



Standard Operating Procedures Manual

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Hello,

Thank you for taking the time to review the S.O.U.L Clinic of Kentuckiana Inc. standard operating procedures manual. I would like to introduce myself and tell a little about my story and how this organization came to be. In 1999, I became a ward of the state due to serious anger management issues & living in a single parent home, his mother was unable to control him. From 1999-2001 I was placed in multiple psychiatric hospitals, group homes, foster care & juvenile detention centers. I was diagnosed with bipolar disorder, schizoaffective disorder, borderline personality disorder, manic aggressive, explosive/implosive, & post-traumatic stress disorder.

I have been on a myriad of psychotropic medication but has not been able to find a combination or formula that has been conducive to his recovery. In 2017 I was referred to Dialectal and Cognitive Behavior Therapy and since that time his behavior and interactions with others have improved significantly along with self-control, will power & a phenomenal support system that has helped him to overcome his mental illness.

Over the last 18 years I attended workshops & trainings throughout the community to build leadership skills. I have acquired education from Western Kentucky University in the field of Psychology, is a QPR Instructor, ACT, ASIST10, & Tattered Teddies suicide prevention certified. I am also certified as an Adult Peer Support Specialist from the Department for Behavioral and Intellectual Disabilities, along with Mental Health CPR, Mental Health First Aid & Psychological First Aid. I was commissioned a Kentucky Colonel in 2008 by Governor Steve Beshear. In 2019. I am a graduate of Class #31 of the Louisville Metro Police Department Citizens & Clergy Police Academy and also A One Love Louisville Ambassador. I am currently receiving training as a drug and alcohol faith counselor.

I have experienced a series of mental health relapses over the years & has returned to the hospital & even jail, however these experiences only equipped him to become the professional I am today. I am now a recognized asset to the recovery community throughout Kentuckiana and always proud to help others in recovery.

With the help of five other individuals, I started the S.O.U.L Clinic of Kentuckiana Inc. Science of Understanding Life in 2009. A non-profit organization, ministering to the community in recovery and the less fortunate in Louisville and southern Indiana. From the beginning, I have always been a

natural born leader, but at the time did not have the desire to be the administrator or person in charge of this organization, my desire was to work directly with the individuals needing assistance and sharing his recovery story. Through a vote, in October 2010 Mark Badget was appointed the Founding Director. However due to his unexpected and tragic passing in November 2011, I was advanced to the position of Director and has remained so since that time.

In conclusion I have worked diligently to establish, update, and maintain these standard operations procedures manual. This manual will be used to guide and protect the organization, staff, volunteers, and consumers in day-to-day operations. If at any time there is a question, comment or concern about the development or revision of the standard operating procedures please do not hesitate to reach out to me.

Sincerely,



Dustin Cox, PhD

Executive Director – Founder

Mission Statement

A non-profit organization of people in reinvention helping others reinvent themselves from chronic homelessness, unemployment, emotional & mental illness, and re-entry.

Vision Statement

Our Vision is to one day have a worldwide community to bring everyone together in unity of unconditional love with no boundaries.

Values

Serve each client individually and respectfully.

Overcome obstacles in a client's situation that is preventing them from success.

Understand revisiting a situation is not considered a failure rather a reevaluation for success.

Live each moment to the fullest with love and kindness to those we serve.

Motto

"In times like these, a helping hand can turn a negative situation into a positive ending." - Jacob Tolle

Philosophy and Methods

1. The source of a person's problems and their solutions are in themselves not in other people or outside sources over which they have no control.
2. Most of a person's "hang-ups", problems, and negative emotions are habits they have

acquired in their life rather than inborn characteristics. They can be changed.

3. A person can only change or be helped to change when they admit they have a problem and decide they want to do something about it. You cannot help a person who does not want to help themselves.

4. All the techniques we recommend for disengaging a person from negative habits stress self-understanding or self-knowledge. The person must learn to recognize what he is doing or believing that causes the problems, and get in touch with their own feelings, especially those that they are not admitting to themselves. This may or may not involve remembering events and experiences from their childhood.

5. People are generally happier and more successful the more they live in the present rather than the past or future. Several methods are given focusing attention or awareness in the "Here and Now". Most group therapy techniques also emphasize dealing with present feelings, attitudes, conflicts, etc., rather than endlessly discussing past failures and worries about the future.

6. The attitude of the counselor toward the client is the most important part of therapy. The counselor must get involved, care, respect, and trust the client as a person, give "Warm strokes", be loving. The more you can think of the other person as yourself, get into their shoes, understand where they are coming from, the more you can help them. This is in contrast with the traditional psychiatric approach where the therapist stays aloof and uninvolved.

7. The person who is causing themselves problems with their behavior needs to learn better ways to behave. It's not enough just to remove negative habits. The client must decide on new habits to fill the void. Referring to the Reality Chart, the change must go beyond revelation (learning about him/herself) to the manifestation stage (changing his/her behavior) and move toward realization.

8. All the methods in SOUL stress positive thinking, the concept that a person is limited only by their beliefs and efforts. Success takes work and effort, of course but the person who believes they can succeed is most likely to put out the needed effort. The person who expects to fail rarely tries very hard. One of the best ways to help a person have faith in them self is for you to have faith in them. This must be real, you can't "fake it".

9. It is important to deal with all aspects of a person, intellect, understanding, feelings and emotions, physical body and social relationships. All of these relate to and affect each other. Some of the methods and techniques work best in one area and some in another. Therefore, we believe a combination of approaches, if they are consistent, is better than sticking to just one way.

10. The most basic decision a person makes is whether they will be a "winner" or "loser" in life; their self-image, way of confronting the universe. A loser isn't aware they have decided to be a loser. They might say they try but things always go wrong, people take advantage of them, etc. They have good ideas but never seem to be able to manifest them.

Guidelines

1. The first interview is free; here you determine what kind of problem the client has and whether or not you can help them. Answer any questions they have about your background or training. Determine what kind of help you will provide, payment, clarify that you will not get rid of the problems and make a brand-new person. What you offer to do is help them live with their problems or find the solutions themselves.

Any fees incurred by networking agencies after establishing a new client will be paid by

the client based on the Self-Pay Fee Schedule.

2. Everything a client tells you is confidential; This means you do not discuss specific cases outside your office, even with own family. Make sure client understands this, explain you will keep personal records that can only be reviewed by authorized personnel only.

The only information that will be shared outside of the confidential realm, are threats or behavior to harm oneself or another person. The local authorities or trained individuals will be notified at this point and case evaluation for continued service will be conducted.

3. The following practices are not to be used at all in SOUL Clinics: hypnosis, drugs of any kind, faith healing, tarot reading, palmistry, or other methods of fortune telling, reading aura, any radical or potentially dangerous methods of therapy for which you have not been trained.

4. We are helping people find their own truth and values. You can discuss your beliefs with the client if you discuss their beliefs but do not try to tell them that the answers that work for you are going to work for them. Especially don't impose your values or standards on them as this could add guilt feelings and further confusion to other problems.

5. If you are in doubt about whether a method or practice can be used in SOUL Clinic, check with SAMSHA first. If a new idea seems like it would really be useful, then we will probably not only let you use it but let other client-operated services know about it.

Frequently Asked Questions

1. What is a S.O.U.L Clinic?

Client operated services that are administratively operated by mental health clients and emphasize self-help as their operational approach.

Client operated services help individuals see what is possible for themselves and for others. People see that recovery is real and possible. They can see it in the people surrounding them.

2. What will be our status compared to licensed Psychologist and Family Counselors?

It is legal in most states to have Peer Support Specialists to conduct peer to peer support. This has always involved a whole range of human problems, just as does the work of a psychologist. We can use any kind of therapy they can although most of our training is very basic and generalized and not as extensive as training learned by a psychologist. Some problems will be beyond our scope of practice, and it is our ethical responsibility to suggest an advanced level of care for said clients.

3. What are possible functions of client-operated services?

Client-operated services have diverse sets of practices, but research has recognized four basic types of functions: mutual support, community building, providing services, and advocacy. Some client-operated services assume all four of these functions. others emphasize only some of them.

Mutual Support

People with common life experiences have a unique capacity to help each other because they share a deep understanding that might not exist in other relationships. Mutual support exemplifies the "helper's-principle" which means that both parties' benefit from

the process. When peers support each other in this way, there is no need to designate who is the “helper” and who is the “helped.” They might switch back and forth in these roles or act simultaneously.

Community Building

Client-operated services offer opportunities for participants to develop new social and interpersonal networks, to experience membership in an inclusive and accepting community, to think about themselves in new ways, and to learn better ways to handle problems.

Providing Services

The services offered by client-operated services vary considerably. They might reflect the needs of a community, the expectations of a funder, and/or the interest or talents of group members. The services you will find at the S.O.U.L Clinic of Kentuckiana Inc. are: Drop-in center, Peer counseling, Assistance with basic needs or benefits, Help with housing, employment or education, Linkage to services or resources, Social and recreational opportunities, Arts, and expression, Structured educational or support groups, Crisis response and respite, Information and education, Outreach to community and institutions, religious / spiritual connecting, financial, emotional, sexual, health and nutrition, family, identity, past and future, hygiene, and self-care.

Advocacy

Advocacy and social action to promote system change and social justice has been a core element of the client self-help movement from its inception. Clients now participate in local, state and federal levels to help plan services, shape policy, and promote change.

4. What is the program structure?

Program structure refers to how programs are organized and operated. A client operated service includes the following structural attributes:

It is guided by clients-the people who use the service. It is run by its membership. Leadership is participatory. Participation is voluntary. The structure is planned with both physical and emotional safety in mind.

