



## Northwest Ohio Syringe Services Mental Health Emergency Procedure

**Original Effective Date:**

January 8, 2019

**Review / Revision Date:**

**Health Services Procedure:**

HS 2018.09.001

**Maintenance Steward:** Director of Nursing & Health Services

History: ☒ New ☐ Revised ☐ Archived

**Organizational Scope:**

☐ Full Agency ☐ Administration ☐ Community & Environmental Health ☒ Health Services  
☐ Health Promotion/Policy Integration

**Frequency of Review:**

☒ Annually ☐ Biennially ☐ 5 Years ☐ As Needed ☐ Other:

**Location:**

S-Drive: S: → Common → Policies, Plans & Procedures

Website: [www.lucascountyhealth.com/employee-login/](http://www.lucascountyhealth.com/employee-login/)

Hardcopy: TLCHD Policies & Procedures Manual in HR Office; each NOSS site

Archived Version(s):

### Requisite Signatures

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Health Commissioner

*Betty Burkholder-Allen*

*01-08-19*

Date

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Director of Nursing & Health Services

*Barry Gordon*

*1-8-19*

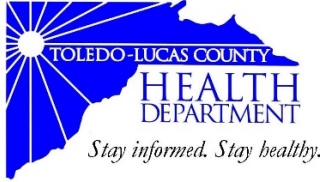
Date

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Human Resources Administrator

*1-8-2019*

Date



## Northwest Ohio Syringe Services Mental Health Emergency Plan

### I. Scope

This SOP applies to all staff in the Health Services division, interns, and volunteers who perform duties for or on behalf of the Northwest Ohio Syringe Services (NOSS).

### II. Purpose

The purpose of this SOP is to ensure that all staff, interns, and volunteers serve NOSS participants experiencing a potential mental health crisis in a considerate, safe, and consistent manner.

### III. Background

ORC 3707.57 states a board of health may establish a bloodborne infectious disease prevention program to encourage program participants to seek appropriate medical care, mental health services, substance abuse treatment, or social services and, as appropriate, make referrals to health and supportive services providers and substance abuse treatment programs with which the prevention program has entered into referral agreements.

ORC 3707.57 requires the program will use a recordkeeping system that ensures that the identity of each program participant remains anonymous.

*Mental Health First Aid USA* is a program designed to guide lay-people through an action plan to serve a person identified as experiencing a mental health emergency.

### IV. Mental Health First Aid Action Plan

A. The Mental Health First Aid Action Plan can be remembered by using the mnemonic ALGEE:

- A: Assess for risk of suicide or harm
- L: Listen non-judgmentally
- G: Give reassurance and information
- E: Encourage appropriate professional help
- E: Encourage self-help and other support strategies

1. The individual using ALGEE to assist a NOSS client should follow the action steps in the order that will best serve the client.

B. Identifying symptoms of a mental health emergency.

1. Prolonged and/or frequent episodes of emotional rawness and/or crying.

2. Persistent feelings of hopelessness and/or despair.
3. Not caring of oneself, including not eating normally or causing self-harm.
4. Not caring properly for others, including children and other loved ones.
5. Impaired functioning when trying to carry out processes or activities which you once took for granted, including deviations in your sleep routine.
6. Irrational or delusional thoughts, including hallucinations.
7. Psychotic tendencies which may put the person, you or another party at risk of harm.

**C.** If any signs are observed/stated, notify the on-site Health Department staff to lead the response to the person's mental health emergency.

1. Response Lead: notify the distressed person you would like to offer more support by calling Rescue Crisis to request a Health Officer to further assess the mental status/lethality while the individual is present.
2. **Rescue Crisis Hotline: 419-255-9585**

If the person decides to leave instead of addressing an observed mental health emergency, **do not attempt to hold them against their will.**

3. If Rescue Crisis Health Officers are unavailable to respond within the next half hour, notify the distressed person you would like to call 911 and request a Crisis Intervention Team (CIT) Officer respond for further assistance.

**D.** Ask the person if they would be comfortable providing identifying information to the onsite Health Department staff, which would then be disclosed to a Health Officer or CIT Officer in order to assist in providing continuity of care.

**E.** While waiting for further assistance, if suicidal ideation is observed/stated, ask if the person has planned how and when they would complete suicide, and if they have the means to do so.

**F.** Ask the person about their natural and professional support system and if they would like help making contact.

**G.** Express empathy and instill hope.

**H.** Do not leave the distressed person alone.

**I.** Offer additional crisis support resources such as:

1. **Crisis Text Line:** text "4Hope" to 741 741
2. **National Suicide Prevention Lifeline:** 1-800-273-TALK (8255).
3. If the individual is a veteran or military member, provide them with available VA resources.

## **V. Maintenance**

### **A. Review**

1. The Northwest Ohio Syringe Services Mental Health Emergency Procedure SOP is to be reviewed annually to ensure compliance with both agency and accreditation standards.

## B. Revision

1. All changes made to this SOP are to be noted on the **Record of Change**. Substantial changes will require renewed signatures from all applicable parties. This includes changes to the intent, scope, procedures, or policy statement.
2. Changes in style, format, grammar or minor error correction will not require renewed signatures but must be indicated on the Record of Change.

## VI. Glossary

- A. **Bloodborne pathogens**: the human immunodeficiency virus (HIV), hepatitis B virus, and hepatitis C virus.
- B. **Board of Health**: the board of health of a city or general health district or the authority having the duties of a board of health under section 3709.05 of the Revised Code.
- C. **Hopelessness**: feeling there will be no relief or improvement to the current mental state or situation.
- D. **Self-harm**: cutting, scratching, burning, ripping/tearing, or pinching skin hard enough to cause marks or bleeding, carving words or patterns into skin, banging or punching objects to cause bruising or bleeding, interfering with the healing of wounds, pulling out large amounts of hair, deliberately overdosing on medication when not meant as a suicide attempt.
- E. **Delusions**: false beliefs of persecution, guilt, having a special mission, or being under outside control.
- F. **Psychotic tendencies**: sleep disturbance, changes in appetite, personal hygiene, speech, affect, mood, energy or drive, social isolation, paranoia, catatonia.
- G. **Health Officer**: a mental health professional who has completed training and who has been approved by the Lucas County Mental Health and Recovery Services Board to respond to mental health emergencies within Lucas County. This person has the power to admit someone to a psychiatric inpatient unit for a three day observation.
- H. **CIT Officer**: a peace officer who has received specialized training to work with persons with mental illness.

## Record of Change

(Required for all procedures)

Date of Change	Changes Made By	Changes Made/Notes	Approved By