

Attachment A

Proposal Cover Sheet

**(Must precede all pages submitted with Proposal)**

Date Received \_\_\_\_\_

**STATE OF NEW JERSEY  
DEPARTMENT OF HUMAN SERVICES (DMHAS)**

Super Storm Sandy Recovery and Rebuilding Initiatives

Name of RFP Supportive Housing for individuals with substance use disorder

Incorporated Name of Applicant: Integrity, Inc.

Type: Supportive Housing/Substance Abuse services

Public \_\_\_\_\_ Profit \_\_\_\_\_ Non-Profit ☒ or Hospital-Based \_\_\_\_\_

Federal ID Number: [REDACTED] Charities Reg. Number [REDACTED]

Address of Applicant: 103 Lincoln Park, Newark, New Jersey 07102

Contact (name/title): Kathleen Dedrick Phone No.: 973-623-7166

Email kadedrick@integrityhouse.org

Fax [REDACTED]

$36 \times 2906.25 \times 15 \text{ (months)} =$

Total dollar amount requested: \$1,569,375. Fiscal Year End: 2015

Funding Period: From 6/1/2014 to 9/30/15

Total number of unduplicated clients to be served: 36

County in which housing and services are to be provided Essex and Hudson

Authorization: Chief Executive Officer: Robert J. Budsock  
(Please print)

Signature: [Signature] Date: March 31, 2014

Cover Sheet – See Previous Page

**Proposal Summary:** Integrity House is the largest non-profit substance abuse provider funded by the State of New Jersey. We serve over 2,400 individuals each year and over 75% of our clients come from the ten counties impacted by Sandy. Integrity has provided housing for homeless individuals and those in recovery for over 20 years. Over the past year, we have placed 75 individuals in supportive housing – both in our own apartment building for women and in scattered-site affordable leased units. Integrity proposes to extend our mission of compassionate care and housing by providing 36 supportive housing beds in Essex County and Hudson County. This project will provide individuals with their own apartments and access to a broad range of voluntary supportive services including substance abuse treatment and recovery support, integrated behavioral health and primary care services, trauma-informed care, and employment services.

### **B. Admissions Criteria - 10 points**

Integrity will interview and give each applicant a fair opportunity to apply for housing through this funding. Consumers will be assessed by a case manager to determine their housing eligibility and preferences. The admissions process will include an assessment of the consumer's current substance use to provide staff with an accurate account of their current circumstances. Consumers will also be assessed by the program's registered nurse for medical history, medication needs and health issues. The basic criteria for this initiative include the following:

- The consumer must demonstrate that he/she was a resident of one of the ten counties impacted by Super Storm Sandy between October 28, 2012 and October 30, 2012. These counties include Atlantic, Bergen, Cape May, Cumberland, Essex, Hudson, Middlesex, Monmouth, Ocean, and Union;
- The consumer must be 18 and over with a diagnosis of a substance use disorder (abuse or dependence) in accordance with the DSM-IV/V criteria;
- The consumer must be a United States citizen or permanent resident;
- The consumer must have a housing need;
- The consumer must have sufficient stability to live in an independent environment with a range of support services;
- The consumer must be legally competent to understand and sign an apartment lease and abide by the rules outlined in the lease.

Using a *Housing First Model*, Integrity will **not** require tenants to be clean and sober from drugs/alcohol but will encourage them through a harm reduction model and offer substance abuse treatment if and when the tenant desires help. The agency believes that housing is an essential aspect to stability and additional tools can be helpful maintaining a high quality of life. Integrity will further assess any consumers who express a need and desire for entry into substance abuse treatment. Clients who enter the program will be provided with a Comprehensive Rehabilitation Needs Assessment to gather all information to determine their need for supportive services. Our admissions director, Evan Weiss, CADC, MSW will work with the program's case managers and registered nurse to determine the level of care most appropriate

for the consumer. Consumers are also assessed for mental health needs through the Mental Health Screening IV tool and Zung Depression Screening for therapy and/or medication needs.

**C. Number of Consumers - 5 points**

We will provide 36 beds comprised of both Integrity-owned apartments and scattered-site apartments with partnering landlords in the community. With minimal anticipated turnover, the project can serve a maximum of 44 individuals from June 1, 2014 – September 30, 2015. Integrity House will provide 12 women and/or women with children with supportive housing and services in our owned facility at 667 Martin Luther King Jr. Blvd in Newark. 12 male consumers from Essex County will be also placed into supportive housing units. Their housing location will initially be scattered-site apartments for six months. In January 2015, they will have the option of moving into a new supportive housing building (Mary's House) at 5-7 Lincoln Park in Newark. Mary's House will provide new one-bedroom and studio apartments in a fully rehabilitated historic brownstone building. Funding will also allow Integrity to provide scattered-site supportive housing for 12 men and women in Hudson County.

**D. Staffing & Service Phase-in – 5 points**

Integrity House anticipates a steady flow of individuals who qualify for support based on a June 1st program start date. Integrity House has a significant number of clients already in our care that who fit the overall criteria. Each year, Integrity serves over 2,400 clients in recovery and the majority (75%) are residents of the ten counties affected by Sandy. Additionally, Integrity has state-wide relationships with other treatment providers and behavioral health agencies for referrals to serve this vulnerable population.

If Integrity is notified of an award on May 12, planning with DMHAS will begin immediately. Georges Mombrun, Senior Housing Case Manager will begin working immediately with Evan Weiss, our Admissions Director to pre-screen current and recent Integrity clients for eligibility and housing needs. Georges was hired in 2013 for rapid implementation of housing grants. Working with Georges, will be case managers Nafisah Clarke and Kat Moskal. Georges, Kat and Nafisah all hold Bachelor's Degrees from Rutgers in Social Work or Public Health and represent a diverse team of professionals. They will initially service Integrity (DMHAS-approved) consumers and referrals from EISS, the NJ Mental Health Cares Helpline, 211 and other SSBG providers. Integrity also has three conveniently located, fully staffed and licensed outpatient programs in Essex and Hudson County. The sites can immediately provide treatment and recovery support services for consumers who wish to engage in treatment. Initial medical assessments will be performed by our Nursing Director, Nora Whitman, RN.

As our active consumer load increases, Integrity will ramp up the hiring of dedicated program staff to achieve a full consumer load within 4 months of award date. The staffing pattern needed to implement this 15 month time-limited program is shown below. The peak staffing pattern is 3 housing case managers (caseload of 12 consumers at a time), 2 part-time CADCs or LSWs (case load of 12-16 consumers at a time) a registered nurse, a contracted job developer, a rehabilitation assistant and a rental assistance coordinator. As an employer of over 260 clinicians and support professionals, Integrity has the capacity to quickly hire new staff members and to back-fill

positions. As a growing agency, we can also place program staff in other Integrity vacancies when the project ends.

	2014							2015										
	June	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	April	May	June	July	Aug	Sep	Total	
Consumers Admitted	4	6	8	8	8	6	4	0									44	
Consumers Discharged				2			2			2		6	8	8	8	8	44	
Active Census	4	10	18	24	32	38	40	40	40	38	38	32	24	16	8	8	0	

Staff On Board	1 Case Mgr	→	3 Case Managers	→	2 Case Managers	→
	1 Counselor	→	2 Counselors	→	1 Counselor	→
	Shared RN	→	1 Dedicated Program RN	→	Shared RN	→
	Contracted Job Coach Based on Needs					→
	Rental Coordinator					→
	Rehabilitation Aide					→

### E. Engaging and Integrating Consumers - 5 points

Consumers entering supportive housing from residential treatment will be transitioned through sessions with their substance abuse counselor and housing case manager. During these sessions, their housing preferences, supports needed, economic stability plans, and special needs will be mutually defined and planned. For substance abuse clients, continuing care planning begins at intake and includes a holistic approach to all options available to the client in their recovery, such as: housing; employment; physical health; family and social supports; and connection to the recovery community. The continuing care plan will dovetail smoothly with the client's supportive housing plan. For consumers entering from homelessness and other referral sources, the engagement process will begin with a face-to-face needs assessment where all support options are explained.

Since the program is based on consumer choice and multiple recovery options, Integrity House will utilize motivational interviewing (MI) as a client-driven evidence-based practice to engage and integrate tenants. MI builds on their experiences and perceptions to bring out motivations for change including goals, perceptions and values. The philosophy behind MI is that individuals are more likely to change if they are the main player in the process. Case managers will use MI to help tenants maintain their stability and integrate into the community through making small yet valuable changes in their everyday behaviors and thinking. MI focuses on the use of open ended questions to elicit information from the consumers so that they can reach their own conclusions. Integrity House has used MI for decades to elicit change in individuals with very severe addiction and co-occurring issues to create long-term, meaningful lifestyle change. The agency will use this experience to create consumer-driven progress for tenants under this initiative.

### F. Employment Assistance - 15 points

Consumers in recovery gain a greater sense of self-worth and pride if they are in active employment. This not only supports tenant recovery; it ensures that they have the resources to

afford stable accommodation and other basic needs.<sup>1</sup> While we understand that DMHAS career services will be procured through a separate process, Integrity also has significant employment services to provide to clients immediately. This is critical due to the short window available. Integrity has an in-house GED program, vocational assessment process and job readiness counseling that will be available to all clients. Additionally, Integrity will contract with B.L.E.S.S.E.D. Ministries Inc. (BMI), to provide services to those who are ready to work but face multiple barriers to employment. In collaboration with BMI, Integrity will offer clients rapid attachment to employment, job coaching and follow-up services (see letter in appendix). BMI is highly successful at engaging local employers who are willing to hire clients in recovery. Services for clients who are unemployed at admission but willing and able to work will receive the following:

- First month - a vocational counselor will work with clients to complete a Career Scope assessment to collect information on vocational needs, aptitudes and interest. Clients will prepare appropriate resumes for job searching and will be aided in completing on-line applications and reaching out to potential employers.
- Second month - clients will complete job readiness activities such as Dress for Success, mock interviewing, and soft skills preparedness (such as hiding tattoos).
- Third/Fourth month – target for obtaining paid employment
- Ongoing – follow-up support for job retention or further placement.

Integrity also collaborates with several local providers to address the varied needs of clients. Our active partnerships with the New Jersey Division of Vocational Rehabilitation Services (DVR) in Essex and Hudson Counties, Jewish Vocational Services (JVS) and Goodwill will ensure consumers have choices that fit their unique needs. DVR helps pay for training and placements for individuals in treatment or supportive housing and can also provide long term follow-along support for consumers who need continuous support.

Integrity has strong employment results, particularly for outpatient clients. In our most recent fiscal year, 32% of our consumers were employed at admission. After receiving treatment and employment support, 62% had jobs at discharge. In our work with BMI, many of our clients were able to obtain and sustain full-time food industry, warehouse and union jobs. Other employment opportunities have come from companies such as Red Bull Stadium, Target, and IHOP and include cashier/customer service roles. These positions typically pay \$10 per hour and begin as part-time, but provide the opportunity to work towards full time employment. With support of our community partners, Integrity House will provide robust employment assistance to Sandy-funded tenants.

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<sup>1</sup> Rio, J., Ware, L., Tucker, P., Martinez, J. Ending Chronic Homelessness through Employment and Housing: A Program and Policy Handbook for Successfully Linking Supportive Housing and Employment Services for Chronically Homeless Adults. NY: (September 2008).

### **G. Accessible Housing Experience - 3 points**

Integrity understands the requirements of the Americans with Disabilities Act of 1990 and is equipped to provide accessible accommodation to our tenants. Both housing and support services are available to wheelchair bound tenants and those with other disabilities. The Women's Supportive Housing facility at 667 Martin Luther King Blvd in Newark is fully handicap accessible. Mary's House at 5-7 Lincoln Park in Newark will open in early 2015 and will have a wheelchair lift for building access. All six of the first floor apartments will be handicap accessible. For our scattered-site housing services, Integrity has close relationships with a variety of landlords in Essex and Hudson County who provide options for accessible apartments. Hudson County tenants can receive substance abuse treatment at our site at 595 County Road in Secaucus which is wheelchair accessible and accommodates a range of disabilities. In Essex County, our building at 1091 Broad Street in Newark is fully handicap accessible. It houses our central admissions and medical services and is also a fully licensed outpatient facility.

### **H. Emergency Response Plan - 10 points**

All participants in our supportive housing program will have access to 24/7 emergency assistance to safeguard their health, well-being and recovery. Clients who reside in Integrity-owned housing have on-site staff 24/7. Clients in scattered site apartments will have a 24/7 crisis-line. This service will be managed by an on-site clinician during day/evening hours from 9:00 am – 8:00 pm. From 8:01 pm – 8:59 am the line will be picked up by our answering service that will, in turn, immediately connect the tenant with a clinician. All on-call staff members are fully trained in emergency response to situations including drug overdose, suicidal ideations, medical emergencies, psychiatric, child safety, fires, disasters, violence, firearms, escalation of conflicts, sexual harassment and other potential crises. Each of these areas is addressed by 28 existing Integrity policies. (The addendum of this original proposal contains all 28 policies. The 6 proposal copies contain only the policy index to save paper).

For psychiatric crisis, Integrity has long-term existing relationships with University Behavioral Health at Rutgers, Newark Beth Israel Medical Center, Jersey City Medical Center and Bergen Regional Medical Center. For drug overdose, Integrity's on-site staff is trained in emergency first aid until 911 responders arrive. With 16 separate facilities operating in Essex and Hudson County, Integrity has temporary shelter in the case of fires, floods, hurricanes, tornados, bomb threats, power outages, water outages or other physical issues. All staff members are trained in protocols for ensuring child safety and the responsibility to alert DCP&P in cases of suspected child abuse and neglect.

Integrity's most effective crisis strategy is prevention and ongoing training on emergency protocols. Procedures are reinforced in clinical supervision, staff meetings, and debriefing of incident reports. Case managers are trained to avert behavioral health crises by paying close attention to client stressors. They increase contact with their clients at stressful times such as moving into a new place, starting a job, tight finances, or loss of a friend/family member. Staff members are trained to look for early warning signs of distress in clients such as increased isolation, agitation, changes in eating, sleeping and personal hygiene, failure to keep

appointments and medication non-compliance. Responses include increased support, psychiatric evaluation, medication adjustment and counseling.

## **I. Recovery & Support Services Provided - 10 points**

Integrity House will provide all Super Storm Sandy victims with case management and wellness services. We will also offer them a broad range of voluntary specialized services such as individual and group substance abuse treatment, mental health counseling, coordinated primary care and vocational services. These services will be available through a wide range of community providers

*Case management services* - Clients will receive supportive recovery and wellness-oriented services that emphasize individual choice and skill building to promote independent living. Case management will focus on the development of individual skills, community integration and valued life roles. A fully dedicated case manager per 12 consumers will provide one-on-one support, assist clients with budgeting, transportation, and linkages to support services they need to achieve recovery. The intensity of service requirements will vary by consumer and generally will include two hours of face-to-face case management contact each week. Case management services will provide clients with the assistance needed to retain housing and experience healthful living. A rehabilitation aid will be available for clients who need additional support with basic daily living skills such as housekeeping, personal hygiene, and laundry and food preparation. The program's registered nurse will provide wellness visits for clients who need additional support for physical or medication issues. Scheduled case management and wellness visits will take place within the tenant's home (apartment) during the day and evenings. The tenant's case manager may accompany them, as needed, to doctors, entitlements, vocational and social service appointments to provide support and practice skills in community settings. Tenant meetings and social activities will encourage the development of a range of personal and natural support networks.

*Substance abuse treatment services and recovery support services* - Integrity House offers a variety of outpatient substance abuse treatment programs including partial care, intensive outpatient treatment, outpatient treatment and recovery support. Recovery services available to tenants will include relapse prevention, education on addiction and access to 12-step support networks. Integrity House also offers substance abuse treatment based on clinical need and consumer choice.

*Mental health services for clients with co-occurring disorders* – Access to psychiatric assessments, crisis intervention, rehabilitation planning, medication monitoring (daily and/or monthly), and counseling will be available through Integrity House or other community providers. Integrity House has five licensed therapists and two consulting psychiatrists to provide mental health treatment for consumers who choose to work with our clinicians. There are numerous community providers in the area for these services as well.

*Specialty Services:* Integrity provides trauma-informed care, a service that may be especially valuable to Sandy-impacted clients. We offer Seeking Safety to male and female clients in

gender-specific groups. Integrity has HIV testing, counseling and prevention services which will be available to clients in this program.

Physical and behavioral health needs can be met through Integrity's licensed professional staff or through community health providers based on the tenant's needs, preferences and insurance coverage, including Medicaid. Consumers will have a choice from our partnerships with other providers in the county; the chart below includes a small sample of our relationships:

**Hudson County:** New Hope Foundation, North Action Community Group, Urban league, Employment and Job Training Center, Women Rising, and Christ Hospital.

**Essex County:** Acute Care Family Support Mental Health Association of Essex, Homeless Services (PATH), The Hyacinth Foundation, University Hospital, and Family Connections.

## **J. Client Outcomes - 10 points**

Integrity House places a strong emphasis on results and outcomes. The agency regularly conducts surveys, elicits client feedback and performs outcome evaluation to ensure that our services are at the highest quality possible. Our IRIS Electronic Health Record System and HMIS will be used to track client data and outcomes. Integrity appreciates the overall impact that substance abuse can have on each client's functioning such as their unemployment or homelessness. This can be further compounded by external and uncontrollable events, in this case Super Storm Sandy's impact in 2012. Integrity will deliver services to counter these negative impacts. Tenancy under this funding will ensure that consumers experience reduced substance use, increased emotional functioning, improved physical health, housing stability, and economic stability through employment or entitlements.

Integrity's expected outcomes for the 2014-2015 program term include:

- 36-44 unduplicated clients will receive supportive housing services.
- 70% of clients in the program will sustain their housing for at least 12 months.
- 100% of clients will develop a detailed recovery plan developed that addresses all aspects of their wellness including physical, behavioral and economic health as well as social connectedness and community integration.
- 70% of clients will experience increased emotional stability
- 50% of clients will experience fewer physical problems.
- 60% of clients will choose to receive substance abuse treatment or recovery support through Integrity's programs or other programs.
- 75% of clients in substance use treatment will be abstinent or reduce their substance use.
- 60% of clients will secure employment.

Earl Lipphardt, who holds a Master's in Addictions from Fairleigh Dickinson University and manages our E.H.R. system, will evaluate progress on these goals. Earl and the case managers will assess service delivery and outcomes on a monthly basis.



### **K. Discrimination Policies - 2 points**

Integrity supports medication-assisted treatment and does not deny clients admission based on this need. Integrity House has been on the forefront of medication-assisted treatment approaches for over 15 years and has full capability to deliver treatment including methadone, Suboxone, Vivitrol and psychotropic medications for clients with co-occurring disorders. The agency has 10 comprehensive policies (see appendix) to provide support for clients who are taking physician prescribed medications and ongoing training for all clinical and medical staff who provide services to them. Our Medical Director, Dr. Naipaul Rambaran is ASAM certified and has 18 years of addictions experience and over 8 years with Integrity. He provides medical oversight of the entire agency and supervision of individuals receiving medication-assisted treatment.

### **L. Primary Care Treatment - 5 points**

Our goal for primary care services is to help consumers feel better and live a longer, healthier and happier life, regardless of their economic resources and behavioral health issues. Consumers will have access to diagnostic and primary care, ongoing medical treatment for chronic and acute medical conditions, such as hepatitis, diabetes, obesity, high blood pressure, ambulation impairment, and metabolic syndrome. Physical health providers will be accessed based on the tenant's needs and preferences. In Essex County, primary care is available through Newark's Federally Qualified Health Center at 394 University Avenue, University Hospital, St. Michael's and Newark Beth Israel Medical Center, all within the city of Newark. The majority of Integrity clients living in Hudson County access medical care through the FQHC at Jersey City Medical Center, Christ Hospital or Bergen Regional Medical Center. Integrity House has established long-term relationships with each of these providers to ensure that all our clients have access to high quality, integrated healthcare. Urgent care can be provided through Integrity's fully staffed medical departments located at 1091 Broad Street in Newark, or at our Hudson County location at 595 County Road in Secaucus.

Essex County clients who select the Newark FQHC as their primary care provider will benefit from this unique relationship that offers fully integrated primary and behavioral healthcare. Dr. Thomas Ortiz, MD, FAAFP and Integrity House CEO, Robert Budsock formed this partnership in 2012 to address the heavy toll substance abuse has on the health of individuals. Integrity's bi-lingual substance abuse specialist, Stewart Diaz, LCSW, is located at the FQHC to provide counseling, intervention and behavioral health support. Clients also receive coordinated scheduling and primary care at the clinic. The FQHC offers a variety of primary and preventive health care including adult and family medicine, care for chronic conditions such as hypertension and diabetes, obstetrics and gynecology, pediatrics, dentistry, optometry, podiatry, HIV testing and counseling and nutritional counseling. The clinic offers a compassionate team of board certified doctors as well as nurses, social workers and health educators.

Our proposed staffing pattern also includes a dedicated registered nurse available to provide wellness visits and provide assistance with medication management. Wellness will include guidance with nutrition and other aspects of healthy living.

#### **M. Local Boards Collaboration - 5 points**

At Integrity, we understand that simply providing supportive housing and case management may not always lead to full self-sufficiency for clients at the end of the program period. It is for this reason that Integrity will provide clients with counseling and assistance so that they can access Essex and Hudson County welfare, Medicaid, food stamps, social security benefits, and any other entitlements that they may qualify for. Integrity regularly coordinates with local social service boards/agencies to help clients access these entitlements by determining their eligibility and collecting information on available benefits. One instance of this is Integrity's close relationship with the Newark Housing Authority (NHA). Through this partnership, we are continuously liaising with the NHA to help consumers find long-term, affordable, and safe housing in the community. Integrity House will continue nurturing these relationships with local social services to provide clients with a support system.

#### **N. Medication Monitoring - 5 points**

As clients enter into supportive housing, the assessment process will include a full health history and a review of medication needs and schedules. Integrity case managers and counseling staff will include medication-related issues in the client's recovery plan. We anticipate that many clients in the program will self-administer their physician-prescribed medications. Exceptions include clients who are participating in medication-assisted treatment programs such as Methadone, Vivitrol or Suboxone. Clients needing blood work for diagnostic or medication compliance issue will be coordinated with their primary care provider. The Visiting Nurse Association of Central Jersey operates in both Hudson and Essex County and offers in-home support for clients with diabetes.

The program's registered nurse will support clients who need medication assistance such as reviewing what they are taking and why, teaching them how to properly take medication and at what times for optimal results, developing a medication chart that is easy to follow, and separating medication into daily/weekly containers. Clients will also create a medication record to discuss with their physician and keep it in a convenient location in case of an emergency.

#### **O. Housing Model - 3 points**

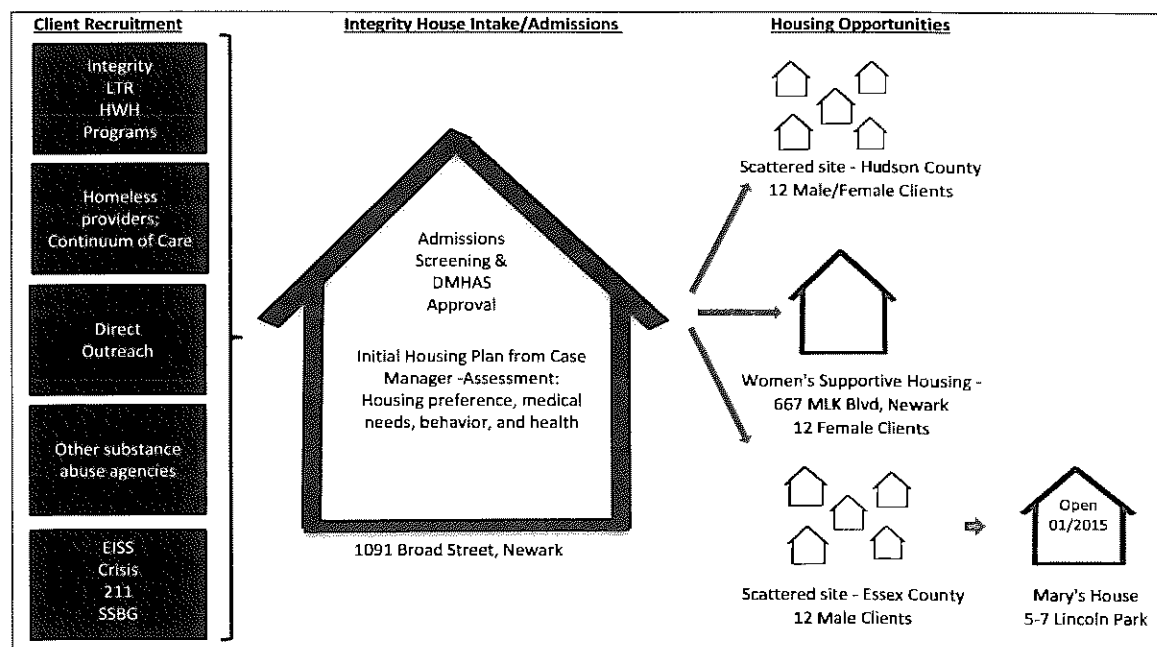
Integrity will utilize the *Housing First* model and offer a broad range of options for the Sandy-affected consumers, based on their housing and recovery needs. All have leases that will be held in the tenant's name and clients will have the full protection of New Jersey landlord/tenant laws. All housing options are within FMR and tenants will only pay up to 30% of their income. All options provide accommodation for clients in vibrant community settings, with easy access to recovery services, shopping, health facilities, government services and houses of worship. The location and type of housing options are illustrated and detailed below:

Scattered-site Apartments in Essex and Hudson Counties: Integrity has housed over 45 individuals with special needs in leased apartments over the past year. We have developed a strong network of landlords with affordable and safe apartments (see landlord network in appendix). Integrity has an apartment inspector who ensures all units meet safety, accessibly,

comfort and other tenant requirements before rental. Current tenant leases are in the range of \$700-\$800 a month for one bedroom apartments, well within FMR.

Shared Living for Women and Mothers with Children: Integrity will offer a shared living option for up to 12 women at our Supportive Housing site at 667 Martin Luther King Jr. Blvd. in Newark. This site is a four story apartment building with an elevator and two spacious, fully furnished, 4-bedroom apartments on each floor. Each apartment has two full baths, a living room, dining room and a large kitchen. The building was fully renovated in 2011 to provide a beautiful and safe home for women in recovery. Each woman has her own bedroom and an occupancy agreement in her name. Rents range from \$400-\$450 per unit and are within the FMR. The building is fully staffed provides an option for strong peer support.

Mary's House Permanent Supportive Housing for Men in Newark (Opening January 2015): Integrity is in the process of developing Mary's House which involves a \$2.6 million rehabilitation of a historic brownstone in Newark, to create 24 units of affordable housing for men at risk of homelessness or hospitalization due to their substance use issues. Mary's House will provide fully renovated studios and one-bedroom apartments. Men who are initially placed in scattered-site apartments will have the opportunity to lease a new, affordable apartment should they have the preference or need access to more concentrated support services.



## P. Location – Municipality & County - 2 points

12 female consumers will be housed at 667 MLK Blvd in the City of Newark, Essex County. 12 male and female consumers will be provided with housing in Hudson County, predominantly in Jersey City. A further 12 men will be located in Newark, Essex County.

### **Q. Recruitment of Program Participants - 10 points**

Each year, Integrity serves over 2,400 clients in recovery with the majority (75%) residents of the ten counties affected by Sandy. Since DMHAS is targeting individuals who have completed long-term residential or halfway house treatment and homeless individuals, Integrity House has a ready population to access. We will begin by screening our consumers who are near completion or have recently completed our substance abuse programs, are in need of supportive housing and meet the eligibility standards for the program.

Integrity will also reach out to our strong network of residential and halfway house providers to identify individuals impacted by Sandy who are currently completing their programs. Existing partners such as Ocean Medical Services and Monmouth Medical Center will help Integrity expand our reach. Integrity House is an active member of the Essex County Continuum of Care and partners with several shelters to assist homeless adults with addiction. We regularly participate in organized outreach efforts such as Homeless Connect Day. Integrity has a 20+ year relationship with Newark Emergency Services for Families, an organization that provides coordinated assessment and referrals for homeless individuals and families. We will also work closely with the Hudson County Continuum of Care and Ben Lopez from the Hudson County Department of Human Services to ensure outreach to homeless consumers with substance abuse issues. As stated in Section B, the basic criteria for this initiative are:

- The consumer must demonstrate that he/she was a resident of one of the ten counties impacted by Super Storm Sandy between October 28, 2012 and October 30, 2012;
- The consumer must be over 18 with a diagnosis of a substance use disorder;
- The consumer must be a United States citizen or permanent resident;
- The consumer must have a housing need;
- The consumer must have sufficient stability to live in an independent but supported environment;
- The consumer must be legally competent to understand and sign an apartment lease and abide by the rules outlined in the lease.

Exclusionary criteria are as follows: the consumer cannot be in psychiatric crisis or in need of hospitalization or nursing home care at admission (the consumer can be rescheduled for a later date); recent violent and assaultive behavior; and history of arson.

### **R. Substance Abuse Treatment and Prevention - 25 points**

Integrity will offer consumers voluntary substance abuse services in convenient gender-specific and co-ed settings. Integrity has four licensed outpatient sites (three in the City of Newark and one in Secaucus). Consumers will be able to participate in traditional outpatient, intensive outpatient, or partial care treatment depending on their intensity needs. Consumers can maintain their regular schedules working and living in their apartments and can attend treatment during the day or evening as convenient for them. We offer DMHAS-licensed services to consumers between 9 AM to 9 PM Monday to Friday. Consumers who choose to receive treatment with us will be served in a high quality, loving, safe and intimate setting to promote continuity among program participants and a therapeutic atmosphere of trust and respect. Our programs use

successful evidence-based practices to offer consumers the opportunity to engage in group therapy, individual counseling, mental health counseling, psychosocial evaluations, family groups, AA/NA meetings, HIV services and group therapy. The primary evidence-based curriculum(s) used in our outpatient programs include Living in Balance, New Directions (to address criminal and addictive thinking), Seeking Safety (trauma-informed care), and Relapse Prevention.

All consumers who decide to engage in substance abuse treatment will receive individualized treatment by a primary counselor. Our proposed staffing pattern includes two dedicated substance abuse counselors (CADC or LSW) in addition to the staff in our existing programs. Dedicated counselors will ensure one-on-one time is available to meet the specific needs of the Sandy-impacted tenants. Counselors will also ensure that addictions recovery goals are integrated into the consumer's overall wellness plan and collaborate with the consumer's case manager about progress, issues and concerns. This is an additional layer of support for the consumer's recovery and overall stability.

As part of our treatment efforts, Integrity employs harm reduction strategies to benefit consumers. For HIV prevention, Integrity utilizes the Holistic Health Recovery Program for injecting drug users (IDU). This harm reduction program has the goal of promoting health and increases quality of life through the reduction of drug- and sex-related risk behaviors. Another harm reduction strategy is nicotine replacement therapy (nicotine patches) for consumers who are interested in smoking cessation. Integrity House offers all levels of care acknowledged by the American Society of Addiction Medicine (ASAM PPC-2R) including gender-specific adult residential, halfway house, outpatient, intensive outpatient and partial care, early intervention and medication-assisted treatment. The agency's unique continuum of care provides yet another resource for Sandy-impacted consumers in the program.

### **S. Living Skills Support - 5 points**

Our service delivery system will emphasize skill building and individual choice. This approach helps by collaborating with the individual to obtain a goal rather than "doing it for them", and provide the skills for effective community integration. Goals may include planning a daily schedule, making and keeping appointments, personal hygiene, money management, and developing emergency plans. A rehabilitation assistant will be available for consumers who need in-home follow up with basic daily living skills. We will also use Motivational Interviewing (MI) to empower consumers and engage them in the difficult skill-building needed to realize recovery goals. This approach fosters self-confidence and a sense of competency in order to develop greater independence. When working with consumers, Integrity staff is aware that making changes in life engenders anxiety and ambivalence, which can undermine goal attainment. Through use of MI, staff can help consumers strengthen their commitment, skills and resources.

## **T. Service Delivery Principles - 20 points**

### *1. Promotion of wellness and recovery*

Integrity will encourage consumers' recovery and support their wellness by engaging with them on areas in their life other than their housing issues or substance use disorders. We will base this on SAMHSA's 8 Domains of Wellness<sup>2</sup> to focus on our consumers' complete wellness in order to improve their life and their chances of self-sufficiency beyond this funding. Client-centered treatment has been a cornerstone of Integrity's program for many years. Integrity was founded as a therapeutic community, which by definition, builds on the unique strengths of each member and facilitates their recovery and social connection to a community of mutual help and support. While our housing programs do not operate as therapeutic communities, our reach as a loving and caring family extends to tenants in our housing. For those impacted by Sandy, the program provides an opportunity for access to safe affordable housing and a broad range of voluntary services to promote wellness and stability. Integrity's case managers and clinicians will engage each consumer in their wellness planning, with a strong emphasis on steps that are important to the individual to help them to move forward and sustain their recovery. The diverse nature of Integrity's housing options and the many internal and external services we offer will help to engage each person at a pace they can build on and sustain. Integrity's core purpose is to help individuals reclaim their lives, however, we strongly believe that we cannot prescribe the path for their long-term wellness and recovery, but they can.

Once each person's housing needs are met, our case managers will work to address the areas that are most crucial to the individual for his or her wellness. Emotional wellness is a cornerstone area and is well-covered with multiple behavioral health options, including trauma-informed care. Financial and occupational wellness will be addressed through our vocational program and assistance accessing entitlements. Our integrated healthcare options and our wellness visits will be available for the positive physical health of clients. Positive spiritual, social and intellectual opportunities are all within easy access to our housing options and will be encouraged based on client preferences.

*2. Promotion of community integration* - Through this supportive housing funding, Integrity aims to provide consumers with many choices to become part of the community. Tenants will build support systems including new friends and sponsors through attending activities such as 12-step and other recovery support meetings in locations around the community and at Integrity. Many of Integrity's services are located on Broad Street in downtown Newark and offer tenants a variety of options for integrating into the community at a pace that is suitable for their wellness and recovery.

Integrity acknowledges that social interaction is a significant part of community integration and recovery for this population. Recreational activities are very important for social interaction as

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<sup>2</sup> SAMHSA's 8 Domains of Wellness: Emotional, Environmental, Financial, Intellectual, Occupational, Physical, Social, and Spiritual.

the consumer can participate in group activities or enjoy them on their own. Our Newark housing is located within walking distance of the JFK Recreation Center which offers free indoor and outdoor swimming, fitness classes, weight lifting equipment, basketball courts and studios. In addition, consumers can participate in activities at the Broad Street YMWCA. The YMWCA offers a large variety of adult sports and wellness classes including open table tennis, aikido martial arts, and Brazilian capoeira. There are entertainment options for consumers including the NJPAC, Prudential Center and Symphony Hall that offer discounted tickets to residents. Integrity's housing is located within walking distance of multiple houses of worship where consumers can attend services, participate in community service and build a spiritual support network.

Consumers provided supportive housing in Hudson County will have access to vibrant, diverse neighborhoods. This is particularly true of Jersey City, where most of the Hudson County consumers will be housed in scattered site apartments. Jersey City has a range of options that provide consumers with access to services that support community reintegration. With many transportation links, green spaces, and entertainment venues, consumers can move around and participate in community activities. Lincoln Park offers recreational and sporting opportunities for city residents. Consumers can also access free events at the Jersey City Public Library and educational pursuits at Hudson County Community College.

*3. Culturally competent and linguistically accessible services* -Integrity House recognizes that each of our consumers has a distinct cultural background that could create barriers for our targeted population to receive full behavioral health treatment. In order to deal with these barriers, the agency has been working on expanding its ability to provide culturally competent and accommodating treatment for all who enter our programs. Integrity House strives to comply with the National Standards on Culturally and Linguistically Approved Services and is adapting our policies, procedures, staffing patterns and service delivery to be accommodating for culturally diverse consumers. Integrity's staff is diverse in race, ethnicity, religion, sexual orientation, culture, linguistic skills and life experiences. Our staff is very similar to our consumer base and includes 60% Black/African American, 10% Hispanic, 30% Caucasian, 60% female, and 40% male and includes openly LGBT staff members. Over 60% of Integrity employees were themselves once part of the targeted population (or of similar services) and are in active recovery, discussing it regularly in order to share their experiences and help to alleviate stigma. Consequently, our staff has an innate knowledge of the language, beliefs, norms, values, and socioeconomic factors that should be considered in facilitating recovery for our consumers. Existing clinical staff are provided ongoing opportunities to enhance their knowledge of culturally appropriate service delivery through in-house workshops and Continuing Education credits.

Integrity recently surveyed the entire staff to measure the level of diversity among them. 15 staff members<sup>3</sup> are bilingual in English and Spanish (reading, writing and speaking) including staff at all levels of the agency from administrative to clinical. For newly admitted consumers, Integrity's Director of Admissions is fully bilingual in Spanish and can conduct an intake

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<sup>3</sup> 2013, Integrity House Internal Survey

interview entirely in Spanish. There are 2 staff members who are fluent in French, 2 in German, 1 in Italian, 1 in Mandarin Chinese, 1 in Sinhalese, 1 in Creole, 1 in Punjabi and 1 in Twi/Ga/Ewe (native languages from Ghana). In hiring for new staff positions, attention is always given to ensuring cultural appropriateness in terms of languages spoken, ethnicity, age, gender, sexual orientation, life experience, and other factors for the delivery of sensitive and exemplary services. Bringing aboard linguistically-diverse staff is a top priority for the agency and we encourage diverse candidates to apply for clinical and administrative positions.

*4. Demonstration of best practices* - Integrity continuously employs best practices to ensure that consumers receive professional services and are successful in their recovery. Integrity House programs use a variety of evidence-based practices (EBPs) including: Living in Balance; New Directions which uses Cognitive Behavioral Therapy (CBT) to address criminal and addictive thinking patterns; and Seeking Safety for trauma-informed care. Motivational Interviewing and Relapse Prevention are utilized as well. In using these EBPs, Integrity places a great emphasis on the consumer's Stage of Change (Prochaska and DiClemente) and the consumer's recovery plan reflects their stage of change at different points during their time in our care. Weekly clinical supervision and ongoing trainings augment the clinical skills of our staff and reinforce these practices.