5. What is our operational process?

Operational Process refers to the services offered and the methods of providing those services including these: Peer support through relationship building and informal and structured interactions. Meaningful roles and opportunities for everyone. Peer mentoring and teaching.

6. What methods will the SOUL Clinic use?

Transactional Analysis, Client Centered therapy, Gestalt Therapy, Reality Therapy, Religious and Metaphysical orientation.

7. Can anyone who has received counseling, for example, marriage counseling be considered a client?

Peer support happens among individuals who share common experiences.

8. Why is autonomy and peer leadership so important?

Client-operated services may position themselves as alternatives, adjuncts, or enhancements to the traditional mental health service system, but they cannot structurally

be an arm or extension of it. This is necessary so that client-operated services can do the following: Promote equity and reciprocity in relationships. Client operated services try to minimize or eliminate power differentials inherent in relationships between the workers and clients in traditional mental health services; Reduce pressure to conform to standards, practices, and values that are not client driven, and sometimes not even client centered, and function as centers of opportunity for empowerment and leadership development.

9. Are there roles for non-clients or outside supporters?

Yes. There are several necessary and valuable roles for non-client supporters and partners, in addition to being friends, allies, advocates, and champions, specific roles are the following: Funder/contractor, Sponsor/fiscal agent, Mentor and Collaborator. The role of a sponsor/fiscal agent is a temporary start up accommodation sometimes used for new programs.

Organization Structure

Board of Directors: Oversee the administration of the Standard Operating Procedures, analyze, vote, and implement new and innovative ways to improve programs, services, and outreach.

Executive Director: Supervises several departments, including human resources, accounting, Fundraising, distribution, and marketing. Assist in establishing goals, policies, procedures, budgets and personnel needs. The Executive Director takes the lead in setting resource requirements, along with allocation and reporting. With the help of the Board of Directors he developed and enforces bylaws of the organization, plan and implement programs for clients. Network with community partners and agencies. The Executive Director is also responsible for helping families or individuals to deal with complex circumstances. Provide services to people in order to give them the highest quality of life possible. Identify problems and needs of families and then gather the necessary resources to meet their goals. The Executive Director performs many of the following tasks: Maintaining confidentiality of client's cases. Make sure all services provided meet policies of the organization. Contacting clients. Coordinating services.

Director of Diversity, Equity and Inclusion: DEI Director is responsible to lead development, implementation and monitoring of training and awareness programs, strategic plans, and initiatives that promote diversity, equity and inclusion within the organization and externally with related committee/boards.

First Assistant: Will manage Executive Director's schedule/calendar. To keep up with Continuing Education Unit trainings, network meetings, Community presentation, QPR classes and any other duties as assigned by the Executive Director on an as needed basis.

Office Assistants: Perform administrative and routine clerical tasks. Their responsibilities include organizing and managing files, acting as receptionists, scheduling client meetings and appointments, and supporting other staff with organizational tasks. Will screen potential client referrals to determine which program we offer will benefit the client most then assign them to that program.

Social Media Manager: Will manage Facebook page / group, Instagram, Twitter, LinkedIn and Alignable to stay connected on the web.

Web page Administrator: Manage and maintain websites, considering functionality, appearance, content, and performance. Their focus is on the technical aspects of web maintenance, such as building servers and troubleshooting, but they also update the more visible parts of the website, tweaking the design or adding new sections. Web administrators typically work in front of a computer, but they must be always accessible in case problems occur, especially with high-traffic websites. The role lends itself well to freelancing or remote work since communication with users and clients can be done online.

Resource Coordinator: Connect, network, and establish relationships with community resources to add to our available resources so that we can offer the best service and connect client in need with as little bureaucracy as possible.

Community Event Coordinator: Responsible for making our presence visible in the community by hosting tables at job / resource fairs, pride festivals, church functions, etc. Some events may take place on zoom or other media platforms and will be responsible for making our presence visible there also.

Fundraising Coordinator: Coordinates fundraising strategies and is responsible for supporting major fundraising programs. Assists in the development of fundraising goals and soliciting funds. Being a Fundraising Coordinator helps to identify new potential donors and organizes initiatives to solicit funding.

Donation Coordinator: Must have vehicle to commute within the Kentuckiana region to pick up donations and deliver donations to clients or do the administration of the clinic for future needs.

Peer Support: Offer additional and/or alternative options to help people in their efforts to reinvent. Facilitate support groups or self-help classes. Work directly with clients as needed to improve the success possibilities of their reinventions.

Advocates protect and promote the rights of Kentuckiana citizens with disabilities through information and referral, and legal individual and systemic advocacy and education. Advocates will attend appointments at certain doctor visits and when applying for eligible assistance programs.

Volunteers Help case managers and the office manager with filing, mass mailing, phone banking, delivering goods and services to clients, representing the clinic at outreaches and fundraising events and any other duties as requested.

Code of Ethics

S.O.U.L Clinic of Kentuckiana Inc. is a religious organization whose ministers, staff, volunteers, and peers are dedicated to the enhancement of each person's spiritual growth and development and thus to the worth, dignity and wellbeing and unique potential of each individual. As the Code of Ethics of the organization this document establishes principles that define ethical behavior of all parties of the organization. A violation of this Code of Ethics constitutes misconduct and may result in withdraw of employment.

Ethical Responsibility

All Staff are fully responsible for their decisions and actions. All staff have an essential

responsibility to do no harm. The wellbeing of those served is paramount.

Competence

All staff must recognize the limits of their competence and must practice within the scope of their background, training, knowledge, and experience. They are urged to maintain competence in their area of practice through continuing education and experience. S.O.U.L Clinic of Kentuckiana Inc. offers many educational courses, while we do not require our members to take these courses, we do recommend them.

Moral and Legal Standards

All staff's moral, ethical, and legal standards of behavior as they pertain to their duties must serve to enhance the spiritual growth and development of those they serve and reflect positively on the organization. In their service role, all staff must not engage in any action that will violate or diminish the legal or civil rights of anyone they serve. Being found guilty in a court of law an offense that compromises their suitability to serve in a role is misconduct. When staff are confronted with conflict among moral, ethical, or legal standards of conduct, the staff must search their own conscience and consult their spiritual source, then confer in confidence with a colleague and/or the Board of Directors, and seek legal advice, when necessary, in order that they may resolve the dilemma in favor of the highest good of all concerned.

Public Statements

In public statements regarding the organization, including advertising, all staff must represent themselves as a member of the organization, using appropriate titles of their position in the organization. All staff's public statements must not contain false or misleading information regarding their credentials or the services, they offer. All public statements must be consistent with the code of ethics. Other than to indicate they are authorized to act upon the organization, all staff shall make no public statement using the name of the organization without prior approval in writing by an officer of the organization.

Additionally

1. The primary responsibility of All staff is to help individuals achieve their own needs, wants, and goals. All staff will be guided by the principles of self-determination for all.
2. All staff will maintain high standards of personal conduct. All staffs will also conduct themselves in a manner that will foster their own recovery.
3. All staff will openly share with consumers and colleagues their recovery stories from mental illness and will likewise be able to identify and describe the support that promotes their recovery.
4. All staff will, always, respect the rights and dignity of those they serve.
5. All staff will never intimidate, threaten, harass, use undue influence, physical force or verbal abuse, or make unwarranted promises of benefits to the individuals they serve.
6. All staff will not practice, condone, facilitate, or collaborate in any form of discrimination on the basis of ethnicity, race, sex, sexual orientation, age, religion, national origin, marital status, political belief, mental or physical disability, or any other preference or personal characteristic, condition, or state.

7. All staff will support those they serve so that they may make their own decisions in all matters when dealing with other professionals.
8. All staff will respect the privacy and confidentiality of those they serve.
9. All staff will advocate for the full integration of individuals into the communities of their choice and will promote the inherent value of these individuals to those communities. All staff will be directed by the knowledge that all individuals have the right to live in the least restrictive and least intrusive environment.
10. All staff will not enter dual relationships or commitments that conflict with the interest of those they serve.
11. All staff will never engage in sexual/intimate activities with the consumers they serve.
12. All staff will not abuse substances under any circumstances.
13. All staff will keep current with emerging knowledge relevant to recovery, and openly share this knowledge with those they serve and their colleagues.
14. All staff will not accept gifts of significant value from those they serve.

HIPAA EMPLOYEE CONFIDENTIALITY AGREEMENT

I acknowledge that during performing my assigned duties that I may have access to, use, or disclose confidential health information. I hereby agree to handle such information in confidential manner at all times during and after my employment and commit to the following obligations:

- A. I will use and disclose confidential health information only in connection with and for the purpose of performing my assigned duties.
- B. I will request, obtain, or communicate confidential health information only as necessary to perform my assigned duties and shall refrain from requesting, obtaining or communicating more confidential health information than is necessary to accomplish my assigned duties.
- C. I will take reasonable care to properly secure confidential health information on my computer and will take steps to ensure that others cannot view or access such information. When I am away from my workstation or when my tasks are completed, I will log off my computer or use a password-protected screensaver in order to prevent access by unauthorized users.
- D. I will not disclose my personal password(s) to anyone without the express written permission of my department head or record or post it in an accessible location and will refrain from performing any tasks using another's password.

I understand that as an employee of the use and disclosure of patient information is governed by the rules and regulations established under HIPAA, the Health Insurance Portability and Accountability Act of 1996, and related policies and procedures of. Therefore, regarding patient information, I commit to the following additional obligations:

- A. I will use and disclose confidential health information solely in accordance with the federal and policies set forth above or elsewhere. I also agree to familiarize myself with any periodic updates or changes to such policies in a timely manner.
- B. I will immediately report any unauthorized use or disclosure of confidential health information that I become aware of to the appropriate supervisor using the reporting procedure provided in the employee manual.

