



Safety Manual



Table of Contents

	Page
FTS Safety Manual Table of Contents	2
 GENERAL	
Organization	3
Safety Committee	5
Safety and Health Training	6
Supervisor’s Responsibilities in Safety	8
General Safety Rules	9
 INCIDENTS AND ACCIDENTS	
Incident, Critical Incident and Accident Reporting	11
Incident and Accident Reviews	12
 PERSONNEL AND SAFETY	
Safety in the Office	13
Safety for Personnel in the Field	15
 SAFETY INSPECTIONS AND DRILLS	
Safety Inspections	19
Fire Drill and Fire Safety Procedures	20
 FIRST AID, ACCIDENTS AND ILLNESS	
First Aid Instructions	23
First Aid and Illness Information Resources	26
 SAFETY FOR PROGRAMS	
Required Training	27
Training Evaluation	28
Discipline And Guidance	29
Supervision	31
Maintaining a Hygienic Environment	32
Infectious and Contagious Disease	33
Facility Safety & Maintenance	34
Inspections	38
Hurricane Preparedness	40



ORGANIZATION:

The President and the Clinical Quality Manager shall appoint a staff member to serve in the capacity of Division Safety Coordinator. The Division Safety Coordinator shall form a Safety Committee, approved by the President, that is representative of supervisors and/or staff from each Florida Therapy Services, Inc. (FTS) site or facility. Committee size will be dependent on the company size, but will have a minimum of one representative for each site or facility. The President and the Clinical Quality Manager shall maintain oversight, review minutes and make recommendations as necessary.

RESPONSIBILITIES:

DIVISION SAFETY COORDINATOR

1. Safety Committee meetings will occur in conjunction with PD meetings.
2. Appoint a member of the Safety Committee to record minutes of the meetings.
3. Maintain files/binders of minutes, inspection checklists, safety reports, papers, and written recommendations, including any action taken from the Safety Committee.
4. Assign committee members to sub-committees as needed to complete identified safety or health related projects and/or investigations. Such assignments will be recorded in the Safety Committee minutes.
5. Assign at least one committee member for each permanent FTS site (office or facility).
6. Distribute copy of minutes to the President, Human Resource Manger, and Clinical Quality Manager.
7. Meet with the President and Clinical Quality Manager to review corrective action plans made by the committees for solutions or options to safety issues and for support and implementation when there has been a lack of action on the completion of the corrective action plan.
8. Inform all safety committee members of decisions, actions and recommendations as approved by the President and Clinical Quality Manager and ensure the communication to staff of all recommendations and corrective action(s) to be implemented.

SITE SAFETY REPRESENTATIVE OR COMMITTEE MEMBERS

1. Perform monthly safety inspections and quarterly fire drills for the facilities providing services to clients. Quarterly safety inspections and fire drills will be completed for office facilities.
2. Review any accident/injury to staff or client to determine what caused the accident/injury. Work with supervisors to eliminate unsafe conditions and work practices. Make recommendations to management to improve workplace health and safety. Make recommendations for appropriate safety training.
3. Encourage staff to make suggestions on making their immediate area a safer place to work for themselves, co-workers, and clients.
4. Follow-up with supervisors to determine if recommendations or procedures made by the Safety Committee and approved by management for the prevention of accidents/injuries have been implemented.



5. Each Site Safety Representative will attend the Safety Committee meetings to report on resolutions of safety issues, share staff health and safety related concerns and offer possible solutions or resolutions as reflected in the Safety Committee meeting minutes.
6. Ensure that Human Resources and Clinical Quality Manager are informed of the training needs of supervisors in their role in accident/incident/injury investigations and safety.
7. The Site Safety Representative or one Committee member (appointed by the Division Safety Coordinator) will be responsible for the maintenance of all committee activity documents, and be responsible for submitting copies of required documents to the Division Safety Coordinator. This member shall also be responsible for the display of any safety materials in a common area of their site.

The Site Safety Committee members are the pipeline to management in regard to the safety of their co-workers and clients. Procedures will vary slightly from site to site and should be designed or added to in order to make them unique to specific areas, i.e., kitchens, offices, play areas, maintenance/tools, hallways, parking lots.



SUBJECT: Safety Committee

Each office site or facility where Florida Therapy Services, Inc. provides offices for employees or services to clients will establish a Site Safety Representative to be an active member of the Safety Committee.

The Safety Committee shall take an active role in identifying, correcting and/or preventing workplace hazards and unsafe work methods and conditions.

PURPOSE: The purposes of the Safety Committee are:

- to identify, correct and/or prevent unsafe work methods or conditions at each site (or facility);
- to coordinate or perform the site or facility monthly (for child/youth caring facilities) or quarterly (offices) safety inspection and fire drill, and submit any required documentation to the Safety Coordinator;
- review site safety data, initiate safety plans and programs;
- develop and make recommendations to the Executive Committee about safety rules;
- establish safety communication systems;
- Coordinate all safety procedures throughout Florida Therapy Services, Inc.



SUBJECT: Safety and Health Training

PURPOSE: To teach employees how to work safely and to reduce workplace injuries.

POLICY:

1. Florida Therapy Services, Inc. has implemented risk management training that includes a minimum of:
 - a. Written policy, rules, and job specific procedures regarding the laws and organizational/employee responsibilities regarding:
 - i. Mandated reporting, including identification of clinical indicators of suspected abuse and neglect;
 - ii. Reportable criminal behavior, including criminal, acquaintance, and statutory rape.
 - b. Techniques for de-escalating conflict, personal safety measures, management of out of control behavior, and protocols for notifying family members, legal guardians, or other contacts in the case of emergencies;
 - c. The Florida Therapy Services, Inc. policy prohibiting corporal and degrading punishment;
 - d. Health related topics including:
 - i. Basic medical needs and problems of service populations;
 - ii. Basic first aid and medication reactions;
 - iii. Cardio-pulmonary resuscitation;
 - iv. Medication administration, monitoring, and dispensation, where applicable;
 - v. Disease prevention, including the agency's protocols for providing service to children and adults with contagious and infectious diseases, including those who are HIV positive or have AIDS, hepatitis, tuberculosis, or other air or blood-borne pathogens;
 - vi. Universal disease precautions;
 - vii. Specific symptoms or other medical problems of a client group;
 - viii. Air and blood-borne pathogens; and
 - ix. Tuberculosis prevention and control.
2. Safety and training on safety should begin when a new worker is hired. This is the time when the individual is open to ideas and information about the way the organization operates. The timeliness of instruction is a key issue in the orientation program. Generally speaking, new employees are significantly more prone to work-related accidents. This is attributed to the inexperience of the new workers, their unfamiliarity with procedures and facilities and their zealotry to do a good job. For the above reasons, Florida Therapy Services, Inc.'s new hire orientation performed by the Human Resources Department or program director, should include but not be limited to the following:
 - a. Florida Therapy Services, Inc. General Safety Rules and Safety Manual;
 - b. Specific Job Rules;
 - c. Use of Personal Protective Equipment and Universal Precautions;
 - d. Mandated Reporting Laws;
 - e. Florida Therapy Services, Inc. "Incident Report"
 - f. Assisting in Incident or Accident Investigations;
 - g. Reporting Unsafe Situations and Making Safety Suggestions;
 - h. Medical Facilities; First Aid; Fire Drills, Protection and Prevention;
 - i. Safety in the Field and Office.



3. There are significant numbers of injuries to employees with four to six years of experience. This can be attributed to either a change in work duties or worker complacency. Overconfident employees are more prone to take chances and short-cut safe work procedures. These issues must be covered in an on-going training to help reduce incidents and accidents.

4. Upon hire or promotion to a supervisory position, supervisors will be given access to or a copy of the Florida Therapy Services, Inc. Safety Manual, and sign an acknowledgement of receipt of the Employee Handbook that contains the General Safety Rules. These acknowledgment forms shall be retained in the employee's personnel file.



SUBJECT: Supervisor's Responsibilities in Safety

PURPOSE: To set organizational standards for appropriate standards of management and oversight of subordinates in regards to safe practices and awareness.

POLICY:

The supervisor is the key person in the Florida Therapy Services, Inc. safety program. The supervisor is most familiar with the jobs, potential hazards, and the employees working for him/her. For this reason, the supervisor must share in the responsibility of workplace safety.

