



## **Safety Committee Meeting Minutes 2/22/2018**

**Present:** Catharina Lee, Kim Riopelle, Cyndy Singletary, Leroy Harcum, Katie League, Lawanda Williams, Margaret Flanagan, Taylor Kasky, Kevin Kearney, Eva Hendrix, Aisha Darby, Laveda Bacetti, Sean Berry

### **Agenda:**

#### **I. Medication Management**

- a. Non-medical staff handling medications
- b. Work with facilities to address staff safety issues/concerns
- c. Discuss delivery options with Walgreens and Baltimore County Pharmacy
- d. Establish circumstances under which we can deliver client meds
- e. Clinical leads will have to handle staff level guidance
- f. Procedure will include guidance re: delivery options

#### **II. Holding Prescriptions**

- a. BH providers holding prescriptions for clients from MAT group – need a mechanism to ensure providers and clients are handling prescriptions appropriately
- b. Potentially a 2-person sign off sheet if BH provider is holding the script

#### **III. Client with Gun on Site**

- a. General consensus is that group feels Agency as a whole is not prepared for an active shooter type situation
- b. Compliance and facilities will work to develop drill schedule for a multi-level response preparedness
  - i. Active shooter
  - ii. Client with gun
  - iii. Gun on individual already in the building
- c. Crisis de-escalation training
- d. What level of sharing information regarding clients with guns in the building is necessary? Who should be informed of what and when
- e. Develop a clear communications plan for potential risks of working at HCH
- f. Continue to research weapon policy within HCH and ensure we are communicating appropriately with clients and visitors

#### **IV. Intimate Partner Violence**

- a. Compliance reaching out to Mercy and others for potential IPV policies
- b. How to handle situation, while respecting that our missions is low-barrier access to care for all
- c. If client has protective order, need mechanism to protect them without informing their partner of their whereabouts (should partner attempt to enter the building)
  - i. Scheduling and system alerts

- ii. Staggered scheduling
- iii. Encourage culture of individual appointments
- iv. Provide training to clinical staff re: IPV
- v. Security debrief for all clients with potential IPV issues

**V. CAP Policy**

- a. Aisha will share for feedback

**VI. Bed Bugs**

- a. Identification: common issue of misidentification
- b. No reporting requirement for city/state
- c. Need interim policy and training for staff so continuity in handling
- d. Designated area for clients to be taken other than triage?

**Next meeting: March 21<sup>st</sup>, 2018 – 421 Fallsway**