

ASAC CRISIS/CRITICAL INCIDENT REPORT PROCEDURE

ASAC Emergency Care and Crisis Management is handled through our Clinical and Patient Support Staff. We have a twenty-four (24) hour On-Call System, which allows us to respond to client and non-client emergency/crisis situations twenty-four (24) hours, a day, seven (7) days a week.

A Crisis Substance Abuse condition is defined as a condition that has symptoms of sufficient severity such that the absence of immediate assistance could reasonably be expected to result in death, injury or lasting harm to the client or someone else.

An Emergency is any life threatening or Safety threatening situation requiring immediate attention. If the situation is a Medical Emergency the staff will follow the ASAC Medical Emergency Procedure. If the situation is clinical in nature beyond the ability of the Patient Support Staff, the On-Call Counselor will be contacted.

I. On-Call System:

- A. Outpatient: On-Call Counselor during regular business hours (8:00 AM to 9:00 PM Monday through Thursday and 8:00 AM to 5:00 PM on Friday), is the first available Outpatient Counselor, Component Supervisor or Deputy Director. Outpatient after hours crisis calls are referred to the Foundation II Crisis Line at 362-2174.
- B. Residential: Residential Counselors are assigned to be On-Call on a rotating basis to address the crisis needs of Residential clients during the evening and weekends.

The On-Call Counselor will talk with the person, who has the problem or concern. If the person and On-Call Counselor are on the ASAC grounds, the On-Call Counselor will take the person's confidential area to discuss the matter. If the person or On-Call Counselor is not on the ASAC grounds, the On-Call Counselor will attempt to address the matter with the person over the telephone or instruct the on duty staff how to address the problem. The On-Call Counselor will only come to the ASAC grounds to address a problem in a major situation needing face-to-face contact. If the person is a client or the matter relates to a client, a progress note is completed by the On-Call Counselor and placed in the client file (In the case of a residential client a daily observation note will be completed by the Patient Support Staff member on duty). If the person is not a client, a non-client crisis form is completed and turned into data by the next workday.

* The On-Call Counselor is contacted only if the situation is a crisis and beyond the ability of the on duty staff to manage.

II. **Critical Incident Report Procedure:** A Critical Incident is an event involving a client (s) that may have significant impact including but not limited to the following: Suicide Attempt, Self-Mutilation/Self-Assault, Assault on Others, Sexual Abuse or Allegation thereof (while in treatment setting), Use of illicit drugs/alcohol while in an residential or halfway house facility, Abuse of over the counter medications or toxic substances (i.e. glue, inhalants, etc.) While in a residential or halfway house facility, Leaving a 24-hour facility against medical advice (AMA/ASA), Escape from a locked facility, Unauthorized departure from a 24-hour facility pursuant to a Court order and Other Dangerous Behaviors.

A. **Residential:** Monday-Friday 8:00 AM - 5:00 PM, the Counselor will discuss the Critical Incident with their Component Supervisor/Designee. If approved by the Component Supervisor/Designee, the Counselor will complete the Critical Incident Report Form and fax within 24 hours of the incident to MBC of Iowa and place the form in the client file.

After 5:00 PM on Friday and/or on the weekends, the PSS will discuss the incident with the On-call Counselor. If approved by the On-call Counselor, the PSS will complete the Critical Incident Report Form and fax the form to MBC within 24 hours of the incident. The PSS will send the Critical Incident Report Form to the Component Supervisor. The Component Supervisor shares the Critical Incident with the Deputy Director and returns the Critical Incident Report Form to the Primary Counselor to be placed in the client's file.

B. **Outpatient:** The Primary Counselor will discuss the incident with the Component Supervisor/Designee. If approved by the Component Director/Designee, the Primary Counselor completes the Critical Incident Report Form and faxes the form to MBC within 24 hours of the incident. The Primary Counselor sends the Critical Incident Report Form to the Component Supervisor. The Component Supervisor shares the Critical Incident with the Deputy Director and returns the Critical Incident Report Form to the Primary Counselor to be placed in the client's file.

III. **Accident/Injury Report:** If a client, visitor, and/or staff member has an accident on agency property, in an agency vehicle or during an agency activity. An accident/injury report form is completed. This is only done when the incident does not meet the critical incident guidelines listed above. PSS gives the accident/injury form to the Component Supervisor. The Component Supervisor shares the incident with the Deputy Director and gives the accident/injury report form to the primary counselor to place in the client's file. If the Accident/injury involves an outpatient client, visitor or staff member; the outpatient staff member who witnesses the incident completes the accident/injury report form. The outpatient Staff member gives the accident/injury report form to their Component Supervisor. The Component Supervisor shares the incident with the Deputy Director and returns the accident/injury report form to the outpatient staff member to place in the client's file.

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