The supervisor will:

1. Provide orientation and training for employees new to the work or environment. Instruct employees in safe practices and safety requirements of the department or program to include but not restricted to the following:
 - a. Florida Therapy Services, Inc. General Safety Rules and Safety Manual;
 - b. Specific Job Rules;
 - c. Use of Personal Protective Equipment and Universal Precautions;
 - d. Mandated Reporting Laws;
 - e. Florida Therapy Services, Inc., "Incident Report"
 - f. Assisting in Incident or Accident Investigations;
 - g. Reporting unsafe situations and making safety suggestions;
 - h. Medical facilities; first aid, fire drills, protection and prevention
 - i. Safety in the Field and Office.
2. Provide documentation that the above topics were discussed either by the Human Resources Department, the supervisor or another trainer on the Employee Safety Orientation Report.
3. Ensure that the employee completes a Florida Therapy Services, Inc., Incident Report for every incident or accident in which the employee is involved in the program. Follow up to see that corrective action is taken.
4. Monitor the workplace to see that no unsafe conditions or practices are permitted in the department. Ensure that employees use all required safety equipment and follow all required safety procedures.
5. Establish a system for providers making home visits that provide backup support in the form of knowledge of their daily home visit plans, time of expected return and addressing any safety concerns of staff while in the field.



SUBJECT: General Safety Rules

PURPOSE: To set the organizational standard of expectations of all team members adherence to safe practice protocols and safety issue communications.

POLICY:

All staff members are required to cooperate in following Florida Therapy Services, Inc. safety rules and to report any hazards that might cause injury to themselves, co-workers or our clients. Direct and constructive participation of all staff is most important in ensuring a safe environment for staff and clients.

Upon hire, new employees shall receive a copy of the General Safety Rules and shall be required to sign an acknowledgment form stating they have received and read the General Safety Rules. This acknowledgment form shall be retained in the employee's personnel file.

General Safety Rules

You are working for an organization that requires all staff members to conduct work operations in the safest manner possible. Compliance with all Florida Therapy Services, Inc. safety rules is a requirement of employment. These rules are the minimum guidelines for working safely. Additional safety training and instruction will be provided to inform each employee of specific safety regulations established by state and federal government which apply to work being performed.

1. The use of illegal drugs is strictly prohibited at all work locations.
2. The consumption of alcoholic beverages is strictly prohibited at all work locations unless it is during a Florida Therapy Services, Inc. approved function after regular business hours. Employees may not report to work under the influence of alcohol.
3. Report all on-the-job incidents/accidents the same day the incident/accident occurs. An incident report should be completed and signed by you and your supervisor.
4. All non-emergency treatment for accidents by a health care provider must be coordinated and authorized by the Human Resources Department first.
5. Report any unsafe conditions or practice that you think might cause an accident or injury to your supervisor or any member of the Safety Committee.
6. Use precautions to protect yourself and others when faced with aggression by clients that may result in bodily harm. Precautions may include forms of behavior control. If entering into a potentially hostile/unsafe environment, (i.e. known heavy drug traffic neighborhoods or meeting families after 5 p.m. in those neighborhoods) consider pairing up with a co-worker for safety. If at any time an employee feels unsafe or is witness to threatening behaviors by families while making home visits, the employee should leave the area immediately and call their supervisor and/or dial 911.
7. Use tools and equipment only when authorized and trained to operate them safely and properly. Use the proper tool or equipment for the job being performed. Do not use any tool or equipment that you think is not in safe working condition.



8. Use required safety and personal protective equipment during work operations, ensuring that safety equipment is in good working condition. Do not remove any guards on any machinery at any time. Make sure power is off before making repairs to any electrical appliance.
9. Always maintain good housekeeping in work areas. Place waste materials in garbage cans. Store tools properly when they are not being used. You are responsible for keeping your work area clean and neat at all times.
10. When lifting, get help when the weight exceeds your limits. Always lift items carefully and avoid twisting motions. Slightly bend your knees, grasp the load firmly, lift with your legs and keep your back straight. Get assistance when lifting anything over 50 lbs.
11. Avoid boisterous play, pranks, or other behavior that might distract or startle others and contribute to accidents or injuries.
12. Be conscientious of surroundings and potential safety hazards while doing work in the field.
13. Wear vehicle seat belts at all times when traveling in an automobile while on Florida Therapy Services, Inc. business.
14. Do not operate cellular phones while operating a personal or agency vehicle on agency business unless utilizing a hands-free cellular phone device.
15. Wear a helmet at all times when traveling on a motorcycle while on Florida Therapy Services, Inc. business.
16. Employees who use a motorcycle to conduct Florida Therapy Services, Inc. business are not permitted to transport either clients or co-workers on the motorcycle.
17. Obey all Florida Therapy Services, Inc. safety rules, instructions and signs, and comply with governmental safety regulations. If you are not familiar with the rules and regulations for a specific job, ask your supervisor for an explanation.
18. Use of personal coffee pots, hot plates and candles in personal offices is prohibited.
19. When space heaters are in use, there must be three feet of unobstructed space around the heater. Space heaters are to be unplugged when not in use.

(Where injury is caused by the knowing refusal of the employee to use safety appliances or obey safety rules, Workers' Compensation benefits can be reduced by 25%.)



SUBJECT: Incident and Accident Reporting

PURPOSE: To provide staff and management with a system to document incidents and accidents so that trends can be analyzed in order to prevent further similar incidents, critical incidents and accidents.

POLICY:

1. Employees and contractors are required to report and document any incident or accident (with or without injury).
2. Employees and contractors who have questions about the process or documentation of reporting incidents, and accidents should immediately contact their supervisor or the supervisor of the unit in which they are providing services to clients.
3. Supervisors are responsible for providing training, ongoing information and support to staff, and for the coordination of any investigations, and follow-up on all incidents and accidents that occur in their program.



SUBJECT: Incident and Accident Reviews

PURPOSE: Valuable preventative information comes from a thorough review of incidents and accidents that, as part of the risk management and quality management process, provides Florida Therapy Services, Inc. with a system of identifying trends or problem areas that can be modified to prevent future problems and recurrences.

POLICY:

1. It is normally the immediate supervisor of the employee involved in the incident or accident that provides the on-site review. However, the President and/or senior management have the authority to request a third party review to provide an objective view.

2. WHY REVIEW?

- To establish the facts for future reference and records;
- To determine the accuracy of the employee statement or report of the incident or accident;
- To correct problems, conditions, or practices that led to the incident or accident;
- To obtain information for use in improving Florida Therapy Services, Inc.'s safety program, rules, training and education.

3. STEPS TO FOLLOW

- Preserve the scene. Don't move key materials or elements involved in the incident or accident until the review has been completed;
- Conduct interviews of the injured, witnesses, or other involved parties;
- Take notes and be specific in descriptions;
- Do not editorialize or interpret remarks, just record the facts;
- Report the incident/accident to Human Resources immediately if it results in an injury or need for first aid;
- Complete a Workman's Comp Supervisor's Investigation Report.

4. ANALYZE THE DATA

- CQM will be responsible party for investigation initiation.
- How could the incident or accident have been prevented?
- What must be done to prevent recurrence?
- Did an outside party contribute to the incident or accident?

5. RETAIN KEY INFORMATION

- Key information will be compiled and stored in the Quality Assurance Department
- File reports, witness statements, photographs of the accident scene (if taken), etc.
- Keep key accident elements (i.e., broken equipment).

6. CAUTION - Incident or accident reviews should produce recommendations aimed at a remedy. The word "careless" should never be proposed as the cause of an incident or accident. If you conclude that an employee was careless, you can only recommend that the employee be more careful in the future. Non-specific instructions have little benefit.

7. The above steps are not intended to replace or hinder any official review or investigation of an incident or accident required by law.



SUBJECT: Safety in the Office

PURPOSE: To provide employees and contractors with guidelines that promotes safety in the office.

POLICY:

1. Florida Therapy Services, Inc. is interested in the safety of all employees, contractors and clients who may visit our offices. Safety is a concern for all and everyone is expected to follow the General Safety Rules as referenced in this manual.
2. All clients deserve special attention. At no time should clients be allowed to wander unescorted through the office areas. It is best practice for employees with client appointments at agency locations, to meet the client in the reception area and escort them to the appropriate office. Clients should be informed that upon entering the site, they should check with the reception area staff and request that their counselor or case manager be called. When the appointment is concluded, clients will be escorted back to the reception area so that they may check out with the office staff.
3. No visitors should be in the office areas of a Florida Therapy Services, Inc. site unaccompanied by an employee. All employees are encouraged to politely ask anyone they do not know if they can be of assistance and determine why the unknown person is in the area. If necessary, the employee can escort the visitor back to the area where they should be waiting or seeing their counselor or case manager.
4. All doors, except those monitored for employee or visitor entrances, should remain locked from the outside during business hours. Anyone wanting to enter through back or side entries should be directed to the main entrance unless they are known to staff and prior entry arrangements have been made to use that entrance.
5. Before and after office hours, all doors should remain locked. All visitors must ring the doorbell or knock on the door to gain access to the building. Only those who are attending a scheduled meeting or class should be allowed to come inside the building.
6. A regular system should be established for the closing of the office at each Florida Therapy Services, Inc. site each evening. This system should include what equipment is to be turned off (coffee pot, copiers, lights, etc.) and what equipment is to be left running (computers, lights, etc.). Employees responsible for closing the office should be well trained in checking that all doors and windows are secure and the alarm is activated.
7. Each employee is expected to secure their personal work area prior to departure from the premises. Employees are encouraged to keep their personal belongings as well as agency assets (client records, equipment, etc.) safe by locking their office file cabinets, desks and office doors prior to leaving the site. When leaving for the day, please be sure that lights are off, computers are logged off and client information is secure.
8. When working after hours in a Florida Therapy Services, Inc. location, the employee should confirm that the office/site is secure. It is best for after hours work to be done in pairs. However, if an employee is alone in the office, they should make sure that someone (co-worker or family member) is aware of their location and expected time of departure and return home.