#### **U. Supportive Services Experience for Substance Use Disorders – 5 points**

Integrity House is the largest non-profit substance abuse treatment provider funded and licensed by the State of New Jersey. Integrity has a 46-year history of providing housing services, treatment and recovery support to this specific population. It is our experience that unaddressed substance abuse needs often lead to loss of housing, stability and safety; especially in the early stages of recovery. Integrity has developed and managed multiple supportive housing projects to meet the evolving needs of individuals who are homeless or at risk of homelessness primarily due to their addiction. In 2011, Integrity developed and opened our Women's Supportive Housing which provides safe, affordable housing to 30 women each year. In 2013, we developed a new 40 unit \$800,000 transitional housing project for men in recovery. In 2015, we plan to open Mary's House which will create 24 units of new permanent supportive housing for men. Over the past 12 months, we have developed relationships with landlords to place over 45 individuals in scattered-site apartments in the community. Integrity combines housing with access to a full continuum of care for consumers in need of substance abuse treatment. Integrity's housing and core services, in conjunction with strong partnerships in the communities we serve, will offer Sandy-impacted consumers a diverse set of choices for their recovery.



**Attachment B**  
**STATE OF NEW JERSEY**  
**DEPARTMENT OF HUMAN SERVICES**

**Addendum to Request for Proposal**  
**For Social Service and Training Contracts**

Executive Order No. 189 establishes the expected standard of responsibility for all parties that enter into a contract with the State of New Jersey. All such parties must meet a standard of responsibility that assures the State and its citizens that such parties will compete and perform honestly in their dealings with the State and avoid conflicts of interest.

As used in this document, "provider agency" or "provider" means any person, firm, corporation, or other entity or representative or employee thereof that offers or proposes to provide goods or services to or performs any contract for the Department of Human Services.

In compliance with Paragraph 3 of Executive Order No. 189, no provider agency shall pay, offer to pay, or agree to pay, either directly or indirectly, any fee, commission, compensation, gift, gratuity, or other thing of value of any kind to any State officer or employee or special State officer or employee, as defined by N.J.S.A. 52:13D-13b and e, in the Department of the Treasury or any other agency with which such provider agency transacts or offers or proposes to transact business, or to any member of the immediate family, as defined by N.J.S.A. 52:13D-13i, of any such officer or employee, or any partnership, firm, or corporation with which they are employed or associated, or in which such officer or employee has an interest within the meaning of N.J.S.A. 52:13D-13g.

The solicitation of any fee, commission, compensation, gift, gratuity or other thing of value by any State officer or employee or special State officer or employee from any provider agency shall be reported in writing forthwith by the provider agency to the Attorney General and the Executive Commission on Ethical Standards.

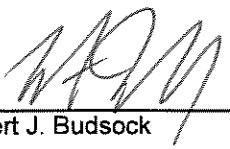
No provider agency may, directly or indirectly, undertake any private business, commercial or entrepreneurial relationship with, whether or not pursuant to employment, contract or other agreement, express or implied, or sell any interest in such provider agency to, any State officer or employee or special State officer or employee having any duties or responsibilities in connection with the purchase, acquisition or sale of any property or services by or to any State agency or any instrumentality thereof, or with any person, firm or entity with which he is employed or associated or in which he has an interest within the meaning of N.J.S.A. 52:13D-13g. Any relationships subject to this provision shall be reported in writing forthwith to the Executive Commission on Ethical Standards, which may grant a waiver of this restriction upon application of the State officer or employee or special

State officer or employee upon a finding that the present or proposed relationship does not present the potential, actuality or appearance of a conflict of interest.

No provider agency shall influence, or attempt to influence or cause to be influenced, any State officer or employee or special State officer or employee in his official capacity in any manner which might tend to impair the objectivity or independence of judgment of said officer or employee.

No provider agency shall cause or influence, or attempt to cause or influence, any State officer or employee or special State officer or employee to use, or attempt to use, his official position to secure unwarranted privileges or advantages for the provider agency or any other person.

The provisions cited above shall not be construed to prohibit a State officer or employee or special State officer or employee from receiving gifts from or contracting with provider agencies under the same terms and conditions as are offered or made available to members of the general public subject to any guidelines the Executive Commission on Ethical Standards may promulgate.

  
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Robert J. Budsock  
President and CEO  
Integrity, Inc.

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March 31, 2014

\_\_\_\_\_  
Date

## **Attachment C**

### **Department of Human Services**

#### **Statement of Assurances**

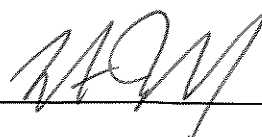
As the duly authorized Chief Executive Officer/Administrator, I am aware that submission to the Department of Human Services of the accompanying application constitutes the creation of a public document that may be made available upon request at the completion of the RFP process. This may include the application, budget, and list of applicants (bidder's list). In addition, I certify that the applicant:

- Has legal authority to apply for the funds made available under the requirements of the RFP, and has the institutional, managerial and financial capacity (including funds sufficient to pay the non Federal/State share of project costs, as appropriate) to ensure proper planning, management and completion of the project described in this application.
- Will give the New Jersey Department of Human Services, or its authorized representatives, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with Generally Accepted Accounting Principles (GAAP). Will give proper notice to the independent auditor that DHS will rely upon the fiscal year end audit report to demonstrate compliance with the terms of the contract.
- Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain. This means that the applicant did not have any involvement in the preparation of the RFI, including development of specifications, requirements, statement of works, or the evaluation of the RFI applications/bids.
- Will comply with all federal and State statutes and regulations relating to non-discrimination. These include but are not limited to: 1) Title VI of the Civil Rights Act of 1964 (P.L. 88-352; 34 CFR Part 100) which prohibits discrimination based on race, color or national origin; 2) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. 794; 34 CFR Part 104), which prohibits discrimination based on handicaps and the Americans with Disabilities Act (ADA), 42 U.S.C. 12101 et seq.; 3) Age Discrimination Act of 1975, as amended (42 U.S.C. 6101 et. seq.; 45 CFR part 90), which prohibits discrimination on the basis of age; 4) P.L. 2975, Chapter 127, of the State of New Jersey (N.J.S.A. 10:5-31 et. seq.) and associated executive orders pertaining to affirmative action and non-discrimination on public contracts; 5) federal Equal Employment Opportunities Act; and 6) Affirmative Action Requirements of PL 1975 c. 127 (NJAC 17:27).

- Will comply with all applicable federal and State laws and regulations.
- Will comply with the Davis-Bacon Act, 40 U.S.C. 276a-276a-5 (29 CFR 5.5) and the New Jersey Prevailing Wage Act, N.J.S.A. 34:11-56.27 et seq. and all regulations pertaining thereto.
- Is in compliance, for all contracts in excess of \$100,000, with the Byrd Anti-Lobbying amendment, incorporated at Title 31 U.S.C. 1352. This certification extends to all lower tier subcontracts as well.
- Has included a statement of explanation regarding any and all involvement in any litigation, criminal or civil.
- Has signed the certification in compliance with federal Executive Orders 12549 and 12689 and State Executive Order 34 and is not presently debarred, proposed for debarment, declared ineligible, or voluntarily excluded. The applicant will have on file signed certifications for all subcontracted funds.
- Understands that this provider agency is an independent, private employer with all the rights and obligations of such, and is not a political subdivision of the Department of Human Services.
- Understands that unresolved monies owed the Department and/or the State of New Jersey may preclude the receipt of this award.

Integrity, Inc.

Applicant Organization



Signature:  
Chief Executive Officer or Equivalent

March 31, 2014

Date

Robert J. Budsock, President and CEO

Typed Name and Title

## **Attachment D**

PLEASE READ THE ATTACHED INSTRUCTIONS BEFORE SIGNING THIS  
CERTIFICATION.

THE INSTRUCTIONS ARE AN INTEGRAL PART OF THE CERTIFICATION.

### **Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion**

#### **Lower Tier Covered Transactions**

1. The prospective lower tier participant certifies, by submission of this proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by an Federal department, or agency.
2. Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

Robert J. Budsock, President and CEO

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Name and Title of Authorized Representative



March 31, 2014

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Signature

Date

This certification is required by the regulations implementing Executive order 12549,  
Debarment and Suspension, 29 CFR Part 98, Section 98.510

**Certification Regarding Debarment, Suspension, Ineligibility, and  
Voluntary Exclusion  
Lower Tier Covered Transactions**

Instructions for Certification

1. By signing and submitting this proposal, the prospective lower tier participant is providing the certification set out below.
2. The certification in this clause is a material representation of facts upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.
3. The prospective lower tier participant shall provide immediate written notice to the person to whom this proposal is submitted if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or had become erroneous by reason of changed circumstances.
4. The terms covered transaction, debarred, suspended, ineligible, lower tier covered transaction, participant, person, primary covered transaction, principal, proposal, and voluntarily excluded, as used in this clause, have the meaning set out in the Definitions and Coverage sections of rules implementing Executive Order 12549. You may contact the person to which this proposal is submitted for assistance in obtaining a copy of those regulations.
5. The prospective lower tier participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated.
6. The prospective lower tier participant further agrees by submitting this proposal that it will include this clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion--Lower Tier Covered Transaction," without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, ineligible, or voluntarily excluded from covered transactions, unless it knows that the

certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the List of Parties Excluded from Federal Procurement and Non-procurement Programs.

8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
9. Except for transactions authorized under paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.



Robert J. Budsock  
President and CEO  
Integrity, Inc.

March 31, 2014

Date

### **Assurance Statement**

Integrity House assures DMHAS that if awarded a contract pursuant to this request for proposals:

1. Integrity will pursue available resources and collaborate with local housing authorities and/or other related housing development entities to develop, expand, and/or enhance housing options for enrolled clients;
2. Integrity House will keep funding for this initiative segregated from funding for all other initiatives/programs operated by Integrity and will have the ability to specifically report on the individuals served in this initiative;
3. Integrity will work in cooperation with the regional and central offices of DMHAS (including the DMHAS Women's Coordinator, DMHAS MATI Coordinator), County Drug and Alcohol Directors, Local Advisory Committee on Alcoholism and Drug Abuse (LACADA), and State psychiatric hospitals to identify people to be served, meet data collection requirements, and participate in any standardized affiliation agreements that may be developed;
4. Integrity will comply with DMHAS reporting and monitoring requirements specific to this initiative.



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Robert J. Budsock, President and CEO

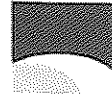




**DMHAS  
Super Storm Sandy Recovery  
and Rebuilding Initiatives**

**Appendix**

<b>Letter from BMI – Job Development Partner</b>
<b>Existing Landlord Network for Scattered-site Housing</b>
<b>Medication-assisted Treatment Policies</b>
<b>Emergency Response Policies</b> – Actual policies are attached to the original only. The policy index is attached to the 6 proposal copies to save paper)



## B.L.E.S.S.E.D. MINISTRIES, INC.

March 26, 2014

Re: Supportive Housing for Individuals with Substance Use Disorder

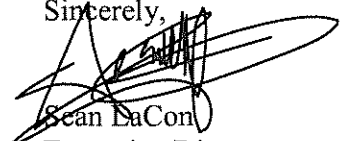
Dear Sir/Madam,

B.L.E.S.S.E.D Ministries Inc. (BMI) is pleased that Integrity House is applying for funding for supportive housing for individuals with substance use disorder. BMI partnered with Integrity House for three years to provide job placement services for our clients. BMI will assist residents receiving treatment in Integrity's supportive housing. BMI will place participants in a variety of fields through connections with employers who welcome this population including warehouses, administrative work, food service and technology-based positions. BMI has over 10 years of experience working with the substance abuse and criminal justice population. Integrity is confident that they will continue to be successful throughout this proposed program.

As you may know, individuals who are in recovery experience increasing self-confidence and pride when they also focus on employment. This ensures that they have access to the resources needed to gain sustainable, safe, and stable housing while being able to also afford daily necessities. Integrity has a GED program, vocational assessment process, and job readiness counseling that is made available to all clients. Integrity will contract with BMI to provide services to individuals who are ready to work but face barriers to employment such as a history of substance abuse and/or criminal justice issues.

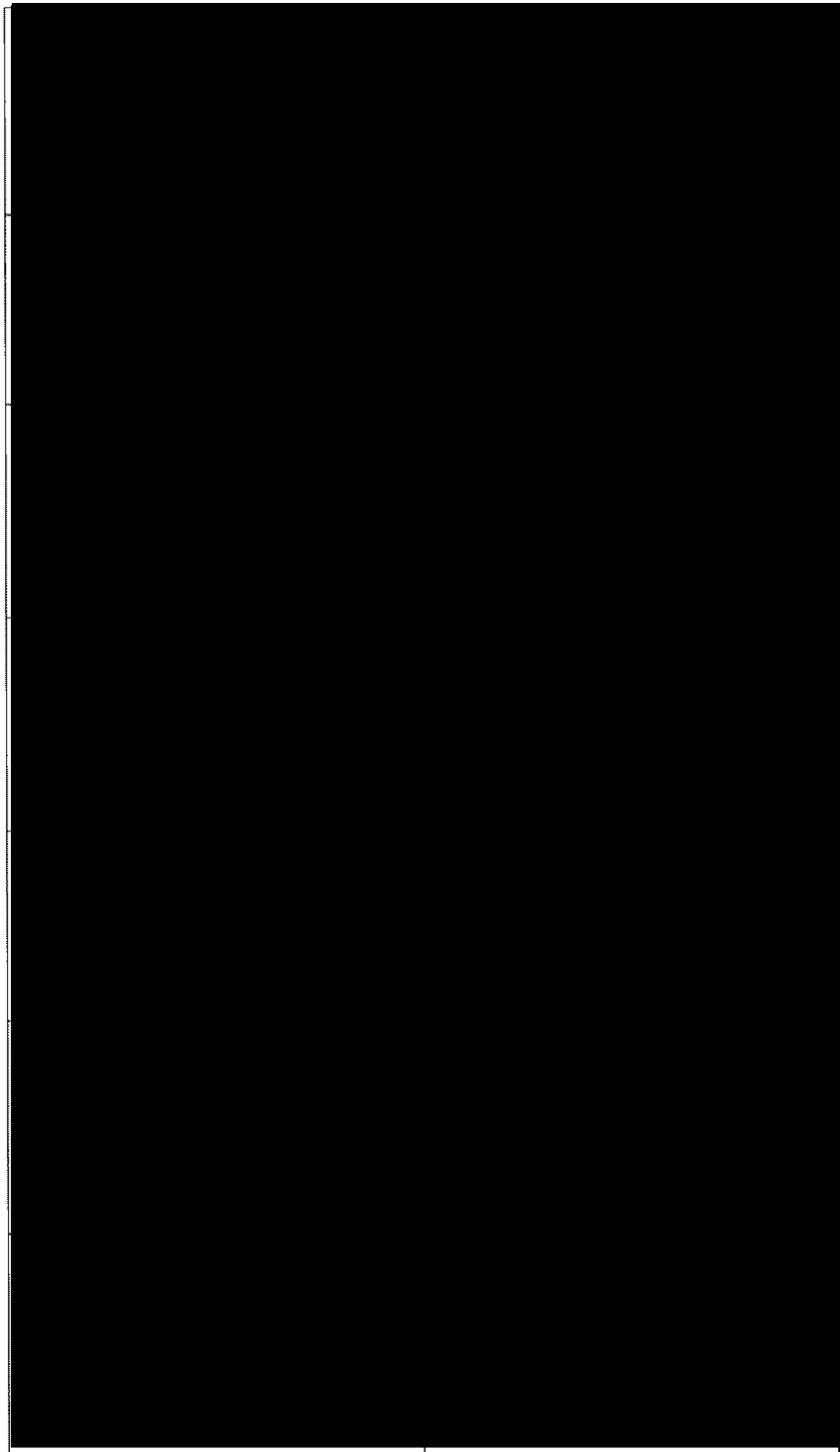
BMI looks forward to a continued partnership with Integrity House to help individuals in recovery rebuild their lives.

Sincerely,



Sean LaCon  
Executive Director  
B.L.E.S.S.E.D Ministries

Integrity Property Network

	Apartments in East Orange 1 – 3 Bedrooms
	<b>Private Owner</b> Apartments in East orange
	<b>Tree Top Development</b> Apartments in North Newark Studios – 2 bedrooms
	<b>Alpert Group</b> Apartments in Newark Weequahic section only Studios – 3 bedrooms
	<b>Private Owner</b> Apartments in North Newark Studios – 2 bedrooms
	<b>Private Owner</b> Apartments in Newark 1 – 3 bedrooms
	<b>RPM Development</b> Apartments in Newark 1 – 3 bedrooms



**DMHAS**  
**Super Storm Sandy Recovery**  
**and Rebuilding Initiatives**

**Medication Assisted Treatment Policies**

<b>Policy</b>	<b>Number</b>
Methadone Program	I-1.38
Admission, Care, and Transfer of Pregnant Women on Methadone	I-2.23
Methadone Informed Consent for Treatment	I-1.01A
Suboxone® Program	I-2.21
Vivitrol Program	I-2.44
Co-Occurring Disorders	I-2.37
Bill of Rights	I-1.03
Medical Screening Policy	I-1.50
Storing, Safe Handling, and Disposal of Medications	I-1.91
Medication Errors	I-2.34

**INTEGRITY, INC.****Policy and Procedures Form**

<b>Facility/Department: Methadone Program-Secaucus</b>	<b>Integrity Policy #: I-1.38</b>
<b>Subject: Methadone Program</b>	<b>Administrative</b> <u>  X  </u> <b>Clinical</b> <u>  X  </u> <b>Human Resources</b> <u>      </u>
<b>Purpose:</b> To provide residential methadone treatment.	
<b>Procedures:</b>  Integrity, Inc. conforms to the requisite treatment protocols and security requirements mandated by CARF, the DEA, and the New Jersey Department of Human Services.  <u><b>Admission</b></u>  <ol style="list-style-type: none"> <li>Members follow Integrity's intake procedures and interviewing requirements as per <b>Policy I-1.36 Pre-Admission Screening Policy</b>.</li> <li>In the case of an applicant who is abusing benzodiazepines or alcohol or is being prescribed benzodiazepines or barbiturates while on methadone, abstinence from these substances must be obtained.</li> <li>The options for detoxification of said substances include admission to a hospital based medical detoxification unit, such as Bergen Regional Medical Center. If an applicant professes abstinence from benzodiazepines, a negative urine toxicology test must be given upon admission. For the case of someone who has been abusing alcohol but states they have not drank recently, a breathalyzer test can be administered if needed. Medical assessment of the person on admission will help to determine current withdrawal symptoms and the need for detoxification.</li> <li>Upon admission, members will receive an orientation to the Methadone Program. The member will receive a copy of the signed orientation materials.</li> <li>Prior to approval for admission and before an admission date is set, the Integrity Medical Department reviews potential members' medical records.</li> <li>Individuals accepted into the methadone program must sign the <b>Integrity, Inc. Informed Consent to Treatment for Methadone Recipients</b>.</li> <li>On the day of admission, members must have taken their daily methadone dosage from the referring agency prior to admission.</li> <li>All female admissions will receive a pregnancy test upon admission and once per month thereafter.</li> <li>Upon admission, the member will inform the medical department of the desired treatment goal of either medically supervised withdrawal* or stabilization and maintenance.**</li> </ol> <p>*Medically Supervised Withdrawal (MSW) is defined as: a gradual medically supervised, gradual reduction or tapering of dose (generally by 5 mg increments weekly) over time to achieve the elimination of tolerance and physical dependence to methadone or other opioid agonists or partial agonists.</p> <p>**Stabilization and Maintenance describes the medical process of establishing a methadone dose that reduces and eliminates discomfort from withdrawal symptoms while not resulting in intoxication and permits full functioning within the community.</p>	

### Discharge

1. Members who are discharged from the adult residential program while still receiving methadone are referred to the original referring agency for continued care.
2. Integrity will notify the referring agency when a member leaves the methadone program. Notification must take place within 24 hours of the member leaving the program.
3. In the event a member is being discharged (for any reason), he/she will not be administratively withdrawn from methadone prior to leaving. The following steps will be taken:
  - Notify the clinic that the member will be attending the program and apprise the member of all fees and payment schedules
  - Send a discharge summary to the clinic within 24 hours prior to the member being transferred
  - Communicate the member's dose 24 hours prior to the member being transferred
  - Provide daily methadone dose the day of discharge at Integrity

### Administration of Methadone Process

1. Methadone is distributed daily by a Registered Nurse between 7:15 a.m. and 10:00 a.m. **only** at the designated methadone distribution room.
2. The Methadone doses are measured individually in unit doses by the nurse.
3. The unit dose is poured into a dispensing cup with juice or water.
4. All members receiving methadone form a line outside of the methadone distribution room.
5. One member at a time goes into the designated room to the dispensing window.
6. Member picture identification must be displayed to receive the methadone dosage.
7. The member must ingest the dose completely under the supervision of the nurse before leaving the dispensing window. Before leaving, the member will drink a cup of water and hand the cup to the nurse.
8. The nurse will rinse out the dispensing cup and dispose of it in the garbage can in the dispensing room.
9. Documentation for the member's folder is filled out by the nurse. This information includes the nurse's signature and the dosage (number of milligrams).
10. An inventory sheet is kept each day, which includes the daily totals for the day.
11. The nurse will be responsible for disposing of the garbage into a safe can outside of the dispensing room.

In the event services are interrupted at Integrity, Methadone recipients are taken to the Inter-County Council On Drug and Alcohol Abuse (ICCDAA) in Keamy for their daily dosage. Dosages are ingested at the Keamy Clinic under supervision of Clinic personnel. Methadone dosages are **not** given to members who leave on passes from Integrity. Instead, special arrangements are made with the referring agency to administer the dosage there, or the member can opt to return to Integrity during the scheduled administering time to receive his/her daily dose.

### Diversion Control

1. The Registered Nurse dispenses methadone to members one at a time and no other members are allowed in the methadone room at the time of distribution.
2. Members must speak to nurse after receiving the dose to ensure that the dose has been swallowed completely and diversion cannot take place.
3. Integrity **does not** give take home dosages to members for **any** reason.
4. Integrity **does not** give out guest dosages.
5. All Methadone Residential members are drug-screened at least monthly for methadone.
6. All Adult Residential members are randomly drug-screened for methadone.
7. Integrity, Inc. **does not** do unsupervised dosing at **any** time for **any** reason.

## **Dosage Levels and Course of Treatment**

The initial prescribed dosage is decided on by the referring clinic. Integrity **does not** prescribe the initial dosage level. The dosage is adjusted as needed by the Integrity Medical Director through consultation with the member, Registered Nurse, and Clinical Staff. The Medical Director alone can order and sign off on a dosage change if needed. If the member wants to adjust his/her dose outside of normal dosing procedures, a case conference or Multi-disciplinary Treatment (MDT) team meeting should be scheduled with the Medical Department, Program Director, and Primary Counselor. The Medical Director evaluates members during maintenance and medically supervised withdrawal, once per week for medication adjustment.

The team, with the member and the physician, will determine the appropriate treatment plan:

### **1). The student member chooses to remain on Maintenance.**

If the student member chooses to remain on Maintenance, their methadone dose will be adjusted to an appropriate therapeutic level and they will continue to complete the program on methadone. Maintenance describes the medical process of establishing a methadone dose that reduces and eliminates discomfort from withdrawal symptoms while not resulting in intoxication and permits full functioning within the community.

Student-members accepted under the Needle Exchange Treatment Initiative (NETI) will remain on Maintenance throughout their course of treatment. If the student member chooses to discontinue their use of methadone, a multi-disciplinary team meeting involving the Medical Director, medical staff, clinical staff, and the student-member will be held to determine their course of treatment.

### **2). The student member chooses to undergo Medically Supervised Withdrawal without Suboxone.**

If the student member chooses to undergo Medically Supervised Withdrawal and not take Suboxone, their dosage will be decreased by 5 to 10 milligrams every 7 days after admission (10 mg decreases are usually done with those who have intake doses greater than 130 mgs, and are reduced to 5 mg once at 130 mg). This process may be accelerated or decelerated at the student member's request. However, the request will only be granted after the medical and clinical team consult to determine if the request is medically feasible i.e. will the member experience withdrawal or other distress. All consultations must be documented on the Medical Case Conference or MDT form. If a dosage is lowered to a point of interference in treatment deemed unsuitable by the Clinical staff, Registered Nurse, or Medical Director, it may be increased. However, members may opt to decrease their dosage against medical advice.\*\*\* Clinical and Medical staff will respond based on behavioral and health changes. Integrity does not participate in involuntary administrative withdrawal practices. When members participate in the MSW and reach a dose of 40 mg, they will be presented by the Clinical team in a MDT meeting and his/her progress will be reviewed. At approximately 20 mg, the Medical Director will establish a rate of decreasing dosages based on the student member's response, and they will be tapered to 0 mg.

### **3). The student member chooses to undergo Medically Supervised Withdrawal with Suboxone.**

If the student member chooses to receive Suboxone from Integrity, they will participate in Medically Supervised Withdrawal process as outlined. At 40 mg, a MDT meeting will be held to assess their progress and stability, and between 35 mg and 20 mg (as determined by the Medical Director) they will be placed on Suboxone, the student member has the option of tapering to 0 mg or can maintain their dosage and complete the program on Suboxone.

### **4). The student member chooses to undergo Medically Supervised Withdrawal with hospitalization and transition to Suboxone.**

If the student member chooses to undergo Medically Supervised Withdrawal and then be transitioned to Suboxone in a medically-managed setting, a MDT will be conducted when the student member is at 40 mg to establish their level of functioning. If the clinical and medical staff assesses the student member as being

stable, the Medical Department will schedule an appointment with Bergen Regional Medical Center (BRMC) for detoxification from methadone. On the day of admission to BRMC, the member will not receive methadone as prescribed by the Integrity Medical Director. On return, the student member will be maintained on or tapered off Suboxone, based on clinical recommendation and consultation with the student member.

Members will be monitored by the MDT to ensure treatment effectiveness during the Suboxone medically supervised withdrawal process.

If a member relapses, the MDT meeting, under the supervision of the Medical Director, will determine if the Methadone dosage should be increased, decreased or remain the same.

\*\*\*Withdrawal Against Medical Advice is defined as cessation of methadone without medical consent OR voluntary consumption of less than the prescribed dosage amount.

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### **Pregnant Women on Methadone**

Please refer to **Policy I-2.23 Admission, Care, and Transfer of Pregnant Women on Methadone**.

### **Methadone Case Conferences**

Case conferences are held with the member, primary counselor, and medical team on a monthly basis and as needed. Each case conference is documented on the **Medical Case Conference Report** form and put into the member's main folder.

### **Methadone Use Disclosure**

In the event a record release has been signed, Integrity informs the designated outside treatment provider of a member's use of methadone. If an authorization has not been signed, the member is told it is his/her personal responsibility to inform the outside treatment provider of the use of methadone.

### **Screening**

Methadone recipients are screened at least monthly for the presence of methadone and other illicit drugs. All screening follows **Policy I-1.08 Urine Monitoring**.

### **Emergency Services**

Methadone recipients are referred to Meadowlands Hospital for all emergency medical treatment and additional methadone treatment during extended stay. Medical staff emergency contact numbers are posted in medical and clinical staff offices. In addition, a continually updated logbook of member's methadone dosages will be placed in a locked drawer of the medication cart. This dosage logbook will be made available to emergency personnel in case of an emergency with a member who is taking Methadone. All medical emergencies should follow the **Medical Emergencies Policy I-1.28**.

In the event a member misses a scheduled 7 a.m. dose as a result of an emergency or other circumstances, an adjusted dose as determined by the Medical Director will be administered later in the day by a Registered Nurse.

### **Death of a Student Member**

If a death of a student member were to occur while in the methadone program, follow either **Policy I-1.31 Unresponsive Individual on the Premises** or **Policy I-1.87 Death Off the Premises**.

### **Methadone Groups**



A methadone support group is held weekly for all members receiving methadone. The group serves as a means of providing additional therapeutic support specific to methadone recipients' needs and necessary didactic information.

**Staff Education**

Staff members are educated on a regular basis about the effects of methadone through case conferences, staff meetings, and other trainings.

EPM Approval \_\_\_\_\_ Date \_\_\_\_\_

President's Signature \_\_\_\_\_ Date \_\_\_\_\_

Initial Policy Date: 10/13/1998

Revised:

9/24/2010

10/21/2010

PRC:

**INTEGRITY, INC.****Policy and Procedures Form**

<b>Facility/Department: Methadone Program - Secaucus</b>	<b>Integrity Policy #: I-2.23</b>
<b>Subject: Admission, Care, and Transfer of Pregnant Women On Methadone</b>	<b>Administrative</b> <u>  X  </u> <b>Clinical</b> <u>  X  </u> <b>Human Resources</b> <u>      </u>
<b>Purpose: To provide adequate care for pregnant women on methadone and who are seeking treatment at Integrity House.</b>	
<b>Procedures:</b>  <p>The following are to occur when a pregnant woman on methadone arrives at the Adult Residential Program of Integrity House for treatment.</p> <ol style="list-style-type: none"> <li>1. An assessment will be conducted on the woman immediately to determine her housing needs. If she requires housing in accordance with ASAM Level III.1 (Dimension 6) severity, in which her health and or the health of the fetus are at risk, admission will be made so long as it does not immediately place the health and welfare of individuals (such as other children) at risk.</li> <li>2. Integrity staff will contact the woman's methadone clinic to establish her initial dose. If the clinic staff is unavailable for the next day's dose, the woman will be taken to the clinic for treatment.</li> <li>3. Following admission, the pregnant woman will have a medical assessment. If the medical department is unavailable that day, she will be assessed immediately the following day. The Medical Director will be notified in the event of an off-hours admission by the Adult Residential Director and a determination will be made to refer the woman to a local emergency room for screening if necessary.</li> <li>4. A pregnancy test and urine drug screen will be performed to verify pregnancy and determine positive or negative drug use.</li> <li>5. An HIV and Hepatitis A, B, C test will be administered to the woman if requested.</li> <li>6. If the woman requires detoxification, she will be transported to Bergen Regional Medical Center for admission.</li> <li>7. The Adult Residential Director will make the medical, financial, clinical, house, and kitchen staff aware of the woman's admission to the residential facility. The Director will instruct those various staff members: <ul style="list-style-type: none"> <li>• The pregnant woman must be placed on the bottom bunk bed.</li> <li>• The woman should receive extra food to bring upstairs for in-between meals. Providing fruits and vegetables is advisable. The woman will also be scheduled to meet with the</li> </ul> </li> </ol>	

dietician during her first visitation following admission.

- The pregnant student member will be given an office job function. This will be assigned to her within three days of admission to facilitate her contact with programs and support services.
  - The pregnant woman will receive access to educational materials regarding women's issues, domestic violence, sexual abuse, reproductive health issues, fetal development, newborn care, breastfeeding, maternal drug use's effect on the fetus, parenting, and nutrition. The materials will be in the form of videos, cassettes, and groups offered to the populations.
  - The woman will begin a "life paperwork" assessment within her first three days of admission and immediate plans to secure a birth certificate, marriage certificate, social security card, photo ID, high school diploma, and other documents will be carried out. Integrity will assist financially in securing these documents if necessary.
  - The pregnant student member will be strongly discouraged to smoke cigarettes during her treatment. If the woman requests nicotine patches, the Medical department will provide them to her.
  - The pregnant woman will have prenatal vitamins made available to her by the Medical Department. If prenatal vitamins are unavailable, general vitamins will be provided to her.
  - The woman will contact all appropriate legal entities (probation, parole) to apprise them of her situation.
  - The pregnant woman will be approved for bed rest. However, the medical and clinical staff will closely monitor her use of it during treatment.
  - The pregnant student member's existing OB/GYN and/or other doctors will be contacted for assistance in obtaining a prenatal exam and care.
  - The woman will be sent to Planned Parenthood within her first week of treatment at Integrity House.
  - The pregnant woman's family and/or significant others will be contacted to assist her with transportation, housing, and financial needs when possible.
  - The pregnant student member's case will be reviewed in the MDT weekly to ensure medical and psychological stability, as well as to ensure all procedures are being followed.
8. As the pregnancy progresses, the Integrity Medical Department will increase the methadone dosage levels with consultation with the OB/GYN providing prenatal care.
9. Integrity House does not recommend dose tapering or medically supervised withdrawal (MSW) from methadone for pregnant student members, per Treatment Improvement Protocol, Substance Abuse and Mental Health Services Administration. However, if a pregnant student member elects to withdraw from methadone, Integrity House will ensure the following, per the Commission on Accreditation of Rehabilitation Facilities:
- A physician experienced in addiction medicine will supervise the withdrawal process.

- Regular fetal assessments as appropriate for gestational age, are part of the withdrawal process.
- Withdrawal is not initiated before 14 weeks' or after 32 weeks' gestation.

10. If the woman is going to be referred to another program:

- The Adult Residential Director or designee should contact the Hudson Perinatal Consortium Perinatal Specialist and the Northern New Jersey Maternal Child Health Consortium Regional Perinatal Addiction Specialist for guidance.
- Collaboration with the referring program, including transportation needs, will be established in order to monitor and manage dose increases as the pregnancy continues.
- The Adult Residential Director and Medical Director will determine if and when the pregnant woman is stable enough to transfer.

EPM Approval \_\_\_\_\_ Date \_\_\_\_\_

President's Signature \_\_\_\_\_ Date \_\_\_\_\_

Initial Policy Date: 7/20/2009

Revised: 8/20/2009

PRC: 9/22/2009

# INTEGRITY, INC.

## Policy and Procedures Form

<b>Facility/Department: All Programs</b>	<b>Integrity Policy #: I-1.01A</b> <b>CARF-Section 5B, Standard 11</b>
<b>Subject: Methadone Informed Consent for Treatment</b>	<b>Administrative</b> ____ <b>Clinical</b> <u>  X  </u> <b>Human Resources</b> ____
<p><b>Purpose:</b> To inform all persons admitted to the Integrity, Inc. Residential Methadone Treatment Program about the opportunities and risks involved with the use of methadone as a treatment modality.</p>	
<p><b>Procedures:</b> During the admissions process the member reviews the Integrity, Inc. Informed Consent to Treatment for Methadone Recipient form with the medical and admissions staff. The form is signed by all parties and placed in the member's clinical file.</p> <p><b>"Integrity, Inc. Informed Consent to Treatment for Methadone Recipients"</b></p> <ol style="list-style-type: none"> <li>1. I hereby authorize and give voluntary consent to Integrity, Inc. to administer or prescribe the drug methadone as an element in the treatment for my dependence on heroin.</li> <li>2. The procedures to treat my condition have been explained to me, and I understand that it will involve my taking the prescribed narcotic drug at the schedule determined by the Medical Director. This will help control my dependence on heroin.</li> <li>3. It has been explained to me that methadone is a narcotic drug which can be harmful if taken without medical supervision. I further understand that methadone is an addictive medication and may, like other drugs used in medical practice, produce adverse results. The alternative method of treatment, the possible risks involved, and the possibilities of complications have been explained to me, but I still desire to receive methadone due to the risk of my return to heroin.</li> <li>4. The goal of narcotic treatment is total rehabilitation of the member. Eventual cessation from the use of illicit drugs is the goal of Medically Supervised Withdrawal (MSW). I realize that for some members narcotic treatment may continue for relatively long periods of time, but that periodic consideration shall be given concerning my complete withdrawal from the use of all narcotic drugs. I have been informed that at periodic intervals and in full consultation with me, the provider will discuss my present level of functioning, course of treatment, and future goals.</li> <li>5. I acknowledge having been informed that as a recipient of methadone services neither Medically Supervised Withdrawal (MSW) from methadone nor reduction in methadone dose is required, and that if elected, doses may be stopped or if medically indicated doses may be raised without penalty.</li> <li>6. I understand that I may withdraw from this treatment program and discontinue the use</li> </ol>	

of methadone at any time, and I shall be afforded detoxification under medical supervision at the original referring methadone clinic.

7. I agree that I shall inform any doctor who may treat me for any medical problem that I am enrolled in a narcotic treatment program, since the use of other drugs in conjunction with narcotic drugs prescribed by the treatment program may cause me harm.
8. I have read and signed the Integrity, Inc. Patient Notice.

**This section applies to female methadone recipients only**

9. Besides the possible risks involved with the long-term use of methadone, I further understand that, like opiates and other narcotic drugs, information on its effects on pregnant women and on their unborn children is at present inadequate to guarantee that it may not produce significant or serious side effects.
10. It has been explained to me, and I understand that methadone is transmitted to the unborn child and will cause physical dependence. Thus, if I am pregnant and suddenly stop taking methadone, the unborn child or I may show signs of withdrawal, which may adversely affect my pregnancy or the child. I shall use no other drugs without approval of the Medical Director, since these drugs, particularly as they may interact with the methadone, may harm me or my unborn child. I shall inform any other physician who sees the child after the birth, of my current or past participation in a narcotic treatment program in order that he/she may properly care for my child and me.
11. It has been explained to me that after the birth of my child I should not nurse the baby, since this may cause physical dependence on methadone in the child. I understand that for a brief period following the birth, the child may show temporary irritability or other ill effects due to my use of methadone. It is essential for the child's physician to know of my participation in a narcotic treatment program so that he/she may provide appropriate medical treatment for the child.
12. All the above possible effects of methadone have been explained to me, and I understand that at present there have not been enough studies conducted on the long term use of the drug to assure complete safety to my child. With full knowledge of this, I consent to the use of methadone and promise to inform the Medical Director if I become pregnant.

**With full knowledge of the potential benefits and possible risks involved, I consent to narcotic treatment at Integrity, Inc.**

EPM Approval \_\_\_\_\_ Date \_\_\_\_\_

President's Signature \_\_\_\_\_ Date \_\_\_\_\_

Initial Policy Date: 9/16/2002

Revised Date: 8/13/2003

PRC Date: 8/22/2003

## INTEGRITY, INC.

## Policy and Procedures Form

<b>Facility/Department: All Programs</b>	<b>Integrity Policy #: I-2.21</b>
<b>Subject: Suboxone® Program</b>	<b>Administrative</b> <u>  X  </u> <b>Clinical</b> <u>  X  </u> <b>Human Resources</b> <u>      </u>

**Purpose:** To provide opioid replacement therapy by the use of Suboxone® for residential and halfway program clients of Integrity, Inc.