I also understand and agree that my failure to fulfill any of the obligations set forth in this Agreement and/or my violation of any terms of this Agreement may result in my being subject to appropriate disciplinary action, up to and including, termination of employment.

Staff scheduling and time tracking

The clinic uses Clockify for staff scheduling and time tracking. Clockify works across devices. Track time from anywhere — all data is synced online. The Executive Director will track time you spend on activities, see where your time goes, and improve your time management skills, see who works on what, manage workload, and send attendance data to board of directors for review. Staff are to clock in no more than 5 minutes before the start of any given shift and can not clock out no more than 5 minutes before end of shift. Clocking in early will be consider stealing time and clocking out early will be considered abandonment of job and responsibilities which and result in termination from organization.

Discovery Index

A Discovery Index is updated by December 15th of each calendar year to establish the budget for the following year. It has an itemized breakdown of all expenses to include programming, information technology, building, security, etc. This is a fixed budget plan for the calendar year. If anything is to be changed before December an addendum is added to the index and applied to the budget for the next year.

Bookkeeping and Accounting

The clinic uses Wave accounting software which is 100% free, no trials, no limitations, and no hidden fees. Software includes invoicing, accounting, and receipt scanning. Wave software is completely safe. Wave servers are protected physically and electronically. Any connection between you and Wave is protected by 256-bit SSL encryption. Wave is a PCI-DSS Level 1 Service Provider.

Checking and savings account

The clinic currently does all check writing, debit card purchases and savings account operations with Paypal. The Executive Director is the only authorized signer on the account. All receipts and transactions are monitored on the Paypal app and then recorded on the Wave app and verified by the organization treasurer of the board of directors.

Mail communications

The clinic has established a Size 3-M, 11" x 5.5" post office box at the Shively post office located at 3131 Crums lane, Louisville, Jefferson County, KY 40216. Clients may have mail sent to this box if they are homeless and have no place else, they can receive mail. When a client completes an Application for Assistance, they have an option to give permission to clinic staff to receive and interpret any mail on the client's behalf. If the client chooses not to give permission for clinic staff to interpret mail, mail will be stored for the client at the clinic office for seven (7) days and then it will be returned to sender. Clients must sign for receipt of their mail when the receive it from clinic staff. That receipt is then uploaded into the client's file. Mail is checked at the post office box three (3) days a week on Monday, Wednesday, and Fridays. Mail will be ready for pick up by client's thirty (30) minutes before the close of each business day.

This post office box is also used to receive network communications and other communications related to clinic operations.

HIPAA Compliance

HIPAA compliance is the process that business associates and covered entities follow to protect and secure Protected Health Information (PHI) as prescribed by the Health Insurance Portability and Accountability Act. (August 21, 1996). On a quarterly basis the clinic will undergo a HIPAA compliance review and make any updates and changes to the organization as needed to meet HIPAA compliance.

Business Associate Agreement.

A Business Associate Contract, or Business Associate Agreement, is a written arrangement that specifies each party's responsibilities when it comes to PHI. HIPAA requires Covered Entities to only work with Business Associates who assure complete protection of PHI. The clinic has entered into several Business Associate Agreements and they will be published in the appendix of this standard operating procedures manual.

Website hosting and general email communications

The clinic website and general email communications is hosted by www.webstarts.com WebStarts hosts the clinic website and general email in the cloud. The clinic website is <https://www.soulclinicofkentuckiana.org/>. There clients and non-clients can find resources for housing, healthcare, education, employment, transportation, and a myriad of other services. Clients can complete an application for assistance, or complete a contact card to reach out to organization staff to inquire about services.

Americans with Disabilities Act

Signed into law by President George Bush in 1990, and it's America's most important law regarding accessibility and civil rights for people with disabilities, including web accessibility.

Essentially, ADA prohibits discrimination against anyone based on ability or disability. It came about after a 2-year campaign to advance civil rights to marginalized groups, including Americans with disabilities. Disability activists and advocates lobbied intensely for laws that would prohibit discrimination, and from 1988 they began to garner cross-partisan support for federal legislation.

ADA draws on the precedent that was set by Section 504 of the much older Rehabilitation Act, which guarantees certain rights to people with disabilities. However, the Rehabilitation Act was very limited and only applied to the government sector.

Accessibility

The clinic utilizes Accessibe which provides ongoing compliance with web accessibility legislation. 24-hour automatic maintenance scans of new and updated content of the clinic website. Provides a tool for each client to adjust the clinic website to meet their accessibility needs. Professional compliance audit every month is delivered to the Executive Director for review.

Clients Served

Unlike many service programs, the S.O.U.L Clinic of Kentuckiana does not set extensive qualifications for those we serve. Anyone admitted in the program must have been homeless or facing eviction on the last five years. Released from the Department of Corrections in the last five years, be a veteran of the United States Armed Forces, or their life must be in danger of harm from self or others. There is no restriction on demographic or current situation; only clients that are currently intoxicated (drugs or alcohol) are referred to other services.

Our clients are of all ages, races, and backgrounds. We work with clients who are newly homeless and those who are chronic homeless (homeless for over one year or more than three times in four years). We serve veterans, substance abusers, abused women and children and even mentally ill. The Clinic is often a last resort before the homeless are lost to the dangers of the streets. We welcome our clients lovingly, building trust and relationships, so that we may assist them in their path to recovery.

Admittance to the program occurs most often by walk-in. The homeless find out quickly that they can seek refuge through the S.O.U.L Clinic of Kentuckiana. Other clients are referred by other agencies such as clinics, prisons, and local service programs. Clients are documented when they arrive and sign an “intake form” in which they agree to our general rules.

Admission criteria are as follows:

- Homeless
- Sober
- Not in need of medical attention
- Able to provide proof of identification
- Able to live in harmony with the rest of the population
- Willing to abide by policies and procedures
- Willing to accept case management and goal planning that address the causes of the clients’ homelessness and lead toward self-sufficiency
- Willing to seek and maintain employment, or have a secured income based on a disability, or have an active/open application for disability benefits
- Abstain from the use of drugs or alcohol for duration of residency
- Willing to participate in daily chores and attend weekly meetings

(Detailed rules can be found on attached “Program Rules” page)

There is a six-month review put on our clients to evaluate their compliance with policy, procedure and treatment. Client goal plans are handled on a case-by-case basis. It is the intention of the S.O.U.L Clinic of Kentuckiana that all clients “graduate” to independent living. This means they acquire the resources needed to live independent of emergency services and find stable housing. However, many clients find it difficult achieving that success. Clients may be expelled from our program if they engage in violent or threatening behavior or prove to be a danger to self or others. Clients may be suspended from services if they engage in non-violent offenses such as disrespect to staff or other clients, sexual activities on site, theft, or drug/alcohol abuse on clinic property. Incident reports are given to the Executive Director who makes the final decision concerning expulsion (see attached Program Discharge policy). Clients may request a meeting with the Executive Director to discuss their incident (see attached Grievance Procedure policy).

Detailed Policies and Procedures

SOCIAL MEDIA POLICY

Here at S.O.U.L Clinic of Kentuckiana Inc. we understand the use of social media. While such networks can be an entertaining, easy and a virtually interactive way to share your life and personal opinions with family, friends, and colleagues across the globe, we'd like to raise awareness around its possible risks.

To help kindly remind you of the risks involved with using social media, we at S.O.U.L Clinic of Kentuckiana Inc. have designed these guidelines for appropriate use.

This policy applies to all employees/volunteers and volunteers at all levels who work for S.O.U.L Clinic of Kentuckiana Inc. or one of its subsidiary companies. Managers and supervisors should use the supplemental Social Media Management Guidelines for additional guidance in administering the policy.

GUIDELINES

Let's start by defining "social media." According to our S.O.U.L Clinic of Kentuckiana Inc.'s view, social media can include:

- Blogs – written or video-based
- Facebook, MySpace, Google + or Ello
- LinkedIn
- Twitter
- YouTube
- SnapChat
- Instagram
- WhatsApp
- Instant messenger programs
- Personal websites
- Comments left on articles, blogs, webpages

This policy will include the use of communicating and posting information or content in any of the aforementioned channels. First and foremost, each employee is responsible for what they post online. S.O.U.L Clinic of Kentuckiana Inc. recommends you think twice when creating content that will be made publicly available – consider the risks and regards that are involved while bearing in mind the consequences of your postings on your job responsibilities, how it may or may not impact other employees/volunteers as well as potential and existing customers of the business. Consider the disciplinary action up to and including termination.

Keep these simple rules in mind when posting on your social media channels during and after your employment/volunteer tenure at S.O.U.L Clinic of Kentuckiana Inc.

1. Read the rules thoroughly and follow them.
2. Be respectful of your employees/volunteers /volunteers, your superiors and S.O.U.L Clinic of Kentuckiana Inc.
3. Be honest and accurate.
4. Post only content that is appropriate.

Social Media Usage During Working Hours

Unless otherwise specified in your job function, S.O.U.L CLINIC OF KENTUCKIANA INC. limits employees/volunteers to use social media during working hours. Do not create profiles on social networks using email addresses, physical location, or phone numbers of S.O.U.L CLINIC OF KENTUCKIANA INC. when using social media for personal use. When creating social media accounts on behalf of S.O.U.L CLINIC OF KENTUCKIANA INC., vet such creation with the S.O.U.L CLINIC OF KENTUCKIANA INC.'s marketing department.

Defamation (Libel and Slander) on social media

Understand the key legal issues related to social media usage.

Defamation is a false published statement that is harmful to the S.O.U.L Clinic of Kentuckiana Inc., its employees/volunteers and its stakeholders. Defamation has two main types: libel (written) and slander (verbal). When a potentially defamatory statement is posted on social media channels that involves written text, the courts across the country consider this libel.