9. Each office site or location shall set up a system to inform fellow employees or their supervisor that there is an emergency situation on site and help is needed. Staff should be trained on a regular basis how to activate this emergency response system.
 - Example # 1: Employee notifies the receptionist that there is a need for “Mr. Green” to be paged for her extension. The receptionist then pages “Mr. Green for extension #303” and the supervisor or response team goes to the employee’s office to assist the employee during the emergency.
 - Example # 2: In locations where there is no overhead paging system available, a team approach may be utilized for seeking additional assistance in an emergency. (i.e., one employee attends to the emergency while a co-worker obtains additional assistance.)
10. Any unusual occurrence or threat to employee safety in the office or elsewhere should be documented as an incident or accident, using the incident and/or accident forms and process.
11. When leaving a Florida Therapy Services, Inc. location after dark, try to leave in pairs or groups and have your keys in-hand before you leave the building.



SUBJECT: Material Safety Data Sheets

PURPOSE: Establish agency policy concerning the acquisition, publication, and maintenance of Material Safety Data Sheets (MSDS).

POLICY: Material Safety Data Sheets (MSDS) for all hazardous chemicals (solids, liquids, gases) shall be readily accessible to team members in each FTS site. An inventory of all items which require MSDS will be compiled by the office manager at each FTS site. The office manager will transmit the information to the Safety Chairperson who will acquire the MSDS sheet. The original will be maintained at the corporate headquarters. Copies will be placed in the “Site Information Manual” at each site. The office manager will be responsible to identify new items in each office that require an MSDS. Additionally, The MSDS will be maintained on the internal FTS share drive.



SUBJECT: Safety for Personnel in the Field

PURPOSE: To provide recommendations to direct service personnel in the field as to how staff should respond in certain situations to decrease the risk of harm.

POLICY:

The safety of field personnel is extremely important to Florida Therapy Services, Inc. All personnel will receive training at orientation related to safety and are encouraged to attend other training sessions to further supplement their knowledge in their areas or as a refresher.

Personnel are expected to use common sense as a prudent person would in the process of performing their job duties. Florida Therapy Services, Inc. personnel are not expected to place themselves in danger at any time. Due to the variety of high-risk populations that personnel come into contact with, the dangers are not always readily apparent.

Therefore, personnel are expected to comply with the following safety measures.

BEFORE Going into the Field:

- It is the employee's responsibility to maintain an accessible schedule so that the employee can be contacted in the event of an emergency. Some ways to make an employee's schedule easily accessible include:
 - Make copies of your weekly schedule and leave one with your supervisor or Office Manager. Update the schedule as necessary.
 - Maintain a current schedule on Microsoft Outlook and give access to the Office Manager and/or your supervisor.
- If there is a change in arrival to/departure time from a scheduled appointment, contact the office to report the change.
- If possible, call ahead to make sure the family will be home for the visit.
- Always keep your cell phone charged and with you. Keep emergency numbers (i.e. 911) on speed dial.
- Complete home visits in high crime areas during daylight hours when possible, preferably in the morning.
- Know the neighborhoods that we serve. Identify in advance the areas where help can be sought and is available (i.e. fire station, police station, neighborhood gas station or grocery store, community buildings, apartment and office complexes).
- If a referral suggests any danger in the home or neighborhood, call the referral source for a further assessment of the dangers prior to making a home visit.
- If there is a known drug house in the family's neighborhood, make visits to the family's home in the mornings.
- Dress conservatively and do not wear expensive jewelry.
- Leave your purse or other valuables in the trunk of your car prior to driving to the client's neighborhood. Take only the items necessary to complete the home visit.
- Carry a minimal amount of cash.
- Inform co-workers of when you will be returning and what to do if you do not make it back to the office by a designated time.
- Take a cell phone with you and leave it on so a co-worker can call you.



- Have a co-worker accompany you on the home visit.
- Have a plan in advance for any situation that could potentially become dangerous.
- If a client is potentially violent, meet in a more appropriate setting, such as office or school, or arrange for others to be in close proximity.
- If a client has a tendency to make accusations of sexual improprieties, meet in a more appropriate setting, such as school or office, or arrange for others to be in close proximity.

Guidelines for Use of a Car:

- Cars should be kept in good repair.
- Always have enough gas to return to the office following visits.
- Carry an emergency flat tire repair kit in the car.
- Keep a flashlight in the car.
- Always wear the seat belt when driving.
- Follow heavily traveled or well lighted routes at night.
- Know where you are going before you leave the office.
- Act like you know where you are going if you get lost, and go to the nearest well-lighted public place (unless it is a bar or club) to determine your directions.
- Park on the street if possible. Avoid being “blocked” in a home’s driveway.
- Park in a location where the car can be shifted into drive to get out fast if necessary. Park in the direction that will be used when leaving the home.
- Always lock the car.

When Approaching the Dwelling:

- Be aware of your surroundings before you leave your vehicle.
- Be observant of the environment and behave in a confident manner.
- Beware of dead-end streets.
- When possible, walk in the middle of the sidewalk and sidestep dark alleyways, bars and groups of loiterers.
- If a group is blocking the doorway to a family’s dwelling, look for another entrance. If there is none and the group seems hostile, walk away and reschedule the visit.
- If verbally confronted, maintain a professional manner. Repeat responses directly and do not attempt to answer verbal challenges.
- Before getting out of the car, make sure nothing of value is visible inside the car.
- If there is an animal in the yard or house that makes you uncomfortable, request the client to secure the pet during the visit.
- Be aware of any stray animals that you can see in the neighborhood. Attract someone’s attention if animals are loose and pose a safety threat.
- Listen carefully at the client’s door prior to their answering and prior to entering. If loud quarreling, sounds of fighting or some other disturbance is heard, leave immediately and call the police.
- Look for signs of using grills inside the home for cooking or a source of heat and other conditions of the home that are hazardous (i.e. you could trip and fall, contract illness due to unsanitary conditions, etc.)

While at the Dwelling:

- Position yourself so you can exit the setting quickly if necessary.
- Ascertain that your client will not resort to violence prior to confronting the individual.

Best Practices for Leaving the Home Visit:

- Have your car keys in your hand as you leave the dwelling.
- Check inside and under the car before getting in. Do not forget that there may be small children around or under the car. Be sure to check both sides of the car before moving from the parking space.
- If someone is leaning against the car or tampering with it, return to the home and call for help, if needed.
- Do not sit in your car in a high-risk neighborhood to write notes of your visit.

Ways to Handle Potentially Threatening Situations:

- Do not show fear. Control breathing. Speak slowly and lower your voice. Keep your hand steady.
- Try not to show any facial expression. Maintain eye contact, but do not try to stare anyone down.
- Do not challenge but be assertive, especially if lewd comments are made.
- Check your watch; say the office is expecting your return or call.
- Do not tolerate rudeness or name calling by a client.
- State reason for your visit. (i.e. to provide information or support for the family)
- Stand up and leave.
- If in trouble, attract help in any way possible; scream, yell or blow the car horn.
- Rehearse ahead of time what will be said or done if in an unsafe situation.
- Promptly inform your supervisor when you suspect you may be in danger.
- If a session with a potentially violent client gets too tense, refocus the client or announce a break in the session.
- If weapons are visible in the home and determined to be easily accessed during the session, leave the home immediately and instruct the family to have the weapons properly stored before the next visit.
- If the client has obvious signs of active drug or alcohol use, discontinue the visit and leave immediately.
- If a visitor or family member in the home makes you feel uncomfortable, make an excuse and leave.
- Request assistance from law enforcement if the situation is likely to become hostile.
- When calling 911 you should:
 - ✓ Know the family's address
 - ✓ Give your name and relationship to the client
 - ✓ Speak clearly and slowly; describe the situation
 - ✓ Answer all questions asked by the dispatcher
 - ✓ Do not hang up until instructed to do so by the dispatcher.