**Procedures:**

Integrity, Inc. conforms to the requisite treatment protocols established by the American Medical Society of Addiction Medicine for treatment using Suboxone®.

**Direct Admission to the Adult Residential Program**

1. Clients must follow Integrity's intake procedures and interviewing requirements as per *Policy I-1.36 Pre-Admission Screening Policy*.
2. In the case of an applicant who is abusing benzodiazepines or alcohol or is being prescribed benzodiazepines or barbiturates while on Suboxone®, abstinence from these substances must be established.
3. The options for detoxification of said substances include admission to a hospital based medical detoxification unit, such as Bergen Regional Medical Center. If an applicant professes abstinence from benzodiazepines, a negative urine drug screen test must be given upon admission. If someone who has been abusing alcohol but denies it, a breathalyzer test can be administered if needed. Medical assessment of the person on admission will help to determine current withdrawal symptoms and the need for detoxification.
4. Clients who are receiving treatment with Suboxone®, prior to admission, must provide proof of the current dose via a written prescription from a physician, as well as a 30-day supply of Suboxone®. The prescription and bottle must be labeled with the client's name, physician's name, pharmacy's name, medication and dose, date filled, and number of pills.
5. Prior to approval for admission and before an admission date is set. The maximum initial dose is 4 mg daily. The medical department must review potential clients' medical records.
6. Individuals accepted into the Suboxone® program must sign the *Integrity, Inc. Informed Consent to Treatment for Suboxone® Recipients*.
7. On the day of admission, clients must have taken their daily dose prior to arrival at Integrity.
8. In the event a client becomes pregnant during treatment, Integrity will refer her back to the original referring medical professional or clinic for continued dosing.
9. All female admissions will receive a pregnancy test upon admission and once per month thereafter.
10. Upon admission, the client will inform the medical department of the desired treatment goal of either medically supervised withdrawal\* or stabilization and maintenance. The client has the option to change his or her intention during the course of treatment.

\*Medically Supervised Withdrawal (MSW) is defined as: a gradual medically supervised, gradual reduction, or tapering of dose over time to achieve the elimination of tolerance and physical dependence to Suboxone® or

other opioid agonists or partial agonists.

### **Admission to the Adult Residential Program following Methadone Treatment**

1. Clients who are clinically determined to be candidates for Suboxone® may be referred to Bergen Regional Medical Center (BRMC) detoxification unit, another hospital's detoxification unit, or transitioned in-house to Suboxone®.
2. On the day of transition, the client will not receive methadone to ensure that they are in a state of early opioid withdrawal.
3. Clinical and medical staff may adjust the length of time the client is on Suboxone® based on the client's participation in the community and direct feedback from the client regarding his or her withdrawal signs and symptoms.

### **Discharge**

1. Clients on Suboxone® who are discharged from the adult residential program will receive the remainder of their prescription on the day of discharge.
2. Clients may be given the option for a refill of their prescription upon discharge if a renewal of the Suboxone® is due. Integrity medical staff will provide evidence of past prescriptions to requesting institutions with signed authorization forms. Clients must initiate contact and make an appointment for follow-up with an approved Suboxone® provider.
3. In the event a client is being discharged for any reason, administrative withdrawal will not be implemented prior to their discharge.

### **Administration of Suboxone Process**

1. Suboxone® is dispensed daily by a Registered Nurse at the designated Methadone/Suboxone® distribution room.
2. Suboxone® tablets are given to the client to be dissolved sublingually while the client remains in front of the Registered Nurse.
3. Clients are advised not to eat, drink, or smoke for 15 minutes after the Suboxone has dissolved.
4. One client at a time goes to the dispensing window in the designated room.
5. Client identification must be displayed to receive the Suboxone® dose.
6. The client must ingest the dose completely under the supervision of the nurse before leaving the dispensing room. Before leaving, the dispensing materials must be thrown out.
7. Documentation for the clients' folder is filled out by the nurse. This information includes the nurse's signature and the dosage (number of milligrams).
8. A declining inventory form for each client includes documentation of the client's name, the date, the dosage of Suboxone®, and a declining count on the accountability form, including the remaining number of doses, is documented by two nurses, except for days when only one nurse is available.
9. In the event a split dose is prescribed, the Medical Director will reassess the prescription and a once-per-day dose will be prescribed.
10. Film strips will only be used when they are the exact dose that has been ordered. Strips will not be cut.

In the event services are interrupted at Integrity, Suboxone® will be dispensed via self-administration but observed by available clinical staff. The Suboxone® will be kept in the medical cart or on their person in the event that services are interrupted. A referral to the closest hospital will be provided for the continuation of services.

### **Diversion Control**



1. The Registered Nurse dispenses Suboxone® to clients one at a time.
2. Clients must speak to the nurse after the dose is dissolved to ensure that the dose has been swallowed completely and diversion cannot take place.

### **Passes**

1. Only clients approved by the Multi-disciplinary Treatment Team, including the physician, will be allowed to receive Suboxone® on pass.
2. Suboxone® will be administered by the nurse on duty the day of the pass.
3. A physician, who specializes in prescribing Suboxone®, will write an order stating the client may take Suboxone® on pass. The only Suboxone® doses that will be given for take-home use will match the number of days of the pass.
4. Suboxone® will not be given as a take home medication except when take home dosage is permitted by physician.

### **Transition to Halfway House**

1. The Multi-disciplinary Treatment Team will approve clients on an individual basis for to transition to the halfway house while on Suboxone®.
2. Clients in TC-2 who remain on Suboxone®, must have periodic consultations with the Integrity physician to determine the correct dosage ongoing. Clients will be assessed for withdrawal signs and symptoms and for progress in the treatment program.
3. Prescriptions for Suboxone® are written by the Integrity physician and are filled at the outside pharmacy used by Integrity.
4. In the event a client wishes to discontinue Suboxone® use while in the halfway house, a Multi-disciplinary Treatment Team meeting must be held prior to beginning cessation. The client must also be assessed by the Integrity physician.

### **Dosage Levels**

The initial dose will be determined by the Integrity physician. Clients admitted on Suboxone® or those who are discharged from a detoxification unit, will receive the minimum dose to ensure that they do not experience withdrawal symptoms. This will be determined by the dose last taken and/or as ordered by the Integrity physician. Refer to *Policy I-1.38: Methadone Program* for further information regarding Suboxone® dose levels following outside detoxification.

### **Suboxone® Case Conferences**

Case conferences are held with the client, primary counselor, and medical team on a monthly basis (and as needed) during MSW/Maintenance and for two months following MSW for the purpose of monitoring member's withdrawal symptoms, cravings and signs and symptoms of over and under dosing. Each case conference is documented on the *Medical Case Conference Report* form and put into the client's main folder.

### **Suboxone® Use Disclosure**

In the event a record release has been signed, Integrity informs the designated outside treatment provider of a client's use of Suboxone®. If a record release has not been signed, the client is told it is his/her personal responsibility to inform the outside treatment provider of the use of Suboxone®.

### **Screening**

Clients receive at least one 10-panel test per month, in addition to other random urine tests, to screen for illicit substances. All screenings follow *Policy I-1.08: Urine Drug Screening*.

### **Pregnancy**

In the event a pregnant woman on Suboxone® is referred to the program, all attempts will be made for a prompt referral and transition to Methadone treatment. However, if a female becomes pregnant during treatment and she is participating in medically supervised withdrawal, the MSW process will cease. Clinical and Medical staff will consult with the referring clinic to either refer the female to a more suitable modality of treatment and ensure continuity of services or first transition the female from Suboxone® to Methadone.

### **Emergency Services**

Suboxone® recipients are referred to the closest available hospital for all emergency medical treatment and additional Suboxone® treatment during extended stay. Medical staff emergency contact numbers are posted in medical and clinical staff offices. In addition, a continually updated logbook of client's Suboxone® dosages will be placed in a locked drawer of the medication cart. This dosage logbook will be made available to emergency personnel in case of an emergency with a client who is taking Suboxone®. All medical emergencies should follow the *Policy I-1.28: Medical Emergencies Policy*.

### **Medical Leave Provision**

Clients who go out on medical leave will be provided with the amount of doses necessary for the duration of the leave. If the client will be out longer than the amount of medications available, a prescription will be provided by the Integrity physician.

### **Suboxone® Groups**

Clients on Suboxone® attend the Alternative Therapies group. In the event this population increases, groups may be tailored specifically towards the needs of this population.

### **Staff Education**

Clients are educated on a regular basis about the effects of Suboxone® through case conferences, staff meetings, and other trainings.

Senior Management Approval \_\_\_\_\_ Date \_\_\_\_\_

President's Signature \_\_\_\_\_ Date \_\_\_\_\_

Initial Policy Date: 8/3/2007

Revised: 10/17/2012

PRC: N/A

**INTEGRITY, INC.****Policy and Procedures Form**

<b>Facility/Department: All Facilities</b>	<b>Integrity Policy #: I-2.44</b>
<b>Subject: Vivitrol Program</b>	<b>Administrative</b> ____ <b>Clinical</b> <u>  X  </u> <b>Human Resources</b> ____
<b>Purpose:</b> To outline the guidelines of Integrity, Inc.'s Vivitrol program.	
<b><u>Policy</u></b>  It is the policy of Integrity, Inc. to comply with the treatment protocols of Vivitrol (injectable formulation of Naltrexone) to assist in the treatment of clients who are diagnosed as being dependent of alcohol and opiates.  <b><u>Eligibility Guidelines</u></b>  Clients who are deemed acceptable to participate in the Vivitrol program must meet the following guidelines: <ul style="list-style-type: none"><li>• Undergo a complete history and physical examination, including a Liver Functioning Test (LFT).</li><li>• Medically approved by an Integrity, Inc. physician.</li><li>• Meet diagnosis for alcohol dependence and/or opioid dependence.</li><li>• Meet American Society of Addiction Medicine (ASAM) criteria for any outpatient level of care (Level I or Level II treatment).</li><li>• Must be opioid free for a minimum of seven (7) days at the time of initial Vivitrol administration.</li></ul> <b><u>Exclusionary Criteria</u></b>  Clients who have the following conditions will be deemed unacceptable to participate in Integrity's Vivitrol program: <ul style="list-style-type: none"><li>• Acute hepatitis, liver failure, or renal failure.</li><li>• Receiving opioid analgesics.</li><li>• Opioid dependent.</li><li>• Acute opioid withdrawal.</li><li>• Positive urine screens for opioids.</li><li>• Known previous allergic reactions to naltrexone or Vivitrol.</li><li>• Failed a naloxone challenge test.</li><li>• Pregnancy.</li><li>• Alcohol Intake.</li></ul>	

**Induction**

If the client is in a long term residential program and is deemed qualified to participate in the Vivitrol program, he/she will be inducted within 28 days prior to discharge. For a client in the short term residential program, induction will be administered at anytime during their treatment. Clients will be referred to outpatient services for follow up injections.

If the client is in a halfway house program and is deemed qualified to participate in the Vivitrol program, he/she may be inducted during the orientation period while he/she is receiving outpatient services.

Integrity, Inc. will have the client adhere to Liver Function Tests, as requested by a physician as a condition of continued treatment.

**Dosage Levels and Diversion Control**

A client participating in the Vivitrol program will receive a 380mg dose (including 4mg diluent) every 4 weeks by a Registered Nurse. The injection is administered to the client as an intramuscular gluteal injection, alternating buttocks for each subsequent injection, using carton provided components only.

Vivitrol is not administered intravenously or subcutaneously.

**Client Education**

Integrity, Inc. will provide initial and ongoing education to clients participating in the program regarding Vivitrol's benefits and risks to treatment. The Integrity Medical Department will provide the client with the educational materials. In addition to the initial education, the client will receive and sign a consent form, acknowledging their participation in the program. The consent form will be maintained in the client's file medical and/or clinical file.

**Continuing Service Requirements**

Clients who are participating in the Vivitrol program will maintain an appropriate level of substance abuse treatment as determined by the Level of Care Index (LOCI). If the client meets the criteria for treatment completion and elects to continue to receive Vivitrol for the full 6 months, Integrity, Inc. will provide the client with an individual counseling session (IC) 2 times each month. Each IC will be a minimum for one hour and will be conducted by a licensed or certified clinician.

**Case Conferences**

Case conferences are held with the client, primary counselor, and the medical team on a monthly basis (and as needed) during his/her time on Vivitrol for the purpose of monitoring the client's treatment progress. Each case conference is documented on the *Medical Case Conference Report* form and placed in the client's medical and/or clinical file.

**Discharge**

The length of treatment with Vivitrol varies with each client, averaging 3 to 6 months. Clients have the right to stop receiving Vivitrol injections, against medical advice; at any time during their treatment at Integrity, Inc.

**Staff Education**

Staff members are educated on a regular basis about the effects of Vivitrol through case conferences, staff meetings, and other trainings.

Senior Management Approval \_\_\_\_\_ Date \_\_\_\_\_

President's Signature \_\_\_\_\_ Date \_\_\_\_\_

**INTEGRITY, INC.****Policy and Procedures Form**

<b>Facility/Department: All Programs</b>	<b>Integrity Policy #: I-2.37</b>
<b>Subject: Co-Occurring Disorders</b>	Administrative____ Clinical <u>  X  </u> Human Resources____
<b>Purpose: To ensure responsiveness to the needs of individuals with co-occurring mental health and substance use disorders in Integrity's licensed addiction treatment programs and provide integrated mental health and addiction treatment services.</b>	
<p><b><u>Philosophy</u></b></p> <p>To reduce the stigma associated with mental health and substance use disorders and increase the acceptance of this population in the community at large.</p> <p><b><u>Screening and Admission</u></b></p> <p>Integrity, Inc. embraces all applicants who suffer from substance abuse disorders. Many of those entering for admission into Integrity programs suffer from co-occurring disorders. Upon admission, screening is geared to determine 1) whether our program is appropriate based on the referrals mental health history and 2) what additional assessments/screenings are required to ensure the referral's mental health needs are met.</p> <p>Potential clients must meet the following criteria in order to receive co-occurring treatment services from Integrity, Inc.:</p> <ol style="list-style-type: none"> <li>1) Diagnosis of substance abuse or dependence</li> <li>2) Minimal risk of severe withdrawal</li> <li>3) Psychiatrically stable with minimal risk to self and others</li> <li>4) Must have 30 day supply of medication, if applicable</li> <li>5) Biomedical conditions that are manageable within this level of care</li> <li>6) Willing to participate voluntarily in the program</li> <li>7) Unable to maintain abstinence without a highly structured environment</li> </ol> <p>Potential clients that may be excluded from receiving co-occurring treatment services if he/she possesses any of the following criteria:</p> <ol style="list-style-type: none"> <li>1) Pregnancy</li> <li>2) Evidence of major withdrawal symptoms</li> <li>3) Any Axis I diagnosis that would require 24 hour medical or psychiatric care</li> <li>4) Any DSM-IV Axis I diagnosis of a psychotic disorder or psychotic symptomatology that is unstable</li> </ol>	

- 5) A history of a mental illness that is resistant to medication stabilization
- 6) Medication non-compliance
- 7) Any history of arson or sexual assault

### **Treatment Planning**

The comprehensive assessment serves as the basis for individual treatment planning. The treatment plan includes measurable goals related to treatment, which are stated in the student member's own words, individual needs of the student member (including needs beyond the scope of the program), specific treatment objectives, mutually agreed upon objectives, and interventions related to the student member's goals. It is written in understandable, measurable terms, specifics treatment interventions and frequency, is achievable, time specific, and is appropriate to the person's age, culture, ethnicity, development, and treatment setting. The treatment plan is responsive to any disabilities or co-occurring disorders that the student member may have.

### **Services**

Among the services that Integrity provides to student members diagnosed with co-occurring disorders are: assessment/evaluation, multi-disciplinary case management, individual counseling, group therapy, medical consultation, medication monitoring, psychiatric evaluation, family groups, educational services, relapse prevention planning, family groups, self-help linkages and services, referrals, and discharge planning.

### **Family Services**

A weekly family group is facilitated and family and friends are encouraged to attend this group. A wide variety of topics are discussed including mental health issues, stigma, medication, and culturally related issues.

The counselor shall schedule and facilitate a family case conference with the student member and his/her family approximately 30 days after he/she enters the current level of treatment and again at approximately 30 days prior to his/her scheduled completion of that level of treatment (**short term residential: upon admission and again prior to his/her scheduled completion of that level of treatment**). All family case conferences shall be documented in the student member's file as well as if his/her family is unavailable, unable, or unwilling to participate in the case conferences.

### **Training**

A training plan is developed to include how Integrity staff will be assisted in maintaining and enhancing their competencies to provide services for people with co-occurring disorders. This is achieved through the use of literature, service trainings, and external trainings.

### **Multi-Disciplinary Treatment Team Approach**

A monthly multi-disciplinary treatment team (MDT) meeting is held to discuss student members who are diagnosed with a co-occurring disorder. During the treatment team meeting, the team will review the treatment plan. Problems, goals, objectives, and interventions will be reviewed for appropriateness and measurability. Any revisions will be based on the student member's response to treatment and on any strengths and weaknesses. Treatment team members are responsible for assessing the effectiveness of the treatment plan and documenting any revisions or progress the student member has made. Discharge planning, including a review of the Continuing Care Plan, will also be conducted.

### **Referrals/Recovery Support**

Student member's needs are addressed through the Integrity referral process. Integrity maintains affiliate agreements with mental health centers and hospitals. To best serve the student member, when the Integrity setting is not appropriate, referrals are made to other drug treatment facilities that can offer the necessary

services. Such services include medical emergency services, mental health services, and diagnostic services as needed. In addition, information is provided to student members on self-help groups including AA, NA, and COD-specific groups.

### **Discharge**

Criteria for discharge include 1) medication non-compliance, 2) disruptive behavior (including but not limited to violence and/or threats of violence, and 3) psychiatric symptomatology that cannot be stabilized or without 24 hours of psychiatric supervision.

A discharge summary is also completed for each student member who leaves the program as well. Refer to *Integrity Policy I-1.53 Referral, Discharge, and Follow up*.

EPM Approval \_\_\_\_\_ Date \_\_\_\_\_

President's Signature \_\_\_\_\_ Date \_\_\_\_\_

Initial Policy Date: 1/13/2011

Revised: 5/31/2011

PRC: 6/27/2011

**INTEGRITY, INC.****Policy and Procedures Form**

<b>Facility/Department: All Programs</b>	<b>Integrity Policy #: I-1.03</b>
<b>Subject: Bill of Rights</b>	<b>Administrative</b> ____ <b>Clinical</b> <u>  X  </u> <b>Human Resources</b> ____
<b>Purpose:</b> To inform clients of their rights and to safeguard the rights of clients.	
<b><u>Procedures</u></b>  <b><u>Information Dissemination</u></b>  <ol style="list-style-type: none"> <li>1. All clients must receive a copy of the Bill of Rights upon admission to the Integrity, Inc. treatment program.</li> <li>2. The Bill of Rights shall be posted in a conspicuous place in each Integrity, Inc. building.</li> <li>3. The Bill of Rights shall be reviewed with all employees, interns, and volunteers of Integrity, Inc. at least annually through in-service education seminars.</li> <li>4. The Bill of Rights shall be reviewed with clients annually or when they complete one phase of treatment and enter the next phase of treatment (which ever comes first). The original copy will be signed and dated again and placed in the client's folder.</li> </ol> <b><u>Bill of Rights</u></b>  <ol style="list-style-type: none"> <li>1. Clients have the right to be treated with dignity, respect, courtesy, and with recognition of their individuality.</li> <li>2. Clients have the right to be fully informed in writing as to all of their rights, with clarification given when needed and requested.</li> <li>3. Clients have the right to receive treatment in a manner that is sensitive to age, race, creed, sex, gender, sexual orientation, sexual preference, socioeconomic status, nationality, ethical and political beliefs, and to not be denied treatment based on these characteristics.</li> <li>4. Clients have the right to receive all information about their treatment in terms to which they can give their informed consent.</li> <li>5. Clients have the right to be informed in writing of the program rules, regulations, description, services, and general information.</li> <li>6. Clients have the right to informed participation in all aspects of their treatment.</li> <li>7. Clients have the right to information about their medical diagnosis, prognosis, treatment, alternatives to care, and risks involved.</li> <li>8. Clients have the right to information concerning the names, titles, and qualifications of all those individuals and institutions involved in their treatment.</li> <li>9. Clients have the right to refuse observation by those not involved in their care.</li> <li>10. Clients have the right to be informed if other health care and educational institutions have been authorized to participate in the treatment process, to know the identity and function of these institutions, and to refuse to allow their participation in treatment.</li> </ol>	



11. Clients have the right to privacy during medical interviews, examinations, and treatment which include but not limited to auditory and visual privacy.
12. Clients have the right to register complaints about the administration of rules, regulations, sanctions, disciplinary measures and modification of rights as outlined in **Policy I-1.21 Resolution of Client Grievances**, and to do so without retribution occurring.
13. Clients have the right to examine their records within the guidelines approved by the agency's board of directors, to rebut any information in their records by inserting a counter-statement of clarification, and to have their records corrected for accuracy.
14. Clients have the right to coordination and continuity of care, and to transfer all health care records pertaining to them in the interest of continuation of care.
15. Clients have the right to know of any fees to be charged and the methods and schedules of payment, including the turning over of monies from public assistance, grants, food stamps, Social Security Disability Income, and any other sources.
16. Clients have the right to challenge the fees solicited for services without retribution occurring.
17. Clients have the right to have any information regarding their identification and participation in all aspects of the program treated confidentially in accordance with all local, state and federal laws.
18. Clients have the right to be informed that all incoming and outgoing mail is screened.
19. Clients have the right to have their religious and spiritual beliefs respected and to be free from having religious and spiritual practices imposed on them.
20. Clients have the right to make independent personal decisions.
21. Clients have the right to communicate with their attorney, probation officer, physician, or court liaison in accordance with program regulations.
22. Clients have the right to visiting times which are reasonable and in accordance with their treatment plan.
23. Clients have the right to be free from corporal punishment, physical abuse, sexual abuse, psychological abuse, fiduciary (financial) abuse, involuntary physical confinement, unnecessary or excessive medication, exploitation, or coercive acts by staff and other clients.
24. Clients have the right to nutritious food, safe and adequate lodging, physical exercise, personal hygiene needs, and prompt medical treatment.
25. Clients have the right to treatment in a healthful, clean, and neat environment.
26. Clients have the right to wear their own clothing within the limits of program regulations.
27. Clients have the right to access self-help groups and advocacy services.
28. Clients have the right to individualized health care that is accessible and that meets professional standards.
29. Clients have the right to refuse medical treatments, medications, and participation in research and experimentation.
30. Clients have the right to refuse to do any work for the facility, unless the work is part of their treatment, is performed voluntary, the benefits are documented in the treatment plan, and in accordance with federal, state, and local laws.
31. Clients have the right to appropriate instruction and education from treatment providers about their basic health needs, their addiction, and any medical complications they may have.

# INTEGRITY, INC.

## Policy and Procedures Form

<b>Facility/Department: All Programs</b>	<b>Integrity Policy #: I-1.50</b>
<b>Subject: Medical Screening Policy</b>	<b>Administrative</b> <u>  X  </u> <b>Clinical</b> <u>  X  </u> <b>Human Resources</b> <u>      </u>

**Purpose:** To outline Integrity's medical clearance criteria for incoming members.

**Procedures**

The facility's medical staff, with reference to **Policy I-1.51 State Mandated Medical Treatment for Residential Admissions**, must medically clear all applicants, including of those with pre-existing medical conditions. The Intake Department must request and provide medical records.

A medical assessment is completed for each member. This assessment includes the following:

- A review of past medication use including: effectiveness, side effects, and any allergies/adverse reactions
- Evaluation of co-existing medical conditions
- Evaluation of co-occurring disorders
- Identification of alcohol and other drug use

Applicants on medication must be approved by the Medical Department.

Individuals with disabilities/handicaps may be accepted providing they are able to participate in all aspects of treatment. Those buildings to which individuals with disabilities and handicaps are accessible are 43 Lincoln Park and 26 Longworth Street in Newark, and 595 County Avenue in Secaucus.

Members with chronic medical conditions may be accepted providing they are ambulatory and able to participate in all aspects of treatment.

Integrity accepts members with a history of diabetes. The Secaucus facility does accept insulin dependent diabetics, as long as it is self-using insulin pens rather than syringes. **(Reference Medical Admission Criteria for members with Diabetes Mellitus)**

Individuals who do not disclose their full medical status at the time of admission may be medically discharged immediately after learning of the condition.

EPM Approval \_\_\_\_\_ Date \_\_\_\_\_

President's Signature \_\_\_\_\_ Date \_\_\_\_\_

Initial Policy Date: 4/12/1999  
 Revised: 5/10/2011  
 PRC: 11/1/2011

## INTEGRITY, INC.

## Policy and Procedures Form

<b>Facility/Department: All Programs</b>	<b>Integrity Policy #: I-1.91</b>
<b>Subject: Storing, Safe Handling, and Disposal of Medications</b>	Administrative _____ Clinical <u>  X  </u> Human Resources _____
<b>Purpose:</b> To describe procedures for storing, handling, and disposing of medication.	
<b>Procedures:</b>  <b><u>Storage of Medications</u></b>  <ol style="list-style-type: none"> <li>1. All medications will be stored in a locked cabinet, cart, or medication room, accessible only to authorized medical personnel and their designees.</li> <li>2. Medications for external use will be stored separately from medications for internal use. Ophthalmic, optic, and nasal products will be stored separately from other medications for internal use.</li> <li>3. Medications will be stored in an orderly, organized manner in a clean area.</li> <li>4. Medication preparation and storage areas will have sufficient lighting.</li> <li>5. Medications will be stored in the original, labeled containers received from the pharmacy.</li> <li>6. Medications in single dose or single use containers which are open or which have broken seals, missing drug source or exact identification (such as lot number), outdated, recalled, or visibly deteriorated medications shall be returned to the pharmacy or disposed of as outlined below in the section titled "Disposal of Medications."</li> <li>7. Expired, discontinued, and/or contaminated medications will be removed from the medication storage areas and disposed of as outlined below.</li> <li>8. Medications will be stored at the appropriate temperature in accordance with the pharmacy and/or manufacturer labeling. Appropriate temperature will be determined as follows:           <ol style="list-style-type: none"> <li>a) Controlled Room Temperature = 15 to 30 degrees C (59-86 degrees F)</li> <li>b) Cool Place = 8 to 15 degrees C (46 to 59 degrees F)</li> <li>c) Cold Place = 2 to 8 degrees C (36 to 46 degrees F)</li> <li>d) Warm Place = 30 to 40 degrees C (86 to 104 degrees F)</li> <li>e) Excessive Heat = &gt; 40 degrees C (104 degrees F)</li> </ol> </li> <li>9. Medications requiring refrigeration will be stored in a refrigerator that is maintained between 2 to 8 degrees C (36 to 46 degrees F). If a medication label indicates to store in a "Cool Place," the medication may be stored in the refrigerator unless specifically noted otherwise.</li> <li>10. Refrigerators used for medication storage will contain a thermometer to indicate the temperature within.</li> <li>11. The temperature will be checked daily to ensure it is within the specified range. If temperature is out of range, the refrigerator thermostat will be adjusted. The temperature will be recorded on the refrigerator temperature log.</li> <li>12. Refrigerator should be defrosted regularly, if required (every 3 to 4 weeks). Note that the refrigerated medications do not have to be removed during the defrosting process.</li> <li>13. Employee or student-member food shall not be stored in the medication refrigerator. Exemption: Food used for administration of medications or specifically ordered for a student member by the physician and/or</li> </ol>	

for administration of medications or specifically ordered for a student-member by the physician and/or dietician.

### **Safe Handling of Medications**

1. All medications administered shall be prescribed in writing. Each written order and corresponding individual record shall include the medication name, dosage, frequency, instructions for use, the length of time prescribed, and be signed and dated by the prescribing professional.
2. Medications are delivered to the facility's medical offices from 9AM to 5PM. If there is a delivery of medications when the medical offices are closed, staff on duty need to sign off on the delivery and then lock the medication in the medical cart.
3. All medication is to be stored in a locked medical cart or medication storage unit in each facility.
4. Every facility has a medication log book to monitor the self-administering process.
5. All medication is self-administered with a non-intervening staff member supervising the distribution process and initialing that the student-member has taken the medication, refused the medication, or did not show up to receive the medication. Student-members are responsible for signing at the time of self-administration of their medication.

Exception: Prescribed methadone is distributed in accordance with *Policy I-1.38: Methadone Program*.

6. Student-members cannot and do not supervise another student-member's self-administration of medication.
7. Student-members are prohibited from sharing medications with each other.
8. Medication is self-administered during the following times or as prescribed by the doctor:

- 7-8 a.m.
- 2-3 p.m.
- 9-10 p.m.

All individual medical records will include any drug reactions; reviews of past medication use including effectiveness, side effects, and allergies and adverse reactions; evaluations of coexisting medical conditions; identification of substance use; documentation of informed consent; documentation and reporting of medication errors; dietary restrictions resulting from the medication use; use of over-the-counter medications; necessary laboratory tests and results; and evidence of interagency collaboration. Documentation of lack of funding for medication and medical care is documented in the individual's medical record. Integrity will explore and document all avenues of funding for an individual who does not have the means to pay for medication or medical care to ensure continuity of services. A referral will be made to another modality of treatment if Integrity cannot provide the needed medical services and/or medication to the individual.

9. Medications in multi-dose containers, such as vials, bottles, and inhalers, will be dated when opened and disposed of in 30 days if not used.
10. Each time a controlled medication is administered, it will be logged on the Controlled Administrative Record. The date, time, dose, and signature of the licensed nurses will be documented, as well as a declining inventory of the medication.
11. When necessary, a 24 hour supply (3 day supply for the weekends) will be placed in an envelope used for self-administration of medications.
12. All controlled substances will be documented on the accountability record and counted by two nurses daily. The exception to this policy is when only one nurse is available; only one signature will be documented.

**\*Aftercare clients are responsible for their own medications unless contra-indicated by the medical department. Outpatient clients are responsible for their own medications, and unless they must take them while at the program, they should not bring medication onto the property.**

### **Disposal of Medication**

1. The Medical Director of each campus will determine which personnel are authorized to handle the disposal of medications at the campus.
2. All medications that are discontinued or expired will be removed from the student-member's tray, medication or treatment cart, refrigerator, medication room, or other storage place by a licensed medical professional. The above information will be documented in the Discontinued Medication Distribution Log.
3. The disposing personnel will maintain a record of all medications that have been disposed, containing the student-member's name, medication name and strength, quantity disposed, signature of individual removing the medication from the storage area and date, signature of the person disposing the medication and date, signature of the person witnessing the disposal and date.
4. Upon discharge, any medications that were prescribed to the member will be maintained for 30 days. All medications will be documented in the Discharge Medication Distribution Log, including the member's name and date of discharge. After 30 days, the medications will be disposed of in the appropriate location, if not retrieved by the student member or student member's family. The nurse disposing of the medication will indicate his or her name on the above mentioned log.
5. Upon discontinuance of the controlled substance, a nurse will count the remaining medication and document the date of disposal, amount disposed of, and the location of the disposal. Disposed medications will be placed in a container with a mix of cat litter and water, which will be discarded in the garbage.
6. Records regarding medication disposal will be maintained on file for three years.

Senior Management Approval \_\_\_\_\_ Date \_\_\_\_\_

President's Signature \_\_\_\_\_ Date \_\_\_\_\_

Initial Policy Date: 8/1/2001

Revised: 4/9/2013

PRC: N/A

**INTEGRITY, INC.****Policy and Procedures Form**

<b>Facility/Department: All Programs</b>	<b>Integrity Policy #: I-2.34</b>
<b>Subject: Medication Errors</b>	Administrative____ Clinical <u>  X  </u> Human Resources____

**Purpose: To increase Integrity staff awareness, knowledge, and classification of medication errors; to provide further details on medication errors; and to prevent re-occurrences.**

**Definition:****Medication Error**

- Medication error is any preventable event that may cause or lead to inappropriate medication use or patient harm. Such events may be related to professional practice, healthcare products, or procedures and systems, including prescribing, order communication, product labeling, packaging, and nomenclature, compounding, dispensing, delivery, administration, monitoring, and use.

**Prescribing Based Medication Errors**

- Prescribing Error: Inappropriate drug selection (based on indications, contradictions, known allergies, existing drug therapy, and other factors), dose, dosage form, quantity, route, concentration, rate of administration, or instructions for use of a drug product ordered or authorized by a legitimate prescriber.

**Dispensing-Based Medication Errors**

- Unauthorized Drug Error: Dispensing a dose of medication not authorized by a legitimate prescriber for the patient member.
- Dose Error: Dispensing a dose that is greater than or less than the amount ordered by the prescriber.
- Route Error: Dispensing a drug by a route other than that ordered by the prescriber.
- Rate Error: Dispensing the incorrect rate of administration of a drug product other than that ordered by the prescriber.
- Dosage Form Error: Dispensing of a drug product in a different form than that ordered by the prescriber.
- Frequency Error: Dispensing of a drug product at an incorrect interval of administration other than that ordered by the prescriber.
- Dose Preparation Error: Drug product incorrectly formulated or manipulated before administration. Examples include incorrect dilution or reconstitution.
- Drug Error: Dispensing of a drug product other than that ordered by the prescriber.
- Label Error: Dispensing of a drug product that has a label affixed which contains information other than that ordered by the prescriber or information that is inappropriate for the medication itself.

- Expired Drug Error: Dispensing of a drug product that expires prior to administration.
- Monitoring Error: Failure to review a prescribed regimen for appropriateness.
- Data Entry Error: Entire order or part of an order was incorrectly entered into computer system by data entry.
- Transcription Error: Entire order or part of an order was incorrectly transcribed from original order.

#### **Administration-Based Medication Errors**

- Transcription Error: Entire order or part of an order was incorrectly transcribed to the pharmacy from original order.
- Unauthorized Drug Error: Administering a medication dose not authorized for the student member. This category includes a dose given to the wrong student member, administration of an unordered drug, or a dose given outside a stated set of clinical parameters.
- Dose Error: Administering a medication dose that is greater than or less than the amount ordered by the prescriber.
- Route Error: Administering a medication dose by a route other than that ordered by the prescriber or a wrong side of administration.
- Dosage Form Error: Administering to the customer dose by the correct route but in a different dosage form than that specified by the prescriber's order. Crushing the tablet is not considered an error if the medication is not on the "do no crush list." Centers for Medicare & Medicaid Services (CMS) Survey issues may relate to the appropriateness of crushing a medication unless data is available to support crushing.
- Omission Error: Failing to administer an ordered dose unless refused by the student member or not administered because of recognized contraindication.
- Administration Technique Error: Administering a medication dose via the correct route and site, but improper technique is used.
- Monitoring Error: Failure to review a prescribed regimen for appropriateness, or failure to use appropriate clinical or laboratory data for adequate assessment of student member response to prescribed therapy.
- Compliance Error: Inappropriate student member behavior regarding adherence to a prescribed medication regimen.

#### **Procedures:**

- If a medication error occurs outside of the medical department, the medical staff must be notified immediately.
- All medication errors must be documented in an Integrity, Inc. Incident Report, per Integrity Policy 1.14: Incident Reports, and in the Medication Error Report.
- The pharmacy with which Integrity, Inc. contracts is then notified of the medication taken and the reaction that occurred.
- The prescribing professional (if not Integrity's medical director) must be notified of the error and reaction that occurred.



**DMHAS**  
**Super Storm Sandy Recovery**  
**and Rebuilding Initiatives**  
**Emergency Response Policies\***

<b>Policy</b>	<b>Number</b>
Emergency Procedures	N/A
Medication Use Policy and Procedure Manual	N/A
Medication Errors	I-2-34
Medical Emergencies	I-1.28
Acts of Aggression and Physical Confrontation	I-1.22
Winter Storms	I-1.30W
Tornadoes	I-1.30T
Suspicion of or Possession of a Weapon	I-1.62
Temporary Shelter	I-1.60
Power Failure	I-1.29
Infection Control Procedures	I-1.48
Intoxicated Individuals	I-2.35
Loss of Water	I-2.40
Hurricanes	I-1.30H
Incident Reports	I-1.14
Industrial/Radiological Accidents	I-2.18
Fire Alarm and Safety	I-1.46
Floods	I-1.30F
Heat Emergency	I-1.78
Emergency Room Referral for Student Members	I-1.64
Equal Employment Opportunity/Sexual Harassment	I-1.01 HR
Bomb Threat/Alert	I-1.27
Containment and Control Program	I-2.08
Detection of Gas Odor/Leak	I-1.47
Earthquakes	I-1.30E
Evacuation of Facilities	I-1.59
Prevention Service Crisis Intervention	I-2.00
Abuse Identification and Reporting	I-1.85

\*Due to the large number of pages, copies of the emergency response policies are only included in the original application. The policy index is included in the copies.



## **INTEGRITY, INC.**

### **EMERGENCY PROCEDURES**

Find out who has any outstanding medical problems when covering the house.

- **EPILEPTICS**

Seizures, falls to the floor or bed.

1. Lay them on the floor do not pick up.
2. Protect the area around them so that they do not hurt themselves, especially their heads.

- **GRAND MAL EPILEPTIC**

They may or may not foam from the mouth, may urinate, and eyes may roll in the back of their heads. **NOTE:** If choking or turning blue call the ambulance. Do not give medication or fluids. Let he/she sleep it off for four (4) or five (5) hours and observe frequently. However, all cases of seizures should be reported to a physician As soon as possible. If medical department is not in call ambulance and have patient evaluated at hospital.

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- **ASTHMATIC ATTACK**

Keep them quiet, reassure them and give them plenty of air. You will hear sounds like a wheeze in the chest, gasping for breath. Call for help. If the medical department is not in call ambulance and have patient seen by a physician as soon as possible.

