 05/21, 05/22.

BUILDING INSPECTION: SAFETY/INFECTION CONTROL CHECKLIST

Program Inspected: _____

Program Supervisor: _____

Date: _____

	YES	NO	N/A
1. Property and parking area are free of safety hazards.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Sidewalks are in good condition.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Entrances meet fire safety code – means of egress.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Handrails are secure.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Facility meets barrier free standards.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Parking lot lights function at night.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Window glass is in good condition.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. LEP kits are complete and available at Reception Desk.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. General housekeeping is good.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Floors and carpeting are in good condition.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Warnings of temporary hazards are used or in place as applicable.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Bathrooms are clean.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Hand washing posters are hung at every sink.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Liquid soap is used/available at hand washing locations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Paper towels are available at hand washing locations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Hot water tap does not exceed 110-120 degrees.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Kitchen area is clean.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Refrigerator is clean and defrosted.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Refrigerator is at appropriate temperature (between 32 and 40 degrees).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Faucets and drains are in good condition.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Large trash cans have covers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Required Braille signage posted.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Cleaning and hazardous materials are properly stored and labeled.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Extension cords do not present a safety hazard.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Required safety posters are posted.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Tornado posters are posted.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. Smoking and non-smoking signs are posted.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. Evacuation plans are posted.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. Different emergency drills have been conducted on a quarterly basis.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. Exit signs are clearly visible (and lit).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. Smoke detectors have been inspected on a quarterly basis.*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. Fire extinguishers have been inspected on a quarterly basis.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33. There are the proper number/placement of fire extinguishers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34. Fire extinguishers have been tagged and recharged during the past year.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35. First aid kit is available, inspected quarterly and is adequately stocked.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36. The St. Clair County Emergency FM Receiver Radio is present and operating.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37. Emergency telephone numbers have been posted on all telephones.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**BUILDING INSPECTION:
SAFETY/INFECTION CONTROL CHECKLIST**

	YES	NO	N/A
38. HVAC and electrical appear to be in working order with clear access.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39. Battery operated lighting and alarms are adequately charged.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40. There are "in-house" policies written that address safety/inspection control issues.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41. Supervisor and staff understand procedure for reporting employee accidents.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42. Supervisor and staff understand the Agency's arrangement with McLaren Industrial Health (IH).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
43. Supervisor and staff understand the Agency's arrangement with the St. Clair County Health Department regarding T.B. testing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
44. Furniture or equipment is in good condition.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The Program practices acceptable MIOSHA Standards regarding bloodborne pathogens (see 45-47 below):			
45. Availability of gloves.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
46. Availability of disinfectants.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
47. Availability of "Infection Control Kit".	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
48. A copy of this inspection has been given to the supervisor.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
49. First Aid Kits for personal vehicles are available.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
50. First Aid Kits are present and adequately stocked in Agency's vehicles.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
51. Check flashlights.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
52. Check section numbering (reflective window clings and interior signage).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
53. Check safety packets.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
54. Annually required external inspections completed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
55. Current SDS (Safety Data Sheet), provided by product supplier, readily accessible for all hazardous chemical products at Agency sites.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

* Electric Avenue excluded as electronic smoke detectors are inspected annually by external inspector.

