

State of New York OFFICE OF MENTAL HEALTH <hr/> OMH OFFICIAL POLICY MANUAL	Date Issued 07/01/04	T. L. 04-05	Section # PC-050
	Section Patient Care		
	Directive Safe and Therapeutic Environment Program		

A. Policy Statement

The Office of Mental Health is committed to providing a safe, secure and therapeutic environment for all staff, patients and other persons while they are on the premises of facilities directly operated by the Office. To accomplish this goal, a Safe and Therapeutic Environment Program has been established, which shall be incorporated into the facility's Environment of Care process.

The purpose of this policy directive is to:

1. eliminate or reduce the occurrence of person-to-person violence and to protect the health, safety and welfare of persons who are on the premises of State-operated psychiatric hospitals and programs;
2. encourage the development and implementation of a pro-active, risk based Program;
3. provide for the integration of the various components of the facility's safety and clinical risk management initiatives and programs;
4. implement a Safe and Therapeutic Environment Program in an efficient manner in concert with the Environment of Care and Patient Safety processes, including the Safety Management Program, as required by the Joint Commission on Accreditation of Health Care Organizations (JCAHO); and
5. ensure that the program emphasizes management commitment, employee, recipient and labor involvement consistent with commitments made within labor/management agreements.

This policy directive, which is effective immediately, is applicable to all State-operated psychiatric facilities and programs.

B. Relevant Statutes and Standards

OMH Official Policy Manual, Sections QA-510, QA-515, QA-520, QA-530 and QA-535
OMH Official Policy Manual, Section OM-410
OMH Official Policy Manual, Section PC-701
JCAHO Comprehensive Accreditation of Hospital Manual,
Management of the Environment of Care Standards
Mental Hygiene Law, Section 7.21(b)
OSHA Guidelines for the Prevention of Violence to Healthcare Workers
Collective Bargaining Agreements between the State of New York and:
Civil Service Employees Association Inc.
Council 82, AFSCME, AFL-CIO
New York State Correctional Officers & Police Benevolent Association, Inc.
New York Public Employees Federation, AFL-CIO

C. Body of Directive

1. **Principles of the Safe and Therapeutic Environment Program**

Each facility shall develop, document, and implement a Safe and Therapeutic Environment Program that is designed to incorporate and further the following principles:

- a) the facility is committed to the provision of a safe and therapeutic environment and a non-violent workplace;
- b) the facility's clinical risk management program and incident management plan are fully developed, staffed, implemented and monitored on an ongoing basis to assure proactive systems analysis, clinical risk management, quality improvement, and incident prevention;
- c) employees are encouraged to promptly report incidents and injuries and to suggest ways to reduce or eliminate risks; and
- d) responsibility and authority are specifically assigned to individuals or teams with appropriate training, skills and experience.

2. **Responsibility for Carrying Out the Safe and Therapeutic Environment Policy Directive**

- a) Each facility Director shall designate a STEP Team to oversee the development and implementation of the Safe and Therapeutic Environment Program.
- b) The Team may be a separate task force or committee established by the Director or may be incorporated within the facility's current structure (e.g., the Environment of Care Committee, Health and Safety Committee, or as a sub-committee thereof, or, as a separate STEP Team).
- c) Regardless of how constructed, a minimum of one representative from each applicable labor union shall be included.
- d) The STEP Team shall be responsible for devising a means for communicating the group's efforts to staff and recipients. Establishment of this Team is designed to ensure that:
 - i) to the extent possible, all stakeholders are represented in working toward a safer environment;
 - ii) appropriate management authority exists to allow the group to accomplish its tasks; and
 - iii) the group's efforts are communicated to all staff and recipients.

3. **Components of the Safe and Therapeutic Environment Program**

Each facility's Safe and Therapeutic Environment Program shall consist of the following components:

- a) **Awareness:** Each facility must ensure that reasonable steps are employed such that managers, supervisors, staff, recipients and visitors are made aware of this policy directive and of the Office of Mental Health's commitment to providing a safe and therapeutic environment.