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- **FEMALE BLEEDING-HEMMORAGE**

For severe pain or bleeding refer to emergency room.

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- **ABDOMINAL PAIN**

Give nothing by mouth if in severe pains. Also absolutely no laxatives. If in severe pain, refer to emergency room. If patient has temperature greater than 102 degrees, refer to emergency room. If in mild pain, no fever and patient is hungry they may eat a light diet like broth, toast, etc. May take one dose of Pepto-Bismol or Mylanta.

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## INTEGRITY, INC.

- **POISONING OR OVERDOSE**

Refer to emergency room immediately and also always bring a sample and name of what was taken to the hospital. While waiting to go to the hospital, you may want to call information for the phone number of a local poison control center for further advice.

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- **DIABETICS**

Have insulin at proper time. Must have a snack (fruit, sweets, milk, orange juice, etc.) in the refrigerator.

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- **LIMBS, SPRAINS OR POSSIBLE FRACTURES**

Immobilize limb with splint (do not tie tightly). Elevate limb. Apply cold compress or ice water ice cap 20 minutes on 10 minutes off. Repeat this procedure three (3). Then bandage (ace-bandage) if available. If medical department is not in, refer to emergency room.

.....

- **VOMITTING**

Discontinue solid foods; keep them on light diet (broth, clear liquids).

**Integrity, Inc.**  
**Medication Use Policy and Procedure**  
**Manual**



## **Medical Department Hours**

Newark Hours: 8 a.m.-5 p.m. M-F

Secaucus Hours: 6 a.m.-5 p.m. M-F

An RN is on call 24 hours a day, 7 days a week.

There is a physician available for consultation 24 hours a day, 7 days a week.

## **Medical Clearance and Medication Use Continuity**

*Please reference Policy I-1.50: Medical Clearance*

## **Required Testing**

*Please reference Policy I-1.51: State Mandated Medical Treatment for Residential Admissions*

## **Adverse Drug Reactions**

If an adverse drug reaction occurs with a student-member at Integrity, the following procedures are to be followed:

- ♦ Notify the medical department immediately or call 911 if the reaction is severe or life threatening
- ♦ The nurse will document the reaction in the student member's medical progress notes
- ♦ The pharmacy with which Integrity contracts is then notified of the medication taken and the reaction that occurred
- ♦ An incident and follow-up report must be written and submitted (*reference Policy I-1.14: Incident Reports*)
- ♦ The reaction is later reviewed in treatment team meetings

## **Medical Emergencies**

*Please reference Policy I-1.28: Medical Emergencies and Policy I-1.64: Emergency Room Referral for Members*

## **Medication Errors**

*Please reference Policy I-2.34: Medication Errors.*

## **Pharmaceutical Services**

Pharmaceutical services shall be purchased and provided through Town Total Health Pharmacy, South Broad Pharmacy for the Newark and Secaucus Medical Departments. The pharmacy licenses are posted. All medications are dispensed to Integrity in the full amount of the prescription.

Phone Numbers:

Town Total Health Pharmacy (973) 757-1200

## **Prescribing/Orders**

An Integrity physician will perform a history and physical exam for assessment of the student-member's general health status and existing medical problems within 72 hours. This review includes past medication use including effectiveness, side effects, and allergies or adverse reactions. If medication is required, the physician will prescribe the appropriate medication. All orders are written on the physician order sheet, specifying

the name, strength, dose, frequency, length of the order, route of administration, and signed and dated by the prescribing physician.

If a student member receives a prescription from an outside referral source, the Integrity physician reviews the prescription and logs the prescribed medication information into the student member's chart. Integrity coordinates with outside prescribing sources and/or physicians providing primary care to ensure the continuity of medical services. Integrity will also continue prescribing medication if a generic medication is not available to ensure continuity of medications.

All prescriptions are sent to the contracted pharmacies to be filled. All prescriptions are reviewed on a weekly basis for effectiveness. Nursing staff may receive telephone orders from a physician in the event the physician is not present.

### **Record of Medications**

The Medical Department ensures that a medication administration record is kept for each student member, which includes an up-to-date record of all medications including non-prescription, non-psychoactive medications, and past medications. The Integrity physicians routinely review student-members' medication. The following information for each medication is documented:

- ◆ Name of the student member
- ◆ Date of the written order
- ◆ Name of the medication(s)
- ◆ The dosage
- ◆ Time and/or frequency of administration
- ◆ Instructions for use (including route by which the medication is to be administered)
- ◆ Length of the order

The student member will initial and sign the MAR, indicating self-administration.

### **Integration of Medications into Treatment Plan**

*Please reference Policy I-1.44: Individual Treatment Plan and Services*

### **Use of Over the Counter Medication**

Student-members are allowed to use over the counter medication once cleared by Integrity's medical doctor. All medication prescribed by outside physicians must also be reviewed and cleared by the Integrity's medical doctor. *Please reference Integrity's Over the Counter Medication and Supplies List.* Allowable OTC medications are included in the physician's orders.

### **Management of Biohazards**

*Please reference Policy I-1.23: Bio-Hazardous Waste Material*

### **Poison Control**

All staff and student-members have ready access to the poison control number. This number is posted throughout all Integrity, Inc. facilities and the phone number is posted on all telephones at Integrity, Inc.

**Poison Control Number: 1-800-222-1222**

## **Quality Assurance for Medication Use**

*Please reference Policy I-1.09: Quality Assurance*

### **Laboratory Testing**

All necessary laboratory studies, tests and other procedures are done on an as needed basis as prescribed by Integrity's physician.

*Please reference Policy I-1.51: State Mandated Medical Treatment for Residential Admissions*

### **Self-Administration of Medication**

All medication is self-administered. Medication is placed in a locked medication cart. At designated times staff unlocks the cart and the student member then self-administers his or her designated medications. Staff monitors this process at all times. The student member and staff sign the medical log sheet, which states that the medication was self-administered. Student members are prohibited from sharing medications with each other.

*Please reference Policy I-1.91: Storing, Safe Handling and Disposal of Medications*

### **Medication Times**

All medications are self-administered at the following times:

- 7:30-8:30AM
- 2:00-3:00PM
- 8:30-9:30PM

### **Controlled Substances**

This medication is under the control of the physician and nurse. The Controlled Dangerous Substance registration number and Drug Enforcement Administration registration number are posted in the Nursing Station and Methadone Room.

*Please reference Policies: I-1.38 Methadone Program, I-1.96 Methadone Handling, Compounding, Ordering, and I-1.97 Methadone Room Security.*

### **Samples**

Integrity does not use or accept samples.

### **Medication Education**

All student members are educated on any medications that are prescribed and will be self-administering. Student members are educated on:

- the proper and safe way to self-administer the medication
- how the medication works
- side effects
- benefits
- contraindications
- storage
- risks
- early signs of relapse
- need for laboratory monitoring when applicable
- possible drug and food interactions
- non-compliance with prescriptions
- special dietary needs and restrictions associated with medication use

- risks associated with pregnancy
- use of medications by women of childbearing age when applicable
- the importance of taking the medication as prescribed
- the need for laboratory monitoring when applicable

Integrity's Medical Staff follows-up with student-members on a regular basis to track compliance.

### **Staff Education**

All medical personnel will be trained on the documentation of all brand and generic medications. Annual training will also include education regarding medication commonly prescribed and possible side effects. HIV and medical didactics are conducted throughout the year for staff. All staff training will be documented in employee files.

### **Storing, Safe Handling, and Disposal of Medications**

*See Policy: I-1.91 Storing, Safe Handling, and Disposal of Medications*

### **References**

A current Physician's Desk Reference (PDR) shall be kept at the nurse's station along with a copy of confidentiality laws. The Methadone reference, DEA Procedures for the Handling and Care of Methadone, shall be kept in the Methadone Room.

A list of common medical abbreviations, metric apothecary conversion chart, and chemical symbols can be found in the Integrity, Inc. Medical Manuals and are posted in the Nursing Stations.

# INTEGRITY, INC.

## Policy and Procedures Form

<b>Facility/Department: All Programs</b>	<b>Integrity Policy #: I-2.34</b>
<b>Subject: Medication Errors</b>	Administrative _____ Clinical <u>  X  </u> Human Resources _____
<b>Purpose: To increase Integrity staff awareness, knowledge, and classification of medication errors; to provide further details on medication errors; and to prevent re-occurrences.</b>	
<b>Definition:</b>	
<b>Medication Error</b>	
<ul style="list-style-type: none"><li>Medication error is any preventable event that may cause or lead to inappropriate medication use or student member. Such events may be related to professional practice, healthcare products, or procedures and systems, including prescribing, order communication, product labeling, packaging, and nomenclature, compounding, dispensing, delivery, administration, monitoring, and use.</li></ul>	
<b>Prescribing Based Medication Errors</b>	
<ul style="list-style-type: none"><li>Prescribing Error: Inappropriate drug selection (based on indications, contradictions, known allergies, existing drug therapy, and other factors), dose, dosage form, quantity, route, concentration, rate of administration, or instructions for use of a drug product ordered or authorized by a legitimate prescriber.</li></ul>	
<b>Dispensing-Based Medication Errors</b>	
<ul style="list-style-type: none"><li>Unauthorized Drug Error: Dispensing a dose of medication not authorized by a legitimate prescriber for the student member.</li><li>Dose Error: Dispensing a dose that is greater than or less than the amount ordered by the prescriber.</li><li>Route Error: Dispensing a drug by a route other than that ordered by the prescriber.</li><li>Rate Error: Dispensing the incorrect rate of administration of a drug product other than that ordered by the prescriber.</li><li>Dosage Form Error: Dispensing of a drug product in a different form than that ordered by the prescriber.</li><li>Frequency Error: Dispensing of a drug product at an incorrect interval of administration other than that ordered by the prescriber.</li><li>Dose Preparation Error: Drug product incorrectly formulated or manipulated before administration. Examples include incorrect dilution or reconstitution.</li><li>Drug Error: Dispensing of a drug product other than that ordered by the prescriber.</li><li>Label Error: Dispensing of a drug product that has a label affixed which contains information other than that ordered by the prescriber or information that is inappropriate for the medication itself.</li><li>Expired Drug Error: Dispensing of a drug product that expires prior to administration.</li><li>Monitoring Error: Failure to review a prescribed regimen for appropriateness.</li><li>Data Entry Error: Entire order or part of an order was incorrectly entered into computer system by data entry.</li><li>Transcription Error: Entire order or part of an order was incorrectly transcribed from original order.</li></ul>	



## Administration-Based Medication Errors

- Transcription Error: Entire order or part of an order was incorrectly transcribed to the pharmacy from original order.
- Unauthorized Drug Error: Administering a medication dose not authorized for the student member. This category includes a dose given to the wrong student member, administration of an unordered drug, or a dose given outside a stated set of clinical parameters.
- Dose Error: Administering a medication dose that is greater than or less than the amount ordered by the prescriber.
- Route Error: Administering a medication dose by a route other than that ordered by the prescriber or a wrong side of administration.
- Dosage Form Error: Administering to the customer dose by the correct route but in a different dosage form than that specified by the prescriber's order. Crushing the tablet is not considered an error if the medication is not on the "do no crush list." Centers for Medicare & Medicaid Services (CMS) Survey issues may relate to the appropriateness of crushing a medication unless data is available to support crushing.
- Omission Error: Failing to administer an ordered dose unless refused by the student member or not administered because of recognized contraindication.
- Administration Technique Error: Administering a medication dose via the correct route and site, but improper technique is used.
- Monitoring Error: Failure to review a prescribed regimen for appropriateness, or failure to use appropriate clinical or laboratory data for adequate assessment of student member response to prescribed therapy.
- Compliance Error: Inappropriate student member behavior regarding adherence to a prescribed medication regimen.

### Procedures:

- If a medication error occurs outside of the medical department, the medical staff must be notified immediately.
- All medication errors must be documented in an Integrity, Inc. Incident Report, per Integrity Policy 1.14: Incident Reports, and in the Medication Error Report.
- The pharmacy with which Integrity, Inc. contracts is then notified of the medication taken and the reaction that occurred.
- The prescribing professional (if not Integrity's medical director) must be notified of the error and reaction that occurred.
- Medication error incident reports are reviewed in safety meetings for performance improvement.

EPM Approval

Date

8/17/10

President's Signature

Date

8-17-10

Initial Policy Date: 6/9/2010

Revised:

PRC: 7/13/2010

# INTEGRITY, INC.

## Policy and Procedures Form

<b>Facility/Department: All Programs</b>	<b>Integrity Policy #: I-1.28</b>
<b>Subject: Medical Emergencies</b>	Administrative <u>  X  </u> Clinical <u>  X  </u> Human Resources <u>  X  </u>
<b>Purpose:</b> To ensure the immediate treatment of clients and staff in the event of a medical emergency, including the safe transportation of any affected persons.	
<b><u>Procedures</u></b>	
<b><u>Medical Emergency Description</u></b>	
<p>A medical emergency is an incident occurring at any Integrity, Inc. facility or event in which people are injured, infected, or otherwise harmed, that requires professional medical attention. This includes emergencies related, but not limited to, medications that may cause severe allergic reactions and/or overdoses.</p>	
<b><u>Employee Responsibility</u></b>	
<p>The following steps are to be followed in the event of a medical emergency:</p> <ol style="list-style-type: none"><li>1. In the event of a medical emergency, the responding staff member must call 911 immediately. Staff must disclose to the operator which Integrity facility the medical emergency is taking place.</li><li>2. If the emergency involves a client who is a state inmate, staff must also contact A'isha Abdul-Aleem (MAP Supervisor) at 609-292-4036, ext 5478 or aisha.abdul-aleem@doc.state.nj.us to advise her that the inmate was taken to a local hospital under staff supervision. Staff must also supervise transportation of the client from the hospital to Integrity or to East Jersey State Prison (if additional non-emergency services are needed) when the client is ready for discharge.</li><li>3. If the emergency involves a Juvenile Justice Commission (JJC) client, staff must also contact the JJC Program Supervisor and fax a notification for Critical Incidents to the JJC Central Office.</li><li>4. Medical staff is to be immediately notified. If someone present is trained and/or certified in first aid, the individual may begin first aid procedures. If medical staff is not available and no one with first aid training is present, the first responder must call 911 and request medical assistance. If a head injury occurs, do not move the individual.</li><li>5. Both the Program Director and the Director of Nursing are to be notified immediately.</li><li>6. The client's emergency contact must be notified immediately.</li><li>7. If the medical emergency results in death, <b>Policy I-1.31 Death on the Premises</b> is to be followed. The Program Director must notify the local police agency and assistance should be given to police on request.</li></ol>	

8. Affected persons are to be transported to the nearest medical facility only by ambulance or other medical emergency vehicles. Integrity, Inc. staff and clients are not to transport any injured individual. However, a staff person should remain with the client as long as possible.
9. Immediately following hospital transport, the emergency contact located in the client's clinical file must be notified. **(This does not apply to State Inmates)**
10. An incident report must be filed as per **Policy I-1.14 Incident Reports**.
11. If the emergency involves injury or infection to staff, the Human Resources department must be notified immediately. The Human Resources Department will notify the applicable worker compensation, medical, and insurance agencies. **Reference Human Resources Policy-Worker's Compensation**

In the event of an emergency caused by infection, the following additional action must be taken:

Within 72 hours of being informed by the reporting laboratory, the Medical Department of Integrity, Inc., will report to the New Jersey Department of Health on findings for the diseases and organisms listed in the *New Jersey Administrative Code Citation 8:57 -1.3 Reportable Diseases*. The Division of Mental Health and Addiction Services (DMHAS) and the Office of Licensing (OOL) must also be notified immediately to report any communicable disease in the facility. The Medical Director is responsible for notifying the Chief Executive Officer of Integrity, Inc. of such findings.

Senior Management Approval

*Edward J. Lyons*

Date

*11-22-13*

President's Signature

*[Signature]*

Date

*11/22/13*

Initial Policy Date: 4/6/1999

Revised: 10/23/2013

PRC: N/A

## INTEGRITY, INC.

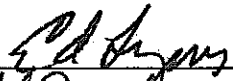
### Policy and Procedures Form

<b>Facility/Department: All Programs</b>	<b>Integrity Policy #: I-1.22</b>
<b>Subject: Acts of Aggression and Physical Confrontation</b>	Administrative _____ Clinical <u>  X  </u> _____ Human Resources _____
<b>Purpose:</b> To establish written guidelines for Integrity staff to manage situations which involve a response to inappropriate behavior that has the potential to result in violence or the threat of violence.	
<b><u>Procedures</u></b>	
<b><u>Agitated Client</u></b>	
<b>If a staff member is faced with an agitated client the following measures should be taken:</b>	
<ol style="list-style-type: none"><li>1. Separate the client from others to prevent the situation from getting out of control and from an attempt to solicit others to be sympathetic to the individual's situation. Separation may be through the exiting of the agitated client or the exiting of all other clients.</li><li>2. Take the client to a private area and explain that the client is now being given time to calm down and to think about the incident and the member's response.</li><li>3. The client's case aide/counselor should be notified. The client should then receive an immediate individual counseling session (IC). The counselor must document the incident through the IC in the client's clinical record.</li></ol>	
<b><u>Severely Agitated/Assaultive Client</u></b>	
<b>In the event a client shows signs of imminent physical threat to the Integrity community, or becomes assaultive, the following procedures should be followed:</b>	
<ol style="list-style-type: none"><li>1. Attending staff should clear the room of all clients not directly involved in the situation. Senior staff on duty should be notified to report to the situation.</li><li>2. The attending staff should attempt to reason with the client in an effort to calm him or her down. The staff should act open minded to what the client has to say but should not make any promises that cannot be kept.</li><li>3. Involved clients and staff should be separated from one another and the community.</li><li>4. If clients engage in a physical confrontation with one another or staff, the police should immediately be called to remove the offending individual.</li><li>5. If someone is injured, call 911 immediately per Policy I-1.28: Medical Emergencies.</li><li>6. The Program Director must be contacted immediately. Staff in charge should document the incident in an incident report as per <b>Policy I-1.14: Incident Reports</b>.</li><li>7. If a client escalates the act by possessing a weapon, the police should be called immediately. All individuals must evacuate the area and the client with the weapon should be confined to one room. Staff members should not attempt to take the weapon, but if they come into possession of</li></ol>	

it, each individual in possession of the weapon must be documented. The weapon is to be turned over to the police immediately on their arrival.

**Staff/Client Confrontation**

Staff is strictly prohibited from physically restraining a client. Staff is to remain "hands off" during any physical confrontation.

Senior Management Approval  Date 7-12-12

President's Signature  Date 7-19-12


Initial Policy Date: 9/30/1998

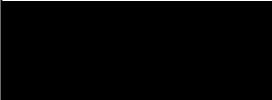
Revised: 7/6/2012


PRC: N/A

# INTEGRITY, INC.


## Policy and Procedures Form

<b>Facility/Department: All Programs</b>	<b>Integrity Policy #: I-1.30W</b>
<b>Subject: Winter Storms</b>	<b>Administrative</b> <u>  X  </u> <b>Clinical</b> <u>  X  </u> <b>Human Resources</b> <u>  X  </u>
<b>Purpose:</b> To outline the actions to be taken by Integrity, Inc. staff and clients in the event of a severe snow or ice storm.	
<b><u>Procedures</u></b>	
<b><u>Notification Information</u></b>	
<p>The Chief Executive Officer or his/her designee must immediately notify the Department of Human Services (DHS) at (609) 292-5760 during normal business hours or at (866) 666-8108 after normal business hours to report if an unanticipated event results in:</p> <ol style="list-style-type: none"><li>1. Death of clients or staff;</li><li>2. Evacuation of clients from the facility; or</li><li>3. Closure of the facility.</li></ol> <p>A report must also be faxed to DHS at (609) 292-3816.</p>	
<b><u>Safeguarding Records</u></b>	
<p>The decision to move critical records from their location in any natural disaster emergency will be made by the director and shall be based on the measure of safety that is afforded, the degree of hazard, and the estimated time allowance. Directors will make every effort possible to coordinate their decisions in consultation with the Chief Clinical Officer.</p>	
<b><u>Facilities</u></b>	
<p>The following courses of action are for each Integrity facility in the event of a severe snow or ice storm:</p>	
	<b><u>Before the Storm</u></b>
	<ol style="list-style-type: none"><li>1. In the event that a severe winter storm presents an imminent threat, staff members are to immediately develop a contingency staffing plan.</li><li>2. Staff members are to conduct a full client headcount who will be in the facility during the duration of the storm.</li><li>3. Staff members are to locate and ensure</li></ol>

	<p>that they have access to the facility's emergency preparedness and first aid kits at all times during the storm.</p> <p>4. All facility vehicles are to be fully fueled.</p> <p><b><u>During the Storm</u></b></p> <p>1. All unnecessary travel with Integrity vehicles is prohibited.</p> <p>2. Non-residential staff unable to leave will be given access to available beds or other sleeping accommodations.</p> <p><b><u>After the Storm</u></b></p> <p>1. Staff members are to conduct an immediate headcount to ensure that all clients are accounted for.</p> <p>2. The director of the facility will coordinate snow removal.</p> <p>3. Staff members are to open the emergency preparedness kit and use whatever contents are necessary until full utility service is restored. If power is down, a generator can be used to restore temporary power (the generator needs to be set up outside the facility).</p>
	<p><b><u>Before the Storm</u></b></p> <p>1. In the event that a severe winter storm presents an imminent threat, staff members are to immediately develop a contingency staffing plan.</p> <p>2. Staff members are to conduct a full client headcount who will be in the facility during the duration of the storm.</p> <p>3. Staff members are to locate and ensure that they have access to the facility's emergency preparedness and first aid kits at all times during the storm.</p> <p><b><u>During the Storm</u></b></p> <p>1. For those clients who are employed, they should plan on not going to work until the storm passes and it is deemed safe to leave the facility.</p> <p>2. Non-residential staff unable to leave will be</p>

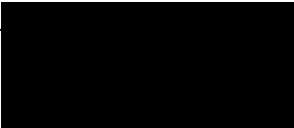
	<p>given access to available beds or other sleeping accommodations.</p> <p>3. Depending on the severity of the storm, the kitchen staff will determine if food and water are to be rationed.</p> <p><b><u>After the Storm</u></b></p> <p>1. Staff members are to conduct an immediate headcount to ensure that all clients are accounted for.</p> <p>2. The director of the facility will coordinate snow removal.</p> <p>3. Staff members are to open the emergency preparedness kit and use whatever contents are necessary until full utility service is restored. If power is down, a generator can be used to restore temporary power (the generator needs to be set up outside the facility).</p>
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[REDACTED]	<p><b><u>Before the Storm</u></b></p> <p>In the event that a severe winter storm presents an imminent threat, staff members should make preparations in anticipation of the building being closed during the duration of the storm. This includes notifying all exterior agencies of the impending closure. Senior management will determine if the building will be closed.</p>
[REDACTED]	<p><b><u>Before the Storm</u></b></p> <ol style="list-style-type: none"> <li>1. In the event that a severe winter storm presents an imminent threat, staff members are to immediately develop a contingency staffing plan.</li> <li>2. Staff members are to conduct a full client headcount who will be in the facility during the duration of the storm.</li> <li>3. Staff members are to locate and ensure that they have access to the facility's emergency preparedness and first aid kits at all times during the storm.</li> </ol> <p><b><u>During the Storm</u></b></p> <ol style="list-style-type: none"> <li>1. For those clients who are employed, they should plan on not going to work until the storm passes and it is deemed safe to leave the facility.</li> <li>2. Non-residential staff unable to leave will be given access to available beds or other sleeping accommodations.</li> <li>3. Depending on the severity of the storm, the kitchen staff will determine if food and water are to be rationed.</li> </ol> <p><b><u>After the Storm</u></b></p> <ol style="list-style-type: none"> <li>1. Staff members are to conduct an immediate headcount to ensure that all clients are accounted for.</li> <li>2. The director of the facility will coordinate snow removal.</li> <li>3. Staff members are to open the emergency preparedness kit and use whatever contents are necessary until full utility service is restored. If power is down, the back up generator will be used to restore temporary power.</li> </ol>

	<p><b><u>Before the Storm</u></b></p> <p>In the event that a severe winter storm presents an imminent threat, staff members should make preparations in anticipation of suspending clinical services and closing the facility for the duration of the storm. This includes notifying all exterior agencies of the impending closure. Senior management will determine if the facility will be closed.</p>
	<p><b><u>Before the Storm</u></b></p> <ol style="list-style-type: none"> <li>1. In the event that a severe winter storm presents an imminent threat, staff members are to immediately develop a contingency staffing plan.</li> <li>2. Staff members are to conduct a full client headcount who will be in the facility during the duration of the storm.</li> <li>3. Staff members are to locate and ensure that they have access to the facility's emergency preparedness and first aid kits at all times during the storm.</li> <li>4. All facility vehicles are to be fully fueled.</li> </ol> <p><b><u>During the Storm</u></b></p> <ol style="list-style-type: none"> <li>1. All unnecessary travel with Integrity vehicles is prohibited.</li> <li>2. Non-residential staff unable to leave will be given access to available beds or other sleeping accommodations.</li> </ol> <p><b><u>After the Storm</u></b></p> <ol style="list-style-type: none"> <li>1. Staff members are to conduct an immediate headcount to ensure that all clients are accounted for.</li> <li>2. The director of the facility will coordinate snow removal.</li> <li>3. Staff members are to open the emergency preparedness kit and use whatever contents are necessary until full utility service is restored. If power is down, a generator can be used to restore temporary power (the generator needs to be set up outside the facility).</li> </ol>
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	<p><b><u>Before the Storm</u></b></p> <p>In the event that a severe winter storm presents an imminent threat, staff members should make preparations in anticipation of suspending clinical services and closing the facility for the duration of the storm. This includes notifying all exterior agencies of the impending closure. Senior management will determine if the facility will be closed.</p>

<div data-bbox="289 163 537 268" style="background-color: black; width: 153px; height: 50px;"></div>	<p><b><u>Before the Storm</u></b></p> <p>In the event that a severe winter storm presents an imminent threat, staff members should make preparations in anticipation of suspending clinical services and closing the facility for the duration of the storm. This includes notifying all exterior agencies of the impending closure. Senior management will determine if the facility will be closed.</p>
<div data-bbox="289 457 500 541" style="background-color: black; width: 130px; height: 40px;"></div>	<p><b><u>During the Storm</u></b></p> <p>For those clients who are employed, they are to be encouraged to stay inside the building until the storm ends.</p> <p><b><u>After the Storm</u></b></p> <p>Staff members are to conduct an immediate headcount to ensure that all clients are accounted for.</p>
<div data-bbox="277 800 768 877" style="background-color: black; width: 302px; height: 37px;"></div>	<p><b><u>Before the Storm</u></b></p> <p>In the event that a severe winter storm presents an imminent threat, staff members should make preparations in anticipation of suspending clinical services until staff return to work.</p>
<div data-bbox="272 1003 789 1071" style="background-color: black; width: 318px; height: 32px;"></div>	<p><b><u>Before the Storm</u></b></p> <ol style="list-style-type: none"> <li>1. In the event that a severe winter storm presents an imminent threat, staff members are to immediately develop a contingency staffing plan.</li> <li>2. Staff members are to conduct a full client headcount who will be in the facility during the duration of the storm.</li> <li>3. Staff members are to locate and ensure that they have access to the facility's emergency preparedness and first aid kits at all times during the storm.</li> <li>4. All facility vehicles are to be fully fueled.</li> </ol> <p><b><u>During the Storm</u></b></p> <ol style="list-style-type: none"> <li>1. All unnecessary travel with Integrity vehicles is prohibited.</li> <li>2. Non-residential staff unable to leave will be given access to available beds or other sleeping accommodations.</li> </ol>

	<p><b><u>After the Storm</u></b></p> <ol style="list-style-type: none"> <li>1. Staff members are to conduct an immediate headcount to ensure that all clients are accounted for.</li> <li>2. The director of the facility will coordinate snow removal.</li> <li>3. Staff members are to open the emergency preparedness kit and use whatever contents are necessary until full utility service is restored. If power is down, the external generator will immediately turn on, restoring electric service to the facility.</li> </ol>
	<p><b><u>Before the Storm</u></b></p> <ol style="list-style-type: none"> <li>1. In the event that a severe winter storm presents an imminent threat, staff members are to immediately develop a contingency staffing plan.</li> <li>2. Staff members are to conduct a full client headcount who will be in the facility during the duration of the storm.</li> <li>3. Staff members are to locate and ensure that they have access to the facility's emergency preparedness and first aid kits at all times during the storm.</li> </ol> <p><b><u>During the Storm</u></b></p> <ol style="list-style-type: none"> <li>1. For those clients who are employed, they should plan on not going to work until the storm passes and it is deemed safe to leave the facility.</li> <li>2. All unnecessary travel with Integrity vehicles is prohibited.</li> <li>3. Non-residential staff unable to leave will be given access to available beds or other sleeping accommodations.</li> </ol> <p><b><u>After the Storm</u></b></p> <ol style="list-style-type: none"> <li>1. Staff members are to conduct an immediate headcount to ensure that all clients are accounted for.</li> <li>2. The director of the facility will coordinate snow removal.</li> <li>3. Staff members are to open the emergency</li> </ol>

	<p>preparedness kit and use whatever contents are necessary until full utility service is restored. If power is down, the external generator will immediately turn on, restoring electric service to the facility.</p>
<p>[REDACTED]</p>	<p><b><u>Before the Storm</u></b></p> <p>In the event that a severe winter storm presents an imminent threat, staff members should make preparations in anticipation of suspending clinical services for the duration of the storm. This includes notifying all exterior agencies of the impending closure. Senior management will determine if the program will be closed.</p>
<p>[REDACTED]</p>	<p><b><u>Before the Storm</u></b></p> <ol style="list-style-type: none"> <li>1. In the event that a severe winter storm presents an imminent threat, staff members are to immediately develop a contingency staffing plan.</li> <li>2. Staff members are to conduct a full client headcount who will be in the facility during the duration of the storm.</li> <li>3. Staff members are to locate and ensure that they have access to the facility's emergency preparedness and first aid kits at all times during the storm.</li> <li>4. All facility vehicles are to be fully fueled.</li> </ol> <p><b><u>During the Storm</u></b></p> <ol style="list-style-type: none"> <li>1. All unnecessary travel with Integrity vehicles is prohibited.</li> <li>2. Non-residential staff unable to leave will be given access to available beds or other sleeping accommodations.</li> </ol> <p><b><u>After the Storm</u></b></p> <ol style="list-style-type: none"> <li>1. Staff members are to conduct an immediate headcount to ensure that all clients are accounted for.</li> <li>2. The director of the facility will coordinate snow removal.</li> <li>3. Staff members are to open the emergency preparedness kit and use whatever contents are necessary until full utility service is restored. If power is down, the external generator will immediately turn on, restoring</li> </ol>

[REDACTED]	electric service to the facility.
[REDACTED]	<p><b><u>Before the Storm</u></b></p> <p>In the event that a severe winter storm presents an imminent threat, staff members should make preparations in anticipation of suspending clinical services for the duration of the storm. This includes notifying all exterior agencies of the impending closure. Senior management will determine if the program will be closed.</p>
[REDACTED]	<p><b><u>Before the Storm</u></b></p> <p>In the event that a severe winter storm presents an imminent threat, staff members should make preparations in anticipation of closing the building for the duration of the storm and will remain closed until it is deemed safe to return. Senior management will determine if the building will be closed.</p>

Senior Management Approval

*[Signature]*

Date

1-27-14

President's Signature

*[Signature]*

Date

2-5-14

Initial Policy Date: 4/7/1999

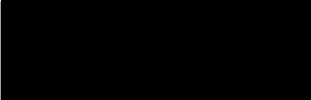
Revised: 12/13/2013

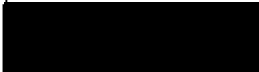
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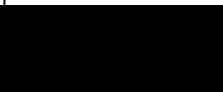



# INTEGRITY, INC.



## Policy and Procedures Form

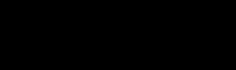
<b>Facility/Department: All Programs</b>	<b>Integrity Policy #: I-1.30T</b>
<b>Subject: Tornadoes</b>	<b>Administrative</b> <u>  X  </u> <b>Clinical</b> <u>  X  </u> <b>Human Resources</b> <u>  X  </u>
<b>Purpose:</b> To outline the actions to be taken by Integrity, Inc. staff, clients, and visitors in the event of a tornado.	
<b><u>Procedures</u></b>	
<b><u>Notification Information</u></b>	
<p>The Chief Executive Officer or his/her designee must immediately notify the Department of Human Services (DHS) at (609) 292-5760 during normal business hours or at (866) 666-8108 after normal business hours to report if an unanticipated event results in:</p> <ol style="list-style-type: none"><li>1. Death of clients or staff,</li><li>2. Evacuation of clients from the facility; or</li><li>3. Closure of the facility.</li></ol> <p>A report must also be faxed to DHS at (609) 292-3816.</p>	
<b><u>Safeguarding Records</u></b>	
<p>The decision to move critical records from their location in any natural disaster emergency will be made by the director and shall be based on the measure of safety that is afforded, the degree of hazard, and the estimated time allowance. Directors will make every effort possible to coordinate their decisions in consultation with the Chief Clinical Officer.</p>	
<b><u>Facilities</u></b>	
<p>The following courses of action are for each Integrity facility in the event of a tornado:</p>	
	<b><u>Before the Tornado</u></b>
	<ol style="list-style-type: none"><li>1. As soon as the possibility of a tornado is imminent, staff members are to gather all of the clients and have them put on sturdy shoes.</li><li>2. Staff members are to locate and bring their emergency preparedness kit with them.</li><li>3. Everyone (clients, employees, and visitors) is to gather in interior hallways of the facility; away from corners, windows, doors, and</li></ol>

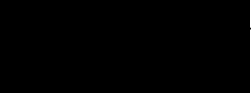
	<p>outside walls. If possible, go to the basement. No one will be allowed outside.</p> <p>4. Do not open any windows.</p> <p><b><u>During the Tornado</u></b></p> <p>1. Have everyone place their arms over their heads and necks.</p> <p><b><u>After the Tornado</u></b></p> <p>1. Once the tornado has passed, check for injuries. Do not attempt to move seriously injured people unless they are immediate danger. Staff members are to conduct an immediate headcount to ensure that all persons are accounted for.</p> <p>2. Staff members are to open the preparedness kit and use whatever contents are necessary until full utility service is restored. If power is down, a generator can be used to restore temporary power (the generator needs to be set up outside the facility).</p> <p>3. If the tornado knocked over any telephones, staff members are to hang up displaced telephones. Unless it is an emergency, telephones need to remain hung up, even if service has been disrupted.</p>
	<p><b><u>Before the Tornado</u></b></p> <p>1. As soon as the possibility of a tornado is imminent, staff members are to gather all of the clients and have them put on sturdy shoes.</p> <p>2. Staff members are to locate and bring their emergency preparedness kit with them.</p> <p>3. Everyone in the halfway house (clients, employees, and visitors) is to gather in the basement; away from corners and doors. If possible, everyone in the halfway house is to go to the basement. Everyone in the kitchen and dining room is to also proceed down to the basement immediately. No one will be allowed outside.</p> <p>4. Do not open any windows.</p> <p><b><u>During the Tornado</u></b></p>

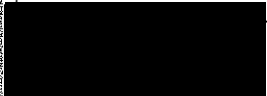
	<p>1. Have everyone place their arms over their heads and necks.</p> <p><b><u>After the Tornado</u></b></p> <p>1. Once the tornado has passed, check for injuries. Do not attempt to move seriously injured people unless they are immediate danger. Staff members are to conduct an immediate headcount to ensure that all persons are accounted for.</p> <p>2. Staff members are to open the preparedness kit and use whatever contents are necessary until full utility service is restored. If power is down, a generator can be used to restore temporary power (the generator needs to be set up outside the facility).</p> <p>3. If the tornado knocked over any telephones, staff members are to hang up displaced telephones. Unless it is an emergency, telephones need to remain hung up, even if service has been disrupted.</p>
	<p><b><u>Before the Tornado</u></b></p> <p>1. As soon as the possibility of a tornado is imminent, staff members are to gather all of the clients and have them put on sturdy shoes.</p> <p>2. Staff members are to locate and bring their emergency preparedness kit with them.</p> <p>3. Everyone (clients, employees, and visitors) is to gather in interior hallways of the facility; away from corners, windows, doors, and outside walls. If possible, go to the basement. No one will be allowed outside.</p> <p>4. Do not open any windows.</p> <p><b><u>During the Tornado</u></b></p> <p>1. Have everyone place their arms over their heads and necks.</p> <p><b><u>After the Tornado</u></b></p> <p>1. Once the tornado has passed, check for injuries. Do not attempt to move seriously injured people unless they are immediate danger. Staff members are to conduct an immediate headcount to ensure that all</p>

	<p>persons are accounted for.</p> <p>2. Staff members are to open the preparedness kit and use whatever contents are necessary until full utility service is restored. If power is down, a generator can be used to restore temporary power (the generator needs to be set up outside the facility).</p> <p>3. If the tornado knocked over any telephones, staff members are to hang up displaced telephones. Unless it is an emergency, telephones need to remain hung up, even if service has been disrupted.</p>
	<p><b><u>Before the Tornado</u></b></p> <p>1. As soon as the possibility of a tornado is imminent, staff members are to gather all of the clients and have put on sturdy shoes.</p> <p>2. Staff members are to locate and bring their emergency preparedness kit with them.</p> <p>3. Everyone (clients, employees, and visitors) is to gather in interior hallways of the facility; away from corners, windows, doors, and outside walls. If possible, go to the basement. No one will be allowed outside.</p> <p>4. Do not open any windows.</p> <p><b><u>During the Tornado</u></b></p> <p>1. Have everyone place their arms over their heads and necks.</p> <p><b><u>After the Tornado</u></b></p> <p>1. Once the tornado has passed, check for injuries. Do not attempt to move seriously injured people unless they are immediate danger. Staff members are to conduct an immediate headcount to ensure that all persons are accounted for.</p> <p>2. Staff members are to open the preparedness kit and use whatever contents are necessary until full utility service is restored. If power is down, a generator can be used to restore temporary power (the generator needs to be set up outside the facility).</p> <p>3. If the tornado knocked over any telephones, staff members are to hang up</p>