Absolute truth is a key defense to defamation. The best way to show what this means is by using the following example:

Example:

An employee/volunteer is passed over for a highly anticipated promotion. This employee/volunteer posts on his/her Facebook page the following update, "I didn't get the promotion because my boss Paul is probably giving it to his younger assistant instead."

But you need to qualify the statement first. If this employee/volunteer said, "I think I didn't get the promotion because Paul is giving it to a younger employee," statements like this are considered matter of opinion, and as such tend to be protected from libel lawsuits. However, is this second statement really opinion-based? Often, these opinion-based statements are taken as matter of fact in the context such as how well this employee/volunteer knows Paul, his/her boss, and why they may believe he/she was passed over for the promotion.

In short, phrasing a social media post as a matter of opinion, using opinion-based statement such as "I think" or "I believe" does not automatically shield you from a defamatory claim by S.O.U.L CLINIC OF KENTUCKIANA INC.

Be mindful and respectful no matter the situation, emotion, or relationship you may have with your superiors and co-workers. Think twice before posting. If there is a serious issue that needs to be addressed, do not take this matter to social media, and see your direct superior or HR department immediately. Social media is not the place to voice these concerns.

Libel laws in Kentucky: Kentucky Revised Statutes 411.050

Drug and Alcohol

While clients are under the care of SOUL Clinic, they are not to engage in the consumption of

drugs or alcohol. Clients are encouraged to attend AA/NA meetings while working with SOUL Clinic. If a client arrives to a session intoxicated, they will be asked to leave and return when they are sober.

Search and Seizure

Scope: S.O.U.L Clinic of Kentuckiana Inc. (also referred to as “clinic”) and Clinic-affiliated facilities located in the U.S. including, but not limited to, hospitals, off-campus emergency departments, ambulatory surgery centers, imaging and oncology centers, physician practices, Parallon and corporate departments, Groups, Divisions, shelters, treatment centers, half-way houses and Markets (collectively “colleagues”).

Purpose: To provide criteria and procedures for conducting search and seizure in order to provide, as reasonably as possible, a safe environment for individuals within the facility.

POLICY:

- A. It is the responsibility of Clinic colleagues to comply with this policy or to assess situations and act within reasonable guidelines and/or professional judgment.
- B. All individuals entering Clinic-affiliated facilities are subject to search.
- C. Searches will be conducted by trained nurses and/or security/ or Administration. Trained colleagues shall act with courtesy and respect towards the individual/individual’s belongings that are being searched. Colleagues will make every effort to protect the dignity of the individual during a search of their property.
- D. An individual who is actively violent, aggressive, or seeking care for trauma due to violence (e.g., gunshot, stab, blunt force, injuries due to law enforcement chase, etc.), should be searched if colleagues suspect they are in possession of a weapon or other illegal/prohibited items, and their safety, or that of others are in danger. The search must be based on the suspicion as well as specific and articulable facts, taken together with rational inferences from those facts, and must be associated with the specific individual.
- E. A search is mandatory for patients who are seeking and/or admitted for behavioral health or addiction recovery services.
- F. A visitor may be denied entry or escorted out of the facility if a perceived or actual threat exists, or if they refuse to be searched and/or have their items searched.
- G. This policy does not apply to, restrict, or provide guidance to law enforcement officers acting on behalf of their sworn duty.

DEFINITIONS:

Behavioral health /Substance Use patient – Inpatient/outpatient seeking or being treated for behavioral health services, including individuals placed on a legal hold by physicians or law enforcement.

Weapons, Illegal/Prohibited Items – Any items that are prohibited in the hospital and/or illegal at the city, county, State, and Federal level (e.g., firearm, knives, explosives, and/or drug paraphernalia).

Probable cause (reasonable grounds for making a search, pressing a charge, etc.)

Frisk – Pass the hands over (someone/something) in a search for hidden weapons, drugs, or other items.

Search – Examination of a person’s body or property.

Trauma due to violence – Blunt or penetrating wounds such as gunshot, stab wounds, or trauma as a result of a law enforcement encounter.

PROCEDURE:

A. Signage

1. The facility and/or clinic-owned/managed space will have signage posted at all designated public and employee entrances into the building. Statement of searches is also included in the consumer intake application that each consumer is required to read and sign upon admission to the program. Signage will indicate, "All persons are subject to search and administration reserves the right to seize any unauthorized weapons or property. Individuals refusing search may be denied entry."
2. Signage should include a picture of a firearm and knife in a circle with a line through it.
3. Signage will comply with state and federal laws, including ADA regulations.
4. If the facility is using a walkthrough metal detector, signage should include appropriate verbiage per state, federal and regulatory requirements.

B. Search Procedure

1. Colleagues performing the search will provide an explanation to the individual regarding the rationale for the request to search and options for removal and/or securing property and personal belongings.
2. Colleagues will wear appropriate personal protective equipment when undertaking a search.
3. A search may include the patient's person, personal property, and belongings.

C. Searching Property/Personal Belongings

i. Probable cause (reasonable grounds for making a search, pressing a charge, etc.). If an administrator or colleague has probable cause to believe a patient is concealing weapons, drugs or paraphernalia a mandatory search shall be conducted of the individual and their belongings. A patient may be asked if they have anything on them or in their property that is illegal or prohibited in the program. If the colleague believes there is sufficient concern for probable cause a search of the patient and their belongings can be conducted without permission of the patient. Patient's failure to comply with search and seizure may be subject to expulsion from the program.

1. Ask the individual to place all carried items, any caps or headgear, and any items in their pocket(s) on a table.
 2. Clarify with the individual if there is anything sharp that can cause injury to either party during the search.
 3. If there are sharp objects, ask for a description of the item and the location to carefully locate the item.
 4. Initiate search of belongings by any of the methods listed below:
 - a. Frisk/search the belongings, remove and secure weapons, sharp objects or items that pose a risk and/or threat.
 - b. A metal detector may be passed over bags, containers, cases at a distance of no more than three (3) to four (4) inches from the belongings.
 5. Alternatives to searching property may include:
 - a. Removal of property from the facility, or
 - b. Placing belongings in a secure holding area and denying access to the items until the individual is discharged (NOTE: ensure belongings are labeled, "Not Searched").
- ##### D. Searching an Individual (Patient/Visitor/Colleague)
1. Colleagues will use their professional judgement in assessing whether the individual's physical person requires searching due to the suspicion of having a weapon or illegal/prohibited item.

2. Colleagues that encounter a patient suspected to have a weapon or an illegal/prohibited item and is refusing to be searched should do the following:

- a. If the patient is an emergency patient, follow EMTALA protocol for conducting the medical screening exam, while security contacts law enforcement to conduct the search and/or manage the situation.
- b. If the patient is a scheduled inpatient or outpatient who has not yet been admitted, either:
 - i. Advise patient that this constitutes a refusal of treatment; request the individual leave the facility; or
 - ii. Contact law enforcement to conduct search and/or manage the situation.
- c. If the patient is an admitted inpatient or an outpatient currently present in the hospital receiving outpatient services, ask the patient's physician/clinical care team to medically assess the patient. If medically stable, advise the patient that this constitutes a refusal of treatment; request the individual to leave the facility. If not medically stable, contact law enforcement to conduct search and/or manage the situation.

3. Colleagues that encounter a visitor/colleague suspected to have a weapon or an illegal/prohibited item and is refusing to be searched may either:

- a. Request the individual to leave the facility; or
- b. Contact law enforcement to conduct the search and/or manage the situation.

4. Depending on the circumstances and ability, colleagues may perform individual searches by any of the following methods listed below:

a. Metal Detector Procedure

- i. Colleague will ask the individual to place all carried items, any caps or headgear, and any items in their pocket(s) on a table. The scannee should stand with their feet about 18 inches apart, facing away. Inform the scannee to hold their arms out to the sides, parallel to the floor.
- ii. The metal detector should be passed over the scannee's body at a distance of no more than three (3) to four (4) inches. Avoid touching the body or clothing with the detector. (Note: the body scan should be performed each time in the same pattern so that the operator always knows what parts of the body still need scanning).
- iii. https://www.ncjrs.gov/school/ex3_11.html If the metal detector identifies an item, but there is no visible source for the alarm (clothing is shielding the source object), require the person to show you what they have in that area.

b. Frisk Procedure

- i. Colleagues will ask the individual to place all carried items, any caps or headgear, and any items in their pocket(s) on a table. The individual should stand with their feet about 18 inches apart, facing away. Inform the individual to hold their arms out to the sides, parallel to the floor.
- ii. Ask individuals in a wheelchair or bed if they have any difficulty raising their arms, remaining in the position required for a pat-down, or any areas of the body that are painful when touched.
- iii. Individuals will not be asked to remove or lift any article of clothing to reveal a sensitive body area.
- iv. An individual of the same gender should conduct the pat down. The facility should attempt to have a witness or procedure viewed on security camera.
- v. Colleagues should begin the frisk at the area of the person's clothing most likely

to contain a concealed weapon or illegal/prohibited item.

vi. Begin the frisk with a pat down of the outside of the person's outer clothing. Do not reach inside the clothing unless an object is felt which the colleague reasonably believes to be a weapon or illegal/prohibited item. If the outer clothing is too bulky to determine if a weapon or illegal/prohibited item is concealed underneath, then the outer clothing may be opened to allow a pat down directly on the inner clothing.

vii. If the colleague has a reasonable belief, based on reliable information or personal knowledge and observations, that a weapon or illegal/prohibited item is concealed at a particular location on the person, such as a pocket, waistband, or sleeve, then the colleagues should cautiously reach directly into the suspected area.

viii. Colleagues may also frisk areas the person could reach to obtain an object that could be used to harm individuals. If colleagues reasonably suspect personal harm, the object should not be obtained.

ix. If during the course of a frisk, a container capable of holding a weapon or illegal/prohibited item is discovered, and if the colleague reasonably believes it does contain such an item, the colleague may look inside the container and briefly examine the contents.

