

**MILLE LACS BAND OF OJIBWE
HEALTH AND HUMAN SERVICES POLICY & PROCEDURE**

Department: Behavioral Health-Halfway House

Policy Number: HHS-BH-HWH 4421

Policy Title: Threats of Violence Drills

Attachments: Drill Evaluation

Date: 12/10/2015

Revised Date/Revised by: Mark Watters

Approved by:

Crystal Weckert, Behavioral Health Director

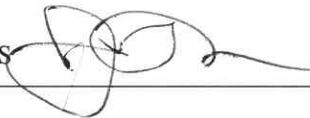


Date:

3/31/17

Approved by:

Jeff Larson, Executive Director of HHS



Date:

4/5/17

POLICY STATEMENT: It is the policy of the Mille Lacs Band Halfway House (HWH) that workplace threats and violence be handled immediately and in a professional manner to preserve the safety of clients and staff.

PURPOSE: The purpose of this policy is to establish a mechanism for the safe handling of workplace threats or violence.

PROCEDURE: Responsibility: It is the responsibility of the HWH Manager/Counselor to schedule annual drills that will provide the other staff member's knowledge of the procedure for handling threats or actual violence.

In the event of threatened violence the HWH staff will:

1. Quickly determine what has occurred and an appropriate course of action.
2. The staff shall attempt to defuse the situation being careful to preserve client safety.
3. If unable to de-escalate, the offending person(s) will be asked to leave. If the request is refused, the staff member shall call law enforcement personnel and have the person(s) removed from the premises.
4. In the event of actual violence the HWH staff will:
 - a. Dial 911 and request law enforcement to respond immediately.
 - b. Inform immediate supervisor of the event and actions taken. Staff members will comply with any orders of law enforcement in handling the client or person involved.

Staff will document the incident in the client record.

Completed drill evaluation forms will be logged by the HHS Safety Program Manager.

Internal and/or External References	HHS-ADM-ICS 3655
Compliance - Posting Date	4/10/2017 (HWH)
Next Review - Due Date	4/5/2020



MLBO HHS Emergency Preparedness Critique Evaluation Form

Facility: _____

A. General Information

1. Date: Time: Shift:
 2. Internal External Simulated Event(Drill) Actual Event
 3. Area:
 4. Administrator/Supervisor Conducting Drill:
 5. Describe the event(s) prompting an emergency response:
 6. Drill location and simulated conditions:
-

Fire Drill

Fire Alarm Activation Method:

(Between 9:00 PM and 6:00 AM: A announcement can be used instead of audible alarms)

Unusual Conditions:

(Weather, remodeling, temporary exits)

Number of occupants evacuated:

Total Time of Drill:

Severe Weather

Severe Weather Activation Method:

Unusual Conditions:

(Power outages, remodeling, temporary exits)

Time watch issued:

Time Warning issued:

Number of occupants evacuated:

Time of completed evacuation:



B. Staffing and Call-in System:

1. Was the call tree implemented? Yes No other:
Estimated time of arrival at the facility:
2. Number of staff at time of notification of the Emergency Response:
3. Was Tribal Emergency Management Notified? Yes No
4. Would this incident require more resources from Tribal Emergency Response Committee (TERC)? Where they notified? Yes No
5. Was staffing adequate? Yes No
If not, were additional personnel called in?
6. Do you have a current list of home phone numbers for all employees in your area or department?

C. Emergency Procedure Response Plan Function and Assessment:

1. What specific action did you take after being notified of the Emergency Response Situation at the facility:
2. Was present Emergency Procedures Guide plan expedited effectively in your area?
3. Did present plan fail in any aspect?
4. Was the facility evacuated? Yes No
5. Were normal facility operations disrupted? Yes No
6. Were supplies and equipment adequate for the department? If no, what was needed and what was done?

D. Communications:

1. Was communication to External Agencies Contacted or involved in response, Supervisor, and area to area adequate?



2. List the names of all External Agencies contacted or involved in the response

3. Were communications outside facility necessary?
If so, was it adequate? Could it be improved? Explain:

4. Interaction with other departments adequate? Explain:

5. List any questions or unresolved problems for your department / area that might be associated with this Emergency Responses: (use back if needed)

6. Does a Media Statement need to be created by MLBO Public Information Officer?
 Yes No Simulated Event (Drill)

E. Plans for Improvement

1. Problems identified:

2. Recommendations:

3. Suggestions to make to the Emergency Responses or drill more effective:

Critique Performed By _____ Title _____

Date: _____ Time _____