Areas for improvement _____

Date Corrective Action Plan Due: _____

Inspector: _____

Feedback on improvements or corrective action taken: _____

Supervisor: _____ Date: _____

GALLEY:
KITCHEN SAFETY INSPECTION CHECKLIST

EXHIBIT B

Date _____

Restaurant and Food Operations:	Yes	No	Comments:
1) Kitchen waste materials stored in appropriate containers, in designated areas and removed by carts to dumpster?	<input type="checkbox"/>	<input type="checkbox"/>	
2) Operable automatic wet-chemical extinguishing system in hood and duct above ranges and grills.	<input type="checkbox"/>	<input type="checkbox"/>	
3) Extinguishing heads capped to prevent a cooking buildup?	<input type="checkbox"/>	<input type="checkbox"/>	
4) Extinguishing system's manual pull switches located away from cooking equipment?	<input type="checkbox"/>	<input type="checkbox"/>	
5) Extinguishing system(s) has a semi-annual service contract with qualified firm	<input type="checkbox"/>	<input type="checkbox"/>	
6) Fuel supply for cooking equipment has an automatic shut-off valve when extinguishing system activates?	<input type="checkbox"/>	<input type="checkbox"/>	
7) Filters in exhaust system(s) inspected at least weekly?	<input type="checkbox"/>	<input type="checkbox"/>	Per program Supervisor
8) Exhaust system(s) cleaned at least semi-annually by qualified service contractor?	<input type="checkbox"/>	<input type="checkbox"/>	Per program Supervisor
9) Floors around sink mopped dry?	<input type="checkbox"/>	<input type="checkbox"/>	
10) Knives placed in drawer when not in use?	<input type="checkbox"/>	<input type="checkbox"/>	
Slicing, Cutting and Chopping Machines:			
11) Are the guards in place and the machine properly set to operate?	<input type="checkbox"/>	<input type="checkbox"/>	
12) Is the immediate area clear around all equipment used for cutting, slicing or chopping before operating equipment?	<input type="checkbox"/>	<input type="checkbox"/>	
Electrical Equipment:			
13) All electrical equipment properly grounded, portable electrical equipment and extension cords have a ground prong?	<input type="checkbox"/>	<input type="checkbox"/>	
14) Switches, switch boxes, outlets and wiring inspected periodically and deficiencies corrected?	<input type="checkbox"/>	<input type="checkbox"/>	
Storage Areas:			
15) Stock properly and securely stacked; stored on racks, shelves or pallets?	<input type="checkbox"/>	<input type="checkbox"/>	
16) Good housekeeping maintained, aisles clear, storage room orderly, floors free of debris, and storage has proper clearances from sprinklers?	<input type="checkbox"/>	<input type="checkbox"/>	
17) Shelving and racks in good repair and secured to avoid tipping?	<input type="checkbox"/>	<input type="checkbox"/>	
Cold-storage and Refrigeration Equipment:			
18) Walk-in cooler and freezer doors provided with operable interior-release mechanism?	<input type="checkbox"/>	<input type="checkbox"/>	
Floors and Walking Surfaces:			
19) Floor free from food spillage, silverware, broken glassware, loose mats, torn carpets or other hazards?	<input type="checkbox"/>	<input type="checkbox"/>	
20) Portable signs indicate wet-mopped floors or temporary hazards?	<input type="checkbox"/>	<input type="checkbox"/>	

GALLEY:
KITCHEN SAFETY INSPECTION CHECKLIST

EXHIBIT B

21) Indoor-outdoor carpeting or other type of mat provided at entrance doors in inclement weather?	<input type="checkbox"/>	<input type="checkbox"/>	
Exits:			
22) Exits properly marked, illuminated and unobstructed; doors kept unlocked during hours of operation or equipped with panic bars?	<input type="checkbox"/>	<input type="checkbox"/>	
23) Non-exit doors (to rest room area, kitchen, closets, etc.) identified properly?	<input type="checkbox"/>	<input type="checkbox"/>	
General Safe Practices:			
24) Are substances used approved for use in food establishments?	<input type="checkbox"/>	<input type="checkbox"/>	
25) Heimlich Maneuver posters in plain view; employees trained, where required by law?	<input type="checkbox"/>	<input type="checkbox"/>	
26) Fully equipped first-aid kit available at all times; at least one employee on each shift trained in its use?	<input type="checkbox"/>	<input type="checkbox"/>	
27) Emergency telephone numbers for police and emergency medical services prominently posted?	<input type="checkbox"/>	<input type="checkbox"/>	
28) Dishes and utensils taken out of service and discarded when chipped, cracked or broken?	<input type="checkbox"/>	<input type="checkbox"/>	
Crime:			
29) Cash registers emptied and left open during non-operating hours?	<input type="checkbox"/>	<input type="checkbox"/>	
30) Cash drawers skimmed frequently to reduce the cash in each drawer?	<input type="checkbox"/>	<input type="checkbox"/>	
31) Cash register tallies checked against deposits daily; other checks used to detect employee dishonesty?	<input type="checkbox"/>	<input type="checkbox"/>	
Comments:			
Feedback on improvements or corrective actions taken:			