In all emergency situations, the physical safety of the worker is the most important. All of the below circumstances require an Incident Report.

- **Domestic violence:** Leave the home immediately. Call 911. Contact your supervisor for guidance as to documentation and appropriate notification (i.e. Department of Children and Families, local abuse shelter, etc.).



- **Violence in the neighborhood:** If you hear gunshots or violence outside the house, stay inside and call 911 immediately. Do not leave the premises until the police have arrived.
- **Injured child:** Call 911 or instruct someone to call 911 for an ambulance if the parent is unable or unwilling. Do not move the child unless the child is in imminent danger. Stay with the child until the ambulance arrives. Contact your supervisor who will assist with documentation and appropriate notification.
- **Unsupervised child:** (This includes child left in the care of another minor who is clearly too young to be able to be responsible.) Call 911. Stay with the child until the police arrive. Contact your supervisor who will assist with documentation and Department of Children and Families reporting.
- **Child battery** (i.e. beating, shaking) Leave immediately and call 911. Contact your supervisor who will assist with documentation and Department of Children and Families reporting.
- **Child death:** If you have a suspicion the parent may be involved, leave the home immediately and call 911 to report the situation. If you are sure the parent was not involved, call 911 from the home while offering the parent support. Contact your supervisor who will assist with documentation and Department of Children and Families reporting.
- **Client discussing suicide:** Assess whether the client has a plan of how he/she will commit suicide and whether he/she has the means to carry out the plan. Consider “contracting” with the client that before they will attempt/commit suicide they will contact you, or another mental health professional or trusted person in the family. Consider putting the client on “watch” by other family members and friends. Assess the seriousness of the situation and the need for immediate hospitalization if a safety plan cannot be established. You may need to accompany the client to the hospital. Alert your supervisor of the situation.
- **Client actively suicidal** (Has taken pills, has weapon (i.e. gun, sword, knife, gas leak, etc.)) Leave immediately (if there is a weapon or gas leak) and call 911. If the client has taken pills, stay with the client and call 911 immediately. If there is no home phone and you do not have a cell phone, go to the nearest neighbor to contact 911 and then return to the client. Alert your supervisor of the situation as soon as possible.
- **Client threatening homicide** (to child, home visitor, partner, parent, etc.) Leave the home immediately. Call 911. Alert your supervisor of the situation.
- **Fire:** In the presence of smoke, leave the home immediately and try to get the family to leave the home with you. Do not reenter the home for any reason! Call 911 immediately. Alert your supervisor of the situation.
- **Mother in labor:** Call 911. If there is no home phone and you do not have cell phone service, go to the nearest neighbor to contact 911 and then return to the client. If the mother gives birth while you are waiting for the ambulance, keep mom safe and still, keep baby warm (best place is on mother’s belly or chest with skin to skin contact), leave umbilical cord intact.
- **Illegal activity:** If you suspect illegal activity in the home (i.e., drug use), even if the parent is not engaged in the activity, leave the home immediately. Alert your supervisor of the situation.



SUBJECT: Safety Inspections

PURPOSE: The purpose of a safety inspection is to identify hazards and unsafe acts before accidents occur, and through recommendations and corrective action, eliminate these hazards and unsafe work practices.

POLICY:

1. A member of the Safety Committee (or Representative) shall make copies of each facility floor plan and number rooms so that this can be used to identify any rooms requiring maintenance or improvement to meet the safety requirements.
2. The Site Safety Representative (Office Manager) shall conduct inspections at least monthly at each clinical Florida Therapy Services, Inc. site or facility (quarterly for non-clinical facilities) using the Monthly Facility Maintenance Checklist. The Representative will make a copy of the inspection checklist. The original will be sent to the Safety Chairperson and the copy will be placed in the Site Information Manual.
3. The scope of the safety inspection should depend on the utilization and size of the site or location and should target those areas and activities where potential accidents are most likely to occur.
4. Weekly follow-up shall occur when corrective measures or recommendations have been noted in previous safety inspections. Follow-up shall continue until the corrective measure is completed.
5. Additional inspections are warranted if there have been staff or client complaints or situations that pose immediate danger. President and the Safety Coordinator should conduct such inspections. If the inspection is a result of a client complaint, the President should be included in the safety inspection.
6. Additional inspections should also be conducted when new equipment has been installed. The additional inspection will determine if a revision in procedures or additional training is indicated.
7. Supervisors and staff should be made aware of any and all hazards and unsafe practices in their workplace immediately following inspections. If corrective measures can be taken to eliminate hazards, the safety committee should set completion dates and communicate this to staff. Employee awareness is an important element in the prevention of accidents or injuries.
8. The Safety Chairperson monitors safety inspections and the Safety Committee's agenda includes a review of information obtained from the inspections as documented in the Division Safety Committee Report/Minutes. Any Site Representative or Committee that does not provide a completed inspection checklist to the Safety Committee will be referred to the President.



SUBJECT: Fire Drill and Fire Safety Procedures

PURPOSE: Establish Florida Therapy Services, Inc. (FTS) procedures to ensure the safety of team members, clients, and guest in the event of a fire. Establish FTS guidelines for fire drills. Evacuation diagrams are to be posted at each FTS site.

POLICY: All FTS sites will ensure that a fire and safety inspection is conducted annually at all FTS sites. The FTS Corporate Office shall maintain a current copy of the inspection report.

Fire Drills

Florida Therapy Services, Inc. (FTS) shall ensure that the following requirements are met when conducting fire drills for agency facilities, including group homes, shelters, offices, foster homes, etc.

1. There is an easily accessible telephone in each major service area in case of emergency.
2. Fire drills will be held during office hours according to local fire department codes for office buildings or a minimum of once a quarter or according to local Fire Marshall requirements.
3. Procedures for fire and other emergency situations, including the route of evacuation, are posted in conspicuous places and are reviewed with staff and clients on a regular basis.
4. Fire drills should follow the same procedures as if a fire were actually occurring as listed below.
5. Staff members shall make note of the nearest exit in their work area.
6. Staff will instruct clients to leave by the nearest exit and to proceed outside the building to the assembly point to conduct a head count. Staff will show the posted floor plan and point out the exits to all new clients as part of their orientation to the facility.
7. Staff will be prepared to assist clients from the building as needed according to their age and mobility.
8. Staff will check the entire building and conduct a headcount to ensure that all occupants have exited.
9. Smoke alarms, fire extinguishers, fire safety and lighting systems are checked when a drill is held and during the monthly safety inspection.
10. The Safety Coordinator maintains a record of all fire drills and reviews of equipment and systems. The Monthly Safety Inspection Checklist and Semi-Monthly Safety Inspection Checklist should be kept in the site's FTS Safety Manual.

Fire Safety and Evacuation

1. Begin evacuation of building by pulling fire alarm, where applicable. If building is equipped with audible alarms, all persons will respond to the alarm by evacuating in an orderly fashion out the nearest exit to the designated assembly area. Team members will be instructed on the designated assembly area during their new hire orientation.
2. The Office Manager or designated team member will notify 911 after evacuating the building. In the unlikely event that a cell phone is not available to make the call, then an alternate site near the office should be designated as the place from which to call 911.
3. In the event that the FTS site is located within a complex with other businesses, the office manager, or designee, will notify the other businesses in the complex.



4. Team members will ensure all clients and guest are evacuated to the designated assembly area. Team members will assist with the control and safety of clients (especially children) while at the assembly area.
5. Team members must exit their office, ensuring that the office is vacant, closing the office door behind them. **DO NOT LOCK OFFICE DOORS.** Closing the door helps to establish a fire block. If possible, the client file cabinets should be closed.
6. The Office Manager or designated team member will conduct a head count of team members and report to the Program Director.
7. If trained team members are available, the decision can be made to attempt to extinguish the fire. There are four classes of fire extinguishers A, B, C, and D. Each is used for different kinds of fires:

Class A is used on ordinary combustibles, like paper and wood.

Class B is used on fires fueled by flammable liquids and gases.

Class C is used for electrical fires.

Class D is used for materials involving combustible metals (industrial).

When extinguishing a fire, remember: P.A.S.S.

P- Pull the pin or lever.

A- Aim the nozzle at the base of the flames while holding the extinguisher vertically.

S - Squeeze the handle to discharge the agent.

S - Sweep rapidly from side to side at least six inches past edge of flame.

8. The fire department will decide when the building may be re-entered.
9. A fire, explosion, or major damage to facilities that threaten the health and safety of the clients is reported to the Department of Children and Families within 24 hours of the occurrence. Reports of such incidents are kept on file in the facility.