	<p>displaced telephones. Unless it is an emergency, telephones need to remain hung up, even if service has been disrupted.</p>
	<p><b><u>Before the Tornado</u></b></p> <ol style="list-style-type: none"> <li>1. As soon as the possibility of a tornado is imminent, staff members are to locate and bring their emergency preparedness kit with them.</li> <li>2. Everyone (clients, employees, and visitors) is to gather in interior hallways of the facility; away from corners, windows, doors, and outside walls. If possible, go downstairs to the medical department. No one will be allowed outside.</li> <li>3. Do not open any windows.</li> </ol> <p><b><u>During the Tornado</u></b></p> <ol style="list-style-type: none"> <li>1. Have everyone place their arms over their heads and necks.</li> </ol> <p><b><u>After the Tornado</u></b></p> <ol style="list-style-type: none"> <li>1. Once the tornado has passed, check for injuries. Do not attempt to move seriously injured people unless they are in immediate danger. Staff members are to conduct an immediate headcount to ensure that all persons are accounted for.</li> <li>2. Staff members are to open the preparedness kit and use whatever contents are necessary until full utility service is restored.</li> <li>3. If the tornado knocked over any telephones, staff members are to hang up displaced telephones. Unless it is an emergency, telephones need to remain hung up, even if service has been disrupted.</li> <li>4. Once it is deemed safe, visitors may leave the building and clients may return to their facility.</li> </ol>
	<p><b><u>Before the Tornado</u></b></p> <ol style="list-style-type: none"> <li>1. As soon as the possibility of a tornado is imminent, staff members are to gather all of the clients and have them put on sturdy shoes.</li> <li>2. Staff members are to locate and bring their</li> </ol>


	<p>emergency preparedness kit with them.</p> <p>3. Everyone in the halfway house (clients, employees, and visitors) is to gather in the basement; away from corners and doors. If possible, everyone in the halfway house is to go to the basement. No one will be allowed outside.</p> <p>4. Do not open any windows.</p> <p><b><u>During the Tornado</u></b></p> <p>1. Have everyone place their arms over their heads and necks.</p> <p><b><u>After the Tornado</u></b></p> <p>1. Once the tornado has passed, check for injuries. Do not attempt to move seriously injured people unless they are immediate danger. Staff members are to conduct an immediate headcount to ensure that all persons are accounted for.</p> <p>2. Staff members are to open the preparedness kit and use whatever contents are necessary until full utility service is restored. If power is down, the back up generator will be used to restore temporary power.</p> <p>3. If the tornado knocked over any telephones, staff members are to hang up displaced telephones. Unless it is an emergency, telephones need to remain hung up, even if service has been disrupted.</p>
	<p><b><u>Before the Tornado</u></b></p> <p>1. As soon as the possibility of a tornado is imminent, staff members are to locate and bring their emergency preparedness kit with them.</p> <p>2. Everyone (clients, employees, and visitors) is to gather in interior hallways of the facility; away from corners, windows, doors, and outside walls. If possible, go to the basement. No one will be allowed outside.</p> <p>3. Do not open any windows.</p> <p><b><u>During the Tornado</u></b></p> <p>1. Have everyone place their arms over their</p>

	<p>heads and necks.</p> <p><b><u>After the Tornado</u></b></p> <ol style="list-style-type: none"> <li>1. Once the tornado has passed, check for injuries. Do not attempt to move seriously injured people unless they are immediate danger. Staff members are to conduct an immediate headcount to ensure that all persons are accounted for.</li> <li>2. Staff members are to open the preparedness kit and use whatever contents are necessary until full utility service is restored.</li> <li>3. If the tornado knocked over any telephones, staff members are to hang up displaced telephones. Unless it is an emergency, telephones need to remain hung up, even if service has been disrupted.</li> <li>4. Once it is deemed safe, visitors and clients may leave the building.</li> </ol>
	<p><b><u>Before the Tornado</u></b></p> <ol style="list-style-type: none"> <li>1. As soon as the possibility of a tornado is imminent, staff members are to gather all of the clients and have put on sturdy shoes.</li> <li>2. Staff members are to locate and bring their emergency preparedness kit with them.</li> <li>3. Everyone (clients, employees, and visitors) is to gather in interior hallways of the facility; away from corners, windows, doors, and outside walls. If possible, go to the basement. No one will be allowed outside.</li> <li>4. Do not open any windows.</li> </ol> <p><b><u>During the Tornado</u></b></p> <ol style="list-style-type: none"> <li>1. Have everyone place their arms over their heads and necks.</li> </ol> <p><b><u>After the Tornado</u></b></p> <ol style="list-style-type: none"> <li>1. Once the tornado has passed, check for injuries. Do not attempt to move seriously injured people unless they are immediate danger. Staff members are to conduct an immediate headcount to ensure that all persons are accounted for.</li> </ol>

	<p>2. Staff members are to open the preparedness kit and use whatever contents are necessary until full utility service is restored. If power is down, a generator can be used to restore temporary power (the generator needs to be set up outside the facility).</p> <p>3. If the tornado knocked over any telephones, staff members are to hang up displaced telephones. Unless it is an emergency, telephones need to remain hung up, even if service has been disrupted.</p>
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<div data-bbox="272 168 558 247" data-label="Image"></div>	<p>up, even if service has been disrupted.</p> <p><b><u>Before the Tornado</u></b></p> <ol style="list-style-type: none"> <li>1. As soon as the possibility of a tornado is imminent, staff members are to locate and bring their emergency preparedness kit with them.</li> <li>2. Everyone (clients, employees, and visitors) is to gather in interior hallways of the facility; away from corners, windows, doors, and outside walls. If possible, go to the basement. No one will be allowed outside.</li> <li>3. Do not open any windows.</li> </ol> <p><b><u>During the Tornado</u></b></p> <ol style="list-style-type: none"> <li>1. Have everyone place their arms over their heads and necks.</li> </ol> <p><b><u>After the Tornado</u></b></p> <ol style="list-style-type: none"> <li>1. Once the tornado has passed, check for injuries. Do not attempt to move seriously injured people unless they are in immediate danger. Staff members are to conduct an immediate headcount to ensure that all persons are accounted for.</li> <li>2. Staff members are to open the preparedness kit and use whatever contents are necessary until full utility service is restored.</li> <li>3. If the tornado knocked over any telephones, staff members are to hang up displaced telephones. Unless it is an emergency, telephones need to remain hung up, even if service has been disrupted.</li> <li>4. Once it is deemed safe, visitors and clients may leave the building.</li> </ol>
<div data-bbox="272 1486 539 1558" data-label="Image"></div>	<p><b><u>Before the Tornado</u></b></p> <ol style="list-style-type: none"> <li>1. As soon as the possibility of a tornado is imminent, staff members are to locate and bring their emergency preparedness kit with them.</li> <li>2. Everyone (clients, employees, and visitors) is to gather in interior hallways of the facility; away from corners, windows, doors, and outside walls. If possible, go to the</li> </ol>

	<p>basement. No one will be allowed outside.</p> <p>3. Do not open any windows.</p> <p><b><u>During the Tornado</u></b></p> <p>1. Have everyone place their arms over their heads and necks.</p> <p><b><u>After the Tornado</u></b></p> <p>1. Once the tornado has passed, check for injuries. Do not attempt to move seriously injured people unless they are immediate danger. Staff members are to conduct an immediate headcount to ensure that all persons are accounted for.</p> <p>2. Staff members are to open the preparedness kit and use whatever contents are necessary until full utility service is restored.</p> <p>3. If the tornado knocked over any telephones, staff members are to hang up displaced telephones. Unless it is an emergency, telephones need to remain hung up, even if service has been disrupted.</p> <p>4. Once it is deemed safe, visitors and clients may leave the building.</p>
	<p><b><u>Before the Tornado</u></b></p> <p>1. As soon as the possibility of a tornado is imminent, everyone (clients, employees, and visitors) is to gather in interior hallways of their apartments; away from corners, windows, doors, and outside walls. If possible, go to the basement. No one will be allowed outside.</p> <p>2. Do not open any windows.</p> <p><b><u>During the Tornado</u></b></p> <p>1. Have everyone place their arms over their heads and necks.</p> <p><b><u>After the Tornado</u></b></p> <p>1. Once the tornado has passed, check for injuries. Do not attempt to move seriously injured people unless they are immediate danger.</p>

	<p>2. If the tornado knocked over any telephones, staff members are to hang up displaced telephones. Unless it is an emergency, telephones need to remain hung up, even if service has been disrupted.</p>
	<p>Refer to Hudson County Correctional Center's Safety Policies.</p>
	<p><b><u>Before the Tornado</u></b></p> <ol style="list-style-type: none"> <li>1. As soon as the possibility of a tornado is imminent, staff members are to gather all of the clients and have put on sturdy shoes.</li> <li>2. Staff members are to locate and bring the residential emergency preparedness kit with them.</li> <li>3. Everyone (clients, employees, and visitors) is to gather in interior hallways of the each house; away from corners, windows, doors, and outside walls. If possible, go to the ground level of the facility, away from the front door. No one will be allowed outside.</li> <li>4. Do not open any windows.</li> </ol> <p><b><u>During the Tornado</u></b></p> <ol style="list-style-type: none"> <li>1. Have everyone place their arms over their heads and necks.</li> </ol> <p><b><u>After the Tornado</u></b></p> <ol style="list-style-type: none"> <li>1. Once the tornado has passed, check for injuries. Do not attempt to move seriously injured people unless they are immediate danger. Staff members are to conduct an immediate headcount to ensure that all persons are accounted for.</li> <li>2. Staff members are to open the preparedness kit and use whatever contents are necessary until full utility service is restored. If power is down, the external generator will immediately turn on, restoring electric service to the facility.</li> <li>3. If the tornado knocked over any telephones, staff members are to hang up displaced telephones. Unless it is an emergency, telephones need to remain hung up, even if service has been disrupted.</li> </ol>

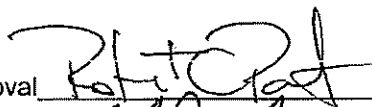
[REDACTED]	<p><b><u>Before the Tornado</u></b></p> <ol style="list-style-type: none"> <li>1. As soon as the possibility of a tornado is imminent, staff members are to gather all of the clients and have put on sturdy shoes.</li> <li>2. Staff members are to locate and bring the residential emergency preparedness kit with them.</li> <li>3. Everyone (clients, employees, and visitors) is to gather in interior hallway of the halfway house; away from corners, windows, doors, and outside walls. If possible, go to the ground level of the facility, away from the front door. No one will be allowed outside.</li> <li>4. Do not open any windows.</li> </ol> <p><b><u>During the Tornado</u></b></p> <ol style="list-style-type: none"> <li>1. Have everyone place their arms over their heads and necks.</li> </ol> <p><b><u>After the Tornado</u></b></p> <ol style="list-style-type: none"> <li>1. Once the tornado has passed, check for injuries. Do not attempt to move seriously injured people unless they are in immediate danger. Staff members are to conduct an immediate headcount to ensure that all persons are accounted for.</li> <li>2. Staff members are to open the preparedness kit and use whatever contents are necessary until full utility service is restored. If power is down, the external generator will immediately turn on, restoring electric service to the facility.</li> <li>3. If the tornado knocked over any telephones, staff members are to hang up displaced telephones. Unless it is an emergency, telephones need to remain hung up, even if service has been disrupted.</li> </ol>
[REDACTED]	<p><b><u>Before the Tornado</u></b></p> <ol style="list-style-type: none"> <li>1. As soon as the possibility of a tornado is imminent, staff members are to locate and bring the residential emergency preparedness kit with them.</li> <li>2. Everyone (clients, employees, and visitors) is to gather in interior hallways on the ground floor; away from corners, windows, doors, and outside walls. No one will be allowed</li> </ol>

	<p>outside.</p> <p>3. Do not open any windows.</p> <p><b><u>During the Tornado</u></b></p> <p>1. Have everyone place their arms over their heads and necks.</p> <p><b><u>After the Tornado</u></b></p> <p>1. Once the tornado has passed, check for injuries. Do not attempt to move seriously injured people unless they are immediate danger. Staff members are to conduct an immediate headcount to ensure that all persons are accounted for.</p> <p>2. Staff members are to open the preparedness kit and use whatever contents are necessary until full utility service is restored. If power is down, the external generator will immediately turn on, restoring electric service to the facility.</p> <p>3. If the tornado knocked over any telephones, staff members are to hang up displaced telephones. Unless it is an emergency, telephones need to remain hung up, even if service has been disrupted.</p> <p>4. Once it is deemed safe, visitors and clients may leave the building.</p>
	<p><b><u>Before the Tornado</u></b></p> <p>1. As soon as the possibility of a tornado is imminent, staff members are to gather all of the clients and have put on sturdy shoes.</p> <p>2. Staff members are to locate and bring the residential emergency preparedness kit with them.</p> <p>3. Everyone (clients, employees, and visitors) is to gather in interior hallway; away from corners, windows, doors, and outside walls. No one will be allowed outside.</p> <p>4. Do not open any windows.</p> <p><b><u>During the Tornado</u></b></p> <p>1. Have everyone place their arms over their heads and necks.</p>

	<p><b><u>After the Tornado</u></b></p> <ol style="list-style-type: none"> <li>1. Once the tornado has passed, check for injuries. Do not attempt to move seriously injured people unless they are immediate danger. Staff members are to conduct an immediate headcount to ensure that all persons are accounted for.</li> <li>2. Staff members are to open the preparedness kit and use whatever contents are necessary until full utility service is restored. If power is down, the external generator will immediately turn on, restoring electric service to the facility.</li> <li>3. If the tornado knocked over any telephones, staff members are to hang up displaced telephones. Unless it is an emergency, telephones need to remain hung up, even if service has been disrupted.</li> </ol>
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	<p>displaced telephones. Unless it is an emergency, telephones need to remain hung up, even if service has been disrupted.</p> <p>4. Once it is deemed safe, visitors and clients may leave the building.</p>
	<p><b><u>Before the Tornado</u></b></p> <p>1. As soon as the possibility of a tornado is imminent, everyone (employees and visitors) is to gather in the interior hallways of the building; away from corners, windows, doors, and outside walls. No one should stand in the stairwell or under the stained glass tiles. If possible, go to the Human Resources basement. No one will be allowed outside.</p> <p>2. Do not open any windows.</p> <p><b><u>During the Tornado</u></b></p> <p>1. Have everyone place their arms over their heads and necks.</p> <p><b><u>After the Tornado</u></b></p> <p>1. Once the tomado has passed, check for injuries. Do not attempt to move seriously injured people unless they are immediate danger.</p> <p>2. If the tomado knocked over any telephones, staff members are to hang up displaced telephones. Unless it is an emergency, telephones need to remain hung up, even if service has been disrupted.</p> <p>3. Once it is deemed safe, visitors may leave the building.</p> <p>4. If the building is severely damaged, administration staff may be relocated to an alternate site to ensure continuity of operations for the agency.</p>

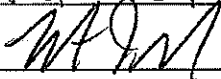
Senior Management Approval



Date

1-27-14

President's Signature



Date

2-5-14

Initial Policy Date: 4/7/1999

Revised: 12/13/2013

PRC: N/A

# INTEGRITY, INC.

## Policy and Procedures Form

Facility/Department: All Programs	Integrity Policy #: I-1.62
Subject: Suspicion of or Possession of a Weapon	Administrative <u>  X  </u> Clinical <u>  X  </u> Human Resources <u>  X  </u>
<b>Purpose:</b> To outline the course of action Integrity, Inc. staff or clients are to undertake if they know or have reasonable cause to if they suspect someone has a weapon inside or in the vicinity of an Integrity facility.	
<b><u>Procedures</u></b>	
<b><u>Assailant with a Weapon Inside an Integrity Facility</u></b>	
If a client or employee either suspects or knows a weapon is in the possession of someone inside an Integrity facility:	
<ol style="list-style-type: none"><li>1. Immediately notify the Program Director.</li><li>2. <b>ONLY IF IT IS SAFE</b>, everyone is to attempt to evacuate the facility.</li><li>3. While clearing the facility, a staff member must contact the police by dialing 911, inform them of the situation, and follow all instructions given by law enforcement officials.</li><li>4. When evacuating the facility, keep your hands visible.</li><li>5. Do not attempt to move wounded people.</li><li>6. <b>If evacuation is not possible</b>, everyone should find a place to hide where the assailant is less likely to find you. The hiding place should be out of the assailant's view, provide protection, and not trap or restrict options for movement. If possible, lock any doors, blockade any doors with heavy furniture, and wait for law enforcement officials to arrive so that evacuation from the facility can take place.</li><li>7. Staff are to complete an Integrity, Inc. Incident Report.</li></ol>	
<b><u>Assailant with a Weapon In the Vicinity to an Integrity Facility</u></b>	
If a client or employee either suspects or knows a weapon is in the possession of someone in the vicinity to an Integrity facility:	
<ol style="list-style-type: none"><li>1. Immediately notify the Program Director.</li><li>2. Direct all clients and staff whom are outside the facility to immediately get inside. The facility is to commence an immediate lockdown.</li><li>3. A staff member must contact the police by dialing 911, inform them of the situation, and follow all instructions given by law enforcement officials.</li><li>4. All exterior doors are to be locked. If there is not a lock on the door, staff members are to move a heavy object in front of the door, if possible.</li><li>5. All windows and blinds are to be closed. Everyone is to stay away from all doors and windows.</li><li>6. All exterior doors are not to be opened until the Program Director says it is clear to exit the facility.</li><li>7. Staff are to complete an Integrity, Inc. Incident Report.</li></ol>	



### Definition of a Weapon

A weapon is any physical instrument, including but not limited to a firearm, explosive, knife, box cutter, blunt object, or any other instrument that may be used with the primary intent of inflicting bodily harm on an individual.

Senior Management Approval  Date 4-19-13

President's Signature  Date 4-19-13

Initial Policy Date: 7/21/1999

Revised: 4/9/2013

PRC: N/A

# INTEGRITY, INC.

## Policy and Procedures Form

Facility/Department: All Programs	Integrity Policy #: I-1.60						
Subject: Temporary Shelter	Administrative <u>  X  </u> Clinical <u>  X  </u> Human Resources <u>  X  </u>						
<b>Purpose:</b> To outline where clients should stay in the event of a loss of shelter in any Integrity, Inc. residential structure.							
<p><b><u>Procedures</u></b></p> <ol style="list-style-type: none"> <li>1. In the event of a temporary loss of shelter due to an evacuation during unfavorable weather conditions, structural impairment, or structural destruction, clients are to be given access to shelter as designated by Integrity, Inc.</li> <li>2. The following locations are to be utilized for housing clients in the event that an Integrity facility is evacuated:</li> </ol> <table border="1" data-bbox="272 1014 1365 1787"> <tr> <td data-bbox="272 1014 824 1276"> <div data-bbox="272 1014 524 1077" style="background-color: black; width: 155px; height: 30px;"></div> </td> <td data-bbox="824 1014 1365 1276"> <p><b><u>Less Than 8 Hours</u></b></p> <p>Other Integrity residential facilities</p> <p><b><u>Longer Than 8 Hours</u></b></p> <p>Urban Renewal Corporation, 224 Sussex Avenue, Newark, NJ.</p> </td> </tr> <tr> <td data-bbox="272 1276 824 1528"> <div data-bbox="272 1276 553 1350" style="background-color: black; width: 173px; height: 35px;"></div> </td> <td data-bbox="824 1276 1365 1528"> <p><b><u>Less Than 8 Hours</u></b></p> <p>Other Integrity residential facilities</p> <p><b><u>Longer Than 8 Hours</u></b></p> <p>Urban Renewal Corporation, 224 Sussex Avenue, Newark, NJ.</p> </td> </tr> <tr> <td data-bbox="272 1528 824 1787"> <div data-bbox="272 1528 540 1602" style="background-color: black; width: 165px; height: 35px;"></div> </td> <td data-bbox="824 1528 1365 1787"> <p><b><u>Less Than 8 Hours</u></b></p> <p>Other Integrity residential facilities</p> <p><b><u>Longer Than 8 Hours</u></b></p> <p>Urban Renewal Corporation, 224 Sussex Avenue, Newark, NJ.</p> </td> </tr> </table>		<div data-bbox="272 1014 524 1077" style="background-color: black; width: 155px; height: 30px;"></div>	<p><b><u>Less Than 8 Hours</u></b></p> <p>Other Integrity residential facilities</p> <p><b><u>Longer Than 8 Hours</u></b></p> <p>Urban Renewal Corporation, 224 Sussex Avenue, Newark, NJ.</p>	<div data-bbox="272 1276 553 1350" style="background-color: black; width: 173px; height: 35px;"></div>	<p><b><u>Less Than 8 Hours</u></b></p> <p>Other Integrity residential facilities</p> <p><b><u>Longer Than 8 Hours</u></b></p> <p>Urban Renewal Corporation, 224 Sussex Avenue, Newark, NJ.</p>	<div data-bbox="272 1528 540 1602" style="background-color: black; width: 165px; height: 35px;"></div>	<p><b><u>Less Than 8 Hours</u></b></p> <p>Other Integrity residential facilities</p> <p><b><u>Longer Than 8 Hours</u></b></p> <p>Urban Renewal Corporation, 224 Sussex Avenue, Newark, NJ.</p>
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[REDACTED]	<p><u>Less Than 8 Hours</u></p> <p>Other Integrity residential facilities</p> <p><u>Longer Than 8 Hours</u></p> <p>Urban Renewal Corporation, 224 Sussex Avenue, Newark, NJ.</p>
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[REDACTED]	<p><u>Less Than 8 Hours</u></p> <p>Other Integrity residential facilities</p> <p><u>Longer Than 8 Hours</u></p> <p>Urban Renewal Corporation, 224 Sussex Avenue, Newark, NJ.</p>
[REDACTED]	<p><u>Less Than 8 Hours</u></p> <p>Other Integrity residential facilities</p> <p><u>Longer Than 8 Hours</u></p> <p>Urban Renewal Corporation, 224 Sussex Avenue, Newark, NJ.</p>
[REDACTED]	<p><u>Less Than 8 Hours</u></p> <p>Other residential facilities in the Meadowview Complex</p> <p><u>Longer Than 8 Hours</u></p> <p>Jersey City Armory, 678 Montgomery Street, Jersey City, NJ.</p>
[REDACTED]	<p><u>Less Than 8 Hours</u></p> <p>Other residential facilities in the Meadowview Complex.</p> <p><u>Longer Than 8 Hours</u></p> <p>Jersey City Armory, 678 Montgomery Street, Jersey City, NJ.</p>

	<u>Less Than 8 Hours</u>
	Other residential facilities in the Meadowview Complex.
	<u>Longer Than 8 Hours</u>
	Jersey City Armory, 678 Montgomery Street, Jersey City, NJ.

**Long Term or Permanent Replacement Shelter**


Should shelter become unavailable for an indefinite period of time, each client will be placed in surrounding treatment facilities by Integrity, Inc. management based on the individual need of the client. Integrity, Inc. will attempt to place all clients quickly and with as little geographic displacement as possible. Placement will largely depend on the capacities of surrounding facilities. Guarantees of location in emergency conditions cannot be specified.

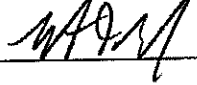
**Medication Distribution**

1. The supervising nurse at each location will remove all necessary medication from the facility and keep it on his/her person.
2. At the temporary shelter location, the nurse shall dispense all medication at a time designated by him/her.
3. If medication quantities are insufficient, prescriptions will be obtained as needed by the medical departments at each location.

**Notification Information**

If the evacuation results from an unanticipated event for more than 6 hours, the Chief Executive Officer or his/her designee must immediately notify the Department of Human Services (DHS) at (609) 292-5760 during normal business hours or at (866) 666-8108 after normal business hours to report the event. A report must also be faxed to DHS at (609) 292-3816.

Senior Management Approval  Date 1-27-14

President's Signature  Date 2-5-14

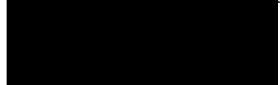
Initial Policy Date: 7/21/1999  
 Revised: 12/13/2013  
 PRC: N/A

INTEGRITY, INC.

Policy and Procedures Form

<b>Facility/Department: All Programs</b>	<b>Integrity Policy #: I-1.29</b>
<b>Subject: Power Failure</b>	Administrative <u>  X  </u> Clinical <u>  X  </u> Human Resources <u>  X  </u>
<b>Purpose:</b> To outline the actions to be taken by Integrity, Inc. staff, clients, and visitors in the event of a power failure.	
<b><u>Procedures</u></b>  Integrity maintenance staff is to be notified immediately regarding any power failure. They should determine the cause of the power failure. If it is due to a problem that can be corrected by the Integrity maintenance staff or by an electrician, the appropriate person(s) should be notified.	
<b><u>Notification Information</u></b>  The Chief Executive Officer or his/her designee must immediately notify the Department of Human Services (DHS) at (609) 292-5760 during normal business hours or at (866) 666-8108 after normal business hours to report if an unanticipated event results in:  <ol style="list-style-type: none"><li>1. Death of clients or staff;</li><li>2. Evacuation of clients from the facility; or</li><li>3. Closure of the facility.</li></ol> A report must also be faxed to DHS at (609) 292-3816.	
<b><u>Facilities</u></b>  The following courses of action are for each Integrity facility in the event of a power failure:	
<div></div>	<b><u>During Daylight and Hospitable Weather</u></b>  1. Everyone is to move outside, provided that visual contact with the clients is maintained at all times. Clients are to be advised as to what is happening.  <b><u>During Night Hours or Non Hospitable Weather</u></b>  1. If the power failure occurs during evening or night hours, or if the weather is not hospitable, clients and staff members should be moved to large common areas. Clients are to be advised as to what is happening.  2. If the clients are asleep, staff must stay

	<p>awake and alert in hallways and evacuation does not need to take place. Movement by the clients throughout the building is prohibited.</p> <p>3. Staff members are to locate the emergency preparedness kit and use whatever contents are necessary until full utility service is restored.</p> <p>4. A generator can be used to restore temporary power (the generator needs to be set up outside the facility).</p> <p>5. If for any reason it is determined by the Director and maintenance staff that it is unsafe to remain in the facility, clients, staff members, and visitors must evacuate.</p>
<div data-bbox="259 703 576 745" style="background-color: black; width: 195px; height: 20px;"></div>	<p><b><u>During Daylight and Hospitable Weather</u></b></p> <p>1. Everyone is to move outside, provided that visual contact with the clients is maintained at all times. Clients are to be advised as to what is happening.</p> <p><b><u>During Night Hours or Non Hospitable Weather</u></b></p> <p>1. If the power failure occurs during evening or night hours, or if the weather is not hospitable, clients and staff members should be moved to large common areas. Clients are to be advised as to what is happening.</p> <p>2. If the clients are asleep, staff must stay awake and alert in hallways and evacuation does not need to take place. Movement by the clients throughout the building is prohibited.</p> <p>3. Staff members are to locate the emergency preparedness kit and use whatever contents are necessary until full utility service is restored.</p> <p>4. A generator can be used to restore temporary power (the generator needs to be set up outside the facility).</p> <p>5. If for any reason it is determined by the Director and maintenance staff that it is unsafe to remain in the facility, clients, staff members, and visitors must evacuate.</p>
<div data-bbox="259 1774 576 1837" style="background-color: black; width: 195px; height: 30px;"></div>	<p><b><u>During Daylight and Hospitable Weather</u></b></p> <p>1. Everyone is to move outside, provided that visual contact with the clients is maintained at</p>

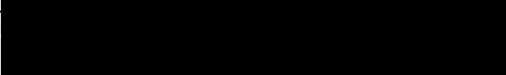
	<p>all times. Clients are to be advised as to what is happening.</p> <p><b><u>During Night Hours or Non Hospitable Weather</u></b></p> <ol style="list-style-type: none"><li>1. If the power failure occurs during evening or night hours, or if the weather is not hospitable, clients and staff members should be moved to large common areas. Clients are to be advised as to what is happening.</li><li>2. If the clients are asleep, staff must stay awake and alert in hallways and evacuation does not need to take place. Movement by the clients throughout the building is prohibited.</li><li>3. Staff members are to locate the emergency preparedness kit and use whatever contents are necessary until full utility service is restored.</li><li>4. A generator can be used to restore temporary power (the generator needs to be set up outside the facility).</li><li>5. If for any reason it is determined by the Director and maintenance staff that it is unsafe to remain in the facility, clients, staff members, and visitors must evacuate.</li></ol>
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	<p>utility service is restored.</p> <p>4. A generator can be used to restore temporary power (the generator needs to be set up outside the facility).</p> <p>5. If for any reason it is determined by the Director and maintenance staff that it is unsafe to remain in the facility, clients, staff members, and visitors must evacuate.</p>
	<p>In the event that there is a power failure, the building may close pending restoration of service, and staff may work out of other another Integrity facility. Senior management will determine if the building will be closed.</p>
	<p><b><u>Emergency Back-Up Generator</u></b></p> <p>The halfway house program is to rely on the back-up generator, located in between the main facility and the carriage house, which will automatically power on to maintain service.</p> <p>In the event that the back-up generator fails:</p> <p><b><u>During Daylight and Hospitable Weather</u></b></p> <p>1. Everyone is to move outside, provided that visual contact with the clients is maintained at all times. Clients are to be advised as to what is happening.</p> <p><b><u>During Night Hours or Non Hospitable Weather</u></b></p> <p>1. If the power failure occurs during evening or night hours, or if the weather is not hospitable, clients and staff members should be moved to large common areas. Clients are to be advised as to what is happening.</p> <p>2. If the clients are asleep, staff must stay awake and alert in hallways and evacuation does not need to take place. Movement by the clients throughout the building is prohibited.</p> <p>3. Staff members are to locate the emergency preparedness kit and use whatever contents are necessary until full utility service is restored.</p> <p>4. If for any reason it is determined by the Director and maintenance staff that it is unsafe to remain in the facility, clients, staff members, and visitors must evacuate.</p>
	<p>In the event that there is a power failure, the</p>



	<p>facility may close pending restoration of service. Clinical services may be relocated to another Integrity facility or be suspended. Senior management will determine if the facility will be closed.</p>
	<p><b><u>During Daylight and Hospitable Weather</u></b></p> <p>1. Everyone is to move outside, provided that visual contact with the clients is maintained at all times. Clients are to be advised as to what is happening.</p> <p><b><u>During Night Hours or Non Hospitable Weather</u></b></p> <p>1. If the power failure occurs during evening or night hours, or if the weather is not hospitable, clients and staff members should be moved to large common areas. Clients are to be advised as to what is happening.</p> <p>2. If the clients are asleep, staff must stay awake and alert in hallways and evacuation does not need to take place. Movement by the clients throughout the building is prohibited.</p> <p>3. Staff members are to locate the emergency preparedness kit and use whatever contents are necessary until full utility service is restored.</p> <p>4. A generator can be used to restore temporary power (the generator needs to be set up outside the facility).</p> <p>5. If for any reason it is determined by the Director and maintenance staff that it is unsafe to remain in the facility, clients, staff members, and visitors must evacuate.</p>
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	<p>awake and alert in hallways and evacuation does not need to take place. Movement by the clients throughout the building is prohibited.</p> <p>3. Staff members are to locate the emergency preparedness kit and use whatever contents are necessary until full utility service is restored.</p> <p>4. A generator can be used to restore temporary power (the generator needs to be set up outside the facility).</p> <p>5. If for any reason it is determined by the Director and maintenance staff that it is unsafe to remain in the facility, clients, staff members, and visitors must evacuate.</p>
	<p>In the event that there is a power failure, the facility may close pending restoration of service. Clinical services may be relocated to another Integrity facility or be suspended. Senior management will determine if the facility will be closed.</p>
	<p>In the event that there is a power failure, the facility may close pending restoration of service. Clinical services may be relocated to another Integrity facility or be suspended. Senior management will determine if the facility will be closed.</p>
	<p>Clients are to rely on emergency lighting until full utility service is restored.</p>
	<p>Refer to Hudson County Correctional Center's Safety Policies.</p>
	<p><b><u>Hudson County Back-Up Generator</u></b></p> <p>The residential program is to rely on the back-up generator, located outside the facility, which will automatically power on to maintain service.</p> <p>In the event that the back-up generator fails:</p> <p><b><u>During Daylight and Hospitable Weather</u></b></p> <p>1. Everyone is to move outside, provided that visual contact with the clients is maintained at all times. Clients are to be advised as to what is happening.</p> <p><b><u>During Night Hours or Non Hospitable Weather</u></b></p> <p>1. If the power failure occurs during evening or night hours, or if the weather is not hospitable, clients and staff members should be moved to large common areas. Clients</p>

	<p>are to be advised as to what is happening.</p> <p>2. If the clients are asleep, staff must stay awake and alert in hallways and evacuation does not need to take place. Movement by the clients throughout the building is prohibited.</p> <p>3. Staff members are to locate the emergency preparedness kit and use whatever contents are necessary until full utility service is restored.</p> <p>4. A generator can be used to restore temporary power (the generator needs to be set up outside the facility).</p> <p>5. If for any reason it is determined by the Director and maintenance staff that it is unsafe to remain in the facility, clients, staff members, and visitors must evacuate.</p>
	<p><b><u>Hudson County Back-Up Generator</u></b></p> <p>The halfway house program is to rely on the back-up generator, located outside the facility, which will automatically power on to maintain service.</p> <p>In the event that the back-up generator fails:</p> <p><b><u>During Daylight and Hospitable Weather</u></b></p> <p>1. Everyone is to move outside, provided that visual contact with the clients is maintained at all times. Clients are to be advised as to what is happening.</p> <p><b><u>During Night Hours or Non Hospitable Weather</u></b></p> <p>1. If the power failure occurs during evening or night hours, or if the weather is not hospitable, clients and staff members should be moved to large common areas. Clients are to be advised as to what is happening.</p> <p>2. If the clients are asleep, staff must stay awake and alert in hallways and evacuation does not need to take place. Movement by the clients throughout the building is prohibited.</p> <p>3. Staff members are to locate the emergency preparedness kit and use whatever contents are necessary until full utility service is restored.</p>

	<p>4. A generator can be used to restore temporary power (the generator needs to be set up outside the facility).</p> <p>5. If for any reason it is determined by the Director and maintenance staff that it is unsafe to remain in the facility, clients, staff members, and visitors must evacuate.</p>
	<p><b><u>Hudson County Back-Up Generator</u></b></p> <p>The outpatient program is to rely on the back-up generator, located outside the facility, which will automatically power on to maintain service.</p> <p>In the event that the back-up generator fails:</p> <p>Clinical services may be relocated to another integrity facility or be suspended. Senior management will determine if the facility will be closed.</p>
	<p><b><u>Hudson County Back-Up Generator</u></b></p> <p>The halfway house program is to rely on the back-up generator, located outside the facility, which will automatically power on to maintain service.</p> <p>In the event that the back-up generator fails:</p> <p><b><u>During Daylight and Hospitable Weather</u></b></p> <p>1. Everyone is to move outside, provided that visual contact with the clients is maintained at all times. Clients are to be advised as to what is happening.</p> <p><b><u>During Night Hours or Non Hospitable Weather</u></b></p> <p>1. If the power failure occurs during evening or night hours, or if the weather is not hospitable, clients and staff members should be moved to large common areas. Clients are to be advised as to what is happening.</p> <p>2. If the clients are asleep, staff must stay awake and alert in hallways and evacuation does not need to take place. Movement by the clients throughout the building is prohibited.</p> <p>3. Staff members are to locate the emergency preparedness kit and use whatever contents are necessary until full utility service is restored.</p>

	4. A generator can be used to restore temporary power (the generator needs to be set up outside the facility).
	5. If for any reason it is determined by the Director and maintenance staff that it is unsafe to remain in the facility, clients, staff members, and visitors must evacuate.
	In the event that there is a power failure, the facility may close pending restoration of service. Clinical services may be relocated to another Integrity facility or be suspended. Senior management will determine if the program will be closed.
	In the event that there is a power failure, the building may close pending restoration of service, and staff may work out of other another Integrity facility. Senior management will determine if the building will be closed.

Senior Management Approval  Date 1-27-14

President's Signature  Date 2-5-14

Initial Policy Date: 4/7/1999  
Revised: 12/13/2013  
PRC: N/A

# INTEGRITY, INC.

## Policy and Procedures Form

<b>Facility/Department:</b> All Programs	<b>Integrity Policy #:</b> I-1.48
<b>Subject:</b> Infection Control Procedures	<b>Administrative</b> <u>  X  </u> <b>Clinical</b> <u>  X  </u> <b>Human Resources</b> <u>  X  </u>
<b>Purpose:</b> To outline Integrity, Inc.'s infection prevention procedures.	
<b>Procedures:</b> <ol style="list-style-type: none"><li>1. Clients are not to share personal items including, but not limited to razors, soaps, chapstick, lipsticks, mascara, face cloths, towels, and shoes.</li><li>2. A disinfectant solution of 1:10 parts disinfectant and water is to be used along with soap for cleansing all toilets, face basins, showers, and shower floors.</li><li>3. Materials contaminated with bodily fluids are to be bagged in red plastic bags for disposal.</li><li>4. Disposable flatware and dishes are to be provided to persons with infectious diseases.</li><li>5. Dishwasher water temperature to be maintained at 160 degrees for washing dishes.</li><li>6. Those with infectious diseases will have job functions delineated to them through the medical department.</li></ol>	
<b><u>Universal Precautions</u></b> <ol style="list-style-type: none"><li>1. Universal precautions are to be taught to all staff annually and must be observed by all staff at all times.</li><li>2. Universal precautions are to be conspicuously posted in each facility.</li></ol>	
<b><u>Infection Control Committee</u></b> <ol style="list-style-type: none"><li>1. The infection control committee consists of the Medical Director, a nurse from each campus, and the Compliance Manager, with inclusion of individual directors and managers on an as-needed basis.</li><li>2. The infection control committee is responsible for investigating, reporting, evaluating, monitoring, and attempting to prevent the presence of nosocomial and all other infections or diseases.</li><li>3. The infection control committee will determine the course of treatment for clients on an individual basis with consultation from the infected client's clinical staff.</li><li>4. The infection control committee will consult with personnel on issues regarding communicable diseases among staff.</li></ol>	
Senior Management Approval <u>                    </u>	Date <u>7-12-12</u>
President's Signature <u>                    </u>	Date <u>7-19-12</u>
Initial Policy Date: 4/12/1999 Revised: 7/6/2012 PRC: N/A	

# INTEGRITY, INC.

## Policy and Procedures Form

Facility/Department: All Programs

Integrity Policy #: I-2.35

Subject: Intoxicated Individuals

Administrative X

Clinical X

Human Resources \_\_\_\_\_

**Purpose:** To provide safety and security to student members, staff, and Integrity, Inc. property in the event that an intoxicated individual enters any Integrity facility.