Inspected by: _____ Title: _____

Program Supervisor's signature: _____ Date: _____

PROCEDURE GUIDELINES FOR EMERGENCY EVENTS / DRILLS

A. FIRE

1. Person discovering an actual incident of fire/smoke or administering a fire drill will immediately notify all people in the building to evacuate, via InformaCast alert.
2. Special attention should be given to assist individuals being served/visitors out of the building. Implement, as needed, Stryker Evacuation chair for an individual on second floor.
3. Once outside the building, congregate at the designated shelter or safe meeting area.
4. Supervisors/Designees will secure their assigned areas to ensure everyone has evacuated the building.
5. If an actual fire occurs, call 911. Alert Fire Department personnel immediately if there is a possibility of someone still in the building. People are not allowed to re-enter the building once they are outside, until an 'All Clear' is given.

B. BOMB THREAT

1. Person receiving a bomb threat or discovering a suspicious object, or administering a drill will immediately notify staff via the InformaCast System.
2. If evacuation is required, special attention should be given to assisting individuals being served/visitors out of the building. Implement, as needed, Stryker Evacuation chair for an individual on second floor.
3. Cell phones or pagers are to be turned off, as they can activate a bomb.
4. Once outside the building, people should congregate at the designated shelter or safe meeting area.
5. Supervisors/Designees will secure their assigned areas to ensure everyone has evacuated the building.
6. If a bomb threat is received the person receiving the threat is to immediately collect as much as possible of the following information;
 - a. When is bomb going to explode?
 - b. Where is it right now?
 - c. What does it look like?
 - d. What kind of bomb is it?
 - e. What will cause it to explode?
 - f. Did you place the bomb?
 - g. Why?
 - h. Where are you calling from?
 - i. What is your address?

j. What is your name?

This will assist in remembering details when questioned by police.

7. If a bomb threat is sighted, the following steps are to be taken:
 - a. Do not disturb anything that looks suspicious, such as wires, packages, pipes, or anything with a string or wire attached.
 - b. Immediately contact the police – 911
 - c. Immediately execute a bomb threat alert, via InformaCast.
 - d. Evacuate according to Evacuation Plan, assisting all visitors in the building.
8. In an actual emergency, call 911 in addition to, and prior to, alerting via InformaCast. Police authorities will then be in charge of the building. Staff should wait for further instructions on how to proceed.

C. WORKPLACE VIOLENCE

Dangerous (or potentially) Person (“Mr. Champion”)

1. Receptionist/staff – utilized InformaCast and/or call 911, if necessary, **only** push *panic button when in **imminent danger and unable to make a phone call.**
 - a. Black panic button – will immediately contact Dyke Security, who will immediately call 911. This panic button also activates a white light with a soft chime in strategic location within each building.
 - (1) If the white light/chime is activated, responders should listen and observe from a safe distance to determine if staff need to be urged to evacuate or barricade in place, or if further assistance can be given. A responder should also determine if the situation warrants a call to 911, from a safe location, to give them more information about the situation.
 - b. Green panic button (on specific phones) – will immediately alert Designated Staff Safety responders. The person pressing the panic button **MUST** open the office door if able; otherwise it will be assumed by the responders that staff are in imminent danger and 911 will be called immediately.

Designated Staff, Mr. Champion responders, are to respond in an effort to diffuse the situation.

2. Completed the Emergency Event, Form #0910 (on Compass) and send to Safety Committee Chairperson after event is over. (Same day)

Active Shooter or Attacker - This is most extreme type of Workplace Violence and means someone is attempting to kill or injure others. Push panic button if unable to call 911. When possible, this event “Active Shooter” will be announced over PA system. In this scenario you have three options:

1. Flight/Flee/Evacuate
2. Shelter in place/Lockdown
3. Fight/Counter

Flight/flee/evacuate: The most preferred option. Get out of the building to a safe area and out of the way of law enforcement. If possible and necessary implement the Stryker Evacuation chair for an individual on second floor.