SUBJECT: First Aid

PURPOSE: To provide staff with general guidelines on use of first aid treatment.

POLICY:

1. **Minor First Aid Treatment:** If you sustain an injury or are involved in an accident requiring minor first aid treatment:
 - Administer first aid treatment to the injury or wound or seek assistance from someone at your site knowledgeable in first aid procedures.
 - Inform your supervisor.
 - Access to a first aid kit is not intended to be a substitute for medical attention.
 - Complete an incident/accident report.
2. **Non-Emergency Medical Treatment:** For non-emergency work related injuries requiring professional medical assistance, employees must go to an authorized medical provider. If you sustain an injury requiring treatment other than first aid:
 - Ensure first aid treatment is sought, if applicable.
 - Inform your supervisor and the Director of Human Resources.
 - Seek medical attention from a designated primary care provider listed in the managed care workers' compensation network directory.
 - Follow the medical treatment plan provided by the medical facility.
 - Complete an incident/accident report.
3. **Emergency Medical Treatment:** If you sustain a life threatening medical emergency:
 - Call for help and seek assistance from a co-worker.
 - Call **911** or other emergency telephone number to request assistance and transportation to local hospital or medical clinic.
 - Notify your supervisor and the Director of Human Resources as soon as possible.
 - Complete an incident/accident report.
4. **First aid kits:** Each facility will have a first aid kit with adequate supplies to serve the number of clients/employees in that location. At a minimum, the kit should contain the following items:
 - Protective gloves (latex or vinyl)
 - First aid manual or information sheets
 - Sterile first aid dressings
 - Bandages
 - Adhesive tape
 - Scissors
 - Tweezers
 - Antiseptic solution

Recommended items:

- Rescue breather, CPR one-way valve face shield
- Hot/cold reusable compress
- Thermometer



First aid kits are to be stored in a clearly marked location so that staff can easily locate the kit when necessary. If stored in a drawer or cabinet, a sign indicating “First Aid Kit” is to be posted on the drawer or cabinet. New staff should be informed of the location of the kit during employee orientation.

5. **Communication in Emergencies:** Whether in an office environment or with clients off site, a communication device (i.e. agency phone, cell phone, walkie-talkie, etc.) is to be available to communicate with agency staff and emergency services personnel.



SUBJECT: First Aid Instructions

PURPOSE: Establish agency policy and guidelines concerning the use of first aid by qualified personnel to assist in emergent situations.

POLICY:

Take the following actions when any of the listed situations occur:

Choking:

- 1) Allow the person a chance to clear his or her own throat. If that doesn't work, call 911.
- 2) Institute abdominal thrusts as follows:
 - Stand behind the victim.
 - Develop a fist with one hand, and place the thumb side to the victim's stomach, just below the ribs.
 - Place the other hand over the fist.
 - Thrust the fist and hand inward and up at the same time.
 - Observe if the item becomes dislodged.
 - If the item does not dislodge, thrust again.
 - Continue to do this procedure until the object is dislodged.
 - If the victim loses consciousness, then begin CPR.
 - Complete an Incident Report Form.

Wounds:

Minor: Cuts, lacerations, abrasions or punctures

- Wash the wound using soap and water; rinse it well.
- Cover the wound using clean dressing.

Major: Large, deep and bleeding

- Stop the bleeding by pressing directly on the wound, using a bandage or cloth.
- Keep pressure on the wound until medical help arrives.

Broken Bones:

- Do not move the victim unless it is absolutely necessary.
- If the victim must be moved, "splint" the injured area. Use a board, cardboard or rolled newspaper as a splint.

Burns:

Thermal (Heat)

- Rinse the burned area, without scrubbing it, and immerse it in cold water; do not use ice water.
- Blot the area dry and cover it using sterile gauze or a clean cloth.

Chemical

- Flush the exposed area with cool water immediately for 15 to 20 minutes.

Eye Injury:

Small particles

- Do not rub your eyes.
- Use the corner of a soft clean cloth to draw particles out, or hold the eyelids open and flush the eyes continuously with water.

Large or stuck particles

- If a particle is stuck in the eye, do not attempt to remove it.
- Cover both eyes with a bandage.

Chemical

- Immediately irrigate the eyes and under the eyelids, with water, for 30 minutes.

Neck and Spine Injury:

If the victim appears to have injured his or her neck or spine, or is unable to move his or her arm or leg, do not attempt to move the victim unless it is absolutely necessary.

Heat Exhaustion:

- Loosen the victim's tight clothing.
- Give the victim "sips" of cool water.
- Make the victim lie down in a cooler place with feet raised.

**Poisoning: ALWAYS CALL YOUR LOCAL POISON CONTROL CENTER FOR ADVICE!
(800) 282-3171**

- It is important to note that the absence of a warning on a package label does not necessarily mean that the product is safe.
- Suspect poisoning if someone suddenly becomes sick for no apparent reason.
- Suspect inhalation poisoning if the victim is found near a furnace, a car, a fire, or in an area that is not well ventilated.
- Symptoms of poisoning may take time to develop. However, if poisoning is suspected, do not wait for symptoms to develop before getting medical help.

For poisoning by swallowing:

1. Check and monitor the victim's airway, breathing and circulation. If necessary, begin rescue breathing and CPR.
2. Try to make sure that the victim has indeed been poisoned. It is not always obvious. Some signs include chemical-smelling breath, burns around the mouth, difficulty breathing, vomiting, or unusual odors on the victim. If possible, identify the poison.
3. Only induce vomiting if the Poison Control Center tells you to do so.
4. If the victim vomits, protect the airway. If you must clear the victim's airway, wrap a cloth around your fingers before cleaning out his or her mouth and throat. If the victim has vomited a plant part, save the vomitus as it may allow identification by an expert who can then determine an antidote.
5. If the victim starts having convulsions, protect him or her from injury and give convulsion first aid.



6. Reassure the victim and keep him or her comfortable. Position the victim on their left side while getting or awaiting medical help. If the poison has spilled on the victim's clothes, remove the clothing and flush the skin with water.

For inhalation poisoning:

1. Call for emergency help. Never attempt to rescue a victim without notifying others first.
2. If it is safe to do so, rescue the victim from the danger of the gas, fumes, or smoke. Hold a wet cloth over your nose and mouth. Open windows and doors to remove the fumes.
3. Take several deep breaths of fresh air, and then hold your breath as you go in.
4. Avoid lighting a match as some gases may ignite.
5. After rescuing the victim from danger, check his or her airway, breathing, and circulation. If necessary, perform rescue breathing and CPR.
6. As necessary, perform first aid for skin burns, eye injuries (eye emergencies), or convulsions (convulsion, first aid).
7. If the victim vomits, protect his or her airway.
8. Even if the victim seems perfectly fine, get medical help.

DO NOT DO ANY OF THE FOLLOWING:

- **DO NOT** give an unconscious victim anything by mouth.
- **DO NOT** induce vomiting unless you are told to do so by the Poison Control Center or a doctor. A strong poison that burns on the way down the throat will also do damage on the way back up.
- **DO NOT** try to neutralize the poison with lemon juice or vinegar, or any other substance, unless you are told to do so by the Poison Control Center or a doctor.
- **DO NOT** use any "cure-all" type antidote.
- **DO NOT** wait for symptoms to develop if you suspect that someone has been poisoned.

Call immediately for emergency medical assistance if:

If someone has been poisoned, you should call immediately for emergency medical assistance. Call your local Poison Control Center.



SUBJECT: First Aid and Illness Information Resources

PURPOSE: To provide staff with resources where they can obtain written information on the latest procedures for first aid treatment and common illnesses.

POLICY:

1. Each site or facility shall have access to first aid information as a resource in case there is a need for first aid treatment. This resource can be in the form of a first aid book, a binder with printed first aid sheets, or access to the Internet.
2. The following are a listing of recommended books on first aid that are available on Amazon.com or at your local bookstore:
 - a. The American Red Cross First Aid and Safety Handbook
By Kathleen Handel, MD and Elizabeth H. Dole
 - b. Lifesaving First Aid for Children: A Quick-Reference Guide
By American Red Cross staff
3. The following websites provide detailed information about the prevention and care of specific injuries or illnesses:

Center for Disease Control and Prevention:

 - a. <http://www.cdc.gov/health/diseases.htm>
 - b. <http://aepo-xdv-www.epo.cdc.gov/wonder/PrevGuid/topics.shtml>
 - The Mayo Clinic provides a Web page that addresses a number of first aid and CPR topics:
 - c. <http://www.mayoclinic.com/findinformation/diseasesandconditions/index.cfm?>
 - d. <http://www.mayoclinic.com/findinformation/firstaidandselfcare/index.cfm>
 - Medem, sponsored by the American Medical Association:
 - e. http://www.medem.com/MedLB/medlib_entry.cfm?sid=103AF635-C640-11D4-8C0100508BF1C1F1&site_name=Medem
4. Training
 - The American Red Cross offers first aid and CPR courses: <http://www.redcross.org/>
 - The American Heart Association provides information on CPR Courses: <http://www.americanheart.org/presenter.jhtml?identifier=3011764>
 - The National Safety Council, First Aid Institute provides training courses throughout the country, course providers, and training schedules are available.