- b) **Risk Assessment:** Each facility must utilize the facility's Environment of Care risk assessment process to assess risk. For the purpose of this policy directive, a "risk" is defined as any condition or activity with substantial potential of injury to staff, recipients or visitors. The facility may consider the use of focus groups, surveys, risk mapping and environmental audits as an adjunct component to its risk assessment process.

- c) **Data Analysis.** Regular analysis of the frequency and causes of all injuries (to staff, recipients and visitors) shall be conducted by the Designated Team.
 - i). Data to be reviewed may include, but is not limited to information on injuries from various systems such as: the Occupational Injury Reporting System (OIRS); the Civil Service Accident Reporting System (ARS); the New York State Incident Management and Reporting System (NIMRS); and other appropriate reporting methods.

 - ii). As appropriate, data review may also include an analysis of injuries including, but not limited to, breakdown by:
 - (A). job title (for staff/employees);
 - (B). location/site of injury;
 - (C). degree of harm/need for medical treatment;
 - (D). contributing factors that resulted in an injury;
 - (E). antecedent behaviors by the recipient;
 - (F). involvement of senior clinical staff; and
 - (G). intervention(s) utilized.

 - iii). The following mechanisms/functions are in place to support the collection of data:
 - (A). The Program Evaluation Department provides technical and statistical assistance organization-wide in collecting and assessing both internal and external data for use in planning, direction implementing, coordinating and improvising services.
 - (B). The Facility Information Center provides computer support, training, and technical assistance in the collection and organization of data.
 - (C). Quality Improvement and Clinical Risk Management Staff provide oversight for the overall operation of the clinical risk management program. Including analysis of incident data and review of incident patterns and trends. These staff members will assist in the Environment of Care Committee in the generation of data related patient aggression episodes for purpose of Safety Management.

 - iv). Trends that are identified will be addressed through the facility's performance improvement process and/or clinical risk management process(es).

 - v). As appropriate, information provided through the use of focus groups, surveys, risk mapping and environmental audits should be assessed as part of data analysis.

- d) **Hazard Prevention and Control:**

- i) Hazards shall be identified, evaluated and alleviated by the Team, through the use of risk management/ hazards prevention and control processes. Areas to be addressed include the existing work environment and various clinical and organizational processes.
- ii) Specific areas to evaluate and address in the Safe and Therapeutic Environment Program shall include the following:
 - A. Staff and recipients must be encouraged to report all injuries and incidents.
 - B. Appropriate employee injury investigation and follow-up for the purpose of preventing recurrences must be ensured. Review of clinical and administrative systems that may have contributed to the injury, through the incident management/clinical risk management process.
 - C. The Program must attend to a wide variety of environmental factors, addressed through the Environmental of Care process, (e.g. air quality, noise levels, temperature and humidity control; security hardware and doors; alarm systems; concealed areas; furnishings, wall hangings, and accessories; unit design/floor plan; floor coverings; high activity areas; and equipment maintenance/failures/user errors).
 - D. Then Program must employ the facility's performance improvement process toward making improvements. Treatment related initiatives to limit recipient aggression must be explored and encouraged (e.g. new medications, de-escalation techniques, practice guidelines, evidence based practices, etc.).
 - E. The Medical Staff Organization shall be responsible for the reporting of the progress related to these initiatives.
 - F. Staff must receive competency based training that is appropriate to their duties. The training should stress strategies that will assist in the development of a safe environment and promote safe interactions/ interventions that prevent violence.
- e) **Assist Affected Staff:** The Safe and Therapeutic Environment Program must include the following for staff that are injured as a result of person-to-person violence:
 - i) the provision of necessary first aid and medical care;
 - ii) emergency and post incident debriefing/diffusing procedures, as appropriate;
 - iii) referral for appropriate medical and psychological treatment and counseling; and
 - iv) as necessary, assistance with workers' compensation claims, alternate duty assignments, and other return-to-work issues (e.g., evaluation of a worker's ability to continue functioning in his or her prior assignment).
- f) **Trauma Response:** Each Facility Director shall ensure that its Trauma Response Policy is regularly reviewed to ensure compliance with OMH Policy OM-410, which requires each facility to designate personnel to coordinate and provide services to employees who have been involved in an occupationally related traumatic event.

