Emergency/Crisis Response Policy		
Policy #: 19	**Date of Approval: 2/4/2014**	**Date Policy is Effective: 2/2014**
Responsible Person: ADRC Office Directors/Regional Director	**Author:** Submitted with application; updated by John Grothjan Regional Director 3/2023	
Reference: 2023 ADRC Scope of Service	**Approved By:** ADRC of Eagle Country Governing Board	
Cross Reference:		

Purpose

The purpose of this policy is to help assure that Aging & Disability Resource Center (ADRC) staff understand how to identify and respond to contacts that involve an emergency or crisis situation.

Policy

ADRC staff will assess each contact to determine if it involves a crisis or emergency, and when an immediate medical or mental health risk is identified, take action to connect the customer with appropriate crisis or emergency services.

Procedures

HOW TO DO A "WARM TRANSFER:"

Due to different phone systems in each office, staff will refer to their office procedures.

HOW TO ASSESS FOR A MEDICAL EMERGENCY

If you receive a contact from someone who seems to be in physical distress, or tells you he/she is in physical distress, do not try to offer medical advice. Instead, use the following set of questions to gather vital information, quickly assess the situation and, if needed, connect the caller to appropriate assistance:

Question 1: What is your name?

Question 2: What address are you at?

Question 3: What telephone number are you at?

Question 4: What is your birth date?

Question 5: What is your main problem or complaint? (i.e., shortness of breath, diarrhea, indigestion, abdominal pain, profuse perspiration, respiratory problems, chest pains, etc.)

Common Signs of Heart Attack:

- Uncomfortable pressure, squeezing stabbing pain in center of chest.
- Pain radiating to arms, neck, shoulder
- Profuse sweating, weakness, nausea, faintness, shortness of breath
- Pain not relieved by nitroglycerin.

Common Signs of Stroke:

- Sudden weakness/numbness in the face, arm, or leg - especially if on one side only.
- Sudden confusion, difficulty speaking or understanding
- Sudden loss of coordination or balance
- Sudden severe headache with no known cause
- Sudden visual changes in one or both eyes.

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*Action:

a. ***If caller states he/she is having chest pains, a heart attack or stroke, or there is some other obvious, serious medical situation*** (i.e., caller is choking, caller passes out while you are talking to him/her) take immediate action by using a "warm transfer," to connect the caller with 911.

b. ***If situation is not obvious***, continue to assess:

Question 6: How long has this been going on?

Question 7: Has this happened in the past?

If yes:

a.) Does your doctor know about this problem? Who is your doctor?

b.) What has helped resolve this problem in the past?

Question 8 : What have you done <u>now</u> to alleviate the problem?

Question 9: Have you called your doctor or your doctor's nurse? Do you want me to help you call the doctor?

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*Action:

a. ***If caller states he/she would like help getting in touch with the doctor***, use a "warm transfer" to connect the caller with his/her doctor.

b. ***If person says no***, continue to assess.

Question 10: Is there someone you want me to call to come over and check on you (i.e., neighbor, family member, emergency contact)?

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*Action:

a. ***If caller provides name and number of a contact***, use a "warm transfer" to try to reach the contact. If you are able to reach, explain the situation and ask the individual to go and check on the caller. If the contact person agrees to check on the caller, find out how long it will be before he/she can get there. If contact cannot be reached, go back to the caller and talk to him/her about an alternate action plan.

b. ***If you are not able to reach contact person***, continue to assess for alternate plan.

Question 11: Have you called 911? Do you want me to call 911 and get an ambulance to your house?

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*Action:

a. ***If caller wants 911 contacted***, use a "warm transfer," to connect the caller.

b. ***If the caller indicates that he/she does not want you to contact anyone for assistance***, but you are still very concerned about his/her condition and feel he/she may be in imminent danger, contact the appropriate police or sheriff's department, identify yourself as an employee of Health & Human Services, explain the situation and ask them to do a "welfare check." The officer may request that you accompany him/her.

c. ***If, after going through the process above, you decide the caller is not having a medical emergency***, make a follow up contact within 1 working day to check on the caller and continue to assist him/her in getting connected to any appropriate resources/services.