SUBJECT: Required Training

PROGRAM AND POSITION ORIENTATION

PURPOSE: To ensure consistent program and position orientation for all staff members.

PROCEDURE: It is the responsibility of the Human Resource Manager to ensure that all staff receives training as specified by contract, licensing regulations and accreditation requirements.

Each person responsible for orientation will ensure that the new staff member completes all applicable sections of the program and position orientation and has the opportunity to ask questions before assuming full duties.

The trainer for each section and the new staff member will initial each section of the orientation checklist as it is completed and document the time taken for each section.

The new staff member will sign and date their completed orientation form.

The supervisor will review, sign and date all completed orientation forms.

The Human Resource Manager will place a copy of the signed, dated, and completed orientation form in the staff member's personnel file. All new staff members will be responsible for completing their program and position orientation as directed by their supervisors depending on their position. Failure to cooperate with completion of program and position orientation will result in disciplinary measures up to and including termination.

Training Evaluation

Training Topic: _____

Trainer: _____

Date: _____

I. **Content:** *Check the rating that best reflects your experience of this training.*

	Excellent	Very Good	Good	Fair	Poor
1. Overall, this training was:					
2. The organization of this training was:					
3. The information I learned was:					
4. The relevance and usefulness of the content was:					
5. The activities and materials were:					
6. The probability that I will apply the information:					

II. **Trainer(s)/Instructor(s):** *Circle the rating that best reflects your experience of this training.*

	Excellent	Very Good	Good	Fair	Poor
1. The instructor's effectiveness in teaching was:					
2. The instructor's use of examples was:					
3. The instructor's knowledge of content was:					
4. The instructor's enthusiasm was:					

III. **Comments:** *Use the back of this sheet, if needed.*

What I liked about this training:

What I think should be changed about this training:



SUBJECT: Discipline and Guidance

PURPOSE: To provide discipline and guidance procedures in compliance with current law and rules regarding Florida Therapy Services, Inc. clients.

PROCEDURE: All program personnel, including volunteers, will comply with the Department of Children and Families policy regarding discipline, control, and punishment, as found in Rule 65C-14.021, F.A.C., or any successor rule.

PHYSICAL PUNISHMENT – At no time will a Florida Therapy Services staff person use any form of physical punishment or encourage or permit anyone else to use physical punishment as a consequence for behavior or for any other reason when providing care for children. Allegations of use of physical punishment by a staff member will be subject to administrative leave and investigation. Founded allegations of physical punishment by a staff member will be subject to termination and any other required penalties under the law.

ABUSIVE LANGUAGE – At no time will a staff member use any form of shaming or abusive language or encourage or permit anyone else to use abusive language when disciplining a client. Allegations of use of abusive language by a staff member will be subject to administrative leave and investigation. Founded allegations will be subject to a written reprimand and other disciplinary measures up to and including termination.

DISCIPLINE AND GUIDANCE STAFF TRAINING – A staff member designated by the President will ensure that all staff members receive training on positive discipline techniques as well as crisis prevention and intervention techniques. Training on positive discipline techniques will occur at orientation and on an ongoing basis thereafter. Crisis prevention/intervention training will be provided as needed.

DISCIPLINE AND GUIDANCE TECHNIQUES – Staff members may use the following discipline and guidance techniques:

- *Teaching Effective Behaviors* = all formal and informal lessons designed to raise children’s awareness of effective social behaviors through discussion of rules and behaviors, discussion of relevant stories, puppetry and drama, discussion of real situations arising in play contexts, etc.
- *Environmental Control* = setting up the living and learning environment to reduce ineffective behaviors and increase effective behaviors, for example, by providing more than one of each toy, or by labeling shelves to help children know where toys are stored, etc.
- *“When...then...”* = setting up clear expectations for children to help them follow directions such as “When you have picked up all the markers, put them in the box and put the box in the closet, then you can go to play on the computer.”
- *Choices* = two acceptable choices contrasted with the unacceptable behavior the child is demonstrating such as, “You can tell John how you feel about him knocking down your tower or you can just build it up again, but you cannot hit John.”
- *Natural Consequences* = safe consequences that a child may experience in order to learn, such as, “When my room is cluttered, it is harder to find my favorite toy.” Natural consequences may involve inconvenience for the child, but must not involve risk to their health or safety.
- *Logical Consequences* = a rule based consequence when the natural consequence would be too dangerous, such as, “When I remove my bike helmet while riding, I will have to go inside and try bike riding again tomorrow.” Logical consequences must be related to the mistaken behavior, reasonable and respectful.

- *Time-out* = time removed from the group, without shaming, to a safe, calm, supervised place where the child can regain control. Time-out will not last longer than five minutes. Talking with the child to promote learning and a safe transition back to the group will always follow time out. Children under the age of eight have no internal speech and cannot “think about” what they have done; they can only feel about what is happening to them. Focus the child on relaxing, rather than on thinking. Then help them to think through the situation out loud when they have relaxed.
- *Redirection* = focusing the child on a safer, more constructive activity such as throwing bean bags into a bucket, rather than throwing random toys at other children.
- *Positive Reinforcement* = specific encouragement of actions you want to see the child perform and repeat such as “Well done, Amika. You put your shoes side by side in the bottom of your closet.”
- *Planned Ignoring* = not paying attention to a specific safe, but ineffective behavior so that a child will stop using that behavior. It is important to teach the child an effective alternative behavior and reinforce it as soon as you see it such as teaching the child to speak your name to get your attention rather than tugging on your clothes.
- *Restriction* = a temporary loss of a privilege due to repeated unsafe negative behavior that has not responded to the techniques described above such as skipping bike riding for three days due to pushing other children off of their bikes. Staff members must consult with the Counselor and the Program Supervisor I or higher before using restriction.
- *Behavioral Contract* = A written contract with a child to help them change an ineffective behavior to an effective one. The contract will include specific positive and negative consequences and be signed and agreed upon by the child, the staff members responsible for delivering consequences, the Counselor, the Group Living Manager or higher and the child’s parents and/or Family Services Counselor.
- *Crisis Prevention and Intervention* = specific techniques designed to empower staff members to work with anxious, defensive, or acting out clients in such a way that the clients can be reassured, regain control and learn more effective behaviors from the experience without harm to anyone involved.

At all times, staff members will use discipline and guidance techniques with the goal of teaching the child more successful and effective behaviors, rather than with the goal of hurting or punishing the child.



LINE OF SIGHT SUPERVISION

PURPOSE: To ensure children's safety and freedom from abuse and neglect while in care.

PROCEDURE: Line of sight supervision means being able to see the child and reach the child rapidly to protect the child and others from harm.

Direct care staff will provide continuous line of sight supervision for all children while they are in the care of Florida Therapy Services, Inc. that respects the dignity of all clients. In particular, line of sight supervision will be provided in the following situations:

- Whenever children are eating in order to respond rapidly to incidents of choking or allergic reactions to food.
- For all active, outside and porch play.
- For any child who has a history of physical aggression or sexual acting out behavior.

Direct care staff will provide continuous line of sight supervision for any child with a history of sexual acting out or other serious harmful behavior.



Maintaining a Hygienic Environment

PROCEDURE: HANDWASHING, SANITATION AND STERILIZATION

PURPOSE: To prevent the outbreak of infectious and contagious diseases.

The Administrative staff will purchase sufficient soap and paper towels to supply each hand wash sink at all times. Washcloths, cloth towels and cloth handkerchiefs will not be used.

The Office Manager will install and maintain soap dispensers and paper towel holders.

The Office Manager will restock soap dispensers and paper towel holders whenever the supply in that dispenser or holder is low. Soap dispensers and paper towel holders will not be left empty.

The supervisor will ensure that all direct care staff are trained on the importance of hand washing and on correct hand washing technique to prevent the spread of disease. In addition, all staff members will be required to attend the Universal Precautions/Blood-Borne Pathogens Training.

The following hand washing technique will be utilized by all staff:

- Remove rings, watches, etc.
- Wash hands under running water, using soap and applying friction for at least ten seconds.
- Wash between fingers, under fingernails, and above wrist.
- Use a paper towel to turn off the water supply.
- Use a separate paper towel to dry hands.

