

Requires departments/programs under contract with the Agency of Human Services to create safety protocols for social workers, mental health workers.

While we appreciate the 'spirit' behind the proposed legislation we have some concerns about our ability as designated agencies to add another layer of administrative burden on our staff.

It is our belief that we are currently complying with all of the major areas of concern that are listed in the statute.

We already report safety training and protocol data in a myriad of ways

- 1) To DMH, as an integral part of the re-designation process,
- 2) To OSHA to remain in compliance with workplace safety statutes and best practices
- 3) To our worker's comp carriers, to record any incident in the workplace involving care 'beyond first aid, and to comply with annual audits and reviews of classification codes.
- 4) To our insurance carriers; upon annual review of insured products including; worker's comp, and general liability incidents to determine appropriate coverage and premiums.
- 5) To our internal stakeholders; including internal safety committees, who review claims/safety incidents to ensure that we correct any deficiencies, to our clinical teams who review injuries/incidents to better support staff and clients, modify behavioral plans, suggesting additional trainings etc.

If your concern is having access to these records, or assurance that they exist we would be willing to share our files to assure you that we have highly developed tracking systems to meet the needs of the stakeholders listed above, and would welcome an opportunity to highlight the processes already in place.

We understand that the community is concerned about the health and safety of the public, our staff and clients. However, we have, as I'll explain in a moment, an extensive training program to protect staff and clients.

Having said that, we work in a high-risk industry and can't guarantee anyone's safety. The fact is that some of our clients have psychological, health and cognitive conditions that may result in actions that create safety risks. We balance the need to protect our clients and staff from harm with our commitment to promote our clients' ability to lead active, integrated lives in the community. We do our best to provide our staff with the skills necessary to work in a dangerous field, and to help our client's cope with significant mental health and cognitive challenges, by teaching social skills and self regulation.

We appreciate the committee's willingness to work with us towards establishing some general topics that you'd like addressed, but would respectfully request that you allow the DAs to develop the specific training required to keep our community safe. Our clinical expertise is invaluable in designing de-

escalation techniques and safety protocols, based on years of real-life experience working in extremely challenging, and at times dangerous situations.

We conducted a survey and found that;

**Agencies Reported; WCMHS, CSAC, LCMH,Howard,
7 NCSS,Sterling,Champlain Community Services**

Section of the Statute

Chapter 80 - (A)	1	Safety procedures and protocols in place?	7
Chapter 80 - (B)	2	Types of safety training	
		NAPPI	3
		Handle With Care (Kirk, from WCMHS, kids)	1
		CPI (conflict prevention institute)	3
		Training for Community workers/Emergency Evacuation	7
		Therapeutic Options	3
		Peggy's law protocol	2
		Clinical case review	7
		Behavior Support plans	7
		Crisis beds	7
		On-call protocols	7
		Therapeutic Crisis Intervention	2
		internal panic alert buttons	3
Chapter 80 - C.1	3	Do you record safety incidents?	7
- E	4	Do you have safety committees	6
	5	Do you have direct support representation on your safety committees?	6

The good news is that all agencies surveyed have safety protocols in place, and have a system of incident reporting in place. While there is variation in the 'product used' all agencies have developed staff safety training. Our data shows that our treatment model is successful.

I ran a report to determine the # of staff injured in client related incidents;

Total # WCMHS Incidents in 2014 **82**

Client Incident **24**

Bites	5
Contusion	12
Strain/Sprain	4
Other	3

Restraint **17**

Concussion	2
Contusion	5
Strain/Sprain	8
Teeth	2

Fall **10**

Involving Ice	5
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Client Activity **12**

Primarily Strain/Sprain from lifting/moving

Other **19**

Ankle/knee strain/sprain	6
Cumulative ergonomic injury	4
Illness	2
Car accident	1
Misc	6

Total injuries with days away: **8** (4 related to a client restraint/incident)
 Average days away: **19** (includes 1 who required shoulder surgery, excluding that individual brings the average to 9)

Total injuries with work restrictions: **9** (4 related to client restraint/incident)
 Average days with restriction: **15**

non-client related injuries	50%
minor client related injuries	29%
restraint related injuries	21%

% of client related injuries w/work restrictions	5%
% of client related injuries w/hospitalization	1%

At WCMHS we use the NAPPI training system. I am a certified trainer in this product. I'd like to talk briefly about some of the modules that we cover in our **16** hour training;

Non Abusive Psychological and Physical Intervention

Psychological skills

Our first efforts is to avoid restraints/interventions altogether.

SMART Principles (Stay One Step Ahead) (Move one step at a time) (Always make it safer) (Together with TLC)

Creating common language/behavior scale documentation.

Generating cooperation

Defusing techniques

Making a clear request

Physical skills

Wrist release

Front choke escape

(Our trainers are also taught restraint techniques, not all programs learn these skills – it's population specific)

Community Safety

Threat Assessment

Personal Safety while in the Community

The Visit

Office Safety Set Up

In closing, the safety of every life we touch is of utmost importance to us in our work. We strive to create a respectful, safe working and living environment for staff and clients.

We appreciate the challenges of responding to community concerns and look forward to partnering with you on ways to meet the needs of the legislature without imposing an unnecessary duplication of efforts of our recordkeeping and training protocols.

Susan Loynd, Director of Human Resources and Administrative Operations,

Washington County Mental Health