- g) **Reporting of Crimes and Agreements with the Local Law Enforcement**
Authorities: The Safe and Therapeutic Environment Program must be implemented consistent with: Section 7.21 (b) of the Mental Hygiene Law (i.e., report crimes to law enforcement authorities “if it appears that a crime may have been committed”); OMH Policies QA-510, QA-520 and QA-530; JCAHO standards regarding reporting of crimes; and agreements with local law enforcement authorities.

- h) **Training:**
 - i). Staff training is critical to establishing a safe and therapeutic environment and must be provided in accordance with existing OMH and JCAHO requirements.

 - ii). Training must be designed to ensure that all inpatient staff, including clinical/professional staff, and Safety Officers who interact with recipients shall receive orientation, instruction, and be trained in Preventing and Managing Crisis Situations (PMCS). All such staff shall receive annual PMCS recertification training, or, be certified annually in accordance with OMH requirements, and must include training regarding:
 - (A). assessment of recipients for aggressive behavior;
 - (B). ongoing communication between clinicians and direct care staff on changes in recipient behavior;
 - (C). communication process of the treatment team between shifts;
 - (D). treatment interventions appropriate to recipient interests and needs;
 - (E). application of non-verbal, verbal, and physical intervention techniques;
 - (F). debriefing after an incident to learn from successes and/or mistakes and to review with recipients and staff the methods for best handling aggressive behavior; and
 - (G). as appropriate, on the job mentoring and consulting, to supplement classroom training.

 - iii). All community service staff, including professional staff, shall receive crisis management training appropriate to their community roles, which includes crisis management (e.g., Safety and Community).

 - iv). Clinical staff, including professional staff, shall receive periodic instruction in the techniques of safely applying restraint and seclusion and in the laws, regulations, policies and procedures governing the use of restraint and seclusion as set forth in OMH Policy PC-701.

 - v). Each facility must ensure the availability of programs that address safety and appropriate intervention strategies as related to specific diagnosis (e.g., Ground Rounds, Staff Conferences, Special Population Consultation)

4. **Safe and Therapeutic Environment Program Evaluation:**

- a) Each Facility Director shall submit a copy of its documentation detailing the establishment and implementation of its Safe and Therapeutic Environment Program to the Division of State Psychiatric Center Management, the Bureau of Employee Relations, and the Bureau of Capital Operations.

- b) Each facility’s Safe and Therapeutic Environment Program shall be evaluated, at least annually.

- i) The Program shall be included regularly as an agenda topic at the Environment of Care, or Health and Safety, Committee meeting. The progress of the Program will be included as part of a facility's annual evaluation.
- ii) An annual evaluation by the facility's Environment of Care Committee of the Safe and Therapeutic Environment Program shall be included as part of the facility's Safety Management Program. The evaluation shall address the progress, and/or developments in the performance improvement activity that is related to a safe and therapeutic environment.
- iii) The annual evaluation shall reference a review of injury rates and the results of trends identified through the use of analysis of aggregate data.
- iv) Adjustments to the program should be made based on the evaluation.
- v) The annual evaluation report shall be sent to the Division of State Psychiatric Center Management, the Bureau of Employee Relations, Bureau of Quality Management and the Bureau of Capital Operations. The Statewide Multi-Union Health & Safety Committee may track statewide progress, share successful models among facilities, and provide resources, training, and guidance to the statewide effort.