(Optional “possible” safe area, in front of UPS on 16th street.) If applicable provide a description of shooter(s) or attacker(s) to law enforcement. .

Shelter In Place/Lockdown: Get to a room and either lock the door, if possible, or immobilize the door using door stopper or barricade the door using other accessible items e.g. chairs, tables, filing cabinet, belt, binders, etc. Behind or near the door is a plastic envelope that contains a floor plan, red and green sheets and the window shattering hammer. The red sheet indicates something is wrong e.g. someone in the room is severely injured. The green sheet indicates you are safe. Slide the appropriate sheet under the door. Be careful not to slide the sheet across the hall. A second sheet can also be placed in the outside window of the room to inform emergency responders who are outside the building. **Be quiet** until given an all clear by law enforcement. If appropriate, use the window shatter hammer device to break the window and exit the building. Note outside offices/meeting rooms are labeled with numbers on the windows. This is to help law enforcement know your location.

Fight/Counter: Fight for your life. Use everything accessible to you including sounds to distract the attacker Remember your life depends on it.

D. SUSPICIOUS MAIL / PARCEL

1. What may constitute as a suspicious mail /(parcels)?

- a. Unexpected
- b. Unfamiliar sender addressed to someone no longer employed with the Agency; otherwise
- c. Outdated
- d. Have No return address, or one that can't be verified as legitimate
- e. Unusual weight, given the size, lopsided, or oddly-shaped
- f. Restricting endorsements, such as “Personal” or “Confidential”
- g. Protruding wires, strange odors or stains
- h. Postmark does not match the return address

2. What should you do?

- a. Do not open
- b. Contact Supervisor and/or execute appropriate alert via InformaCast. Note, if this is a drill do not implement InformaCast only document on Emergency Event form #0910.
- c. Put on latex gloves
- d. Immediately place in a sealed bag
- e. Wash your hands with hot, soapy water, if handled

3. Procedures for handling mail / parcel

- a. All sites are to assign one person and a back up staff to handle mail.
- b. Mail is to be handled in a designated area.
- c. If gloves and/or a mask are used to handle mail, the designated area must be away from Reception Area.

- d. If there is a visible threat on the item, immediately contact a Supervisor / Designee, who shall immediately contact the local law enforcement agency.
- e. If there is not a visible threat on the item, either try to open from outside of the sealed bag, or contact a Supervisor/Designee who then determines if the local law enforcement agency needs to be contacted.
- f. If you do open the suspicious item and feel that it is not any form of threat, it is recommended that you dispose of the item (remaining in the sealed bag).
- g. If you do open the suspicious item and feel the item is a threat, contact a Supervisor/Designee, who shall immediately contact the local law enforcement agency.

E. NATURAL DISASTER/ TORNADO (ADVERSE WEATHER)

Definitions:

Watch: The weather conditions exist which may create a natural disaster.

Warning: A natural disaster has been sighted in the area.

1. Designated staff will monitor St. Clair County WINS (Warning Information Notification System and/or Emergency Alert FM Radio Receivers and notify Safety Committee Chairperson that a Watch or Warning has been issued. Safety Chairperson/Designees ensures all building occupants are aware of watches and warnings.
2. All building occupants should respond immediately to a Warning by proceeding to the Designated Shelter Area. Implement, as needed, Stryker Evacuation chair for an individual on second floor. If unable to reach that Shelter Area, occupants should proceed to an interior hallway location that avoids outside glass and ceiling skylights. No one is to leave the premises.
3. The Emergency Evacuation Kit Bag(s) is to be taken to Shelter Area by the designated responsible staff. (This contains a portable radio, basic first aid items, flashlight, water batteries, and other items.)
4. If severe, hazardous weather conditions are likely to strike in the immediate vicinity of the building, people are to sit/lay on the floor and cover their face.
5. The St. Clair County's Emergency Management Department will issue an "All Clear" statement over the WINS or Emergency Alert Receiver once the severe hazardous condition has moved out of the area or the designated "take Shelter" time has expired.

