

Sample Safety Policy and Procedures for PATH Outreach Teams

Instructions for Using this Sample Policy:

This document is intended as a sample. Agencies providing PATH outreach services should make adjustments in accordance with the unique needs of their programs and to ensure consistency with other agency policies. The CT Department of Mental Health and Addiction Services (DMHAS) requires agencies receiving PATH funding to maintain a comprehensive policy regarding staff safety that covers situations likely to be encountered by outreach workers. Details regarding that requirement can be found in the [PATH Full Monitoring Guide](#). DMHAS recognizes that the communities and contexts in which PATH projects operate differ widely across the state. This sample policy is provided as a resource only. Adoption of this sample is not required by DMHAS. Agencies opting to adopt this sample policy must insert their agency name and other local details where indicated by red text.

Background & Purpose:

The PATH Outreach Program provides street and community-based outreach services to adults who have been confirmed or are suspected to be experiencing a Serious Mental Illness, including those who may have a co-occurring Substance Use Disorder. Upwards of 90% of PATH enrolled clients are experiencing literal homelessness and are most typically living in unsheltered locations. Many are not actively involved in other types of services or treatment. Outreach may be provided in a variety of settings, including remote locations, such as wooded areas. (INSERT AGENCY NAME) is committed to cultivating a safe, supportive working environment for all employees. (INSERT AGENCY NAME) recognizes that violence against staff is rare and that PATH project participants are more likely to be victims than perpetrators of violence. This policy outlines procedures to enhance staff safety and avoid risks while conducting outreach.

Policy:

(INSERT AGENCY NAME) staff are required to follow the procedures outlined below which are intended to enhance staff safety and avoid risks while conducting outreach.

Procedure:

1. Maintaining open communication is vital to ensuring that staff are aware of and taking action to avoid potential safety risks. Staff are encouraged to communicate questions or concerns regarding safety to their supervisor and/or anyone within their chain of command.
2. Each employee will complete safety training as part of new hire orientation.
3. Supervisors will provide ongoing oversight, training and support to ensure that safety procedures are implemented and to address questions or concerns related to staff safety.
4. Supervisors will provide support and guidance on safety during regularly scheduled individual and/or group supervision and on an ad hoc basis as determined necessary. This includes but is not limited to support and guidance on matters specifically outlined in this policy as requiring a supervisor's involvement.
5. Staff will bring non-urgent safety related questions or concerns to regularly scheduled supervision. Staff will promptly contact their supervisor and/or someone within their chain of command (e.g., by phone or email) with time sensitive questions or concerns. This

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includes but is not limited to consultation with a supervisor on matters specifically outlined in this policy as requiring a supervisor's involvement.

