

(was MCCMH Policy 5-04-040)

Chapter: **DIRECTLY-OPERATED PROGRAM MANAGEMENT**
Title: **EMERGENCY PROCEDURES - COUNTY VEHICLES**

Prior Approval Date: 4/24/08
Current Approval Date: 5/04/11

Approved by: _____

Executive Director

Date

I. Abstract

This policy establishes the standards and procedures of the Macomb County Community Mental Health Board (MCCMH) for the management of vehicle accidents or breakdowns during the transportation of MCCMH consumers.

II. Application

This policy shall apply to the MCCMH administrative offices and to all directly-operated network providers of the MCCMH Board.

III. Policy

It is the policy of the MCCMH Board to provide safe and organized emergency assistance in the event of accident(s) or breakdown involving vehicles owned or leased by Macomb County.

IV. Definitions

A. Emergency

A situation in which a vehicle owned or leased by the County and utilized for transportation of MCCMH consumers is involved in an accident or has a mechanical breakdown.

V. Standards

- A. Each County-owned or leased vehicle utilized by MCCMH shall be equipped with Consumer Incident, Accident, Illness, Death or Arrest Reports, and the various Industrial Clinic medical authorization forms, fire extinguishers, and first aid kits. All loose equipment, i.e. first aid kit, fire suppression equipment, shall be secured in accordance with MCCMH MCO Policy 10-053, "First Aid / Safety Equipment - County Vehicles," paragraph V.A.
- B. Driver shall be provided training in emergency procedures.
- C. Copies of emergency procedures shall be maintained in each vehicle.
- D. MCCMH employees/individual service contractors shall **not** transport consumers in their personal vehicles.

VI. Procedures

- A. When a County owned or leased vehicle is involved in a traffic accident while transporting MCCMH consumers:
 - 1. The driver shall immediately ascertain whether the consumer(s) requires CPR/first aid or other treatment and provide such care within the scope of his/her training to stabilize the individual using available supplies and equipment until help arrives.
 - 2. The driver shall apply Universal Precautions to all aspects of medical emergency situations pursuant to MCCMH MCO Policy 10-050, "Emergency Preparedness Plan," and MCO Policy 10-056, "Infection Control Plan."
 - 3. The driver shall immediately contact his/her Supervisor, Therapist III (T-III), or designee via radio, car phone or other means of communication reporting the exact location and nature of the accident and any injuries to him/herself or others.
 - 4. The Supervisor, T-III, or designee shall maintain ongoing contact with the driver until the incident is resolved.
 - 5. The Supervisor, T-III, or designee shall:
 - a. Determine the condition of the driver and consumers;

- b. Decide whether to dispatch clinical staff to the scene as needed;
- c. Direct the driver to arrange for the evaluation of all consumer passengers in an emergency room (E.R.) regardless of reported injuries. A staff member, plus other staff as needed, shall accompany consumers through the E.R. process. An E.R. physician shall be requested to complete the appropriate portion of the Consumer Incident, Accident, Illness, Death or Arrest Report (Exhibit A to MCCMH MCO Policy 9-321, "Consumer Incident, Accident, Illness, Death, or Arrest Report Monitoring");
- d. If it has not already been done, notify the appropriate Police Department or 911;
- e. Determine the condition of the vehicle, the need for alternate transportation for consumers and the driver, if he or she does not require an ambulance;
- f. Arrange for the driver to have a medical evaluation at the medical clinic specified by the County for work-related injuries and, if possible, ensure the completed authorization for treatment and billing form is brought to the clinic; or, in case of injury, arrange for the driver to be driven to the E.R. by ambulance;
- g. Alert members of the clinical staff to notify family members or home sponsors that an accident has occurred and the status of their consumer(s). Whenever possible, request a family member or home sponsor to proceed to the E.R. and return the consumer home when discharged;
- h. Arrange transportation home for the driver, if needed, via family, taxi, or other means;
- i. If tow service is needed, determine the destination in consultation with the MCCMH Deputy Director or designee.
- j. Complete a Consumer Incident, Accident, Illness, Death or Arrest Report (for emergency medical treatment to consumer due to injury), and submit it to the appropriate agency or program according to the standards and procedures of MCCMH MCO Policy 9-321;
- k. Complete a Michigan Occupational Safety and Health Act (MIOSHA) Form 301 (Exhibit A), for injuries to staff, and a Macomb County Accident/Incident Report - Motor Vehicle (Exhibit B), as applicable, and submit copies to the MCCMH Deputy Director or designee;

- I. Notify the MCCMH Deputy Director of all pertinent details, and supply a copy of the police report.
- B. When a County-owned or leased vehicle breaks down while transporting MCCMH consumers:
 1. The driver shall contact his/her Supervisor or designee immediately reporting the location and nature of the breakdown;
 2. The Supervisor shall arrange for another driver and vehicle to pick up consumers and complete their scheduled route;
 3. Until help arrives, the driver and consumers should remain in the vehicle (unless there is danger of explosion or fire); and
 4. When help arrives:
 - a. If the vehicle is in the roadway or obstructing traffic in any way, the driver shall stay within sight of the vehicle until a towing service arrives; and
 - b. If the vehicle is in a parking lot or other safe area, the driver may leave with the consumers when a back-up vehicle arrives.
- C. The MCCMH Deputy Director or designee shall ensure that a completed MIOSHA Form 301 (Exhibit A) as applicable is reviewed and forwarded to the Macomb County Human Resources Department. The MCCMH Deputy Director or designee shall ensure that a written report, "Macomb County Accident / Incident Report - Motor Vehicle" (Exhibit B), covering all vehicle accidents is submitted to the County Risk Management Department within 24 hours after the accident; an estimate of repairs, and a copy of the police report shall be submitted as soon as possible thereafter.
- D. Copies of reports specified in VI.C. shall be forwarded to the QA Coordinator for inclusion in the quarterly report submissions to the QA Committee for purposes of risk management monitoring.
- E. Any follow-up contacts regarding the vehicle accident shall be directed to the MCCMH Deputy Director.