All staff members will wash their hands at the following times:

- When they first come to work
- When they use the bathroom
- When they reenter the building from outside
- Before serving or preparing food
- After serving or preparing food
- After handling animals or plants
- When they have completed a cleaning task
- Whenever their hands are visibly dirty
- Whenever they remove protective gloves
- When they leave to go home to their own family.

All staff members should vigilantly train the clients to wash their hands as described above in an effort to control the spread of infectious diseases.



INFECTIOUS AND CONTAGIOUS DISEASE OUTBREAKS AND INFESTATIONS

PURPOSE: To recognize, prevent, report, and control infectious and contagious disease outbreaks and infestations.

PROCEDURE:

The supervisor will ensure that all direct care staff members receive quarterly training on recognizing, preventing, reporting, and controlling infectious and contagious diseases and infestations including, but not limited to:

- Food borne illness
- Hepatitis A
- Diarrheal diseases
- Meningitis
- Conjunctivitis (Pink Eye)
- Impetigo
- Ringworm & other fungal infections
- Chickenpox
- Infestations such as lice, mosquitoes, cockroaches, fleas, flies, and rodents
- HIV/AIDS

All staff members will be responsible for taking measures to prevent and control outbreaks of infectious and contagious diseases and infestations. Children will be kept out of the kitchen at all times.



LOBBY SAFETY

PURPOSE: To ensure safe lobby areas and equipment.

PROCEDURE: Lobby area will be maintained in safe condition at all times.

The entire lobby area will be inspected monthly as part of the facility safety inspection. Documentation of these inspections will be kept on file in the manager's office.

All office staff members will be responsible for promptly notifying the supervisor in writing of any concerns about lobby safety.

The Office Manager will inspect the lobby for hazards each morning before clients.

Staff will promptly respond to any client showing signs of distress or calling for help.

Staff/Parents will provide close, direct supervision for children at all times, regardless of the location of play.

Staff will ensure that children use all play equipment safely and as it was designed to be used.



FACILITY MAINTENANCE AND REPAIRS

PURPOSE: To ensure that the facility is maintained as a safe, well-cared for, well-functioning environment.

PROCEDURE:

The President, in conjunction with the Office Managers, will form a team to ensure the maintenance and repairs of all facility and equipment.

All staff members will use a Maintenance Request Form to notify the Safety Coordinator of maintenance needs.

The Safety Coordinator will prioritize Maintenance Requests based on safety, health and compliance considerations and make timely repairs as needed.

The President or designee will be responsible for emergency repairs in the absence of the Safety Coordinator.

The President and the Safety Chairperson will be responsible for following Florida Therapy Services, Inc. accounting, bid process and documenting procedures when purchasing supplies, equipment and/or services for facility maintenance and repairs.



GROUNDS MAINTENANCE

PURPOSE: To provide for safe, attractive, well maintained grounds.

PROCEDURE:

The Safety Chairperson will supervise all aspects of grounds maintenance. In the absence of the Safety Chairperson, the President will oversee grounds maintenance.

A commercial grounds maintenance company will provide weekly grounds maintenance service.

All staff members will use a Facility Maintenance Checklist to notify the Safety Chairperson of outdoor maintenance needs.

The Safety Chairperson will prioritize Maintenance Requests based on safety, health and compliance considerations and make timely repairs as needed.

The President will be responsible for outside emergency repairs in the absence of the Safety Coordinator.

The Safety Chairperson and the President will be responsible for following Florida Therapy Services, Inc. accounting, bid process and documenting procedures when purchasing supplies, equipment and/or services for grounds maintenance and repairs.

All staff members will be responsible for care of the facility grounds.



FIRE AND SAFETY EQUIPMENT

PURPOSE: To ensure that Florida Therapy Services, Inc. is equipped with fire and safety equipment in compliance with fire codes, other applicable laws and regulations and the facility emergency preparedness plan.

PROCEDURE:

The Safety Chairperson will schedule inspections and maintenance of all fire and safety equipment.

The Safety Chairperson will be responsible for purchasing safety equipment such as weather radios, flashlights, etc. for the Emergency Preparedness (Disaster) Plan.

The Executive Admin will be responsible for purchasing First Aid kits and supplies.

The Safety Chairperson will be responsible for ensuring that all personnel are trained in the safe and appropriate operation of fire and safety equipment.

All Florida Therapy Services, Inc. staff will be responsible for operation of fire and safety equipment in compliance with the manufacturer's directions.

All Florida Therapy Services, Inc. staff will immediately notify the supervisor of any concerns regarding the operation, repair and availability of fire and safety equipment at the facility.

Tampering with fire and safety equipment will be considered a serious threat of harm to the occupants of the facility. Allegations of tampering with fire and safety equipment will be documented on an incident report and investigated. Evident tampering will be subject to disciplinary action up to and including termination and reported to law enforcement and/or the Department of Children and Families Child Protective Services when appropriate.



HEALTH INSPECTION

PURPOSE: To ensure healthy conditions for all clients and Florida Therapy Services, Inc. staff.

PROCEDURE:

Office Managers will maintain all areas of the facility in a clean and healthy condition at all times. All Florida Therapy Services, Inc. staff will promptly notify the Corporate Office of any concern about cleanliness, health and safety conditions at the facility.

The Office Manager will conduct a complete health inspection of the facility at least once a month. Documentation of these inspections will be kept on file in the facility Operations office. This inspection will include at a minimum:

- All items listed on the health inspection checklist used by County Health Inspectors for licensing health inspections.
- Interiors of all cabinets, particularly bathroom and kitchen under sink cabinets.
- Porch and patio areas.
- Spaces behind desks and filing cabinets.
- All food storage areas including the interiors of all refrigerators and freezers.

The Office Manager will promptly correct any items or areas not found to be in a clean and healthy condition at the time of inspection.

All Florida Therapy Services, Inc. staff will cooperate with licensing health inspections and other authorized external inspections of health conditions at the facility. The Office Manager will arrange for the prompt correction of any items found out of compliance by an external health inspection. The Office Manager will keep a copy of all licensing and other external health inspections on file in the office and submit the original to the file at the Florida Therapy Services, Inc. Corporate Office.



SAFETY INSPECTION

PURPOSE: To provide for systematic checks to ensure safety throughout the facility.

PROCEDURE:

The Safety Chairperson will ensure that a designated staff member conducts a monthly inspection of all aspects of facility safety as listed on the standard Florida Therapy Services, Inc. *Monthly Facility Maintenance Checklist*

Safety inspections will include, but not be limited to:

- Plumbing, ventilation, heating, cooling, lighting, fire extinguishers, fire safety systems, freezers and refrigerators, stairs, unscreened areas, unmarked glass doors, and other electrical appliances.

The staff member conducting the inspection will physically verify each item on the inspection form and document this verification on the *Monthly and Semi-Annual Safety Inspection Forms*. The staff member conducting the inspection will sign and date the form on the date of inspection.

The staff member will give the form to the Safety Chairperson. The Safety Chairperson will notify the Executive Admin of any safety concerns needing correction.

The Executive Admin will keep a copy of the *Monthly and Semi-Annual Safety Inspection Forms*) in the Corporate Office.

The Executive Admin and Office Managers will work together to ensure the rapid correction of any safety concerns and will document the date of the correction of these concerns as a follow up item on the *Monthly and Semi-Annual Safety Inspection Forms*.



PURPOSE: The purpose of a safety inspection is to identify hazards and unsafe acts before accidents occur, and through recommendations and corrective action, eliminate these hazards and unsafe work practices.

PROCESS:

A member of the Site Safety Committee (or Representative) shall make copies of each facility floor plan and number rooms so that this can be used to identify any rooms requiring maintenance or improvement to meet the safety requirements.

The scope of the safety inspection should depend on the utilization and size of the site or location and should target those areas and activities where potential accidents are most likely to occur.

Weekly follow-up shall occur when corrective measures or recommendations have been noted in previous safety inspections. Follow-up shall continue until the corrective measure is completed.

Additional inspections are warranted if there have been staff or client complaints or situations that pose immediate danger. Management and the Safety Coordinator should conduct such inspections. If the inspection is a result of a client complaint, the Clinical Quality Manager should be included in the safety inspection.

Additional inspections should also be conducted when new equipment has been installed. The additional inspection will determine if a revision in procedures or additional training is indicated.

Staff should be made aware of any and all hazards and unsafe practices in their workplace immediately following inspections. If corrective measures can be taken to eliminate hazards, the safety committee should set completion dates and communicate this to staff. Employee awareness is an important element in the prevention of accidents or injuries.