HOW TO ASSESS FOR A MENTAL HEALTH EMERGENCY

IF PERSON IS – EMOTIONALLY DISTRESSED OR CRYING:

If a person calling sounds emotionally distressed or crying, try to determine if there is a need for support beyond what you can offer. Use active listening and be supportive. Ask a few questions to determine if there is a need to refer the person to a mental health crisis worker. Be aware of possible signs or symptoms that could affect the person's safety.

Question 1: You seem upset. Can you tell me what's bothering you?

Question 2: This is what I hear you saying (in your own words state what you understand the caller to be saying). Is that right?

Question 3: What do you see as options? What have you tried so far?

***Action**

a. ***Get the person's name, address and phone number*** at any time during the call it seems appropriate.

b. ***If the person is able to stop crying or calm down after a period of supportive listening,*** provide resources related to the caller's stated problem or need, and offer information/referral to a mental health counselor and/or other sources of support (i.e., support group, clergy, medical professional, community organization.)

c. ***If the person is unable to stop crying or calm down after a period of supportive listening,*** offer to connect him/her with a counselor. Continue to Question 4.

Question 4: It seems like you are still upset. Would it be all right if I connect you with a counselor?

***Action**

d. ***If the person agrees,*** use a "warm transfer" to connect the caller with the on-call therapist/clinician at Clinical Services.

e. ***If no, ask the caller if you can have a counselor contact him/her***. If the caller is unwilling, then give the caller information on how he/she can contact the on-call counselor at Clinical Services.

***Action**

Make a follow-up contact within 1 working day to check on the individual, and continue to assist him/her in getting connected to any appropriate resources/services.

PERSON IS – CONFUSED/DISORIENTED:

If a person calling sounds confused or is having difficulty processing or communicating information (i.e., difficulty stating address, phone number, etc.), or is having other problems with thinking that may pose safety risks, you may need to do further assessment to determine how to appropriately refer the caller.

Symptoms of Thought Problems:

- ❑ Attending to other stimuli not observable by others
- ❑ Experiencing hallucinations (visual, auditory, tactile)
- ❑ Disorganized speech
- ❑ Bizarre thoughts or ideas
- ❑ Delusional thought content
- ❑ Paranoid statements

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*Action

a. ***Determine if a referral to Adult Protective Services is appropriate***

b. ***Offer a referral to a mental health counselor***

c. ***Offer to assist with making the connection.***

d. ***If there are immediate of potential safety concerns,*** use a "warm transfer" to connect the person to either the Clinical Services on-call therapist/crisis worker, or to 911.

e. ***Make a follow-up contact within 1 working day*** to check on the individual, and continue to assist him/her in getting connected to any appropriate resources/services

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PERSON IS – HOPELESS/SUICIDAL

If a person calling expresses feeling hopeless about his/her situation improving or states he/she wants to die, in a calm and direct manner, ask questions to assess the person's safety and ability to seek help, so you can determine the appropriate emergency intervention. Do not get caught up in believing that you have to provide solutions to the problems presented. Remember that your concern, attention and involvement are much more important than solutions. Our role is to listen with empathy ask enough questions to determine if the person is exhibiting thoughts/ feelings of hopeless/suicidal. Then move the conversation in the direction of referring Outpatient Clinical Services On Call/Crisis System or 911. Reach out to other staff in your office to stand-by for your direction to call 911.

What Not To Do:

- Do not say judgmental things like:
  "I don't want to hear you talking like that."
  "How could you want to kill yourself?"
  "That's a stupid thing to be thinking about."
  Such responses will only make the person regret that they told you.
- Do not act shocked at what the person tells you, even though you may feel that way.
- Do not debate whether suicide is right or wrong. Do communicate that you don't want the person to commit suicide.

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*Action

If you haven't already done so, ask for name/address/phone – If needed, repeat your request for this information. Reach out to other staff in your office to stand-by for your direction to call 911.

Question 1: This sounds like a tough time for you? Do you think things can get better for you?

Question 2: These feelings of hopelessness you are telling me about can be pretty overwhelming. Have you had thoughts about suicide?

(This could be a time to move the conversation about a referral to Outpatient Mental Health On Call/Crisis system.)
(Depending on your situation, you may need to ask the below questions, remember our role is to assess if hopelessness/suicidal thoughts are present then move the conversation to referral to Mental Health Outpatient On Call system or 911.)

Question 4: Have you thought about how you would do it?

Question 5: Do you have the means (pills, gun, etc.) available to you?

Question 6: Have you thought about when you would do it?