E. Discovery of a Weapon, an Illegal/Prohibited Item or Other Property

1. If a search results in the discovery of a weapon, illegal/prohibited item or any other property, possession of which the colleague reasonably believes may constitute a threat to personal safety, or that of others, the colleague may:

- a. Require the individual, or designee, to remove the item from the facility;
- b. Allow the individual to place item in amnesty bin;
- c. Release property to law enforcement; or
- d. Safely secure the item until the individual leaves the facility.

2. If the facility takes possession and stores the item, a secured location (e.g., weapons safe, locker, etc.) will be provided for storage of the items. A Personal Belongings Inventory or Chain of Custody form will be completed and stored appropriately per facility policy.

F. Documentation of Searches

1. All searches will be documented in written or electronic format. Supporting documentation (i.e., photo identification, proxy decision maker, etc.) or description of documentation will be included. All forms will be kept on file with the facility per the retention policy.

2. Colleagues performing the search will document:

- a. Consent or refusal of consent to a search;
- b. Criteria/suspicion on which the search was initiated; and
- c. The outcome of the search and any items that were removed.

3. A written copy of the items and property secured by the facility should be provided to the individual, as applicable.

G. Returning Property

For individuals to receive secured property back, facility colleagues will document that property was returned with the specific name of the individual utilizing the appropriate form(s). If the owner is deceased, facility should follow facility policies regarding release of property.

H. Training

All colleagues performing searches should be trained prior to conducting a search with ongoing training and/or competencies performed annually.

Sexual Misconduct

Sexual misconduct is unwelcomed behavior of a sexual nature to include fornication, masturbation, public viewing of pornographic material on computer, television, books etc. and verbal or physical contact to another person. There is a ZERO tolerance policy for this behavior and if found guilty of engaging of behavior while under SOUL Clinic care, disciplinary action will be taken up to expulsion from program.

Deviant Behavior / Failure to comply

Actions that exceed the usual limits of accepted behavior and involve failure to comply with the social norm of the group. Actions will result in consultation, written warning, and ejection from clinic services when warranted.

Safe Crisis Management

Various members of our staff are trained and certified in Safe Crisis Management in the event that a client or visitor to the clinic becomes verbally or physically uncontrollable. Physical management may be used as a last resort to manage a client or visitor only after verbal and written management has failed to succeed.

Crisis Policy

Many different events may occur that could be deemed “a crisis”. This policy deals specifically with imminent danger or potential harm to anyone who partakes in services offered by this clinic. Suicide: If a person expresses thoughts of harm to self that are serious enough you feel uncomfortable, speak to an advanced level of care professional immediately before the client has left the clinic. It is our responsibility to keep the client as safe as possible. Therefore, if the client expresses self-harm, it would be the safest thing to report it to someone (if under age 18; parent or guardian must be notified before contacting local authorities) Suicidal thinking (with intent to harm) should be considered a medical emergency. It is just as deadly as a heart attack. In other words, CALL 911! If the individual leaves after telling you that he/she is suicidal, then you have two options, One:

If the client is a youth call the parent or guardian immediately. Two: if you cannot get in touch with a parent or guardian of if the client is an adult go to the courthouse and file a Mental Inquest Warrant. A Mental Inquest Warrant will force the police to find the individual and take him or her to the clinic for an emergency evaluation.

Homicide: If a client expresses the desire to seriously harm someone else, then you need to report this as well. Call a parent/guardian or call 911!

Abuse: All suspected physical, sexual, and emotional abuse needs to be reported either to Child Protective Services or Adult Protective Services depending on the age of the client. This does not necessarily need to be reported immediately but should be reported within 24 hours.

Runaways: If a youth has run away from home, they can go to a safe place location. Safe place has up to 72 hours to contact someone. The youth can go to a safe place location and access help

there. Safe place also offers case management for people ages 18-22 years of age. DO NOT transport the youth. Safe place will provide transportation, or you can call the police to escort the youth.

Kentucky Revised Statutes

620.030 Duty to report dependency, neglect, or abuse

(1) Any person who knows or has reasonable cause to believe that a child is dependent, neglected or abused shall immediately cause an oral or written report to be made to local law enforcement agency or the Kentucky State Police; The cabinet or its designated representative, the Commonwealth's Attorney or the County Attorney; by telephone or otherwise. Any supervisor who receives from an employee a report of suspected dependency, neglect, or abuse shall promptly make a report to the proper authorities for investigation. If the cabinet receives a report of abuse or neglect allegedly committed by a person other than a parent, guardian or person exercising legal custodial control or supervision, the cabinet shall refer the matter to the Commonwealth's attorney or the county attorney and the local law enforcement agency or the Kentucky State Police. Nothing in this section shall relieve individuals of their obligation to report.

209.030 Administrative Regulations-Reports of abuse, neglect, or exploitation-Cabinet actions-Status and disposition reports.

(1) The secretary may promulgate administrative regulations in accordance with KRS Chapter 13A to affect the purposes of this chapter. While the cabinet shall continue to have primary responsibility for investigation and the provision of protective services under this chapter, nothing in this chapter shall restrict the powers of another authorized agency to act under its statutory authority.

(2) Any person including but not limited to physician, law enforcement officer, nurse, social worker, cabinet personnel, coroner, medical examiner, alternate care facility employee, care taker, shall report or cause reports to be made in accordance with the provisions of this chapter. Death of the adult does not relieve one of the responsibilities for reporting the circumstances surrounding the death.

(3) An oral or written report shall be made immediately to the cabinet upon knowledge of suspected abuse, neglect, or exploitation of an adult.

Service Agreement

This agreement states that our scope of services which include professional licensed persons as well as team members who have experienced hardships and provide voluntary assistance available to our case load, in which must abide by our Client Policy Contract observed under the stated HIPPA Confidentiality Agreement, whom all members are required to sign upon entering under our organization staff. Policy Terms are available and viewable by our organization's website, these are to be read and agreed before checking box to this agreement. A viewable advisory has been made above the Client Intake Application. Such terms are established to its members which apply and are not limited to its Employees, Volunteers, Networking Agents, Board of Directors and Membership Boards. By stated Client Policy which lists terms of use located under our website policies, all visitors and clients are also obligated to these mandated statutes of confidentiality and its service agreement. We at S.O.U.L Clinic of Kentuckiana expect all members of our service as well as its clients to adhere to this protocol. Under no circumstance will liability be at our organization's fault.

Agrees not to sue the clinic staff / facility or personnel for any expenses or damages that result from any of the counseling services. Agrees that in the event someone gets injured or harmed on or near our location sites that we are not liable for costs of damages and/or suffering. Agrees that otherwise confidential information may be disclosed to law enforcement or respective authorities where required by law. Agrees that while receiving services client will remain sober from use of illegal substances and when necessary, may be asked to submit to drug screening. Agrees to not do malicious harm to or affiliate self with criminal activity while on or near our organization's location sites. Reprimandable acts may be pursued for any malicious or criminal activity performed on/to or near our organization's location sites. Services may be revoked if any breach of this contract occurs while the client is enrolled into the program. S.O.U.L Clinic of Kentuckiana Inc. reserves the right to terminate services at any time without warning or definition. By consenting, you agree to share information with a Network of health and social service partners powered by Unite Us software. Your personal information may be shared securely on the Network in accordance with privacy laws to connect you with services. This consent covers all information shared by you or by anyone that has the right to share information on your behalf. You can always limit the information you provide on the Network by requesting to have it removed. To understand how your information may be used and kept safe on the Network, please see uniteus.com/privacy. If you no longer want your information shared on the Network, you can email consent@uniteus.com or ask any Network partner.

Attendance / Absenteeism

Clients are responsible for the success of their treatment and maintaining appointments. Counselors are to keep record of attendance, absenteeism and appointments for clients and remind clients of appointment days and times both for clinic and networking agencies. Clients are to call or contact counselor 24 hours in advance if they are going to miss a scheduled appointment. If a client misses 3 scheduled appointments, their case may be closed. The client must then submit a written letter to the board of directors for approval to reopen case and continue treatment. Counselors are asked to use discretion when marking a client absent.

Notice Of Privacy Practices

THIS NOTICE DESCRIBES HOW HEALTH AND MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY. THE PRIVACY OF YOUR HEALTH AND MEDICAL INFORMATION IS IMPORTANT TO US. OUR RESPONSIBILITIES: We at SOUL Clinic of Kentuckiana, Inc. understand that medical information about you and your health is personal. Applicable federal and state law requires us to maintain the privacy of your health information. We are also required to give you this Notice about our privacy practices, our legal duties, and your rights concerning your health information. We must follow the privacy practices that are described in this Notice while it is in effect This Notice takes effect 12/11/21 and will remain in effect until we replace it. We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information. We reserve the right to change our privacy practices and the terms of this Notice at any time, provided such changes are permitted by applicable law. We reserve the right to make the changes in our privacy practices and the new terms of our Notice effective for all health information that we maintain, including health information we created or received before we made the changes. Before we make a significant change in our privacy practices, we will change this Notice and make the new Notice available upon request. You may request a copy of our Notice at any time. For more information about our privacy

practices, or for additional copies of this Notice, please contact us using the information listed at the end of this Notice.

