

 Office of Mental Health <hr/> Official Policy Manual	Date issued 08/25/23	Supersedes 04/01/07	Page 1 of 2	Section # A-3024
	Section: Administration			
	Directive: Responding to Crisis Situations			
	Policy Owner: Director, Administrative Support Services Group			

Purpose

Safety and Security Officers may be called upon to respond to crisis situations to ensure the safety of individuals in care, staff, and visitors. If a crime has been committed, an OMH Safety Officer is authorized to make an arrest and, if necessitated, may require the use of a reasonable amount of force to effect the arrest.

The primary goal of all law enforcement interactions is to end all of their interactions without resorting to the use of force. Safety and Security Officers accomplish this goal by utilizing professional communications and de-escalation skills and techniques. When necessary, Officers will use communication skills in conjunction with defensive tactics and principles of control skills, which officers have been trained to safely and effectively implement and as detailed in the Use of Force Policy (Sec. A-3023). However, the de-escalation principles and tactics outlined in the Therapeutic Relationships and Universal Safety Training (TRUST), Preventing and Managing Crisis Situations (PMCS), and Youth Empowerment Strategies (YES!) curriculums are essential and primary tools in responding to crisis situations. They must be used by Safety Officers whenever possible.

Responding to Behavioral Codes and Psychiatric Crisis Situations

- The Clinical Team always maintains the lead in the psychiatric crisis and will ask Safety Officers for assistance as needed. Safety Officers should respond to the area, verify the Clinical Team is in place, and, whenever possible, remain out of the line of sight of the individual in care.
- If the Clinical Team requests Safety Officer's to actively engage in the crisis response, TRUST, PFS, PMCS, and YES! de-escalation skills must be utilized as a primary tool.
- If the Clinical Team requests assistance from the Safety Officer, Safety Officers shall respond to the scene and gather as much information as possible, including relevant information from the individual's Individual Crisis Prevention Plan (ICCP) or the Individual Calming, Wellness and Resilience Plan.
- Safety Officers shall evaluate the situation and ensure overall scene safety when entering the area.
- When necessary, Safety Officers shall assist in rendering first aid and call for additional Safety assistance and/or emergency medical assistance.
- Safety Officers may take situational control if they observe weapons or other environmental factors that may not be evident to the Clinical Team, and which pose an imminent threat of injury or to life.

- After the immediate crisis has been resolved, Safety Officers shall collaborate with the Clinical Team to evaluate the incident and determine the best course of action related to criminal vs. non-criminal action and follow-up.
- If it is determined that an arrest will occur, the Safety Officer will initiate arrest procedures per OMH 3000 Policy, Section A-3027.
- If no arrest is made, Safety Officers should remain on the scene until clearance is given by Clinical and Safety leads (i.e., Administrator, Senior Clinician, Treatment Team Leader, Chief and/or Sergeant).
- If the Safety Officer assisted in an episode of restraint or seclusion, the Officer must participate in a debriefing of the incident with the Clinical Team.
- The transport of individuals in care by Safety Officers must be conducted in accordance with facility policy and OMH Policy OM-660.
- Safety Officers must complete required documentation, including the 250ADM form.