Question 7: How likely is it that you will act on your thoughts?

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*Action

If suicide is being contemplated- Reach out to other staff in your office to stand-by for your direction to call 911.

a. ***Convey the belief that there are alternatives to suicide***

b. ***Reduce imminent danger*** by asking caller to put weapons or drugs at a distance

c. ***Name and validate feelings***

d. ***Reinforce caller for asking for help***

e. ***Explore whether there is someone (family member, friend, neighbor, clergy, etc.) that the caller can contact*** and talk to, or spend time with, over the next day or so.

f. ***Immediate referral*** to either Clinical Services on-call/Crisis worker or 911 using "warm transfer"

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*Action

If suicide is in progress - Reach out to other staff in your office to stand-by for your direction to call 911.

a. ***If not previously obtained get address/phone number immediately***. Repeat requests for this information, listen for clues, trace if necessary/possible. Reach out to other staff in your office to stand-by for your direction to call 911.

b. ***Find out what kind of self-harm the person has done/is doing***

i. Drugs
   1. When
   2. What kind
   3. What strength

4. Usual dose
5. Mixed with other drugs/alcohol

ii. Cuts
1. Weapons
2. Where are cuts
3. How deep
4. Bleeding, how much

iii. Gun
1. Loaded
2. What kind
3. Where is it
4. Anyone else nearby

c. ***Keep the person on the phone and conscious if at all possible***

d. ***Try to persuade the person*** to unload the gun, flush drugs or not take anymore, put razor away etc.

e. ***Connect with 911*** by using either a "warm transfer" or keep the individual on the line while you have another staff member contact 911 from another line.

PERSON IS – AT RISK OR IN A DANGEROUS SITUATION

We may encounter situation where a customer may be in danger. In these situations it is important to get all the information you can while at the same time insuring the safety of the customer. The following 3 scenarios will be discussed

- Safety concern for a customer while at a home visit
- Safety concern while on the phone
- If you get an e-mail where you suspect a safety concern (also see APS policy)

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*Action

Safety Concern on a home visit (See also home visit safety policy)

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*Action

Safety Concern while on the phone or e-mail with a customer
Situations swill vary. These scenarios and safety principles will be discussed during policy review

ANGRY,AGITATED, OR VIOLENT CUSTOMER IN THE OFFICE

We may encounter situation where a customer becomes angry, agitated or violent during an office visit.

*Action

*a. **Plan ahead if you suspect there could be tension, give staff a heads up***
b. ***Keep your door open***
c. ***Maybe consider a conference room if there is better access to leave***
d. ***Be prepared with de-escalation skills***
e. ***Nearby staff listen for an escalation***
f. ***Nearby staff knock, is everything ok?***
g. ***Ask the customer to calm down***
h. ***If they refuse are unable, ask them to leave and come back***
i. ***If they refuse, reach out to dispatch***

Requirements from the 2023 Scope of Service:

Access to Emergency or Crisis Intervention Services (P-03062-17)
1. Recognizing and Responding to Emergencies The ADRC must be prepared to recognize and effectively manage emergency situations. All ADRC staff will be trained on how to identify a call or contact as an emergency; apply emergency call procedures to handle the call; remain calm; de-escalate the situation, if possible; identify emergency related symptoms such as heart attack, stroke, suicidal ideation, or domestic violence; collect needed information; connect the customer with local emergency services providers; and follow up as needed. While ADRCs are expected to recognize and respond to emergencies, they are not be emergency service providers.
2. Connecting Individuals to Emergency Service Providers During business hours, ADRC staff will follow protocols established by the 911 service, crisis intervention service, or other emergency resources in the community in order to ensure that customers are connected promptly with the appropriate providers of emergency services when a situation involving immediate risk is identified. After hours phone calls shall be answered, at a minimum, with a message instructing callers about who to contact in case of emergency (e.g., 911).

History: New policy 10/2003. 01/2007 – Updated policy number to reflect integration of Health, Aging & Disability Resource Center and Elderly Services to create the ADRC. 04/2007 – Updated section that explains how to make a "warm transfer" due to new phone system in the ADRC.- Format changes, 2/2014, Clarify role in situations of hopeless/suicidal thoughts 08/2014 , Added additional safety protocol scenarios and the 2023 Scope Requirements 03/2023

Annual Review Dates: 01/2007; 08/2014