USES AND DISCLOSURES OF HEALTH INFORMATION We may use and disclose health information about you for treatment, payment, and healthcare operations. For example:

- To Treat You:** We can use or disclose your health information to a physician or other healthcare provider providing treatment to you.
- Billing and Payment for Services:** We can use and disclose your health information to obtain payment for services we provide to you.
- Healthcare Operations:** We can use and disclose your health information in connection with our healthcare operations which include quality assessment and improvement activities, reviewing the competence or qualifications of healthcare professionals, evaluating practitioner and provider performance, conducting training programs, accreditation, certification, licensing, or credentialing activities.
- Your Authorization:** In addition to our use of your health information for treatment, payment, or healthcare operations, you may give us written authorization to use your health information or to disclose it to anyone for any purpose. If you give us an authorization, you may revoke it in writing at any time; your revocation will not affect any use or disclosures permitted by your authorization while it was in effect. Unless you give us a written authorization, we cannot use or disclose your health information for any reason except those described in this Notice.
- To Your Family and Friends:** We must disclose your health information to you as described in the Patient Rights section of this Notice. We may disclose your health information to a family member, friend, or another person to the extent necessary to help with your healthcare or with payment for your healthcare, but only if you agree that we may do so.
- Persons Involved In Care:** We may use or disclose health information to notify, or assist in the notification of (including identifying or locating) a family member, your personal representative or another person responsible for your care, of your location, your general condition, or death. If you are present, then prior to use or disclosure of your health information, we will provide you with an opportunity to object to such uses or disclosures. In the event of your incapacity or emergency circumstances, we will disclose health information based on a determination using our professional judgment disclosing only health information that is directly relevant to the person's involvement in your healthcare. We will also use our professional judgment and our experience with common practice to make reasonable inferences of your best interest in allowing a person to pick up filled prescriptions, medical supplies, X-rays, or other similar forms of health information.
- Marketing Health-Related Services:** We will not use your health information for marketing purposes without your written permission.
- Required by Law:** We may use or disclose your health information when we are required to do so by state or federal law, including with the Department of Health and Human Services if it wants to see that we are complying with federal privacy law.
- Abuse or Neglect:** We may disclose your health information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes. We may disclose your health information to the extent necessary to avert a serious threat to your health or safety or the health or safety of others.
- National Security:** We may disclose to military authorities the health information of Armed Forces personnel under certain circumstances. We may disclose to authorized federal officials' health information required for lawful intelligence, counterintelligence, and other national security activities. We may disclose to correctional institutions or law enforcement officials having lawful custody of protected health information of inmate or patient under certain circumstances.
- Respond to organ and tissue donation requests:** We can share health information about you with organ procurement organizations.
- Work with a medical examiner or funeral director:** We can share health information with a coroner, medical examiner, or funeral director when an individual dies.
- Address workers' compensation, law enforcement, and other government requests:** We can use or share health information about you: for workers' compensation claims for law enforcement purposes or with a law enforcement official With health oversight agencies for activities authorized by law For special government functions such as military,

national security, and presidential protective services Respond to lawsuits and legal actions: We can share health information about you in response to a court or administrative order, or in response to a subpoena. Appointment Reminders: We may use or disclose your health information to provide you with appointment reminders (such as voicemail messages, postcards, text messages or letters). PATIENT RIGHTS Access: You have the right to look at or get copies of your health information, with limited exceptions. You may request that we provide copies in a format other than photocopies. We will use the format you request unless we cannot practicably do so. You must make a request in writing to obtain access to your health information. You may obtain a form to request access by using the contact information listed at the end of this Notice. We will charge you a reasonable cost-based fee for expenses such as copies, mailing, and staff time. You may also request access by sending us a letter to the address at the end of this Notice. If you request an alternative format, we will charge a cost-based fee for providing your health information in that format. If you prefer, we will prepare a summary or an explanation of your health information for a fee. Contact us using the information listed at the end of this Notice for a full explanation of our fee structure. Disclosure Accounting: You have the right to receive a list of instances in which we or our business associates disclosed your health information for purposes, other than treatment, payment, healthcare operations and certain other activities, for the last 6 years, but not before April 14, 2003. If you request this accounting more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to these additional requests. Restriction: You have the right to request that we place additional restrictions on our use or disclosure of your health information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in an emergency). Alternative Communication: You have the right to request that we communicate with you about your health information by alternative means or at alternative locations. (You must make your request in writing.) Your request must specify the alternative means or location and provide satisfactory explanation how payments will be handled under the alternative means or location you request. Amendment: You have the right to request that we amend your health information. (Your request must be in writing, and it must explain why the information should be amended.) We may deny your request under certain circumstances. Electronic Notice: If you receive this Notice on our Web site or by electronic mail (e-mail), you are entitled to receive this Notice in written form. QUESTIONS AND COMPLAINTS If you want more information about our privacy practices or have questions or concerns, please contact us. If you are concerned that we may have violated your privacy rights, or you disagree with a decision we made about access to your health information or in response to a request you made to amend or restrict the use or disclosure of your health information or to have us communicate with you by alternative means or at alternative locations, you may complain to us using the contact information listed at the end of this Notice. You also may submit a written complaint to the U.S. Department of Health and Human Services by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/. We support your right to the privacy of your health information. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services. Privacy Officer: Dustin Cox Telephone: 502-242-9826 E-mail: dustin.cox@soulclinicofkentuckiana.org Address: PO BOX 161625 City: Louisville State: Kentucky Zip Code: 40256

Audio/Video Recording Agreement

The client listed above is enrolled in services at S.O.U.L Clinic of Kentuckiana Inc. The counselor facilitating the session is required to audio or video tape counseling sessions. The recording is being done for quality assurance and training purposes and to protect the welfare of the client and

counselor. Information about clients, including case records, is confidential and will be released only under the following conditions: a) The counselor is using case records for purposes of supervision, professional development, and training. In such cases to preserve confidentiality, clients will be identified by first names only. b) The counselor or supervisor determines the client is in danger to him/herself or to someone else. c) The client discloses abuse, neglect, or exploitation of a child, elderly, or disabled person. d) The client discloses sexual contact with another mental health professional with whom the client had/has a professional relationship. e) The counselor is ordered by a court to disclose information. f) The client directs the counselor to release the client's records. All audio and video tapes made will be destroyed 180 days after the conclusion of the clients exit from services. Your signature below indicates that you understand the purpose of these recordings and the manner in which they will be utilized (for counseling instruction, quality assurance and training purposes). Your signature also serves as your consent to have the sessions audio and video taped. Your refusal to consent will interfere with your rights to receive counseling and you may revoke your consent at any time.

Hours of Operation, Cancellation and Missed Appointment Policy

Our goal is to provide quality individualized care in a timely manner. Hours of Operation are Tuesday 10:00am - 2:00pm, Wednesday 10:00am - 3:30pm, Friday 11:00am - 4:00pm, Saturday 10:00am - 2:30pm. Calls and emails received outside of appointment times will be sent to a voicemail that is screened for emergencies. Non-emergent matters will be addressed on the next business day. "No-shows" and late cancellations inconvenience those individuals who need access to care in a timely manner. We would like to remind you of our office policy regarding missed appointments. This policy enables us to better utilize available appointments for our patients in need of care. Cancellation of an Appointment: In order to be respectful of the needs of other patients, please be courteous and call S.O.U.L Clinic promptly if you are unable to show up for an appointment. You will have a 10-minute window to arrive to your appointment. (For example: if your appointment is at 10:00am you will have until 10:10am before your window closes and will be considered a missed appointment.) This time will be reallocated to someone who is in need of treatment. If it is necessary to cancel your scheduled appointment, we require that you call at least 24 hours in advance. Appointments are in high demand, and your early cancellation will give another person the possibility to have access to timely care. How to Cancel Your Appointment: To cancel appointments, please call 502-242-9826. If you do not reach the receptionist, you may leave a detailed message on our voicemail. If you would like to reschedule your appointment, please leave your phone number. We will return your call and give you the next available appointment time. Late Cancellations: A late cancellation is considered when a patient fails to cancel their scheduled appointment with a 24-hour advance notice. First late cancellation: courtesy reschedule. Second late cancellation: \$10 fee will be billed to your account. Third missed appointment: \$20 fee will be billed to your account, and you may be discharged from our practice. No Show Policy: A "no-show" is someone who misses an appointment without cancelling it in an adequate manner. A failure to be present at the time of a scheduled appointment will be recorded in your medical record as a "no-show." First missed appointment: \$10.00 deposit to reschedule Second missed appointment: \$20 fee will be billed to your account. Third missed appointment: \$30 fee will be billed to your account, and you may be discharged from our practice.

Application

Clients can complete an application on the organization website at <https://www.soulclinicofkentuckiana.org/apply> or can have an advocate from a networking agency complete an application on their behalf at https://www.soulclinicofkentuckiana.org/network_referral.

Upon completion of the application the client can schedule an intake appointment and submit the application. Applications are sent directly to the Executive Director who will screen the application and determine program eligibility. The Executive Director will meet with the consumer at intake and discuss situation with consumer and establish an action plan based on consumer needs.

Client Communication

The clinic uses Tigerconnect, healthcare's most powerful collaboration suite. Tigerconnect aids in enhanced clinical workflows, speed decisions, and improve patient outcomes, safely and securely. Tigerconnect suite will be used to communicate with clients regarding appointments, telehealth, and text communication. Email communications will be administered through MailHippo. HIPAA mandates that ePHI (electronic protected health information) must be safeguarded in several ways to ensure the integrity, security, and confidentiality of patient health records. MailHippo uses the latest in 256 Bit AES encryption technology, as well as other safeguards, to ensure that the HIPAA mandate is satisfied.