### Procedures:

Whenever an individual attempts to enter any Integrity facility appearing to be under the influence of alcohol or other drugs, the following procedures must take place:

1. The facility Director is notified of the situation immediately. If the individual is disruptive after contacting the facility Director, staff is to immediately refer to *Integrity Policy I-1.22 Acts of Aggressive and Physical Confrontation Policy*.
2. Staff on duty must complete an Integrity, Inc. Incident Report, per *Integrity Policy I-1.14 Incident Reports*.
3. If the individual is a student member, staff must contact the student member's referral source and emergency contact, inform them of the situation, and document the incident in the student member's clinical file. If the incident occurs in a residential facility, staff may isolate the intoxicated individual until he or she is sober. If the incident occurs in a transitional/halfway house or outpatient facility, staff may deny entry for the intoxicated individual and refer him/her to a Detox facility or to the emergency room.
4. If the individual is a new admission, staff are to immediately refer him/her to a Detox facility.
5. If staff witnesses an intoxicated individual enter a vehicle with the apparent intent to drive, the police department is to be notified immediately. Staff are to provide the police department with as many details as possible (i.e. a description of the individual, the vehicle including the license plate number, and the direction of travel the vehicle took when leaving).

**Intoxicated individuals whom are not affiliated with Integrity are not permitted to be on agency property.**

EPM Approval \_\_\_\_\_

Date

2/23/2011

President's Signature \_\_\_\_\_

Date

2-23-11



Initial Policy Date: 6/9/2010

Revised: 12/14/2010

PRC: 2/17/2011

# INTEGRITY, INC.

## Policy and Procedures Form

<b>Facility/Department: All Programs</b>	<b>Integrity Policy #: I-2.40</b>
<b>Subject: Loss of Water</b>	<b>Administrative</b> <u>  X  </u> <b>Clinical</b> <u>  X  </u> <b>Human Resources</b> <u>  X  </u>
<b>Purpose:</b> To outline the actions to be taken by Integrity, Inc. staff and clients in the event that there is a disruption of water service.	
<b><u>Procedures</u></b>	
<b><u>Notification Information</u></b>	
The Chief Executive Officer or his/her designee must immediately notify the Department of Human Services (DHS) at <b>(609) 292-5760</b> during normal business hours or at <b>(866) 666-8108</b> after normal business hours to report if an unanticipated event results in:	
<ol style="list-style-type: none"><li>1. Death of clients or staff;</li><li>2. Evacuation of clients from the facility; or</li><li>3. Closure of the facility.</li></ol>	
A report must also be faxed to DHS at <b>(609) 292-3816</b> .	
<b><u>Facilities</u></b>	
The following courses of action are for each Integrity facility in the event that there is a disruption of water service:	
	<ol style="list-style-type: none"><li>1. Call the Department of Water &amp; Sewer Utilities at <b>(973) 733-6303</b> to report the loss of service.</li><li>2. If the loss of service is estimated to last less than 8 hours, clients are to be given shelter at other Integrity residential facilities.</li><li>3. If the loss of service is estimated to last more than 8 hours, or if no temporary housing is available at other Integrity residential facilities, clients and staff are to be transported to the Urban Renewal Corporation at 224 Sussex Avenue, Newark, NJ.</li><li>4. Medications shall be removed from the affected facility and dispensed by a nurse at a time designated for each client.</li></ol>
	<ol style="list-style-type: none"><li>1. Call the Department of Water &amp; Sewer Utilities at <b>(973) 733-6303</b> to report the loss</li></ol>



	<p>of service.</p> <p>2. If the loss of service is estimated to last less than 8 hours, clients are to be given shelter at other Integrity residential facilities.</p> <p>3. If the loss of service is estimated to last more than 8 hours, or if no temporary housing is available at other Integrity residential facilities, clients and staff are to be transported to the Urban Renewal Corporation at 224 Sussex Avenue, Newark, NJ.</p> <p>4. Medications shall be removed from the affected facility and dispensed by a nurse at a time designated for each client.</p>
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	<p>In the event that there is a disruption of water service, the building may close pending restoration of service, and staff may work out of other another Integrity facility. Senior management will determine if the building will</p>

	<p>be closed.</p> <ol style="list-style-type: none"> <li>1. Call the Department of Water &amp; Sewer Utilities at (973) 733-6303 to report the loss of service.</li> <li>2. If the loss of service is estimated to last less than 8 hours, clients are to be given shelter at other Integrity residential facilities.</li> <li>3. If the loss of service is estimated to last more than 8 hours, or if no temporary housing is available at other Integrity residential facilities, clients and staff are to be transported to the Urban Renewal Corporation at 224 Sussex Avenue, Newark, NJ.</li> <li>4. Medications shall be removed from the affected facility and dispensed by a nurse at a time designated for each client.</li> </ol>
	<p>In the event that there is a disruption of water service, the facility may close pending restoration of service. Clinical services may be relocated to another Integrity facility or be suspended. Senior management will determine if the facility will be closed.</p>
	<ol style="list-style-type: none"> <li>1. Call the Department of Water &amp; Sewer Utilities at (973) 733-6303 to report the loss of service.</li> <li>2. If the loss of service is estimated to last less than 8 hours, clients are to be given shelter at other Integrity residential facilities.</li> <li>3. If the loss of service is estimated to last more than 8 hours, or if no temporary housing is available at other Integrity residential facilities, clients and staff are to be transported to the Urban Renewal Corporation at 224 Sussex Avenue, Newark, NJ.</li> <li>4. Medications shall be removed from the affected facility and dispensed by a nurse at a time designated for each client.</li> </ol>
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	NJ.
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	Refer to Hudson County Correctional Center's Safety Policies.
	1. Call the Hudson County Office of Emergency Management at (201) 319-3871 to report the loss of service.  2. If the loss of service is estimated to last less than 8 hours, clients are to be given shelter at other Integrity residential facilities.  3. If the loss of service is estimated to last more than 8 hours, or if no temporary housing is available at other Integrity residential facilities, clients and staff are to be transported to the Jersey City Armory at 678 Montgomery Street, Jersey City, NJ.
	4. Medications shall be removed from the affected facility and dispensed by a nurse at a time designated for each client.
	1. Call the Hudson County Office of Emergency Management at (201) 319-3871 to report the loss of service.  2. If the loss of service is estimated to last less than 8 hours, clients are to be given shelter at other Integrity residential facilities.

	<p>3. If the loss of service is estimated to last more than 8 hours, or if no temporary housing is available at other Integrity residential facilities, clients and staff are to be transported to the Jersey City Armory at 678 Montgomery Street, Jersey City, NJ.</p> <p>4. Medications shall be removed from the affected facility and dispensed by a nurse at a time designated for each client.</p>
	<p>In the event that there is a disruption of water service, the program may close pending restoration of service. Clinical services may be relocated to another Integrity facility or be suspended. Senior management will determine if the program will be closed.</p>
	<p>1. Call the Hudson County Office of Emergency Management at (201) 319-3871 to report the loss of service.</p> <p>2. If the loss of service is estimated to last less than 8 hours, clients are to be given shelter at other Integrity residential facilities.</p> <p>3. If the loss of service is estimated to last more than 8 hours, or if no temporary housing is available at other Integrity residential facilities, clients and staff are to be transported to the Jersey City Armory at 678 Montgomery Street, Jersey City, NJ.</p> <p>4. Medications shall be removed from the affected facility and dispensed by a nurse at a time designated for each client.</p>
	<p>In the event that there is a disruption of water service, the program may close pending restoration of service. Clinical services may be relocated to another Integrity facility or be suspended. Senior management will determine if the program will be closed.</p>
	<p>In the event that there is a disruption of water service, the building may close pending restoration of service, and staff may work out of other another Integrity facility. Senior management will determine if the building will be closed.</p>

Senior Management Approval

*[Signature]*

Date

1-27-14

President's Signature

*[Signature]*

Date

2-5-14

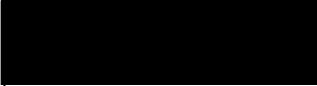
Initial Policy Date: 2/1/2012


Revised: 12/13/2013

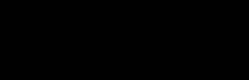
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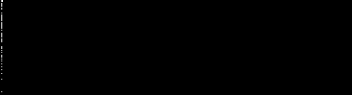
INTEGRITY, INC.

Policy and Procedures Form

Facility/Department: All Programs	Integrity Policy #: I-1.30H
Subject: Hurricanes	Administrative <u>  X  </u> Clinical <u>  X  </u> Human Resources <u>  X  </u>
<b>Purpose:</b> To outline the actions to be taken by Integrity, Inc. staff and clients in the event of a hurricane.	
<b><u>Procedures</u></b>	
<b><u>Notification Information</u></b>	
<p>The Chief Executive Officer or his/her designee must immediately notify the Department of Human Services (DHS) at (609) 292-5760 during normal business hours or at (866) 666-8108 after normal business hours to report if an unanticipated event results in:</p> <ol style="list-style-type: none"><li>1. Death of clients or staff;</li><li>2. Evacuation of clients from the facility; or</li><li>3. Closure of the facility.</li></ol> <p>A report must also be faxed to DHS at (609) 292-3816.</p>	
<b><u>Safeguarding Records</u></b>	
<p>The decision to move critical records from their location in any natural disaster emergency will be made by the director and shall be based on the measure of safety that is afforded, the degree of hazard, and the estimated time allowance. Directors will make every effort possible to coordinate their decisions in consultation with the Chief Clinical Officer.</p>	
<b><u>Facilities</u></b>	
<p>The following courses of action are for each Integrity facility in the event of a hurricane (and if facilities cannot evacuate to their temporary shelter sites):</p>	
	<b><u>Before the Hurricane</u></b> <ol style="list-style-type: none"><li>1. In the event that a hurricane presents an imminent threat, staff members are to immediately develop a contingency staffing plan.</li><li>2. Staff members are to conduct a full client headcount who will be in the facility during the duration of the storm.</li><li>3. Staff members are to locate and ensure that they have access to the facility's emergency preparedness and first aid kits at</li></ol>

	<p>all times during the hurricane.</p> <ol style="list-style-type: none"> <li>4. All facility vehicles are to be fully fueled.</li> <li>5. Any exterior items are to be brought inside or secured.</li> <li>6. A house meeting is to occur with all clients and staff to review emergency procedures.</li> </ol> <p><b><u>During the Hurricane</u></b></p> <ol style="list-style-type: none"> <li>1. No one will be allowed outside and everyone is to stay away from windows.</li> <li>2. All interior doors are to be closed and all exterior doors are to be secured.</li> <li>3. All blinds are to be closed.</li> <li>4. Everyone is to gather in the basement to protect themselves from flying debris.</li> </ol> <p><b><u>After the Hurricane</u></b></p> <ol style="list-style-type: none"> <li>1. Staff members are to conduct an immediate headcount to ensure that all clients are accounted for.</li> <li>2. Staff members are to open the emergency preparedness kit and use whatever contents are necessary until full utility service is restored. If power is down, a generator can be used to restore temporary power (the generator needs to be set up outside the facility).</li> </ol>
	<p><b><u>Before the Hurricane</u></b></p> <ol style="list-style-type: none"> <li>1. In the event that a hurricane presents an imminent threat, staff members are to immediately develop a contingency staffing plan.</li> <li>2. Staff members are to conduct a full client headcount who will be in the facility during the duration of the storm.</li> <li>3. Staff members are to locate and ensure that they have access to the facility's emergency preparedness and first aid kits at all times during the hurricane.</li> <li>4. Any exterior items are to be brought inside or secured.</li> <li>5. A house meeting is to occur with all clients</li> </ol>

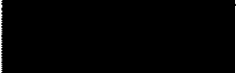
	<p>and staff to review emergency procedures.</p> <p><b><u>During the Hurricane</u></b></p> <ol style="list-style-type: none"> <li>1. No one will be allowed outside and everyone is to stay away from windows. For those clients who are employed, they should plan on not going to work until the storm passes and it is deemed safe to leave the facility.</li> <li>2. All interior doors are to be closed and all exterior doors are to be secured.</li> <li>3. All blinds are to be closed.</li> <li>4. Everyone is to gather in the basement to protect themselves from flying debris.</li> </ol> <p><b><u>After the Hurricane</u></b></p> <ol style="list-style-type: none"> <li>1. Staff members are to conduct an immediate headcount to ensure that all clients are accounted for.</li> <li>2. Staff members are to open the emergency preparedness kit and use whatever contents are necessary until full utility service is restored. If power is down, a generator can be used to restore temporary power (the generator needs to be set up outside the facility).</li> </ol>
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	<p><b><u>During the Hurricane</u></b></p> <ol style="list-style-type: none"> <li>1. No one will be allowed outside and everyone is to stay away from windows.</li> <li>2. All interior doors are to be closed and all exterior doors are to be secured.</li> <li>3. All blinds are to be closed.</li> <li>4. Everyone is to gather in the basement to protect themselves from flying debris.</li> </ol> <p><b><u>After the Hurricane</u></b></p> <ol style="list-style-type: none"> <li>1. Staff members are to conduct an immediate headcount to ensure that all clients are accounted for.</li> <li>2. Staff members are to open the emergency preparedness kit and use whatever contents are necessary until full utility service is restored. If power is down, a generator can be used to restore temporary power (the generator needs to be set up outside the facility).</li> </ol>
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	<p><b><u>Before the Hurricane</u></b></p> <p>In the event that a hurricane presents an imminent threat, staff members should make preparations to anticipation of the building being closed during the duration of the storm. This include having any exterior items are to be brought inside or secured and notifying all exterior agencies of the impending closure. Senior management will determine if the building will be closed</p>
	<p><b><u>Before the Hurricane</u></b></p> <p>1. In the event that a hurricane presents an imminent threat, staff members are to immediately develop a contingency staffing plan.</p> <p>2. Staff members are to conduct a full client headcount who will be in the facility during the duration of the storm.</p> <p>3. Staff members are to locate and ensure that they have access to the facility's emergency preparedness and first aid kits at all times during the hurricane.</p> <p>4. Any exterior items are to be brought inside or secured.</p> <p>5. A house meeting is to occur with all clients and staff to review emergency procedures.</p> <p><b><u>During the Hurricane</u></b></p> <p>1. No one will be allowed outside and everyone is to stay away from windows. For those clients who are employed, they should</p>

	<p>plan on not going to work until the storm passes and it is deemed safe to leave the facility.</p> <ol style="list-style-type: none"> <li>2. All interior doors are to be closed and all exterior doors are to be secured.</li> <li>3. All blinds are to be closed.</li> <li>4. Everyone is to gather in the basement to protect themselves from flying debris.</li> </ol> <p><b><u>After the Hurricane</u></b></p> <ol style="list-style-type: none"> <li>1. Staff members are to conduct an immediate headcount to ensure that all clients are accounted for.</li> <li>2. Staff members are to open the emergency preparedness kit and use whatever contents are necessary until full utility service is restored. If power is down, the back up generator will be used to restore temporary power.</li> </ol>
	<p><b><u>Before the Hurricane</u></b></p> <p>In the event that a hurricane presents an imminent threat, staff members should make preparations to anticipation of suspending clinical services and closing the facility for the duration of the storm. This includes having any exterior items are to be brought inside or secured and notifying all exterior agencies of the impending closure. Senior management will determine if the facility will be closed.</p>
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	<p>and staff to review emergency procedures.</p> <p><b><u>During the Hurricane</u></b></p> <ol style="list-style-type: none"> <li>1. No one will be allowed outside and everyone is to stay away from windows.</li> <li>2. All interior doors are to be closed and all exterior doors are to be secured.</li> <li>3. All blinds are to be closed.</li> <li>4. Everyone is to gather in the basement to protect themselves from flying debris.</li> </ol> <p><b><u>After the Hurricane</u></b></p> <ol style="list-style-type: none"> <li>1. Staff members are to conduct an immediate headcount to ensure that all clients are accounted for.</li> <li>2. Staff members are to open the emergency preparedness kit and use whatever contents are necessary until full utility service is restored. If power is down, a generator can be used to restore temporary power (the generator needs to be set up outside the facility).</li> </ol>
	<p><b><u>Before the Hurricane</u></b></p> <ol style="list-style-type: none"> <li>1. In the event that a hurricane presents an imminent threat, staff members are to immediately develop a contingency staffing plan.</li> <li>2. Staff members are to conduct a full client headcount who will be in the facility during the duration of the storm.</li> <li>3. Staff members are to locate and ensure that they have access to the facility's emergency preparedness and first aid kits at all times during the hurricane.</li> <li>4. Any exterior items are to be brought inside or secured.</li> <li>5. A house meeting is to occur with all clients and staff to review emergency procedures.</li> </ol> <p><b><u>During the Hurricane</u></b></p> <ol style="list-style-type: none"> <li>1. No one will be allowed outside and everyone is to stay away from windows. For those clients who are employed, they should plan on not going to work until the storm passes and it is deemed safe to leave the</li> </ol>

	<p>facility.</p> <ol style="list-style-type: none"> <li>2. All interior doors are to be closed and all exterior doors are to be secured.</li> <li>3. All blinds are to be closed.</li> <li>4. Everyone is to gather in the basement to protect themselves from flying debris.</li> </ol> <p><b><u>After the Hurricane</u></b></p> <ol style="list-style-type: none"> <li>1. Staff members are to conduct an immediate headcount to ensure that all clients are accounted for.</li> <li>2. Staff members are to open the emergency preparedness kit and use whatever contents are necessary until full utility service is restored. If power is down, a generator can be used to restore temporary power (the generator needs to be set up outside the facility).</li> </ol>
	<p><b><u>Before the Hurricane</u></b></p> <p>In the event that a hurricane presents an imminent threat, staff members should make preparations to anticipation of suspending clinical services and closing the facility for the duration of the storm. This include having any exterior items are to be brought inside or secured and notifying all exterior agencies of the impending closure. Senior management will determine if the facility will be closed.</p>
	<p><b><u>Before the Hurricane</u></b></p> <p>In the event that a hurricane presents an imminent threat, staff members should make preparations to anticipation of suspending clinical services and closing the facility for the duration of the storm. This includes having any exterior items are to be brought inside or secured and notifying all exterior agencies of the impending closure. Senior management will determine if the facility will be closed.</p>
	<p><b><u>Before the Hurricane</u></b></p> <ol style="list-style-type: none"> <li>1. In the event that a hurricane presents an imminent threat, any exterior items are to be brought inside or secured.</li> <li>2. A meeting is to occur with all clients and staff to review emergency procedures.</li> </ol> <p><b><u>During the Hurricane</u></b></p> <ol style="list-style-type: none"> <li>1. For those clients who are employed, they are to be encouraged to stay inside the</li> </ol>

	<p>building until the storm ends.</p> <ol style="list-style-type: none"> <li>2. All interior doors are to be closed and all exterior doors are to be secured.</li> <li>3. All blinds are to be closed.</li> <li>4. Everyone is to gather in the basement to protect themselves from flying debris.</li> </ol> <p><b><u>After the Hurricane</u></b></p> <ol style="list-style-type: none"> <li>1. Staff members are to conduct an immediate headcount to ensure that all clients are accounted for.</li> </ol>
	<p><b><u>Before the Hurricane</u></b></p> <p>In the event that a hurricane presents an imminent threat, staff members should make preparations to anticipation of suspending clinical services until staff can return to work.</p>
	<p><b><u>Before the Hurricane</u></b></p> <ol style="list-style-type: none"> <li>1. In the event that a hurricane presents an imminent threat, staff members are to immediately develop a contingency staffing plan.</li> <li>2. Staff members are to conduct a full client headcount who will be in each house during the duration of the storm.</li> <li>3. Staff members are to locate and ensure that they have access to the facility's emergency preparedness and first aid kits at all times during the hurricane.</li> <li>4. All facility vehicles are to be fully fueled.</li> <li>5. Any exterior items are to be brought inside or secured.</li> <li>6. A house meeting is to occur with all clients and staff to review emergency procedures.</li> </ol> <p><b><u>During the Hurricane</u></b></p> <ol style="list-style-type: none"> <li>1. No one will be allowed outside and everyone is to stay away from windows.</li> <li>2. All interior doors are to be closed and all exterior doors are to be secured.</li> <li>3. All blinds are to be closed.</li> <li>4. Everyone is to gather on the ground floor to protect themselves from flying debris.</li> </ol>

Female clients and male clients are to be kept in separate areas on the ground floor.

#### **After the Hurricane**

1. Staff members are to conduct an immediate headcount to ensure that all clients are accounted for.
2. Staff members are to open the emergency preparedness kit and use whatever contents are necessary until full utility service is restored. If power is down, the external generator will immediately turn on, restoring electric service to the facility.

#### **Before the Hurricane**

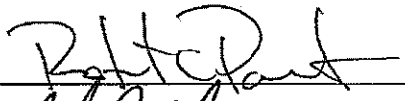
1. In the event that a hurricane presents an imminent threat, staff members are to immediately develop a contingency staffing plan.
2. Staff members are to conduct a full client headcount who will be in the facility during the duration of the storm.
3. Staff members are to locate and ensure that they have access to the facility's emergency preparedness and first aid kits at all times during the hurricane.
4. Any exterior items are to be brought inside or secured.
5. A house meeting is to occur with all clients and staff to review emergency procedures.

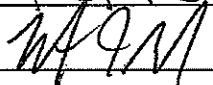
#### **During the Hurricane**

1. No one will be allowed outside and everyone is to stay away from windows. For those clients who are employed, they should plan on not going to work until the storm passes and it is deemed safe to leave the facility.
2. All interior doors are to be closed and all exterior doors are to be secured.
3. All blinds are to be closed.
4. Everyone is to gather in the basement to protect themselves from flying debris. Halfway house clients are to be kept in a separate area.

	<p><b><u>After the Hurricane</u></b></p> <ol style="list-style-type: none"> <li>1. Staff members are to conduct an immediate headcount to ensure that all clients are accounted for.</li> <li>2. Staff members are to open the emergency preparedness kit and use whatever contents are necessary until full utility service is restored. If power is down, the external generator will immediately turn on, restoring electric service to the facility.</li> </ol>
	<p><b><u>Before the Hurricane</u></b></p> <p>In the event that a hurricane presents an imminent threat, staff members should make preparations to anticipation of suspending clinical services for the duration of the storm. This includes notifying all exterior agencies of the impending closure. Senior management will determine if the program will be closed.</p>
	<p><b><u>Before the Hurricane</u></b></p> <ol style="list-style-type: none"> <li>1. In the event that a hurricane presents an imminent threat, staff members are to immediately develop a contingency staffing plan.</li> <li>2. Staff members are to conduct a full client headcount who will be in each house during the duration of the storm.</li> <li>3. Staff members are to locate and ensure that they have access to the facility's emergency preparedness and first aid kits at all times during the hurricane.</li> <li>4. All facility vehicles are to be fully fueled.</li> <li>5. Any exterior items are to be brought inside or secured.</li> <li>6. A house meeting is to occur with all clients and staff to review emergency procedures.</li> </ol> <p><b><u>During the Hurricane</u></b></p> <ol style="list-style-type: none"> <li>1. No one will be allowed outside and everyone is to stay away from windows.</li> <li>2. All interior doors are to be closed and all exterior doors are to be secured.</li> <li>3. All blinds are to be closed.</li> <li>4. Everyone is to gather in the interior part of the building to protect themselves from flying debris. Female clients and male clients are</li> </ol>

	<p>to be kept in separate areas.</p> <p><b><u>After the Hurricane</u></b></p> <p>1. Staff members are to conduct an immediate headcount to ensure that all clients are accounted for.</p> <p>2. Staff members are to open the emergency preparedness kit and use whatever contents are necessary until full utility service is restored. If power is down, the external generator will immediately turn on, restoring electric service to the facility.</p>
	<p><b><u>Before the Hurricane</u></b></p> <p>In the event that a hurricane presents an imminent threat, staff members should make preparations to anticipation of suspending clinical services for the duration of the storm. This includes notifying all exterior agencies of the impending closure. Senior management will determine if the program will be closed.</p>
	<p><b><u>Before the Hurricane</u></b></p> <p>In the event that a hurricane presents an imminent threat, staff members should make preparations to anticipation of the building being closed during the duration of the storm. This includes having any exterior items are to be brought inside or secured and notifying all exterior agencies of the impending closure. Senior management will determine if the building will be closed.</p> <p><b><u>After the Hurricane</u></b></p> <p>If the building is severely damaged, administration staff may be relocated to an alternate site to ensure continuity of operations for the agency.</p>

Senior Management Approval  Date 1-27-14

President's Signature  Date 2-5-14

Initial Policy Date: 4/7/1999  
Revised: 12/13/2013  
PRC: N/A



INTEGRITY, INC.

Policy and Procedures Form

Facility/Department: All Programs	Integrity Policy #: I-1.14
Subject: Incident Reports	Administrative <u>  X  </u> Clinical <u>  X  </u> Human Resources <u>  X  </u>
<b>Purpose:</b> To explain what incidents are to be reported, who should document and report incidents, and to whom incidents should be reported.	
<b><u>Procedures</u></b> <p>When a crime has been committed on Integrity property or against a staff member and/or a program, the police must be contacted immediately.</p> <p>The table below indicates who should receive which reports. Individual policies describe which state agency must be alerted and when for various incident reports noted below. Regulatory agencies are to be contacted as required by state guidelines, as specifically noted in policies governing those incident types. Programs should also refer to contractual and/or funding requirements for specific reporting guidelines.</p> <p>All Division of Mental Health and Addiction Services (DMHAS) licensed programs must report any event occurring in the facility that jeopardizes the health and safety of clients or staff to the Department of Human Services (DHS).</p> <p>An Integrity, Inc. Senior Vice President must be contacted immediately after a reportable event occurs and before contacting DHS.</p> <p>Any reportable event that involves confidential staff information must be reported to DHS by the Integrity, Inc. Human Resources Department.</p> <p>The Chief Executive Officer or his/her designee must immediately notify DHS at (609) 292-5760 during normal business hours or at (866) 666-8108 after normal business hours to report the event. A report must also be faxed to DMHAS and OOL at (609) 292-3816. The report must contain the following information concerning:</p> <ul style="list-style-type: none"><li>• Specific injuries to clients and/or staff</li><li>• Death of a client</li><li>• Disruption of any services</li><li>• Splittees (Adolescents Only)</li><li>• Extent of the damages</li><li>• Any disciplinary/corrective actions taken by Integrity</li><li>• Any disciplinary/criminal convictions imposed by licensing or credentialing boards</li></ul>	

Incident Type	All Staff	Program Director	Facility VP	Safety Committee Chairperson	CCO	CEO	Board of Trustees Chair	External Agency
Splittee	X	X	X	X				X
Medical Condition		X	X	X				X
Sentinel Events		X	X	X	X	X		X
Litigious Actions		X	X	X	X	X		X
Abuse		X	X	X	X	X	X	X
Neglect		X	X	X	X	X	X	X
Exploitation		X	X	X	X	X	X	X
Violence or Aggression		X	X	X	X	X		X
Infection Control		X	X	X		X		X
Bio-Hazardous Material		X	X	X		X		X
Licit/Illicit Substances		X	X	X		X		X
Weapon		X	X	X		X		X
All Other Reports Jeopardizing the health and safety of Clients/Staff		X	X	X		X		X

**Splittee** reports describe the unauthorized discharge of a client.

**Medical Condition** reports describe an individual's injury or illness, including medication errors, with or without hospitalization or outside medical intervention, as well as any follow-up information.

**Sentinel Events** reports describe grievous bodily injury, psychological injury, life-threatening situations, death off the premises, death on the premises, or assault to clients or staff and how the incident was handled. Following any emergency or crisis situation, the director and staff must participate in a timely debriefing conducted by a different program director.

**Litigious Actions** reports describe any incident that could result in legal action against Integrity, Inc., including vehicle accidents.

**Abuse** reports detail any actions of physical, sexual, psychological, or fiduciary abuse towards any staff member or staff, committed by any client or staff.

**Neglect** reports detail the overt neglect of any member of Integrity, as defined by confinement, denial of food, denial of medical treatment, and isolation from clients and staff.

**Exploitation** reports detail the exploitation of clients by staff for personal or professional gain.

**Violence or Aggression** reports describe any situations involving staff or clients who have engaged in inappropriate behavior that had a potential to become violent or actual violence. This includes but is not limited to assaultive behavior, physical threats, and physical confrontations. *Reference Policy I-1.22 Acts of Aggression and Physical Confrontations*

**Infection Control** reports describe any incidents involving communicable diseases among staff members or staff, any occurring epidemics in the facility, and other related issues. *Reference Policy I-1.48 Infection Control Procedures and Policies*

**Bio-Hazardous Material** reports describe any incidents where waste materials were improperly disposed of, spilled, or harmed a client or staff. *Reference Policy I-1.23 Bio-Hazardous Waste Material*

**Licit or Illicit Substance** reports describe situations where staff or clients are in unlawful possession of a licit/illicit substance and/or paraphernalia or intent to distribute licit or illicit drugs on site. *Reference Policies I-1.75 Possession of Licit Drugs and Policy I-1.62 Possession of a Controlled Substance or Related Paraphernalia*

**Weapon** reports describe any situations that involve staff or clients in possession of a weapon as well as use of the weapon in a threatening manner. *Reference Policy I-1.62 Suspicion or Possession of a Weapon*

**Other reports** include false fire alarms, non-routine events not otherwise mentioned, vehicle breakdowns, injuries involving equipment, machinery, vehicles, theft, burglary, vandalism or other occurrences not mentioned.

### **Additional Distribution Information**

1. The CEO of Integrity, Inc. must receive a copy of incident reports involving all incidents that have potential of resulting in litigation, parental, or public complaints/concerns no later than three (3) days following the incident.
2. The Safety Committee Chairperson must receive a copy of incident reports involving police involvement within three (3) days following the incident.
3. The Human Resources Department must immediately receive copies of incident reports involving work-related injuries to staff. The Human Resources Department will then contact the Director of Quality Management to conduct an investigation following the incident. Written incident reports are needed from the staff member who is injured, any witnesses, and the supervisor.
4. The Director of Quality Management must immediately receive copies of incident reports involving injuries to clients and conduct an investigation following the incident. Written incident reports are needed from the client who is injured, any witnesses, and the program director.
5. The Director of Quality Management must receive copies of any incident reports that involve an investigation, litigation, major catastrophe, an unexpected occurrence such as death, or a serious psychological or physical injury. These incidents then must be reported to The Commission on Accreditation of Rehabilitation Facilities Inc. (CARF) as per CARF's request for ongoing communication regarding significant events.

### **Documentation and Distribution of Incident Reports**

1. The staff member in charge is responsible for documentation of all incidents occurring during his or her shift. This documentation must be recorded immediately following the incident on the approved Incident Report form.
2. The staff member in charge shall provide the Program Director or his or her designee with the original Incident Report within 24 hours.
3. The Program Director or his or her designee is responsible for reviewing the report, maintaining documentation, and distributing the report to staff members who require a copy within three (3) days following the incident.

**BATE:** Any documented critical incident that involves a Juvenile Justice Commission (JJC) client must be reported to JJC. See JJC Policy: Medical Emergencies and Critical Incidents.

### **Performance Improvement**

A monthly review of incident reports is conducted by Program Directors and the Director of Quality Management. The incidents are then reported on at the Safety Committee Meeting and result in an annual safety report for management to review. The incident reports are reviewed for the following:

- Causes
- Trends
- Actions for Improvement
- Results of Improvement Plans
- Need for further education/training of personnel
- Prevention
- Internal and External Reporting Requirements

### **Debriefing of Critical Incidents**

Following an emergency situation, a timely debriefing of the incident must occur. Documentation must be kept by each facility director in Emergency Drill logs.

This debriefing can be held in the following forums:

- Safety Meeting
- Manager's Meeting
- Emergency Staff Meeting

This debriefing should cover the details of the emergency, what procedures were or were not followed, and discussion on how to improve the response to a future emergency.

Senior Management Approval

*Edward Lyons*

Date

*1-23-14*

President's Signature

*WFM*

Date

*2-5-14*

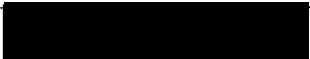
Initial Policy Date: 8/28/1998

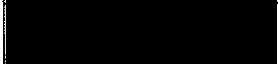
Revised: 1/8/2014

PRC: N/A

# INTEGRITY, INC.

## Policy and Procedures Form

<b>Facility/Department:</b> All Programs	<b>Integrity Policy #:</b> I-2.18
<b>Subject:</b> Industrial/Radiological Accidents	Administrative <u>  X  </u> Clinical <u>  X  </u> Human Resources <u>  X  </u>
<b>Purpose:</b> To outline the actions to be taken by Integrity, Inc. staff and clients in the event of an industrial or radiological accident.	
<b><u>Procedures</u></b>	
<b><u>Notification Information</u></b>	
<p>The Chief Executive Officer or his/her designee must immediately notify the Department of Human Services (DHS) at <b>(609) 292-5760</b> during normal business hours or at <b>(866) 666-8108</b> after normal business hours to report if an unanticipated event results in:</p> <ol style="list-style-type: none"><li>1. Death of clients or staff;</li><li>2. Evacuation of clients from the facility; or</li><li>3. Closure of the facility.</li></ol> <p>A report must also be faxed to DHS at <b>(609) 292-3816</b>.</p>	
<b><u>Facilities</u></b>	
<p>The following courses of action are for each Integrity facility in the event of an industrial/radiological accident:</p>	
	<ol style="list-style-type: none"><li>1. Identify whether the accident originated internally or externally.</li><li>2. If there was a discharge of hazardous chemicals, emergency personnel (911) and external health agencies (the Essex County Regional Health Commission at <b>(973) 251-2059</b> or the Essex County Office of Emergency Management <b>(973) 621-4111</b>).</li></ol> <b><u>Hazardous Materials Spills</u></b> <ol style="list-style-type: none"><li>1. Permit only the minimum number of people to deal with the accident into the area.</li><li>2. Shut off all heating and ventilation units.</li><li>3. Confine the spill immediately.</li><li>4. Decontaminate the area according to the</li></ol>

	<p>directions of Maintenance personnel.</p> <p><b><u>External Accidents</u></b></p> <ol style="list-style-type: none"> <li>1. Ensure that all staff and clients get inside the facility as quickly as possible.</li> <li>2. Shut and lock all outside doors and windows.</li> <li>3. Turn off the HVAC system and all fans.</li> <li>4. No one may leave the facility until it is deemed safe.</li> </ol> <p><b><u>Internal Accidents</u></b></p> <ol style="list-style-type: none"> <li>1. Evacuate the facility. Staff members, clients, and visitors are to go across the street to Lincoln Park.</li> <li>2. Notify 103 Lincoln Park and inform them of the accident so that they may also evacuate.</li> <li>3. If the loss of service is estimated to last less than 8 hours, clients are to be given shelter at other Integrity residential facilities.</li> <li>4. If the loss of service is estimated to last more than 8 hours, or if no temporary housing is available at other Integrity residential facilities, clients and staff are to be transported to the Urban Renewal Corporation at 224 Sussex Avenue, Newark, NJ.</li> <li>5. If shelter becomes unavailable for an indefinite amount of time, each client will be placed in surrounding treatment facilities based on individual need of the client. Guarantees of location in emergency conditions cannot be specified.</li> <li>6. Medication will be removed by the supervised nurse and shall be dispensed at a time designed by him/her. If medication quantities are insufficient, prescriptions will be obtained as needed at another Integrity facility.</li> </ol>
	<ol style="list-style-type: none"> <li>1. Identify whether the accident originated internally or externally.</li> <li>2. If there was a discharge of hazardous chemicals, emergency personnel (911) and external health agencies (the Essex County Regional Health Commission at (973) 251-2059 or the Essex County Office of</li> </ol>

Emergency Management (973) 621-4111).

#### **Hazardous Materials Spills**

1. Permit only the minimum number of people to deal with the accident into the area.
2. Shut off all heating and ventilation units.
3. Confine the spill immediately.
4. Decontaminate the area according to the directions of Maintenance personnel.

#### **External Accidents**


1. Ensure that all staff and clients get inside the facility as quickly as possible.
2. Shut and lock all outside doors and windows.
3. Turn off the HVAC system and all fans.
4. No one may leave the facility until it is deemed safe. For those clients who are employed, they should plan on not going to work until it is deemed to leave the facility.