6. When planning an encounter with a participant unknown to the outreach worker, the outreach worker will review the client's records prior to their first engagement attempt. When an unplanned encounter with an unknown participant occurs in the field, staff will review the client's records prior to the second engagement attempt. This includes review of any available clinical and risk assessments, which may specify a variety of potential risks (e.g., history of violence, possession of weapons, etc). When there is indication of potential safety risks, staff will consult with a supervisor to establish a plan for managing risks prior to initiating or continuing engagement attempts.
7. Prior to conducting outreach to an unknown location, staff will gather available information about that location from team members, Coordinated Access Network (CAN) partners, and other sources (e.g., street views from internet mapping programs). Information that can help staff to prepare might include, accessibility of the location, known hazards, general condition, approximate number of people known to be living at the location, etc.
8. Outreach is generally conducted in accordance with the approved outreach plan. Prior to deviating from the approved outreach plan, staff will notify a supervisor of adjustments to their field schedule, including where they are going and an estimate of how long they will be there.
9. When outreach is scheduled or otherwise determined necessary outside of daylight hours, staff will work with a supervisor to ensure steps to enhance safety (e.g., conducting outreach in pairs or small groups and avoiding higher risk areas).
10. Staff will bring a fully charged cell phone when conducting outreach and will maintain that phone on their person at all times.
11. When using a vehicle to conduct outreach, staff will park as close as possible to the engagement location, maintain awareness of the quickest path back to the vehicle, and maintain the vehicle keys on their person at all times.
12. Outreach is conducted in pairs or small groups whenever possible and always in high-risk situations. Such situations include planned meetings with new participants, outreaching to a new location, outreaching in a location that is not publicly visible, outreaching to a group encampment, and any time known safety risks are present.
13. In the event of a perceived threat or potentially dangerous situation, or, if at any time staff feels unsafe or becomes aware of illegal activity in the vicinity, they will promptly leave the area and consult with a supervisor to discuss any necessary follow up.
14. When encountering weapons, aggressive and uncontrolled animals, illegal drugs or other immediate hazards, staff will promptly exit the location and consult with a supervisor.
15. When encountering syringe litter, staff will avoid contact with the discarded syringes and will not attempt to clean up the area unless they have received specialized training and are using the necessary equipment. Syringe litter can be reported for proper clean up by calling **(INSERT LOCAL RESOURCE)**.
16. When encountering someone who is agitated and staff determines that leaving the area is not warranted or not feasible, staff will make every effort to stay calm and de-escalate the situation.

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17. A supervisor will assist staff to determine when to request a police escort to enhance staff safety during outreach.
18. In the event of an emergency (e.g., a serious medical problem, a car accident, a fire, or a life-threatening situation) staff will promptly call 911, then immediately contact a supervisor.
19. If a client presents with suicidal or homicidal ideation that does not constitute an immediate emergency, staff will contact the Local Mental Health Authority's Mobile Crisis team for assessment (see contact information on page 4), and immediately contact a supervisor.
20. Staff must complete an incident report when warranted in accordance with (INSERT AGENCY NAME) policies.
21. Supervisors will review incidents in individual and/or group supervision, as appropriate. The supervisor will debrief the incident with staff who were involved, identify needs for training and support, and create an action plan for follow up.
22. Staff will avoid carrying non-essential valuables (e.g., expensive jewelry, cash, credit cards, electronics, etc.) when conducting outreach.
23. (INSERT AGENCY NAME) will provide outreach workers with a safety vest or other outerwear that is recognizable and helps to identify them as outreach workers. Staff will wear the provided attire, at all times, while conducting outreach.
24. When conducting outreach, staff attire should be casual, comfortable and practical considering the weather forecast and the locations they will be visiting. Staff will wear clothing and shoes that maximize mobility and are easy to walk or run in.
25. Staff will maintain self-awareness, including awareness of personal stressors that may impede their ability to stay calm, think clearly, and adapt to changing circumstances. Staff will alert their supervisor to any needs to adjust their outreach schedules accordingly.

**DMHAS
Mobile Crisis Team (MCT)**

Facilities/Programs

Facility	MCT Phone Number
CMHC	203-974-7713
CRMHC	860-297-0999
RVS	860-344-2100
SMHA	860-886-9302
<u>SWCMHC</u> Dubois Bridgeport	1-800-586-9903 1-800-586-9903
<u>WCMHN</u> Waterbury Torrington	203-805-5480 1-866-794-0021 860-482-1560 1-888-447-3339
<u>BH Care Crisis</u> Shoreline Valley (Yale Crisis, CommuniCare South Central Crisis Svs)	203-483-2630 203-736-2601 203-288-6253
Bridges Crisis (Yale Crisis, CommuniCare South Central Crisis Svs)	203-878-6365
Community Mental Health Affiliates	860-224-3331
Community Health Resources Crisis Services	1-877-884-3571
Danbury Hospital Crisis	203-739-7799
Intercommunity Crisis Services & Access	860-569-5900
Rushford Center Mobile Crisis Program	203-630-5305
United Services Adult Mobile Crisis	860-774-2020