Electronic signature services

In an effort for the clinic to go green, ("Going green" means to pursue knowledge and practices that can lead to more environmentally friendly and ecologically responsible decisions and lifestyles, which can help protect the environment and sustain its natural resources for current and future generations.) The clinic tries to minimize cost and use of printing documents. In doing so we use electronic- signature services provided through DocuSign. HIPAA doesn't mandate the way documents are signed, so an electronic signature doesn't conflict with the law, but it doesn't constitute compliance on its own. HIPAA governs the use and transmission of PHI, which may or may not be contained in e-signed documents. When considering e-signature for HIPAA covered documents, there are specific features to look for to support HIPAA compliance efforts. Healthcare organizations are ultimately responsible for implementing technologies, policies, and procedures to ensure that these solutions are deployed in a way that is secure and protects PHI.

Modern e-signature solutions that are interoperable with Electronic Health Records (EHRs) make it easy for patients to electronically sign forms on a device, in a medical office or inpatient at a facility. Electronic signatures have many layers of security and authentication built into them, ensuring information remains private and secure.

DocuSign offers a certificate of completion that includes specific details about each signer on the document, including the consumer disclosure indicating the signer agreed to use e-signature, the signature image, key event timestamps and the signer's IP address and other identifying information. Once the signing process is complete, all documents are digitally sealed using Public Key Infrastructure (PKI), an industry-standard technology. This seal indicates the electronic signature is valid and that the document hasn't been tampered with or altered since the date of signing.

Programming

180 Degrees: Assistance in applying for housing, healthcare, education, employment, transportation, vital records, phones, and any other services.

Housing First: Assistance approach that prioritizes providing permanent housing to people experiencing homelessness, thus ending their homelessness, and serving as a platform from which they can pursue personal goals and improve their quality of life. Applications will be given to clients to apply for Section 8, Public housing, low income-based housing if eligible and traditional rental applications. Upon request of client, Executive Director will then submit applications to appropriate agencies and will advocate and assist client in approval of application. Upon obtaining housing, the clinic will then provide a starter kit of household items based on the client's needs and item availability.

Pay Day: Career assessment, resume writing, job training, assistance in applying for employment, advocating for applicant to the employer and referrals to other job training programs as needed.

Moving Forward is our transportation program that offers bicycle, bus passes, and Lyft rides to and from work until client receives second paycheck.

Legal information: Explains the law and the legal system in general terms. The information is not tailored to a specific case. Clients will meet with a peer to complete Supplemental Security Income, Disability, Expungement, Divorce and Landlord/Tenant disputes screenings. If a client meets screening eligibility requirements paperwork will be completed with client to file for respective service.

The SOUL Patch: Clothing closet. Clothing ranges from everyday wear to executive wear. Clients can be fitted for clothing upon request and will learn how to properly clean and manage clothing.

This is me: Aids in obtaining a state issued identification card, driver's license, birth certificate, social security card.

New Heights Enrollment: We offer access to life skills and applications offered in many forms such as: in home, office, library, department of corrections, and web based.

Prescription Assistance: The Kentucky Prescription Assistance Program (KPAP) helps qualifying Kentuckians and/or their families locate free or reduced-cost prescription drugs through assistance programs offered by the drug manufacturers, discount drug programs and discount pharmacy programs.

Client file and case notes

Client file and case notes are stored on Unite Us cloud-based software which standardizes how health and social care providers communicate and track outcomes together. Unite Us aligns all stakeholders from healthcare, government, and the community around a shared goal to improve health. Unite Us' proven infrastructure provides both a person-centered care coordination platform and a hands-on community engagement process; Unite Us works hand-in-hand with communities to ensure services are seamlessly delivered to the people who need them most.

This software program is email and password protected. Only accessible by the Executive Director and technical support team. All information about clients is HIPAA compliant and confidential. Notes on client cases will only be visible by the Executive Director unless a referral is made at which time notes are viewable to the referring agency/representative accepting the case. Client files are stored in Unites US for six (6) years from the date of application and available to review upon request of client in writing. Upon receipt of written request for medical records the clinic will have thirty (30) days to review and deliver requested documents to client.

Program Levels

Level One: Client enters program by completing intake packet, meeting with assigned counselor, and establishing needs and services to be provided. Clients must attend 3 meetings with case manager before advancement to level two.

Level Two: Client has been attending regularly scheduled appointments both with counselor and networking agencies. Client has applied for eligible assistance programs and has not engaged in the use of illicit drugs, alcohol, or deviant behavior.

Level Three: Client has received eligible benefits entitled to them, has found employment or is volunteering in community at a minimum of 20 hours a week. At level Three, with board approval, client may begin to represent clinic at community outreaches and related events.

Level Four: Client has found affordable housing and moved from homelessness, shelter, or other transitional housing, maintained employment for at least 90 days and is continuing active communication and involvement with treatment.

Level Five: Client has maintained housing and employment for 180 days and is supporting self adequately with minimal guidance or assistance and is ready to graduate program.

Client Rights and Responsibilities

1. Every client is entitled to the utmost respect from clinic staff.
2. Every client is provided service without regard to race, gender, creed, sexual orientation, nationality, religious beliefs, disability, and any other infraction protected by law.
3. Every client is entitled to confidentiality of the information shared between themselves and clinic staff.
4. Every client is entitled to view their client file upon request in the presence of clinic staff. Clients are also entitled to copies of their file upon written request.
5. Acknowledges the counseling provided is Biblical not professional.
6. Acknowledges the counselor is not professional in psychological counseling, psychiatric therapy, or marriage and family counseling or therapy, and is not licensed by the state as a counselor, social worker, or therapist.
7. Agrees not to sue the clinic or its personnel for any expenses or damages that result from any of the counseling services.
8. Agrees that otherwise confidential communications may be disclosed to appropriate state law enforcement authorities where required by law.
9. Acknowledges that while receiving services, client will not engage in use of illicit substance abuse.

Grievance Process

The S.O.U.L Clinic of Kentuckiana takes very seriously the welfare of our clients. If you have a personal concern, please obtain a grievance form from your case manager. Fill out the form and follow these steps:

1. Take grievance to your case manager. If you do not know who your case manager is, request to see a case manager and one will be assigned to you.
2. If you are not satisfied, please make an appointment to see the Senior Case Manager.
3. If you are not satisfied, please make an appointment to see the Director.
4. If you are not satisfied you may take your grievance to the Board of Directors.
5. If your matter is not satisfied by the Board of Directors, you may contact the Ombudsman in Frankfort, Kentucky at 1-800-372-2973

Program Discharge

It is the desire of the clinic that every client will complete the program and successfully transition out of homelessness. There are times, however, when we find that a client's needs cannot be met at the clinic, or when a client's behavior is disruptive to the program or the success of the other clients. At these times, a client may be asked to leave the program prior to their scheduled discharge date. This action will be carried out in the best interest of the client and the program. Clients who are discharged will be given referrals to other agencies depending on the criteria of the discharge. Clients in disagreement with their discharge have the right to a grievance procedure. The grievance procedure is outlined in this manual.

When a client is discharged from the program the clinic will safeguard the client's belongings for up to 72 hours. If the discharged client does not return for their belongings within the 72 hours period, the belongings will be discarded or donated to the ministry.

The following is a list of offenses that will result in automatic and immediate discharge from the program.

- Violence or threats of violence against staff or other clients
- Verbal abuse against staff or other clients
- Theft
- Sexual activity on premises / sexual harassment
- Destruction of property
- Possession of weapons, drugs/alcohol, drug paraphernalia, or pornographic material
- Refusal of drug test
- Under influence of drugs or alcohol
- Violating networking agencies policies
- Violating shelter guidelines
- Refusal to participate or attend mandated program activities such as case management, meetings, chores, etc.
- Refusal to follow a reasonable directive from staff
- Clients who are discharged for these reasons may be placed on a suspension list, depending on the nature and severity of the offense.
- Other conditions may be placed upon a client's eligibility for readmit as they apply to the nature of the discharge.

Red file termination

Clients who receive a red file termination have committed an act of violence towards clinic staff or other clients, have committed theft or vandalism to clinic property. If a client receives a red file termination, they are ineligible to return to the clinic for future assistance. The Executive Director will then notify networking agencies of the potential for danger should this client arrive at their agency for services.

Incident Report Codes (Identified as IC 1 – IC2 IC3 – ICDARE1 – ICDARE2)

Code One: Minor event, able to be addressed in house with verbal and written communication with client. Code one incidents are: failure to comply with basic daily treatment and policy, smoking in restricted areas, poor behavior toward other clients and staff.

Code Two: Significant event to be addressed with aid of outside agency; police, fire, EMS, or other social service agency. Code two incidents are: evidence of suicide attempt, rape or assault, child abuse, any unwanted touch or talk that is not desired or permissible by social norm. Illegal or unwanted conduct and contact is subject to expulsion from program. Other incidents include fire or natural disaster to client home or shelter while under care of SOUL Clinic.

Code Three: Severe event involving response from outside agency, police, fire, EMS, or other social service agency and behavior that causes infraction to clinic policy and networking agencies policies leading to expulsion from program. Code three incidents are: physical altercation, illegal or legal substance usage or abuse that interferes with clinic operations and treatment.

Code D.A.R.E 1: Clients who refuse to complete a drug test requested by counselor or networking agency and have a history of substance abuse or is suspected of substance abuse and refuse to complete a drug test upon request can impact their treatment up to and including termination from the program.

Code D.A.R.E 2: clients can be terminated from program if they are found under the influence and/or have altercations with others while under the influence and enrolled in treatment with S.O.U.L Clinic of Kentuckiana. This is to include when a client is at home, work, school, networking agency, out in the community. If a client is under the influence and engages in negative or violent behavior it can impact their services up to and including termination from program.