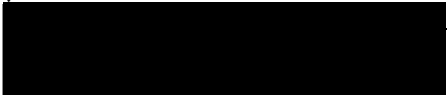
#### **Internal Accidents**

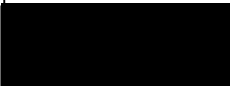
1. Evacuate the facility. Staff members, clients, and visitors are to go across the street to Lincoln Park.
2. If the loss of service is estimated to last less than 8 hours, clients are to be given shelter at other Integrity residential facilities.
3. If the loss of service is estimated to last more than 8 hours, or if no temporary housing is available at other Integrity residential facilities, clients and staff are to be transported to the Urban Renewal Corporation at 224 Sussex Avenue, Newark, NJ.
4. If shelter becomes unavailable for an indefinite amount of time, each client will be placed in surrounding treatment facilities based on individual need of the client. Guarantees of location in emergency conditions cannot be specified.
5. Medication will be removed by the supervised nurse and shall be dispensed at a time designed by him/her. If medication




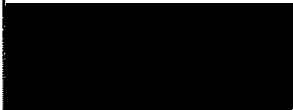
	quantities are insufficient, prescriptions will be obtained as needed at another Integrity facility.
<div data-bbox="295 220 490 268" style="background-color: black; width: 120px; height: 23px;"></div>	<div data-bbox="831 231 1364 504"> <p>1. Identify whether the accident originated internally or externally.</p> <p>2. If there was a discharge of hazardous chemicals, emergency personnel (911) and external health agencies (the Essex County Regional Health Commission at (973) 251-2059 or the Essex County Office of Emergency Management (973) 621-4111).</p> </div> <div data-bbox="831 535 1161 567"> <p><b><u>Hazardous Materials Spills</u></b></p> </div> <div data-bbox="831 598 1364 882"> <p>1. Permit only the minimum number of people to deal with the accident into the area.</p> <p>2. Shut off all heating and ventilation units.</p> <p>3. Confine the spill immediately.</p> <p>4. Decontaminate the area according to the directions of Maintenance personnel.</p> </div> <div data-bbox="831 913 1063 945"> <p><b><u>External Accidents</u></b></p> </div> <div data-bbox="831 976 1364 1291"> <p>1. Ensure that all staff and clients get inside the facility as quickly as possible.</p> <p>2. Shut and lock all outside doors and windows.</p> <p>3. Turn off the HVAC system and all fans.</p> <p>4. No one may leave the facility until it is deemed safe.</p> </div> <div data-bbox="831 1323 1063 1354"> <p><b><u>Internal Accidents</u></b></p> </div> <div data-bbox="831 1386 1364 1911"> <p>1. Evacuate the facility. Staff members, clients, and visitors are to go across the street to Lincoln Park.</p> <p>2. Notify 97 Lincoln Park and inform them of the accident so that they may also evacuate.</p> <p>3. If the loss of service is estimated to last less than 8 hours, clients are to be given shelter at other Integrity residential facilities.</p> <p>4. If the loss of service is estimated to last more than 8 hours, or if no temporary housing is available at other Integrity residential facilities, clients and staff are to be transported to the Urban Renewal Corporation at 224 Sussex Avenue, Newark,</p> </div>

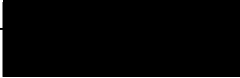
	<p>NJ.</p> <p>5. If shelter becomes unavailable for an indefinite amount of time, each client will be placed in surrounding treatment facilities based on individual need of the client. Guarantees of location in emergency conditions cannot be specified.</p> <p>6. Medication will be removed by the supervised nurse and shall be dispensed at a time designed by him/her. If medication quantities are insufficient, prescriptions will be obtained as needed at another Integrity facility.</p>
	<p>1. Identify whether the accident originated internally or externally.</p> <p>2. If there was a discharge of hazardous chemicals, emergency personnel (911) and external health agencies (the Essex County Regional Health Commission at (973) 251-2059 or the Essex County Office of Emergency Management (973) 621-4111).</p> <p><b><u>Hazardous Materials Spills</u></b></p> <p>1. Permit only the minimum number of people to deal with the accident into the area.</p> <p>2. Shut off all heating and ventilation units.</p> <p>3. Confine the spill immediately.</p> <p>4. Decontaminate the area according to the directions of Maintenance personnel.</p> <p><b><u>External Accidents</u></b></p> <p>1. Ensure that all staff and clients get inside the facility as quickly as possible.</p> <p>2. Shut and lock all outside doors and windows.</p> <p>3. Turn off the HVAC system and all fans.</p> <p>4. No one may leave the facility until it is deemed safe.</p> <p><b><u>Internal Accidents</u></b></p> <p>1. Evacuate the facility. Staff members, clients, and visitors are to go across the street to Lincoln Park.</p> <p>2. Notify 99 Lincoln Park and inform them of</p>

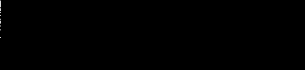
	<p>the accident so that they may also evacuate.</p> <ol style="list-style-type: none"> <li>3. If the loss of service is estimated to last less than 8 hours, clients are to be given shelter at other Integrity residential facilities.</li> <li>4. If the loss of service is estimated to last more than 8 hours, or if no temporary housing is available at other Integrity residential facilities, clients and staff are to be transported to the Urban Renewal Corporation at 224 Sussex Avenue, Newark, NJ.</li> <li>5. If shelter becomes unavailable for an indefinite amount of time, each client will be placed in surrounding treatment facilities based on individual need of the client. Guarantees of location in emergency conditions cannot be specified.</li> <li>6. Medication will be removed by the supervised nurse and shall be dispensed at a time designed by him/her. If medication quantities are insufficient, prescriptions will be obtained as needed at another Integrity facility.</li> </ol>
	<ol style="list-style-type: none"> <li>1. Identify whether the accident originated internally or externally.</li> <li>2. If there was a discharge of hazardous chemicals, emergency personnel (911) and external health agencies (the Essex County Regional Health Commission at (973) 251-2059 or the Essex County Office of Emergency Management (973) 621-4111).</li> </ol> <p><b><u>Hazardous Materials Spills</u></b></p> <ol style="list-style-type: none"> <li>1. Permit only the minimum number of people to deal with the accident into the area.</li> <li>2. Shut off all heating and ventilation units.</li> <li>3. Confine the spill immediately.</li> <li>4. Decontaminate the area according to the directions of Maintenance personnel.</li> </ol> <p><b><u>External Accidents</u></b></p> <ol style="list-style-type: none"> <li>1. Ensure that all staff and clients get inside the building as quickly as possible.</li> <li>2. Shut and lock all outside doors and windows.</li> </ol>

	<p>3. Turn off the HVAC system and all fans.</p> <p>4. No one may leave the building until it is deemed safe.</p> <p><b><u>Internal Accidents</u></b></p> <p>In the event that there is an internal accident, the building may close and staff may work out of other another Integrity facility. Senior management will determine if the building will be closed.</p>
	<p>1. Identify whether the accident originated internally or externally.</p> <p>2. If there was a discharge of hazardous chemicals, emergency personnel (911) and external health agencies (the Essex County Regional Health Commission at (973) 251-2059 or the Essex County Office of Emergency Management (973) 621-4111).</p> <p><b><u>Hazardous Materials Spills</u></b></p> <p>1. Permit only the minimum number of people to deal with the accident into the area.</p> <p>2. Shut off all heating and ventilation units.</p> <p>3. Confine the spill immediately.</p> <p>4. Decontaminate the area according to the directions of Maintenance personnel.</p> <p><b><u>External Accidents</u></b></p> <p>1. Ensure that all staff and clients get inside the facility as quickly as possible.</p> <p>2. Shut and lock all outside doors and windows.</p> <p>3. Turn off the HVAC system and all fans.</p> <p>4. No one may leave the facility until it is deemed safe. For those clients who are employed, they should plan on not going to work until it is deemed to leave the facility.</p> <p><b><u>Internal Accidents</u></b></p> <p>1. Evacuate the facility. Staff members, clients, and visitors are to go across the street to Lincoln Park.</p> <p>2. If the loss of service is estimated to last less than 8 hours, clients are to be given</p>


	<p>shelter at other Integrity residential facilities.</p> <p>3. If the loss of service is estimated to last more than 8 hours, or if no temporary housing is available at other Integrity residential facilities, clients and staff are to be transported to the Urban Renewal Corporation at 224 Sussex Avenue, Newark, NJ.</p> <p>4. If shelter becomes unavailable for an indefinite amount of time, each client will be placed in surrounding treatment facilities based on individual need of the client. Guarantees of location in emergency conditions cannot be specified.</p> <p>5. Medication will be removed by the supervised nurse and shall be dispensed at a time designed by him/her. If medication quantities are insufficient, prescriptions will be obtained as needed at another Integrity facility.</p>
	<p>1. Identify whether the accident originated internally or externally.</p> <p>2. If there was a discharge of hazardous chemicals, emergency personnel (911) and external health agencies (the Essex County Regional Health Commission at (973) 251-2059 or the Essex County Office of Emergency Management (973) 621-4111).</p> <p><b><u>Hazardous Materials Spills</u></b></p> <p>1. Permit only the minimum number of people to deal with the accident into the area.</p> <p>2. Shut off all heating and ventilation units.</p> <p>3. Confine the spill immediately.</p> <p>4. Decontaminate the area according to the directions of Maintenance personnel.</p> <p><b><u>External Accidents</u></b></p> <p>1. Ensure that all staff and clients get inside the facility as quickly as possible.</p> <p>2. Shut and lock all outside doors and windows.</p> <p>3. Turn off the HVAC system and all fans.</p> <p>4. No one may leave the facility until it is</p>

	<p>deemed safe.</p> <p><b><u>Internal Accidents</u></b></p> <p>In the event that there an internal accident, the facility may close. Clinical services may be relocated to another Integrity facility or be suspended. Senior management will determine if the facility will be closed.</p>
	<p>1. Identify whether the accident originated internally or externally.</p> <p>2. If there was a discharge of hazardous chemicals, emergency personnel (911) and external health agencies (the Essex County Regional Health Commission at (973) 251-2059 or the Essex County Office of Emergency Management (973) 621-4111).</p> <p><b><u>Hazardous Materials Spills</u></b></p> <p>1. Permit only the minimum number of people to deal with the accident into the area.</p> <p>2. Shut off all heating and ventilation units.</p> <p>3. Confine the spill immediately.</p> <p>4. Decontaminate the area according to the directions of Maintenance personnel.</p> <p><b><u>External Accidents</u></b></p> <p>1. Ensure that all staff and clients get inside the facility as quickly as possible.</p> <p>2. Shut and lock all outside doors and windows.</p> <p>3. Turn off the HVAC system and all fans.</p> <p>4. No one may leave the facility until it is deemed safe.</p> <p><b><u>Internal Accidents</u></b></p> <p>1. Evacuate the facility. Staff members, clients, and visitors are to go across the street to Lincoln Park.</p> <p>2. Notify 45 Lincoln Park and inform them of the accident so that they may also evacuate.</p> <p>3. If the loss of service is estimated to last less than 8 hours, clients are to be given shelter at other Integrity residential facilities.</p>

	<p>4. If the loss of service is estimated to last more than 8 hours, or if no temporary housing is available at other Integrity residential facilities, clients and staff are to be transported to the Urban Renewal Corporation at 224 Sussex Avenue, Newark, NJ.</p> <p>5. If shelter becomes unavailable for an indefinite amount of time, each client will be placed in surrounding treatment facilities based on individual need of the client. Guarantees of location in emergency conditions cannot be specified.</p> <p>6. Medication will be removed by the supervised nurse and shall be dispensed at a time designed by him/her. If medication quantities are insufficient, prescriptions will be obtained as needed at another Integrity facility.</p>
	<p>1. Identify whether the accident originated internally or externally.</p> <p>2. If there was a discharge of hazardous chemicals, emergency personnel (911) and external health agencies (the Essex County Regional Health Commission at (973) 251-2059 or the Essex County Office of Emergency Management (973) 621-4111).</p> <p><b><u>Hazardous Materials Spills</u></b></p> <p>1. Permit only the minimum number of people to deal with the accident into the area.</p> <p>2. Shut off all heating and ventilation units.</p> <p>3. Confine the spill immediately.</p> <p>4. Decontaminate the area according to the directions of Maintenance personnel.</p> <p><b><u>External Accidents</u></b></p> <p>1. Ensure that all staff and clients get inside the facility as quickly as possible.</p> <p>2. Shut and lock all outside doors and windows.</p> <p>3. Turn off the HVAC system and all fans.</p> <p>4. No one may leave the facility until it is deemed safe. For those clients who are employed, they should plan on not going to work until it is deemed to leave the facility.</p>

	<p><b><u>Internal Accidents</u></b></p> <ol style="list-style-type: none"> <li>1. Evacuate the facility. Staff members, clients, and visitors are to go across the street to Lincoln Park.</li> <li>2. If the loss of service is estimated to last less than 8 hours, clients are to be given shelter at other Integrity residential facilities.</li> <li>3. If the loss of service is estimated to last more than 8 hours, or if no temporary housing is available at other Integrity residential facilities, clients and staff are to be transported to the Urban Renewal Corporation at 224 Sussex Avenue, Newark, NJ.</li> <li>4. If shelter becomes unavailable for an indefinite amount of time, each client will be placed in surrounding treatment facilities based on individual need of the client. Guarantees of location in emergency conditions cannot be specified.</li> <li>5. Medication will be removed by the supervised nurse and shall be dispensed at a time designed by him/her. If medication quantities are insufficient, prescriptions will be obtained as needed at another Integrity facility.</li> </ol>
	<ol style="list-style-type: none"> <li>1. Identify whether the accident originated internally or externally.</li> <li>2. If there was a discharge of hazardous chemicals, emergency personnel (911) and external health agencies (the Essex County Regional Health Commission at (973) 251-2059 or the Essex County Office of Emergency Management (973) 621-4111).</li> </ol> <p><b><u>Hazardous Materials Spills</u></b></p> <ol style="list-style-type: none"> <li>1. Permit only the minimum number of people to deal with the accident into the area.</li> <li>2. Shut off all heating and ventilation units.</li> <li>3. Confine the spill immediately.</li> <li>4. Decontaminate the area according to the directions of Maintenance personnel.</li> </ol> <p><b><u>External Accidents</u></b></p> <ol style="list-style-type: none"> <li>1. Ensure that all staff and clients get inside the facility as quickly as possible.</li> </ol>



	<p>2. Shut and lock all outside doors and windows.</p> <p>3. Turn off the HVAC system and all fans.</p> <p>4. No one may leave the facility until it is deemed safe.</p> <p><b><u>Internal Accidents</u></b></p> <p>In the event that there an internal accident, the facility may close. Clinical services may be relocated to another Integrity facility or be suspended. Senior management will determine if the facility will be closed.</p>
	<p>1. Identify whether the accident originated internally or externally.</p> <p>2. If there was a discharge of hazardous chemicals, emergency personnel (911) and external health agencies (the Essex County Regional Health Commission at (973) 251-2059 or the Essex County Office of Emergency Management (973) 621-4111).</p> <p><b><u>Hazardous Materials Spills</u></b></p> <p>1. Permit only the minimum number of people to deal with the accident into the area.</p> <p>2. Shut off all heating and ventilation units.</p> <p>3. Confine the spill immediately.</p> <p>4. Decontaminate the area according to the directions of Maintenance personnel.</p> <p><b><u>External Accidents</u></b></p> <p>1. Ensure that all staff and clients get inside the facility as quickly as possible.</p> <p>2. Shut and lock all outside doors and windows.</p> <p>3. Turn off the HVAC system and all fans.</p> <p>4. No one may leave the facility until it is deemed safe.</p> <p><b><u>Internal Accidents</u></b></p> <p>In the event that there an internal accident, the facility may close. Clinical services may be relocated to another Integrity facility or be suspended. Senior management will determine if the facility will be closed.</p>

<div data-bbox="261 111 565 226" style="background-color: black; width: 187px; height: 55px;"></div>	<ol style="list-style-type: none"> <li>1. Identify whether the accident originated internally or externally.</li> <li>2. If there was a discharge of hazardous chemicals, emergency personnel (911) and external health agencies (the Essex County Regional Health Commission at (973) 251-2059 or the Essex County Office of Emergency Management (973) 621-4111).</li> </ol> <p><b><u>Hazardous Materials Spills</u></b></p> <ol style="list-style-type: none"> <li>1. Permit only the minimum number of people to deal with the accident into the area.</li> <li>2. Shut off all heating and ventilation units.</li> <li>3. Confine the spill immediately.</li> <li>4. Decontaminate the area according to the directions of Maintenance personnel.</li> </ol> <p><b><u>External Accidents</u></b></p> <ol style="list-style-type: none"> <li>1. Ensure that all staff and clients get inside the facility as quickly as possible.</li> <li>2. Shut and lock all outside doors and windows.</li> <li>3. Turn off the HVAC system and all fans.</li> <li>4. No one may leave the facility until it is deemed safe.</li> </ol> <p><b><u>Internal Accidents</u></b></p> <ol style="list-style-type: none"> <li>1. Evacuate the facility. Staff members, clients, and visitors are to go across the street to Lincoln Park.</li> <li>2. Clients are to be given shelter at other Integrity residential facilities until it is deemed safe to return.</li> </ol>
<div data-bbox="261 1507 763 1570" style="background-color: black; width: 309px; height: 30px;"></div>	<p>Refer to Hudson County Correctional Center's Safety Policies.</p>
<div data-bbox="261 1570 805 1612" style="background-color: black; width: 335px; height: 20px;"></div>	<ol style="list-style-type: none"> <li>1. Identify whether the accident originated internally or externally.</li> <li>2. If there was a discharge of hazardous chemicals, emergency personnel (911) and external health agencies (the Hudson County Regional Health Commission at (201) 223-1133 or the Hudson County Office of Emergency Management (201) 915-1300).</li> </ol>

### **Hazardous Materials Spills**

1. Permit only the minimum number of people to deal with the accident into the area.
2. Shut off all heating and ventilation units.
3. Confine the spill immediately.
4. Decontaminate the area according to the directions of Maintenance personnel.

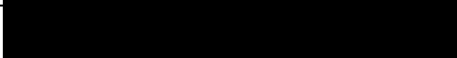
### **External Accidents**

1. Ensure that all staff and clients get inside the facility as quickly as possible.
2. Shut and lock all outside doors and windows.
3. Turn off the HVAC system and all fans.
4. No one may leave the facility until it is deemed safe.


### **Internal Accidents**

1. Evacuate the facility. Staff members, clients, and visitors are to go to the top of hill by the Juvenile Detention Center.
2. Notify the Directors of each of the residential houses, as well as the Director of the Halfway House and Outpatient programs so they may also evacuate.
3. If the loss of service is estimated to last less than 8 hours, clients are to be given shelter at other Integrity residential facilities.
4. If the loss of service is estimated to last more than 8 hours, or if no temporary housing is available at other Integrity residential facilities, clients and staff are to be transported to the Jersey City Armory at 678 Montgomery Street, Jersey City, NJ.
5. If shelter becomes unavailable for an indefinite amount of time, each client will be placed in surrounding treatment facilities based on individual need of the client. Guarantees of location in emergency conditions cannot be specified.
6. Medication will be removed by the supervised nurse and shall be dispensed at a time designed by him/her. If medication

	quantities are insufficient, prescriptions will be obtained as needed at another Integrity facility.
<div data-bbox="277 210 779 294" style="background-color: black; width: 309px; height: 40px;"></div>	<p data-bbox="836 226 1351 283">1. Identify whether the accident originated internally or externally.</p> <p data-bbox="836 319 1351 493">2. If there was a discharge of hazardous chemicals, emergency personnel (911) and external health agencies (the Hudson County Regional Health Commission at (201) 223-1133 or the Hudson County Office of Emergency Management (201) 915-1300).</p> <p data-bbox="836 529 1161 556"><b><u>Hazardous Materials Spills</u></b></p> <p data-bbox="836 592 1351 651">1. Permit only the minimum number of people to deal with the accident into the area.</p> <p data-bbox="836 686 1318 714">2. Shut off all heating and ventilation units.</p> <p data-bbox="836 749 1198 777">3. Confine the spill immediately.</p> <p data-bbox="836 812 1334 871">4. Decontaminate the area according to the directions of Maintenance personnel.</p> <p data-bbox="836 907 1068 934"><b><u>External Accidents</u></b></p> <p data-bbox="836 970 1334 1029">1. Ensure that all staff and clients get inside the facility as quickly as possible.</p> <p data-bbox="836 1064 1269 1123">2. Shut and lock all outside doors and windows.</p> <p data-bbox="836 1159 1312 1186">3. Turn off the HVAC system and all fans.</p> <p data-bbox="836 1222 1334 1344">4. No one may leave the facility until it is deemed safe. For those clients who are employed, they should plan on not going to work until it is deemed to leave the facility.</p> <p data-bbox="836 1379 1063 1407"><b><u>Internal Accidents</u></b></p> <p data-bbox="836 1442 1351 1533">1. Evacuate the facility. Staff members, clients, and visitors are to go to the top of hill by the Juvenile Detention Center.</p> <p data-bbox="836 1568 1351 1680">2. Notify the Directors of each of the residential houses, as well as the Director of the Outpatient program so they may also evacuate.</p> <p data-bbox="836 1715 1344 1806">3. If the loss of service is estimated to last less than 8 hours, clients are to be given shelter at other Integrity residential facilities.</p> <p data-bbox="836 1841 1323 1900">4. If the loss of service is estimated to last more than 8 hours, or if no temporary</p>

	<p>housing is available at other Integrity residential facilities, clients and staff are to be transported to the Jersey City Armory at 678 Montgomery Street, Jersey City, NJ.</p> <p>5. If shelter becomes unavailable for an indefinite amount of time, each client will be placed in surrounding treatment facilities based on individual need of the client. Guarantees of location in emergency conditions cannot be specified.</p> <p>6. Medication will be removed by the supervised nurse and shall be dispensed at a time designed by him/her. If medication quantities are insufficient, prescriptions will be obtained as needed at another Integrity facility.</p>
	<p>1. Identify whether the accident originated internally or externally.</p> <p>2. If there was a discharge of hazardous chemicals, emergency personnel (911) and external health agencies (the Hudson County Regional Health Commission at (201) 223-1133 or the Hudson County Office of Emergency Management (201) 915-1300).</p> <p><b><u>Hazardous Materials Spills</u></b></p> <p>1. Permit only the minimum number of people to deal with the accident into the area.</p> <p>2. Shut off all heating and ventilation units.</p> <p>3. Confine the spill immediately.</p> <p>4. Decontaminate the area according to the directions of Maintenance personnel.</p> <p><b><u>External Accidents</u></b></p> <p>1. Ensure that all staff and clients get inside the facility as quickly as possible.</p> <p>2. Shut and lock all outside doors and windows.</p> <p>3. Turn off the HVAC system and all fans.</p> <p>4. No one may leave the facility until it is deemed safe.</p> <p><b><u>Internal Accidents</u></b></p> <p>In the event that there an internal accident, the program may close. Clinical services</p>

	<p>may be relocated to another Integrity facility or be suspended. Senior management will determine if the program will be closed.</p>
	<ol style="list-style-type: none"> <li>1. Identify whether the accident originated internally or externally.</li> <li>2. If there was a discharge of hazardous chemicals, emergency personnel (911) and external health agencies (the Hudson County Regional Health Commission at (201) 223-1133 or the Hudson County Office of Emergency Management (201) 915-1300).</li> </ol> <p><b><u>Hazardous Materials Spills</u></b></p> <ol style="list-style-type: none"> <li>1. Permit only the minimum number of people to deal with the accident into the area.</li> <li>2. Shut off all heating and ventilation units.</li> <li>3. Confine the spill immediately.</li> <li>4. Decontaminate the area according to the directions of Maintenance personnel.</li> </ol> <p><b><u>External Accidents</u></b></p> <ol style="list-style-type: none"> <li>1. Ensure that all staff and clients get inside the facility as quickly as possible.</li> <li>2. Shut and lock all outside doors and windows.</li> <li>3. Turn off the HVAC system and all fans.</li> <li>4. No one may leave the facility until it is deemed safe.</li> </ol> <p><b><u>Internal Accidents</u></b></p> <ol style="list-style-type: none"> <li>1. Evacuate the facility. Staff members, clients, and visitors are to go to the top of hill by the Juvenile Detention Center.</li> <li>2. Notify Straight and Narrow and inform them of the accident so that they may also evacuate.</li> <li>3. If the loss of service is estimated to last less than 8 hours, clients are to be given shelter at other Integrity residential facilities.</li> <li>4. If the loss of service is estimated to last more than 8 hours, or if no temporary housing is available at other Integrity residential facilities, clients and staff are to be transported to the Jersey City Armory at 678</li> </ol>

	<p>Montgomery Street, Jersey City, NJ.</p> <p>5. If shelter becomes unavailable for an indefinite amount of time, each client will be placed in surrounding treatment facilities based on individual need of the client. Guarantees of location in emergency conditions cannot be specified.</p> <p>6. Medication will be removed by the supervised nurse and shall be dispensed at a time designed by him/her. If medication quantities are insufficient, prescriptions will be obtained as needed at another Integrity facility.</p>
	<p>1. Identify whether the accident originated internally or externally.</p> <p>2. If there was a discharge of hazardous chemicals, emergency personnel (911) and external health agencies (the Hudson County Regional Health Commission at (201) 223-1133 or the Hudson County Office of Emergency Management (201) 915-1300).</p> <p><b><u>Hazardous Materials Spills</u></b></p> <p>1. Permit only the minimum number of people to deal with the accident into the area.</p> <p>2. Shut off all heating and ventilation units.</p> <p>3. Confine the spill immediately.</p> <p>4. Decontaminate the area according to the directions of Maintenance personnel.</p> <p><b><u>External Accidents</u></b></p> <p>1. Ensure that all staff and clients get inside the facility as quickly as possible.</p> <p>2. Shut and lock all outside doors and windows.</p> <p>3. Turn off the HVAC system and all fans.</p> <p>4. No one may leave the facility until it is deemed safe.</p> <p><b><u>Internal Accidents</u></b></p> <p>In the event that there an internal accident, the program may close. Clinical services may be relocated to another Integrity facility</p>

<div data-bbox="284 178 511 241" style="background-color: black; width: 140px; height: 30px;"></div>	<p>or be suspended. Senior management will determine if the program will be closed.</p> <ol style="list-style-type: none"> <li>1. Identify whether the accident originated internally or externally.</li> <li>2. If there was a discharge of hazardous chemicals, emergency personnel (911) and external health agencies (the Essex County Regional Health Commission at (973) 251-2059 or the Essex County Office of Emergency Management (973) 621-4111).</li> </ol> <p><b><u>Hazardous Materials Spills</u></b></p> <ol style="list-style-type: none"> <li>1. Permit only the minimum number of people to deal with the accident into the area.</li> <li>2. Shut off all heating and ventilation units.</li> <li>3. Confine the spill immediately.</li> <li>4. Decontaminate the area according to the directions of Maintenance personnel.</li> </ol> <p><b><u>External Accidents</u></b></p> <ol style="list-style-type: none"> <li>1. Ensure that all staff and clients get inside the building as quickly as possible.</li> <li>2. Shut and lock all outside doors and windows.</li> <li>3. Turn off the HVAC system and all fans.</li> <li>4. No one may leave the building until it is deemed safe.</li> </ol> <p><b><u>Internal Accidents</u></b></p> <p>In the event that there is an internal accident, the building may close and staff may work out of other another Integrity facility. Senior management will determine if the building will be closed.</p>
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Senior Management Approval

*[Signature]*

Date

1-27-14

President's Signature

*[Signature]*

Date

2-5-14

Initial Policy Date: 12/15/2008

Revised: 12/13/2013

PRC: N/A



INTEGRITY, INC.

Policy and Procedures Form

<b>Facility/Department: All Programs</b>	<b>Integrity Policy #: I-1.46</b>
<b>Subject: Fire Alarm and Safety</b>	<b>Administrative</b> <u>  X  </u> <b>Clinical</b> <u>  X  </u> <b>Human Resources</b> <u>  X  </u>
<b>Purpose:</b> To outline fire prevention and intervention procedures.	
<b><u>Procedures</u></b>	
<b><u>Fire Inspections</u></b>	
<p>The Safety Committee maintains a liaison with the fire marshals of their respective municipalities. The Chairperson must request that the fire marshal make an independent fire inspection to identify potential fire risks.</p>	
<b><u>Fire Drills</u></b>	
<p>The Safety Committee Chairperson will develop and distribute the fire drill schedule, including days, dates, and times, for all facilities at the beginning of December for the following year. The schedule will include drills for every shift. Each drill must be documented using the <b>Emergency Drill Evaluation Form</b>.</p>	
<b><u>Reporting Procedures</u></b>	
<p>The staff in charge of each facility is responsible for submitting an incident report about each false alarm, and actual fire as per <b>Policy I-1.14 Incident Reports</b>. If a fire did occur, pictures of the damage must be taken and submitted with the incident report. The Safety Committee will review the incident reports and cooperate with the fire department and the insurance company in determining the cause of the fire and appropriate steps to correct any hazards or improve procedures.</p>	
<p>In the event of a fire that results in evacuation, injury, or death to clients or staff, the Chief Executive Officer or his/her designee must immediately notify the Division of Mental Health and Addiction Services (DMHAS) and the Office of Licensing (OOL) at <b>(609) 292-5760</b> during normal business hours or at <b>(866) 666-8108</b> after normal business hours to report the event. A report must also be faxed to DMHAS and OOL at <b>(609) 292-3816</b>. For JJC, the Regional Supervisor <b>(609) 324-6234</b> or <b>(609) 412-4586</b> must be contacted.</p>	
<b><u>Alarms</u></b>	
<p>If a fire alarm sounds, the facility must be evacuated as per <b>Policy I-1.59 Evacuation of Facilities</b> unless there is prior notification the alarm is false and should be ignored. In addition to evacuating the facility:</p>	
<ol style="list-style-type: none"><li>1. The senior staff or maintenance personnel must be contacted to examine the fire panel to determine the location of the activated alarm.</li><li>2. A staff member must determine the legitimacy of the alarm.</li><li>3. If the director of maintenance or the staff in charge determines the alarm is false, the staff on duty must contact the local fire department within three minutes to report the alarm as false.</li><li>4. At the Secaucus site the staff on duty must also call the central station to report the false fire alarm. Then CURA must be contacted to re-enter the building. <b>(See</b></li></ol>	

## Secaucus Procedures for Fire and False Alarms)

### Actual Fire

In the event of a fire being discovered, the R.A.C.E. procedure shall be followed:

- Rescue** those in immediate danger by removing them to a safer area.
- Activate** the alarm system by pulling the alarm box.
- Confine** the fire by closing all doors and windows.
- Evacuate** the building.

The responding staff person must immediately call 911 to report the fire. The staff member must report the cause, speed, size, and scope of the fire to the extent possible.

Each floor will display the emergency exit plan for that floor near the fire alarm. All persons are to evacuate the area in an orderly manner according to the evacuation diagram. The staff must check each floor to determine that all persons have been evacuated, and must verify the headcount immediately after evacuation to ensure that all have left the facility.

### Fire Suppression

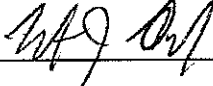
Untrained persons should not attempt fire suppression. Fire extinguishers are located on each floor. To operate fire extinguishers, P.A.S.S. should be used:

- Pull** the pin.
- Aim** the nozzle at the base of the fire.
- Squeeze** the handle.
- Sweep** the fire extinguisher from side to side, keeping a distance of 4 to 6 feet from it.

### Evacuation Plans

Evacuation plans for all facilities are to include a primary and a secondary evacuation route. All clients and staff are to become familiar with the routes of each building when in them.

Senior Management Approval  Date 7-12-12

President's Signature  Date 7/19/12

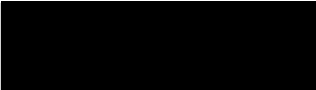
Initial Policy Date: 4/12/1999


Revised: 5/23/2012


PRC: N/A


INTEGRITY, INC.


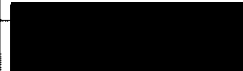
Policy and Procedures Form

Facility/Department: All Programs	Integrity Policy #: I-1.30F
Subject: Floods	Administrative <u>  X  </u> Clinical <u>  X  </u> Human Resources <u>  X  </u>
<b>Purpose:</b> To outline the actions to be taken by Integrity, Inc. staff and clients in the event of a flood.	
<b><u>Procedures</u></b>	
<b><u>Notification Information</u></b>	
<p>The Chief Executive Officer or his/her designee must immediately notify the Department of Human Services (DHS) at (609) 292-5760 during normal business hours or at (866) 666-8108 after normal business hours to report if an unanticipated event results in:</p> <ol style="list-style-type: none"><li>1. Death of clients or staff;</li><li>2. Evacuation of clients from the facility; or</li><li>3. Closure of the facility.</li></ol> <p>A report must also be faxed to DHS at (609) 292-3816.</p>	
<b><u>Safeguarding Records</u></b>	
<p>The decision to move critical records from their location in any natural disaster emergency will be made by the director and shall be based on the measure of safety that is afforded, the degree of hazard, and the estimated time allowance. Directors will make every effort possible to coordinate their decisions in consultation with the Chief Clinical Officer.</p>	
<b><u>Facilities</u></b>	
<p>The following courses of action are for each Integrity facility in the event of a flood:</p>	
	<b><u>Before the Flood</u></b>
	<ol style="list-style-type: none"><li>1. In the event that a flood presents an imminent threat, staff members are to immediately develop a contingency staffing plan.</li><li>2. Staff members are to conduct a full client</li></ol>

	<p>headcount.</p> <p>3. Staff members are to listen to the radio and/or television for information on the flood. All decision-making will be based on the communications of the local Emergency Management Team.</p> <p>4. If the facility is to be evacuated, all utilities are to be disconnected, including electrical appliances. The decision to evacuate will be made in advance to allow safe transportation of evacuees to the alternative site.</p> <p><b><u>During the Flood</u></b></p> <p>1. If there is flash flooding, immediately move to higher ground (if possible).</p> <p>2. Do not walk or drive Integrity vehicles through moving water.</p> <p><b><u>After the Flood</u></b></p> <p>1. Staff members and clients may return to the facility if it is deemed safe by the local Emergency Management Team.</p> <p>2. Staff members are to conduct an immediate headcount to ensure that all clients are accounted for.</p>
	<p><b><u>Before the Flood</u></b></p> <p>1. In the event that a flood presents an imminent threat, staff members are to immediately develop a contingency staffing plan.</p> <p>2. Staff members are to conduct a full client headcount.</p> <p>3. Staff members are to listen to the radio and/or television for information on the flood. All decision-making will be based on the communications of the local Emergency Management Team.</p> <p>4. If the facility is to be evacuated, all utilities are to be disconnected, including electrical appliances. The decision to evacuate will be made in advance to allow safe transportation</p>

	<p>of evacuees to the alternative site.</p> <p><b><u>During the Flood</u></b></p> <ol style="list-style-type: none"> <li>1. For those clients who are employed, they should plan on not being able to go to work until the flooding subsides.</li> <li>2. If there is flash flooding, immediately move to higher ground (if possible).</li> <li>3. Do not walk through moving water.</li> </ol> <p><b><u>After the Flood</u></b></p> <ol style="list-style-type: none"> <li>1. Staff members and clients may return to the facility if it is deemed safe by the local Emergency Management Team.</li> <li>2. Staff members are to conduct an immediate headcount to ensure that all clients are accounted for.</li> </ol>
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	<p><b><u>Before the Flood</u></b></p> <p>In the event that a flood presents an imminent threat, staff members should make preparations in anticipation of the building being closed during the duration of the flood. This includes notifying all exterior agencies of the impending closure. Senior management will determine if the building will be closed.</p> <p><b><u>After the Flood</u></b></p> <p>If the building is severely damaged, administration staff may be relocated to an alternate site to ensure continuity of operations for the agency.</p>
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[Redacted]	<p><b><u>Before the Flood</u></b></p> <p>In the event that a flood presents an imminent threat, staff members should make preparations in anticipation of closing the building for the duration of the storm and will remain closed until it is deemed safe to return. Senior management will determine if the building will be closed.</p> <p><b><u>After the Flood</u></b></p> <p>If the building is severely damaged, administration staff may be relocated to an alternate site to ensure continuity of operations for the agency.</p>

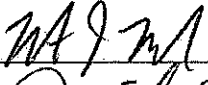
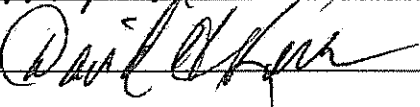
Senior Management Approval [Signature] Date 1-27-14

President's Signature [Signature] Date 2-5-14

Initial Policy Date: 4/7/1999  
 Revised: 12/13/2013  
 PRC: N/A

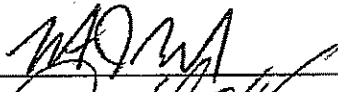
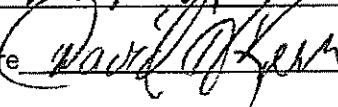
# INTEGRITY, INC.