The Safety Coordinator monitors safety inspections and the Safety Committee's monthly agenda includes a review of information obtained from the inspections as documented in the *Safety Committee Report/Minutes*. Any Site Representative or Committee that does not provide a completed inspection checklist to the Safety Committee will be referred to the President and the Clinical Quality Manager.

Hurricane Preparedness Plan

The following FTS Hurricane Plan outlines the procedures that will be followed and the staff responsible for tasks. Hurricane Season is from June 1st through November 30th. Within the first two weeks of the beginning of Hurricane Season and in the event of a hurricane, the following tasks are to be accomplished:

1. The Hurricane Plan will be reviewed, updated, and revised as needed.
2. A Volunteer Staff Team list will be developed, to establish a team that will volunteer to secure all Florida Therapy Services, Inc. offices in the Hurricane warning area.
3. Contact will be made with contractors and employees to determine scheduling and return to work assignments.



I. **Hurricane watch/warning: Issued by the National Hurricane Center**

Hurricane Watch: Issued when there is a threat of hurricane in the area within 24-36 hours

Hurricane Warning: Issued when a hurricane is expected to reach land in 24 hours or less.

- A. At the announcement of a Hurricane Watch by the National Weather Service, the President, or designee, will establish the FTS Volunteer Team. The President, or designee, will coordinate the dissemination of ongoing status reports and implement various steps of the Hurricane Plan as may be necessary.
- B. The Command Center is located at the Corporate Office Building. The Command Center is the communication center where decision-making for the PHP and Psychiatric offices and client management will be located.
- C. The Command Center, when activated, is staffed by:
- The President
 - Members of the Volunteer Staff Team

During a Hurricane Watch or Hurricane Warning period, the President and the Volunteer Staff Team shall operate from the Command Center. Roles of the Command Center Staff are specified in the sections outlining activities at Hurricane Warning, and during and after the Hurricane.

Hurricane Watch

1. The Volunteer Staff Team will monitor emergency notifications and National Weather Service Bulletins.
2. The Volunteer Staff Team will meet to determine client care activities.
3. Shelter location information will be gathered and will be distributed to clients and staff as needed.

Hurricane Warning

1. All outpatient services, and field services shall be cancelled by the Program Directors.
2. The President, or designee, will arrange for the notification of key personnel.
3. The President, or designee, shall determine staff assignments.
4. Each facility, in following its internal hurricane plan, must be prepared to activate its Volunteer Staff Team members as described



5. Administration team members meet to discuss with staff expectations about when to resume regular work hours after the hurricane.
6. Administrative support services will notify staff in all programs to complete the precautionary measures, including the boarding of windows and disabling and securing electronic equipment.
7. All clients receiving clinic services will be sent home until the National Weather Service Advisory and local authorities open roadways for travel. Program Directors must ensure that all clients leaving have a safe place to go or provide shelter information to the client.
8. Staff will lock all doors, secure all windows, and make sure that all faucets are shut off to their facilities before departing.
9. Support services will shut off electricity at the main switch, i.e. fuse panel or breaker box.
10. Information on the status of FTS' hurricane preparedness will be provided to the President, or designee upon the announcement of a Hurricane Watch.
11. Each office shall implement the hurricane plan specific to its operations. Offices will be advised to monitor the FTS office hurricane preparedness by contacting the Command Center.
12. Staffing and recall of the staff shall be under the discretion of the President, or designee.

I. President of Clinical Operations

- Overall staffing of the Command Center and Shelter
- Problem solving for all system issues
- Coordinate all communication
- Assign tasks and revise assignments as necessary
- Maintain current list of department heads/designees in house
- Determine outpatient and field services program closure times.
- Release staff at a Hurricane Warning, as per policy and upon verification of completion of assignments.
- Assure that computer databases are backed up.

II. Volunteer Staff Team members must assure for the completion of the following tasks, through the chain of command, as they relate to:

Support Services

- Equip all programs with emergency supplies. Plastic Sheeting, duct tape, trash can liners etc.
- Monitor National Weather Services and their County Emergency Operations.
- Ensure all transportation vehicles are fully fueled and parked in readily accessible locations in the event of emergency use.
- Communicate volunteer needs and timelines for specific tasks (i.e. Cutting down of canvas awnings, shutter installation)
- Insure that outdoor objects are tied down or brought indoors.
- Provide preparedness reports to the President, or designee.
- Distribute updated telephone lists.



- Install building shutters and board windows
- Move file cabinets away from windows
- Drape/wrap medical records with plastic sheeting and duct tape.
- Assure that computer equipment and electronic peripherals are disconnected and securely wrapped in plastic.
- Assist with general problem solving.
- Serve in other capacities as directed by the President.

Office Managers

- Cancel all client activities or appointments.
- Make arrangements for at least one battery operated radio and flashlight for their facility.
- Notify Support Services of any special needs
- Assist nursing staff to secure pharmaceuticals and medical supplies.
- Work with the President to ensure that databases are backed up and computer and electronic peripherals are secured, covered, and taped.
- Ensure that no equipment is left under a skylight, near a window and secured preferably in a room with no exterior windows.
- Ensure that all client files are locked in file cabinets and that file cabinets are covered and taped.

Human Resources

- Compile staff contact telephone numbers for staff that will be evacuating the area.
- Update personnel records with new residential addresses and phone numbers of those staff members relocated due to hurricane damage.
- Provide the President with staff contact telephone numbers.
- Secure all personnel records with plastic sheeting and duct tape.

After the Hurricane

1. Support services and volunteer staff will meet after the hurricane to develop an advisory, to include information regarding facility damage, fallen wires and/or trees, and property damage for the President, or designee.
2. The President, or designee, will be ultimately responsible for the decision regarding the return of clients and staff to abandon facilities and the plan to resume care and services.

Hurricane Preparedness Plan Review

The Hurricane Plan shall be reviewed annually by the Clinical Quality Manager for necessary changes.

Each office site or facility (group home, shelter home, etc.) where FTS provides offices for employees or services to clients will establish a Site Safety Representative or Committee with representation from the departments or service units of the site. (As the supervisor has a large role in the Safety Program, it would be logical for the supervisors of a site to be the designated representatives or committee members and to incorporate the needed site safety information into their regularly scheduled program or site monthly management meetings.)

Fire Drills

Each Office shall ensure that the following requirements are met when conducting fire drills for agency facilities, including partial hospitalization programs, clinics or offices

There is an easily accessible telephone in each major service area in case of emergency.

Fire drills are held:

- a. In office sites, they will occur during office hours according to local fire department codes for office buildings or a minimum of once a quarter or according to local Fire Marshall requirements;
- b. Procedures for fire and other emergency situations, including the route of evacuation, are posted in conspicuous places and are reviewed with staff and clients on a regular basis. Fire drills should follow the same procedures as if a fire were actually occurring as listed below.
- c. Staff members shall make note of the nearest exit in their work area.
- d. Staff will instruct everyone to leave by the nearest exit and to proceed outside the building to the assembly point to conduct a head count. Staff will show the posted floor plan and point out the exits to all new staff as part of their orientation to the facility.
- e. Staff will be prepared to assist others from the building as needed according to their age and mobility.
- f. Staff will check the entire building and conduct a headcount to ensure that all occupants have exited.
- g. Smoke alarms, fire extinguishers, fire safety and lighting systems are checked when a drill is held and during the monthly safety inspection.
- h. The Safety Coordinator maintains a record of all fire drills and reviews of equipment and systems (see *Fire Drill Log*, *The Monthly Safety Inspection Checklist* and *Semi-Monthly Safety Inspection Checklist* should be kept in the site's Florida Therapy Services, Inc. Safety Manual.

Fire Safety and Evacuation

- i. When a fire occurs, call the Fire Department immediately at **911**.
- j. Evacuate the building using the designated evacuation exits. Evacuating staff will close windows, all interior doors after the last person has exited (indicating the room is empty) in order to block fire from spreading and to contain it in as small an area as possible.
- k. The senior staff person or designee shall check the entire building to ensure that all occupants have exited.



- l. Use fire extinguishers if the fire is small and can be contained without danger to the user (i.e., a fire on a stovetop).
- m. Be careful when entering smoke filled areas. Keep your head closer to the floor to minimize smoke inhalation.
- n. *A fire, explosion, or major damage to facilities that threaten the health and safety of the clients is reported to the Department of Children and Families within 24 hours of the occurrence. Reports of such incidents are kept on file in the facility.*



I _____ acknowledge that I have read and understand the material provided in this Safety Manual. Should I have any questions about the content of any item I will contact my Program Director or Quality Assurance Director (FTS Corporate Office 850-216-6007).

Staff Signature: _____

Date: _____

Please sign and date this acknowledgement and send to the FTS corporate office:
Attn: QA