VI. References / Legal Authority

- A. Macomb County Policy on the Use and Operation of County Owned Vehicles and Personal Vehicles on Behalf of Macomb County

- B. Commission on Accreditation of Rehabilitation Facilities (CARF) 2010 Standards Manual, §§1.H., "Health and Safety"
- C. MCCMH MCO Policy 10-050, "Emergency Preparedness Plan"

VIII. Exhibits

- A. Michigan Occupational Safety and Health Act (MIOSHA) Form 301
- B. Macomb County Accident / Incident Report - Motor Vehicle

MIOSHA FORM 301 (EQUIVALENT 1/1/02)
Injury and Illness Incident Report

Attention: This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employee to the extent possible while information is being used for occupational safety and health purposes.

This form is to be completed by the employee at the time of injury/illness

EMPLOYEE INFORMATION

Name (Last, First Middle):		Social Security Number -- --	Date of Birth / /	Sex <input type="checkbox"/> M <input type="checkbox"/> F
Street Address:	City	State	Zip	Home Phone Number ()

INJURY / ILLNESS INFORMATION

Date of Injury (Month, Day, Year):	Time of Injury: <input type="checkbox"/> AM <input type="checkbox"/> PM	Was injury fatal? If yes, please give date: <input type="checkbox"/> Yes, date ____/____/____ <input type="checkbox"/> No	Building or work location where injury occurred:
Describe Nature of injury / illness (i.e., burn, cut, sprain, rash):		Part(s) of the body effected (i.e., right eye, lower back, left index finger):	
State what you were doing at the time of incident. Describe what happened and how the injury / illness occurred. Name any objects that directly contributed to the injury/illness:			
Witness to Incident (Name)			Witness' Phone Number:
First Aide: <input type="checkbox"/> Refused <input type="checkbox"/> Given. If given, Describe: _____			
Medical Treatment: <input type="checkbox"/> Employer Clinic			
<input type="checkbox"/> Refused Treatment <input type="checkbox"/> Personal Physician <input type="checkbox"/> ER If ER or Personal Physician, Name, Address and Phone Number:			

AUTHORIZATION FOR PATIENT RECORDS

I, the undersigned, do hereby authorize by my signature on this Injury and Illness Report, any hospital, physician, or other person who has attended me or examined me regarding the injury / illness described above to furnish to the County of Macomb, or its representative any and all information with respect to this injury / illness and medical history, consultation, prescription, or treatment, and copies of all hospital or medical records of prior injuries / illnesses similar to this one. A photostatic copy of this Authorization shall be considered as effective and valid as the original.

Signature of Employee: _____ Date: _____

EMPLOYEE INFORMATION
(To be completed by supervisor)

Department Name:	Job Classification:	Shift Time: Start: ____ <input type="checkbox"/> AM <input type="checkbox"/> PM End: ____ <input type="checkbox"/> AM <input type="checkbox"/> PM	Hire Date (Month, Day, Year): / /
Supervisor's Comments -- Including Recommended Corrective Action Plan: _____			
Name of Immediate Supervisor:	Signature of Immediate Supervisor:		Date: / /
Name of Department / Division Head:	Signature of Department / Division Head:		Date: / /

**MACOMB COUNTY
ACCIDENT / INCIDENT REPORT**

MOTOR VEHICLE

DATE OF OCCURRENCE	TIME: <input type="checkbox"/> A.M. <input type="checkbox"/> DAYLIGHT <input type="checkbox"/> P.M. <input type="checkbox"/> DARK
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COUNTY VEHICLE	VEHICLE NO.	YEAR & MAKE	VEHICLE IDENTIFICATION NO.	PLATE NO.
	DRIVER'S NAME		RES. PHONE	DEPT. PHONE
	DEPARTMENT		PURPOSE OF USE	

PROPERTY DAMAGE	OTHER DRIVER'S NAME	RES. PHONE	BUS. PHONE
	ADDRESS		
	DRIVER'S LICENSE NO.	INSURANCE CO. / POLICY NO.	
	DESCRIBE AUTO OR OTHER PROPERTY DAMAGE		

INJURED

INJURED	NAME	ADDRESS	PHONE NO.
	1.		
	2.		

WITNESSES	NAME	ADDRESS	PHONE NO.
	1.		
	2.		

POLICE OFFICER ASSISTING	NAME	POLICE REPORT MADE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
	HEADQUARTERS	BADGE NO.	CITATION ISSUED?

REPORT COMPILED BY (PRINT)	SIGNATURE	PHONE NO.
SUPERVISOR OR DEPARTMENT HEAD AND DEPARTMENT	DATE	PHONE NO.

ACCIDENT DESCRIPTION

→FORWARD FIRST TWO COPIES TO:
DEPARTMENT OF RISK MANAGEMENT AND SAFETY

THIRD COPY TO DEPARTMENT