## Policy and Procedures Form

<b>Facility/Department:</b> All Programs	<b>Integrity Policy #:</b> I-1.78 <b>Related ACA Standard:</b> A-
<b>Subject:</b> Heat Emergency	<b>Administrative</b> _____ <b>Clinical</b> <u>X</u> _____ <b>Human Resources</b> _____
<b>Purpose:</b> To outline the procedures to be undertaken in the event of a heat emergency.	
<b>Definition</b>  A heat emergency is defined as when the indoor air temperature is 82 degrees Fahrenheit or higher for four consecutive hours.	
<b>Procedures</b>  <ol style="list-style-type: none"><li>1. All members will be moved to areas of the facility serviced by air conditioners. If the temperature is lower outside of the facility, all members will be moved outside.</li><li>2. Fans will be set up and turned on for ventilation in the lowest facility area, either the basement or the first floor.</li><li>3. Water and ice will be supplied to all members. Fruit will also be provided.</li><li>4. When the temperature has dropped below 82 degrees, members will be permitted to return to the affected floors.</li></ol>	
EPM Approval _____ 	Date <u>1/5/10</u>
President's Signature _____ 	Date <u>1-5-10</u>
Initial Policy Date: 6/22/2001 Revised: 11/3/2009 PRC: 12/9/2009	

# INTEGRITY, INC.

## Policy and Procedures Form

Facility/Department: Secaucus	Integrity Policy #: I-1.64
Subject: Emergency Room Referral for Student Members	Administrative <u>  X  </u> Clinical <u>  X  </u> Human Resources <u>  X  </u>
<b>Purpose:</b> To provide guidelines for the referral of Integrity Secaucus student members to the emergency room.	
<b><u>Procedures</u></b> <ol style="list-style-type: none"><li>1. The staff in charge must arrange transportation for the student member to the emergency room. If the incident is life threatening or if transportation is not available, the staff member must call 911 for an ambulance. If an ambulance is summoned, the EMT's must be informed if the student member is on methadone and/or Suboxone.</li><li>2. The student member's emergency contact (found in his/her clinical file) must be notified by the staff in charge as soon as the student member has been transported to the hospital.</li><li>3. Within five hours of the incident taking place, the staff in charge must file an incident report as per <b>Policy I-1.14 Incident Reports</b>.</li></ol>	
EPM Approval <u></u>	Date <u>7/13/2011</u>
President's Signature <u></u>	Date <u>7-26-11</u>
Initial Policy Date: 11/19/1999 Revised: 5/10/2011 PRC: 6/27/2011	

# INTEGRITY, INC.

## Human Resources

### Policy and Procedures

<b>Facility/Department: Human Resources</b>	<b>Integrity Policy #: 1.01 HR</b>
<b>Subject: Equal Employment Opportunity/ Sexual Harassment</b>	Administrative____ Clinical____ Human Resources <u>  X  </u>
<p><b>Purpose:</b> To ensure that Integrity's personnel policies and practices, including compensation, benefits, discipline and safety and health programs, as well as social and recreational activities, are administered and conducted without regard to sex, religion, race, color, creed, national origin, age, marital status, veteran status, sexual orientation or affectional preference or disability.</p>	
<p><b><u>Policy</u></b></p> <p>A. The purpose of this policy is to outline Integrity, Inc.'s Equal Employment Opportunity ("E.E.O.") Policy (See Reaffirmation of Equal Opportunity Policy)</p> <p>It is the policy of Integrity at all locations to:</p> <ol style="list-style-type: none"><li>1. Recruit, hire, train, and promote persons in all job titles without regard to sex, race, religion, color, creed, national origin, age, marital status, sexual orientation or affectional preference, or disability.</li><li>2. Ensure that all personnel actions such as compensation, benefits, transfers, lay-offs, return from lay-offs, Integrity-sponsored training, education, and recruiting programs will be administered equally without regard to sex, religion, race, color, creed, national origin, age, marital status, veteran status, sexual orientation or affectional preference or disability.</li><li>3. Integrity will continually review its personnel practices and procedures to ensure that all supervisors and managers are adhering to the organization's commitment to EEO principles.</li></ol> <p>B. The purpose of this policy is to define sexual harassment, provide procedures for the investigation of sexual harassment claims, and ensure that violations are investigated fully outlined in Integrity's Sexual Harassment Policy.</p> <ol style="list-style-type: none"><li>1. It is the continued policy of Integrity to promote an atmosphere free of sexual harassment, in any form, at all levels of employment, which includes vendors and customers. This includes, but is not limited to; unwelcome sexual advances, requests for sexual favors, and other verbal, visual, and/or physical conduct which is viewed as</li></ol>	



creating an intimidating, harmful and/or offensive work environment.

2. Persons who engage in such behavior are subject to disciplinary actions up to and including termination.

#### Procedures

- A. Employees who have EEO or sexual harassment-related questions, problems, or complaints should first communicate their concerns to their immediate supervisor. (Supervisors should inform the Human Resources Department as soon as a report of sexual harassment is made.)
- B. There may be situations where an employee does not feel comfortable approaching his/her supervisor, or is dissatisfied with the supervisor's handling of the matter. In such cases, employees may meet with the department head or the Human Resources Director. The Human Resources Department will launch a thorough and complete investigation of the employee's complaint in a confidential manner. If an employee is dissatisfied with the Human Resources investigation, he/she may speak to the Corporate Compliance Officer.
- C. Integrity will respond to the employee's complaint within fifteen days. The employee has the right to appeal any decision made by the Human Resources Department within ten days by pursuing their complaint with Integrity's President and CEO.

#### Retaliation

Alleged retaliation against a sexual harassment complainant will result in non-disciplinary verbal counseling. Any form of proven retaliation will result in suspension or termination upon the first proven offense, depending upon the nature and severity of the retaliatory acts.

EPM Approval

Date

7/13/2011

President's Signature

Date

7-26-11


Initial Policy Date: 1/1/1995

Revised: 5/13/2011

PRC: 6/27/2011

# INTEGRITY, INC.

## Policy and Procedures Form

<b>Facility/Department:</b> All Programs	<b>Integrity Policy #:</b> I-1.27
<b>Subject:</b> Bomb Threat/Alert	Administrative <u>  X  </u> Clinical <u>  X  </u> Human Resources <u>  X  </u>
<b>Purpose:</b> To outline the actions to be taken by Integrity, Inc. staff, clients, and visitors in the event of a bomb threat is received.	
<b><u>Procedures</u></b>	
<b><u>Notification Information</u></b>	
The Chief Executive Officer or his/her designee must immediately notify the Department of Human Services (DHS) at (609) 292-5760 during normal business hours or at (866) 666-8108 after normal business hours to report if an unanticipated event results in:	
<ol style="list-style-type: none"><li>1. Death of clients or staff;</li><li>2. Evacuation of clients from the facility; or</li><li>3. Closure of the facility.</li></ol>	
A report must also be faxed to DHS at (609) 292-3816.	
<b><u>Facilities</u></b>	
The following courses of action are for each Integrity facility in the event that a bomb threat is received:	
	<ol style="list-style-type: none"><li>1. If the bomb threat arrived via a <u>telephone call</u>, the caller ID must be checked immediately for a telephone number. DO NOT HANG UP THE PHONE – LEAVE THE LINE OPEN. If the bomb threat arrived via a <u>handwritten note</u>, handle the note as minimally as possible. If the bomb threat arrived via <u>email</u>, do not delete the email. Any evidence from the delivery of a threat should be preserved.</li><li>2. Evacuate the facility. Staff members, clients, and visitors are to go across the street to Lincoln Park.</li><li>3. Do not pull the fire alarm and do not turn</li></ol>

	<p>on or off any lights or electrical equipment.</p> <p>4. Using another phone, call 911.</p> <p>5. Notify the Director.</p> <p>6. Notify 103 Lincoln Park and inform them of the bomb threat so that they may also evacuate.</p> <p>7. Staff members and clients should assist law enforcement officials as directed.</p>
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	<p>on or off any lights or electrical equipment.</p> <p>4. Using another phone, call 911.</p> <p>5. Notify the Director.</p> <p>6. Notify 97 Lincoln Park and inform them of the bomb threat so that they may also evacuate.</p> <p>7. Staff members and clients should assist law enforcement officials as directed.</p>
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	<p>clients, and visitors are to go across the street to the corner of Broad and South Streets (in front of the Chinese Restaurant).</p> <p>3. Do not pull the fire alarm and do not turn on or off any lights or electrical equipment.</p> <p>4. Using another phone, call 911.</p> <p>5. Staff members and clients should assist law enforcement officials as directed.</p>
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	<p>on or off any lights or electrical equipment.</p> <p>4. Using another phone, call 911.</p> <p>5. Notify the Director.</p> <p>6. Notify 43 Lincoln Park and inform them of the bomb threat so that they may also evacuate.</p> <p>7. Staff members and clients should assist law enforcement officials as directed.</p>
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	<p>on or off any lights or electrical equipment.</p> <p>4. Using another phone, call 911.</p> <p>5. Notify the Director.</p> <p>6. Staff members and clients should assist law enforcement officials as directed.</p>
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	<p>Refer to Hudson County Correctional Center's Safety Policies.</p>
	<p>1. If the bomb threat arrived via a <u>telephone call</u>, the caller ID must be checked immediately for a telephone number. DO NOT HANG UP THE PHONE – LEAVE THE LINE OPEN. If the bomb threat arrived via a <u>handwritten note</u>, handle the note as minimally as possible. If the bomb threat arrived via <u>email</u>, do not delete the email. Any evidence from the delivery of a threat should be preserved.</p> <p>2. Evacuate the facility. Staff members, clients, and visitors are to go to the top of hill by the Juvenile Detention Center.</p> <p>3. Do not pull the fire alarm and do not turn on or off any lights or electrical equipment.</p>



<p>[REDACTED]</p>	<p>4. Using another phone, call 911.</p> <p>5. Notify the Directors of each of the residential houses, as well as the Director of the Halfway House and Outpatient programs so they may also evacuate.</p> <p>6. Staff members and clients should assist law enforcement officials as directed.</p>
<p>[REDACTED]</p>	<p>1. If the bomb threat arrived via a <u>telephone call</u>, the caller ID must be checked immediately for a telephone number. DO NOT HANG UP THE PHONE – LEAVE THE LINE OPEN. If the bomb threat arrived via a <u>handwritten note</u>, handle the note as minimally as possible. If the bomb threat arrived via <u>email</u>, do not delete the email. Any evidence from the delivery of a threat should be preserved.</p> <p>2. Evacuate the facility. Staff members, clients, and visitors are to go to the top of hill by the Juvenile Detention Center.</p> <p>3. Do not pull the fire alarm and do not turn on or off any lights or electrical equipment.</p> <p>4. Using another phone, call 911.</p> <p>5. Notify the Directors of each of the residential houses, as well as the Director of the Outpatient program so they may also evacuate.</p> <p>6. Staff members and clients should assist law enforcement officials as directed.</p>
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	<p>on or off any lights or electrical equipment.</p> <p>4. Using another phone, call 911.</p> <p>5. Notify the Directors of each of the residential houses, as well as the Director of the Halfway House program so they may also evacuate.</p> <p>6. Staff members and clients should assist law enforcement officials as directed.</p>
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	<p>3. Do not pull the fire alarm and do not turn on or off any lights or electrical equipment.</p> <p>4. Using another phone, call 911.</p> <p>5. Notify the Director.</p> <p>6. Staff members and clients should assist law enforcement officials as directed.</p>
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\*\*\*NOTE: In the event a bomb is found, it is not to be touched. Everyone is to exit as quickly and safely as possible through the exit farthest from the bomb.

Senior Management Approval *R. K. Paul* Date 1-24-14

President's Signature *W. J. M.* Date 2-5-14

Initial Policy Date: 4/7/1999

Revised: 12/13/2013

PRC: N/A

# INTEGRITY, INC.

## Policy and Procedures Form

Facility/Department: All Programs

Integrity Policy #: I-2.08

Subject: Containment and Control Program

Administrative   X  

Clinical   X  

Human Resources       

**Purpose:** To control active insect, including bed bug, and rodent infestations, minimize the spread of existing infestations and prevent possible future infestations.

### Policy

Each facility is responsible for performing routine, scheduled surveillance and cleaning to monitor, prevent, and control infestations.

### Prevention Measures

1. Daily, each facility must be thoroughly cleaned with a concentrated mix of bleach according to *Policy I-1.65: Cleanliness of Buildings*.
2. All new admissions are required to bring clothing and linens that are machine washable in hot water. These items must be washed and machine dried (minimum temperature 115 F for 20 minutes) upon admission. Items cannot be brought anywhere else in the facility.
3. All new admissions are required to shower with an anti-lice shampoo upon entering the program.
4. New admissions must bring their personal items in washable laundry bags or disposable plastic bags.
5. Suitcases are prohibited.
6. Stuffed animals are prohibited.
7. Furniture should be inspected on a frequent and regular basis during cleaning for signs of insects and/or rodents.
8. Ongoing pest inspections conducted by a pest controller/exterminator should be done on a regular and frequent basis (this will be determined by the facilities past pest and infestation history).
9. Any packages that student members receive while in the program must be screened. If a package contains clothing, the clothing must be washed in hot water and machine dried. These items will be returned to the student member after the screening and laundering process is completed.
10. Any student member that goes on a pass or spends an extended amount of time outside of the facility must shower upon return and machine wash their clothing in hot water and machine dried. In addition, any clothing items that are brought back into the community must also be screened and machine washed in hot water and machine dried.
11. All donated clothing that Integrity receives must be machine washed in hot water and machine dried before being placed into the acquisitions storage area.
12. Weekly safety inspections are conducted. Any cracks or crevices identified during these safety inspections that could harbor insects will be repaired as quickly as possible.
13. If a student member is transferring to another phase of treatment, all clothing must be machine washed in hot water and machine dried before transferring to another facility.
14. All Integrity employees will be required to complete an annual in-service training regarding bed bug identification, habits, and treatment.

### Treatment/Control

These procedures are to be followed if there is a suspicion and/or confirmation of an infestation of bed bugs and/or other insects.

1. The medical department is contacted to examine the individual's insect bite to determine what kind of insect bite he or she has.
2. If the medical department confirms it is a bed bug and/or insect bite, a pest controller/exterminator is contacted immediately to perform an inspection and conduct treatment as needed.
3. An Integrity, Inc. Incident Report is written to document the incident.
4. The Maintenance Department is notified of the incident and will begin to treat the infestation.
5. Any individuals residing in an infested area are vacated and alternate sleeping accommodations are provided.
6. All personal items must be placed into sealed plastic bags and removed from the infested area.
7. All clothing is bagged separately and transported to a laundry facility to be machine washed in hot water and machine dried.
8. Once the infested room is entirely cleared, the following treatment procedures are carried out: (Individuals wear protective garments during this process to prevent the transport of insects to other areas of the facility. All protective garments are sealed in plastic bags and disposed of after the treatment procedures are completed.)
  - Vacuuming (wet and dry vac used with a disposable bag, after vacuuming bag must be immediately sealed and taken to an outside garbage collection area and the vacuum rinsed out with hot water)
  - Steaming mattresses
  - Breaking down of wooden beds
  - Inspection of mattresses
  - Disposal of mattresses with non-repairable tears
  - Inspection of walls
  - Inspection of other furniture as needed
9. The inspection conducted by the pest controller/exterminator, along with Integrity's Maintenance Department, consists of identifying all possible harborages within an infested room and/or area and any adjoining rooms.
10. Once all likely sources have been identified the pest controller/exterminator will apply approved insecticides to all harborages. Monitoring traps are placed in the infested areas after the insecticides are applied.
11. There should be no cleaning immediately after the pest controller/exterminator has applied approved insecticides to avoid erasing the residual effects of the chemicals.
12. If an Integrity staff member believes to have seen a bed bug with a facility (office, desk, couch), steps 4-5, and 8-10 are to be followed.

#### Post-Treatment/Follow-Up

1. The pest controller/exterminator company conducts a follow-up visit. During this visit monitoring traps are checked and if needed more insecticides are applied to the area. This process is repeated until clearance is granted by the pest controller/exterminator.
2. After clearance for re-entry to a room is granted, painting, re-caulking, and removing/reinstalling cove base will be conducted if needed. In addition, wooden furniture is re-caulked to prevent harborage sites for insects.
3. Treatment and control procedures are routinely discussed within Integrity's monthly safety meetings.

EPM Approval

*Edward L. Jones*

Date

*11-7-11*

President's Signature

*David M. White*

Date

*11-8-11*


Initial Policy Date: 6/25/2007

Revised: 10/7/2011

PRC: 11/1/2011

# INTEGRITY, INC.

## Policy and Procedures Form

<b>Facility/Department: All Programs</b>	<b>Integrity Policy #: I-1.47</b>
<b>Subject: Detection of Gas Odor/Leak</b>	Administrative <u>  X  </u> Clinical <u>  X  </u> Human Resources <u>  X  </u>
<b>Purpose:</b> To outline the actions to be taken by Integrity, Inc. staff, clients, and visitors in the event that a gas odor/gas leak is detected.	
<b><u>Procedures</u></b>	
<b><u>Notification Information</u></b>	
The Chief Executive Officer or his/her designee must immediately notify the Department of Human Services (DHS) at <b>(609) 292-5760</b> during normal business hours or at <b>(866) 666-8108</b> after normal business hours to report if an unanticipated event results in:	
<ol style="list-style-type: none"><li>1. Death of clients or staff;</li><li>2. Evacuation of clients from the facility; or</li><li>3. Closure of the facility.</li></ol>	
A report must also be faxed to DHS at <b>(609) 292-3816</b> .	
The following courses of action are for each Integrity facility in the event that a gas odor/gas leak is detected:	
	<ol style="list-style-type: none"><li>1. Call PSE&amp;G's 24 hour emergency hotline at <b>(800) 436-7734</b> to report the odor/leak. A technician will be out at the facility within 60 minutes.</li><li>2. Open all of the windows and doors in the facility.</li><li>3. No one is to touch any electric switches, thermostats, or electric panel breakers.</li><li>4. No one is to smoke.</li><li>5. Evacuate the facility. Staff members, clients, and visitors are to go across the street to Lincoln Park.</li><li>6. Notify the Director.</li><li>7. Notify 103 Lincoln Park and inform them of</li></ol>

	<p>the odor/leak so that they may also evacuate.</p> <p>8. Medical personnel are to be summoned for anyone in need of immediate medical attention.</p>
	<p>1. Call PSE&amp;G's 24 hour emergency hotline at (800) 436-7734 to report the odor/leak. A technician will be out at the facility within 60 minutes.</p> <p>2. Open all of the windows and doors in the facility.</p> <p>3. No one is to touch any electric switches, thermostats, or electric panel breakers.</p> <p>4. No one is to smoke.</p> <p>5. Evacuate the facility. Staff members, clients, and visitors are to go across the street to Lincoln Park.</p> <p>6. Notify the Director.</p> <p>7. Medical personnel are to be summoned for anyone in need of immediate medical attention.</p>
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	<p>thermostats, or electric panel breakers.</p> <p>4. No one is to smoke.</p> <p>5. Evacuate the facility. Staff members, clients, and visitors are to go across the street to Lincoln Park.</p> <p>6. Notify the Director.</p> <p>7. Medical personnel are to be summoned for anyone in need of immediate medical attention.</p>
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	<p>1. Call PSE&amp;G's 24 hour emergency hotline at (800) 436-7734 to report the odor/leak. A technician will be out at the facility within 60 minutes.</p> <p>2. Open all of the windows and doors in the facility.</p> <p>3. No one is to touch any electric switches, thermostats, or electric panel breakers.</p> <p>4. No one is to smoke.</p> <p>5. Evacuate the facility. Staff members, clients, and visitors are to go across the street to Lincoln Park.</p>

	<p>6. Notify the Director.</p> <p>7. Notify 45 Lincoln Park and inform them of the odor/leak so that they may also evacuate.</p> <p>8. Medical personnel are to be summoned for anyone in need of immediate medical attention.</p>
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	<p>1. Call PSE&amp;G's 24 hour emergency hotline at (800) 436-7734 to report the odor/leak. A technician will be out at the facility within 60</p>

	<p>minutes.</p> <ol style="list-style-type: none"> <li>2. Open all of the windows and doors in the facility.</li> <li>3. No one is to touch any electric switches, thermostats, or electric panel breakers.</li> <li>4. No one is to smoke.</li> <li>5. Evacuate the facility. Staff members, clients, and visitors are to cross MLK Jr. Blvd.</li> <li>6. Notify the Director.</li> <li>7. Medical personnel are to be summoned for anyone in need of immediate medical attention.</li> </ol>
	<ol style="list-style-type: none"> <li>1. Call PSE&amp;G's 24 hour emergency hotline at (800) 436-7734 to report the odor/leak. A technician will be out at the facility within 60 minutes.</li> <li>2. Open all of the windows and doors in the facility.</li> <li>3. No one is to touch any electric switches, thermostats, or electric panel breakers.</li> <li>4. No one is to smoke.</li> <li>5. Evacuate the building. Clients are to cross MLK Jr. Blvd.</li> <li>6. Notify the Director.</li> <li>7. Medical personnel are to be summoned for anyone in need of immediate medical attention.</li> </ol>
	<p>Refer to Hudson County Correctional Center's Safety Policies.</p> <ol style="list-style-type: none"> <li>1. Call PSE&amp;G's 24 hour emergency hotline at (800) 436-7734 to report the odor/leak. A technician will be out at the facility within 60 minutes.</li> <li>2. Open all of the windows and doors in the facility.</li> <li>3. No one is to touch any electric switches, thermostats, or electric panel breakers.</li> <li>4. No one is to smoke.</li> <li>5. Evacuate the facility. Staff members,</li> </ol>

	<p>clients, and visitors are to go to the top of hill by the Juvenile Detention Center.</p> <p>6. Notify the Directors of each of the residential houses, as well as the Director of the Halfway House and Outpatient programs so they may also evacuate.</p> <p>7. Medical personnel are to be summoned for anyone in need of immediate medical attention.</p>
	<p>1. Call PSE&amp;G's 24 hour emergency hotline at <b>(800) 436-7734</b> to report the odor/leak. A technician will be out at the facility within 60 minutes.</p> <p>2. Open all of the windows and doors in the facility.</p> <p>3. No one is to touch any electric switches, thermostats, or electric panel breakers.</p> <p>4. No one is to smoke.</p> <p>5. Evacuate the facility. Staff members, clients, and visitors are to go to the top of hill by the Juvenile Detention Center.</p> <p>6. Notify the Directors of each of the residential houses, as well as the Director of the Outpatient program so they may also evacuate.</p> <p>7. Medical personnel are to be summoned for anyone in need of immediate medical attention.</p>
	<p>1. Call PSE&amp;G's 24 hour emergency hotline at <b>(800) 436-7734</b> to report the odor/leak. A technician will be out at the facility within 60 minutes.</p> <p>2. Open all of the windows and doors in the facility.</p> <p>3. No one is to touch any electric switches, thermostats, or electric panel breakers.</p> <p>4. No one is to smoke.</p> <p>5. Evacuate the facility. Staff members, clients, and visitors are to go to the top of hill by the Juvenile Detention Center.</p> <p>6. Notify the Directors of each of the residential houses, as well as the Director of</p>

	<p>the Halfway House program so they may also evacuate.</p> <p>7. Medical personnel are to be summoned for anyone in need of immediate medical attention.</p>
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	<p>1. Call PSE&amp;G's 24 hour emergency hotline at <b>(800) 436-7734</b> to report the odor/leak. A technician will be out at the facility within 60 minutes.</p> <p>2. Open all of the windows and doors in the facility.</p> <p>3. No one is to touch any electric switches, thermostats, or electric panel breakers.</p> <p>4. No one is to smoke.</p> <p>5. Evacuate the facility. Staff members, clients, and visitors are to cross MLK Drive.</p> <p>6. Medical personnel are to be summoned for anyone in need of immediate medical attention.</p>
	<p>1. Call PSE&amp;G's 24 hour emergency hotline at <b>(800) 436-7734</b> to report the odor/leak. A technician will be out at the facility within 60 minutes.</p> <p>2. Open all of the windows and doors in the</p>

facility.

3. No one is to touch any electric switches, thermostats, or electric panel breakers.

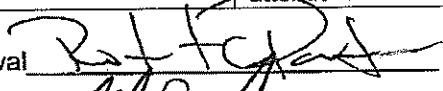
4. No one is to smoke.

5. Evacuate the building. Staff members, clients, and visitors are to go across the street to Lincoln Park.

6. Notify 105 Lincoln Park and inform them of the odor/leak so that they may also evacuate.

7. Medical personnel are to be summoned for anyone in need of immediate medical attention.

Senior Management Approval



Date

1-27-14

President's Signature



Date

2-5-14

Initial Policy Date: 4/12/1999


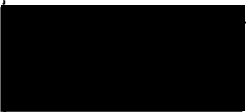
Revised: 12/13/2013

PRC: N/A

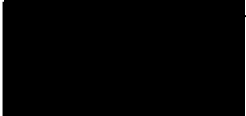
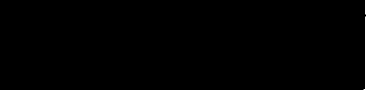
# INTEGRITY, INC.

## Policy and Procedures Form


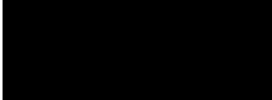
<b>Facility/Department:</b> All Programs	<b>Integrity Policy #:</b> I-1.30E
<b>Subject:</b> Earthquakes	Administrative <u>  X  </u> Clinical <u>  X  </u> Human Resources <u>  X  </u>
<b>Purpose:</b> To outline the actions to be taken by Integrity, Inc. staff, clients, and visitors in the event of an earthquake.	
<b><u>Procedures</u></b>	
<b><u>Notification Information</u></b>	
<p>The Chief Executive Officer or his/her designee must immediately notify the Department of Human Services (DHS) at (609) 292-5760 during normal business hours or at (866) 666-8108 after normal business hours to report if an unanticipated event results in:</p> <ol style="list-style-type: none"><li>1. Death of clients or staff;</li><li>2. Evacuation of clients from the facility; or</li><li>3. Closure of the facility.</li></ol> <p>A report must also be faxed to DHS at (609) 292-3816.</p>	
<b><u>Safeguarding Records</u></b>	
<p>The decision to move critical records from their location in any natural disaster emergency will be made by the director and shall be based on the measure of safety that is afforded, the degree of hazard, and the estimated time allowance. Directors will make every effort possible to coordinate their decisions in consultation with the Chief Clinical Officer.</p>	
<b><u>Facilities</u></b>	
<p>The following courses of action are for each Integrity facility in the event of a earthquake:</p>	
<div style="background-color: black; width: 150px; height: 100px;"></div>	<b><u>During an Earthquake</u></b>  <ol style="list-style-type: none"><li>1. Everyone is to drop the ground and take cover under a sturdy table or a piece of furniture and hold on onto the shaking stops. If there is no furniture, everyone is to cover their face and head with their arms and crouch in an inside corner.</li><li>2. Everyone is to stay away from glass, windows, outside doors and walls, door frames, and anything that can fall on them</li></ol>

	<p>(i.e. lighting fixtures, shelving).</p> <p>3. If the clients are in bed, have them stay in bed and cover your head with their pillows unless there is a heavy light fixture near them. If there is, have them move to the nearest safe place.</p> <p><b><u>After the Earthquake</u></b></p> <p>1. Have everyone exit the facility only if it is safe.</p> <p>2. Permission to re-enter the facility will be delayed in the event that aftershocks occur.</p>
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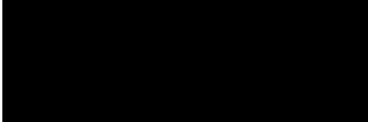
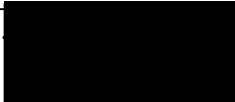
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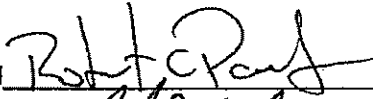
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<div data-bbox="293 804 789 898" style="background-color: black; width: 100%; height: 45px;"></div>	<p><b><u>During an Earthquake</u></b></p> <p>1. Everyone is to drop the ground and take cover under a sturdy table or a piece of furniture and hold on onto the shaking stops. If there is no furniture, everyone is to cover their face and head with their arms and crouch in an inside corner.</p> <p>2. Everyone is to stay away from glass, windows, outside doors and walls, door frames, and anything that can fall on them (i.e. lighting fixtures, shelving).</p> <p><b><u>After the Earthquake</u></b></p> <p>1. Have everyone exit the facility only if it is safe.</p> <p>2. Permission to re-enter the facility will be delayed in the event that aftershocks occur.</p>
<div data-bbox="284 1449 756 1514" style="background-color: black; width: 100%; height: 31px;"></div>	<p><b><u>During an Earthquake</u></b></p> <p>1. Everyone is to drop the ground and take cover under a sturdy table or a piece of furniture and hold on onto the shaking stops. If there is no furniture, everyone is to cover their face and head with their arms and crouch in an inside corner.</p> <p>2. Everyone is to stay away from glass, windows, outside doors and walls, door frames, and anything that can fall on them</p>

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2. Permission to re-enter the building will be delayed in the event that aftershocks occur.

3. If the building is severely damaged, administration staff may be relocated to an alternate site to ensure continuity of operations for the agency.

Senior Management Approval



Date

1-27-14

President's Signature



Date

2-5-14

Initial Policy Date: 4/7/1999

Revised: 12/13/2013

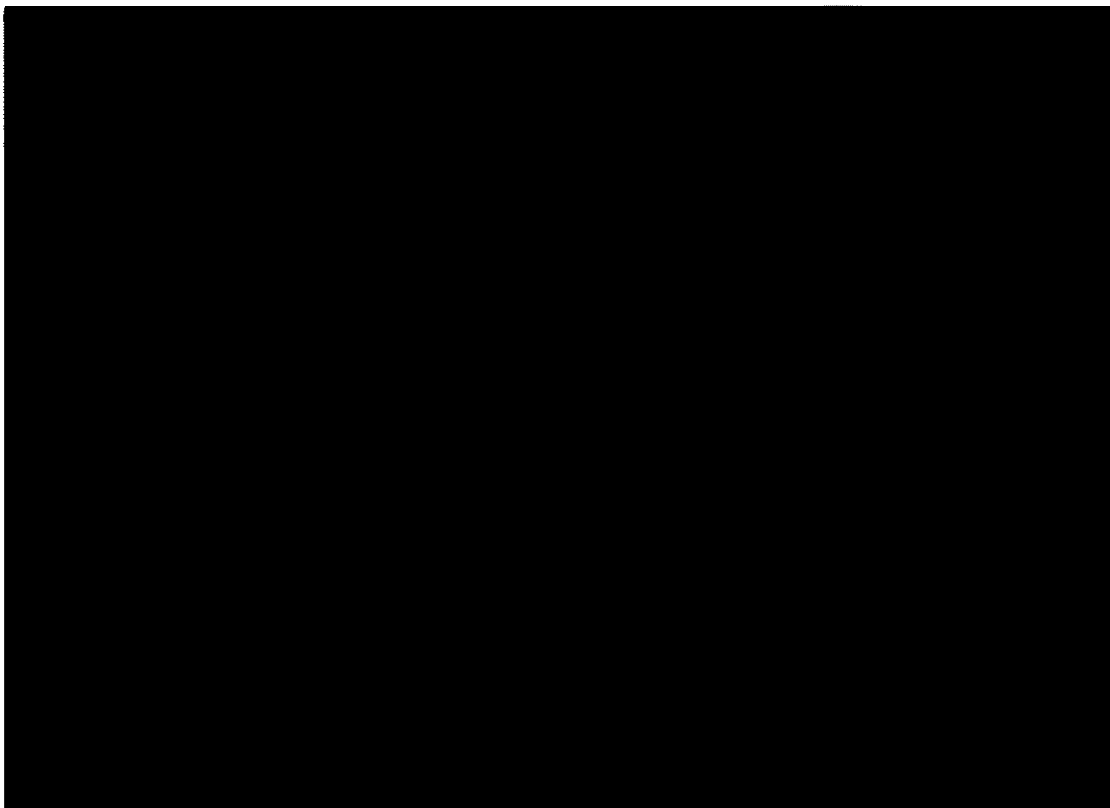
PRC: N/A



# INTEGRITY, INC.

## Policy and Procedures Form

<b>Facility/Department: All Programs</b>	<b>Integrity Policy: I-1.59</b>
<b>Subject: Evacuation of Facilities</b>	<b>Administrative</b> <u>  X  </u> <b>Clinical</b> <u>  X  </u> <b>Human Resources</b> <u>  X  </u>
<b>Purpose:</b> To ensure a safe, efficient, and thorough evacuation of Integrity buildings.	
<b><u>Procedures</u></b> <p>This evacuation policy is to be followed for any and all emergency evacuations of Integrity facilities.</p> <ol style="list-style-type: none"><li>At the notice of evacuation (fire alarm, police order, supervisor directive, or other such occurrences), all designated evacuation staff are to report to the highest floor in the building. *Note: If emergency personnel have not been notified, whoever is at the front desk is to notify the appropriate emergency responder before exiting the building.</li><li>From the top floor working outwards and downwards in teams, the staff and clients are to check every room, including dorm rooms, bathrooms, closets, and direct all clients and staff to leave the building through the closest exit. *Note: If an area is too dangerous to check, the team MUST inform emergency personnel upon their arrival of the section not evacuated.</li><li>On clearing a room, the door is to be shut. On going to a lower floor, the team must announce their leaving of the floor by shouting "Going down" or "Going up." On exiting the building, a team member must announce their leaving of the facility by shouting "Exiting facility." While clearing the building, staff must shout to announce the building should be evacuated.</li><li>Upon exiting the facility, all clients and staff are to gather in the facility's designated area for a head count by the chief and managerial staff. The following are the locations in which each building is to evacuate to:</li></ol> <div style="border: 1px solid black; height: 150px; width: 100%; background-color: black; margin-top: 10px;"></div>	



5. Staff and clients are to keep the roadways clear for emergency personnel.
6. **Under no circumstances** are clients or staff allowed to re-enter the evacuated building until permitted to do so by emergency personnel.

**Notification Information**

If the evacuation results from an unanticipated event, the Chief Executive Officer or his/her designee must immediately notify the Department of Human Services (DHS) at (609) 292-5760 during normal business hours or at (866) 666-8108 after normal business hours to report the event. A report must also be faxed to DHS at (609) 292-3816. For JJC, the Regional Supervisor (609-324-6234 or 609-412-4586) must be contacted.

Senior Management Approval

Date

1-27-14

President's Signature

Date

2-5-14

Initial Policy Date: 7/21/1999

Revised: 12/13/2013

PRC: N/A

# INTEGRITY, INC.

## Policy and Procedures Form

<b>Facility/Department:</b> Prevention	<b>Integrity Policy #:</b> I-2.00 <b>Related ACA Standard:</b>
<b>Subject:</b> Prevention Services Crisis Intervention	<b>Administrative</b> _____ <b>Clinical</b> <u>X</u> _____ <b>Human Resources</b> _____
<b>Purpose:</b> To establish a written policy and guideline for Prevention Services staff to deal with situations which involve a response to inappropriate behavior which may have the potential to result in violence or the threat of violence. The staff must recognize when the appropriate response is required to meet the situation.	
<b>Procedures:</b>  The following are suggested measures for dealing with agitated/severely agitated clients:  <b><u>Agitated Client:</u></b>  In the likelihood that either a client or a staff member is faced with an agitated client the following measures should be taken:  <ol style="list-style-type: none"><li>1. Separate the client from those around him so as to prevent the situation from getting out of control and from an attempt to solicit others to be sympathetic to that person's situation.</li><li>2. Take the client outside of the office. Have a staff member explain to the client that this is the time for the client to calm down and to think about what happened and their response to the situation.</li><li>3. The client's case aide/counselor should be notified and if present have the client sit down and have an I.C. (individual counseling) session. <b>The counselor must make an entry into the resident's record on the incident.</b></li></ol> <b><u>Severely Agitated/Assaultive Client:</u></b>  If a client escalates the confrontation between another client, a resident of the therapeutic community or a staff member, it is important to respond appropriately.  <ol style="list-style-type: none"><li>1. <b>Excessive force response is inappropriate</b> and can cause the situation to worsen quickly. It is best to attempt to "<b>control</b>" the individual through <b>verbal</b> means, by reasoning with that client and to get him/her to stop and to listen to the other person.</li><li>2. If this does not work and if the staff is witnessing an assault, then careful means must be used to separate the assailant(s). <b>Again, force is to be minimized.</b> If this assault consists of a number of clients, additional help from other staff should be sought before attempting to break up the fight. During that time whichever staff person is on the scene should attempt to verbally stop the fight, seeking to get the client to respond to what is being said by the staff person.</li></ol>	

3. It may be necessary to contact a crisis response unit to come to Integrity to "evaluate" the client as to whether he/she needs to be removed to a nearby medical facility. **DIAL 911** to get assistance in contacting a crisis unit. These details are to be communicated to senior staff members if they are not at this facility and all these details are to be included in the incident report.
4. If one of the clients escalates the act **by possessing a weapon then the police should be called immediately. CALL 911.** Staff members should resist attempting to take the weapon away but if they come into possession of it, it must be handled carefully. A **Chain of Custody** must be established – the weapon is to be turned over to the police if they come immediately to the scene. If for some reason there is a delay, then the weapon is to be turned over to a senior staff person and safely stored in a safe until it is turned over to the authorities. This **"chain"** of people handling the weapon is to be carefully documented in the incident report.

EPM Approval \_\_\_\_\_

Date 11/30/05

President's Signature \_\_\_\_\_

Date 12/2/05

Initial Policy Date: 8/30/1998

Revised: 8/26/2005

PRC: 11/11/2005

INTEGRITY, INC.

Policy and Procedures Form

<b>Facility/Department:</b> All Programs	<b>Integrity Policy #:</b> I-1.85
<b>Subject:</b> Abuse Identification and Reporting	Administrative <u>  X  </u> Clinical <u>  X  </u> Human Resources <u>      </u>
<b>Purpose:</b> To outline procedures staff should follow if abuse of a student member is suspected.	
<b>Procedures:</b>  <b>Abuse Identification Training:</b>  Mandatory abuse identification training is conducted annually for all staff. Training is inclusive of all forms of abuse, including child abuse and neglect, elder abuse and neglect, and sexual assault and abuse.  <b>Abuse Reporting Requirements:</b>  Staff members who, with reasonable and justifiable cause, suspect cases of current and/or ongoing child abuse (abuse of an individual under 18) are to report their suspicions directly to the Division of Youth and Family Services using hotline numbers posted throughout the facility. Following this notification, the staff member should report the incident to his/her supervisor and the Program Director the child is a member of. If staff members who are informed of child abuse cases that are not current and/or ongoing they are to contact the county's Prosecutor's Office, Sex Crimes Unit of the county in which the abuse occurred in.  Staff members who, with reasonable and justifiable cause, suspect cases of elder abuse (abuse of an individual over 60) are to report their suspicions directly to the New Jersey Office of the Ombudsman for the Institutionalized Elderly at 1-877-582-6995. Following this notification, the staff member should report the incident to his/her supervisor and the Program Director the elder is a member of.  Staff members who, with reasonable and justifiable cause, suspect cases of sexual assault or abuse are to report their suspicions directly to their supervisor. If the supervisor is the individual suspected of committing the abuse, the report should be made to the Corporate Compliance Officer. The Corporate Compliance Officer will handle the situation in accordance with existing policy.  All other suspected forms of abuse are to be reported directly to the Corporate Compliance Officer for investigation and action.  *All abuse and assault incidents must be reported to the Division of Mental Health and Addiction Services (DMHAS) see Policy I-1.14: Incident reports.  <b>Abuse/Assault Protocols:</b> <ul style="list-style-type: none"><li>Refer the victim for medical attention to assess for sexually transmitted diseases and other medical issues</li></ul>	

as a result of the abuse and/or assault

- Provide the option for the victim to notify the proper authorities and press charges
- Contact all referring agents (as applicable)
- Provide a referral for crisis counseling and other appropriate external services
- Provide the option for a referral to another program to the victim
- Interview all program student-members to determine if other related abuse and/or assault incidents have occurred

Senior Management Approval

*Edward Syon*

Date

*3/19/12*

President's Signature

*WJW*

Date

*3/19/12*

Initial Policy Date: 6/22/2001

Revised: 2/1/2012

PRC: 3/8/2012