F. UTILITY / POWER FAILURES

1. In the event that the generator fails (should engage within 5 seconds), emergency lighting should illuminate hallways and exit areas if the power is lost. If no emergency lighting is available, Designee(s) will obtain flashlight(s). Senior staff/designee will turn on emergency lighting if possible.
2. If possible, Designee will administer alert, via InformaCast.

3. Staff is to remain at their designated work area unless instructed otherwise.
4. Designees will check the extent of the power outage (e.g., checking fuses, circuit breakers and computer system).
5. Power off all electrical equipment (e.g. computers, monitors, printers).
6. Designee will call Detroit Edison (800) 477-4747 to report the outage.
7. Designee may need to execute evacuation to an alternate designated area and /or provide additional, applicable instructions. Staff to implement, as needed, Stryker Evacuation chair for an individual on second floor

G. CHEMICAL OR BIOLOGICAL INCIDENT (External leak)

In most situations involving chemical releases, you will be instructed to remain (or go) inside immediately and do the following:

1. DO NOT CALL 911 unless you require immediate emergency assistance.
2. Designated Facility staff will turn off all ventilation devices such as fans, air conditioners and furnaces
3. If required to go to designated Shelter Area, seal doors and windows shut with duct tape and plastic if necessary. Designated staff responsible for bring Emergency Evacuation Kit bag.
4. Immediately go/stay inside of building (most situations) until incident is over or further instructions have been given.

Note: It is extremely important that you go inside immediately and not try to pick up children, friends, etc. The air inside your home or business is safer than being exposed to chemicals in the outside air.

(Internal leak)

1. Notification is received from local utility company or authority, and informs senior staff in charge.
2. Senior staff/designee ensures staff are notified /alerted via InformaCast instructing staff how to proceed (i.e., evacuate the building or remain inside).
3. If time permits, clerical staff should transfer telephones to answering machines with appropriate message and post signage on the building door(s) with crisis information.
4. If requested to leave / evacuate staff are to leave the area and go to designated alternative site.

5. After evacuating the building, staff need to attempt to notify individuals being served if appointments need to be cancelled and rescheduled.
6. Before the end of the work day, staff should receive notification regarding the procedure for the following business day.

H. MEDICAL EMEREGENCIES

1. Life threatening or serious conditions require outside assistance of trained medical professionals.
 - a. EMS/Ambulance to be called:
 - (1) Cardiac and /or respiratory distress
 - (2) Severe bleeding
 - (3) Acute conditions: severe asthma attack, ongoing seizure, and diabetic emergency
 - (4) Stroke
 - (5) Poisoning
 - (6) Trauma-induced fractures
 - (7) Multiple injuries
 - (8) Anaphylactic reaction
 - b. Responding
 - (1) Respond (if safe to proceed)
 - (2) Yell for help from others
 - (3) Request / obtain items to provide aid needed
 - (4) Check for breathing, pulse and bleeding, consciousness, movement,
 - (5) Determine if situation is a medical emergency – requiring outside medical assistance
 - i. Request “911” to be called, if necessary
 - ii. Be prepared to relay / exchange information
 - c. Administering Aid
 - (1) Breathing/Respiratory – if they have a pulse, but are not breathing:
 - i. Look and clear airway,
 - ii. Give rescue breaths
 - iii. Start CPR
 - (2) If they do not have a pulse and are not breathing, connect AED (defibrillator).
 - (3) Other – Administer other necessary, applicable first aid measures (use disposable gloves if possibility of exposure to blood and / or other bodily fluids).

I. PANDEMIC

1. Follow protocols of State of Michigan - Department of Health and Human Services, Center for Disease Control and St. Clair County Health Department.
2. Wear masks and wash hands frequently.
3. Engage in social distancing.

4. Reframe from coming to work, if sick.
5. Wipe/disinfect work area hourly, work station/daily.
6. Complete safety health screening prior to entering building.