A client's failure to comply with program rules will generally result in a warning for the first offense, followed by interventions with the counselor. Ongoing noncompliance with program rules will result in client's being discharged from program. Some violations may result in immediate discharge. Automatic discharge violations include any act that breaks the law.

Emergency Codes

Code Red: Fire - In the event of a fire, all staff, volunteers, and clients are to evacuate the building immediately. Designated meeting spot is at open lot at 3411 Shagbark Rd Louisville, KY 40216. Executive Director will call 9-1-1 for response. When Fire Department official gives all clear staff, volunteers and clients may return to the building.

Code Black: Severe Weather – Severe weather is any dangerous meteorological phenomenon with the potential to cause damage, serious social disruption, or loss of human life. Types of severe

weather phenomena vary, depending on the latitude, altitude, topography, and atmospheric conditions. In the event of a severe weather emergency staff will instruct clients and volunteers on necessary action based on the severe weather event. Once an all clear is issued by local authorities' staff will assess and triage any damage to person and/or property and address accordingly.

Code Green: Person with weapon/hostage – In the event a person with a weapon presents themselves, no heroic measures are to be taken it is the responsibility of the staff/volunteers and clients to get to a position of safety as quickly as possible. The Executive director will call the police to respond and apprehend the assailant. All staff / volunteers and clients are to remain in safe space until all clear is given.

Code Gray: Combative person – In the event of a combative person, staff have been trained in de-escalation techniques to calm and recenter the combative person. If necessary, authorities will be called to assess and determine if the individual can be transported to crisis stabilization unit or nearest psychiatric clinic for evaluation and further treatment. No heroic measures are to be taken to address the combative person. It is the responsibility of staff/volunteers and clients to get to a safe place until an all clear is given.

Code Orange: Hazardous material – Hazardous materials can include explosives, flammable and combustible substances, poisons, and radioactive materials. Emergencies can happen during production, storage, transportation, use or disposal. You are at risk when chemicals are used unsafely or released in harmful amounts where you live, work or play. Stay upstream, uphill, and upwind. In general, try to go at least a half mile (usually 8-10 city blocks) from the danger area. Do not walk into or touch any spilled liquids, airborne mists or condensed solid chemical deposits. Stay away from accident victims until the hazardous material has been identified. Call 9-1-1 to report emergencies if you see (or smell) a hazardous materials incident. Monitor media for emergency information. Stay away from the incident scene to minimize the risk of contamination. Follow instructions from public safety officials. If asked or ordered to evacuate: Do so immediately. If specific evacuation routes are given, follow these routes because alternate routes may not be safe. Take only essential items and bring your pets if safely possible. If asked or ordered to shelter in place: Bring pets inside. Close and lock exterior doors and windows. Close or turn off vents, fireplace dampers, exhaust fans, heating, or cooling systems, and as many interior doors as possible. Go into your pre-selected shelter room with your emergency kit. This room should be above ground and have the fewest openings to the outside. Seal gaps under doorways and windows with wet towels or plastic sheeting and duct tape. Close drapes, curtains, and shades in the room if you are warned of a possible explosion. Stay away from windows. Remain in the room until authorities advise you to leave. If you are caught outside, stay upstream, uphill, and upwind. Try to go at least half a mile away from the area. If possible, cover your mouth with a cloth and try not to inhale gases, fumes, and smoke. If you are in a vehicle, stop and seek shelter in a safe building. If you must remain in your car, keep windows and vents closed and shut off the air conditioner and heater. Call 2-1-1 to obtain shelter locations and other disaster information. After Hazardous Materials emergency, return home (or discontinue sheltering in place) only when authorities say it is safe. Open windows and vents and turn on fans to provide ventilation. Continue to monitor the media for emergency information. Follow decontamination instructions from local authorities. Depending on the material, you may be advised to take a thorough shower, or stay away from water and follow another procedure. Seek medical treatment for any unusual symptoms. Place exposed clothing and shoes in tightly sealed containers. Do not allow them to contact other materials. Call local authorities to find out about proper disposal. Find out from local authorities how to clean up your

land and property. Report any lingering vapors or other hazards to local authorities. Call 2-1-1 to obtain shelter locations and other disaster information. Do not eat or drink food or water that may have been contaminated. Be a good neighbor. Check on family, friends, and neighbors, especially the elderly, those who live alone, those with medical conditions, and those who may need additional assistance.

Code Yellow: Bomb threat – If a bomb threat is received: Call 911 Do not Panic, No Bomb Threat Can Be Discredited without an Investigation.

Threat on the Phone

Although threats can come in almost any form (letters, memos, writing on a wall, e-mail, etc.), most threats come over the telephone. A strict and consistent procedure should be followed. The person who receives the threat must record as much information as possible. Contingency arrangements may allow a call to be traced.

REFER TO THE BOMB THREAT CHECKLIST. A Homeland Security checklist (last page of this document) should be at each phone in an office setting and in the Emergency Management Plan in the home setting. When filling out the bomb checklist, listen to the caller carefully and write down what you are told. Fill out as much of the information on the form.

Searches:

Use common sense: if the threat is very specific and a short time is indicated before the bomb will explode, it may be advisable to get everyone out of the building as quickly as possible and let the police do the searching.

- Do Not Touch a suspected device - - - Immediately report a suspected bomb device to the Police!
- Do Not Assume it is the only device planted in the area.
- Do Not Change the Environment: Do not turn on or off water, gas, or anything with electricity.

Contact the supervisor in charge and the Police.

Evacuation:

During a bomb threat, the decision to evacuate is made by the office manager or lead staff in the home.

This decision may be determined by several factors:

- Category of warning, specific or nonspecific
- Prevalence of bomb threats in the community within a recent time frame, and any previous publicity
- The possibility of carrying out an effective search without evacuation

You also need to consider how much of an evacuation is in order:

- Complete evacuation
- Partial evacuation
- To an internal area
- To a safe outside area
- No evacuation

When total evacuation is chosen:

- It is imperative to search evacuation routes before evacuation is undertaken.
- Have people taken to an area away from the premises to avoid possibility of being struck by

debris.

- Use the same exit plans as you would for fire alarms with supervisors possibly remaining behind

to search the premises.

If a suspicious device or package is located, law enforcement will direct the evacuation.

If evacuation is necessary:

☑ Proceed to designated shelter area. Designated shelter area for _____ (this location) is _____. (Describe location and address). If an alternative site is required, a signed letter of agreement is required to be updated annually.

- Account for all individuals prior to evacuation.
- Lead staff in home will take control of evacuation.
- Notify supervisor of situation.
- Notify individual's served emergency contacts of situation.

Letter/Parcel Bomb Detection

At times, the postal service is used to deliver explosive devices. This is a threat that can be minimized by training people to detect if a package might contain explosives.

If You Suspect a Letter or Parcel Might Be Explosive: Do not touch or further handle it. Isolate the area and contact a supervisor for appropriate assistance. Remember, alertness could save your life.

Typical Signs to Watch for in Letter or Package Bombs

- Unusual or unexpected point of origin, an indecipherable address, or no return address at all
- Inaccuracies in your address or in titles
- Unusually restrictive markings that are not a normal part of your business dealings (for example,

"personal", "to be opened only by", "do not delay delivery")

- Excessive weight or thickness for envelope or package size and/or excessive postage
- Improvised labels or obviously disguised script
- Unusual odors
- The feel of springiness
- Metallic components or stiffeners in letters, protruding wire, string, or metal foil
- Oily or greasy stains on packaging or excessive wrapping, binding and taping materials
- Small holes
- Unbalanced or lopsided letters and parcels

Code Blue: Adult medical emergency – According to the American College of Emergency Physicians, the following are warning signs of a medical emergency:

- Bleeding that will not stop
- Breathing problems (difficulty breathing, shortness of breath)
- Change in mental status (such as unusual behavior, confusion, difficulty arousing)
- Chest pain
- Choking
- Coughing up or vomiting blood
- Fainting or loss of consciousness
- Feeling of committing suicide or murder
- Head or spine injury
- Severe or persistent vomiting
- Sudden injury due to a motor vehicle accident, burns or smoke inhalation, near drowning, deep or large wound, or other injuries

- Sudden, severe pain anywhere in the body
- Sudden dizziness, weakness, or change in vision
- Swallowing a poisonous substance
- Severe abdominal pain or pressure

BE PREPARED:

- Determine the location and quickest route to the nearest emergency department before an emergency happens.
- Keep emergency phone numbers posted in the office where you can easily access them. Also enter the numbers into staff/volunteer cell phones. Everyone in your organization, should know when and how to call these numbers. These numbers include fire department, police department, poison control center, ambulance center, primary care doctors' phone numbers, contact numbers of neighbors or nearby friends or relatives, and work phone numbers.
- Know at which clinic(s) your doctor practices and, if practical, go there in an emergency.
- Wear a medical identification tag if you have a chronic condition or look for one on a person who has any of the symptoms mentioned.
- Get a personal emergency response system if you're an older adult, especially if you live alone.

WHAT TO DO IF SOMEONE NEEDS HELP:

- Stay calm and call your local emergency number (such as 911).
- Start CPR (cardiopulmonary resuscitation) or rescue breathing, if necessary and if you know the proper technique.
- Place a semiconscious or unconscious person in the recovery position until the ambulance arrives. DO NOT move the person, however, if there has been or may have been a neck injury.
- Upon arriving at an emergency room, the person will be evaluated right away. Life- or limb-threatening conditions will be treated first. People with conditions that are not life- or limb-threatening may have to wait.

CALL YOUR LOCAL EMERGENCY NUMBER (SUCH AS 911) IF:

- The person's condition is life threatening (for example, the person is having a heart attack or severe allergic reaction)
- The person's condition could become life threatening on the way to the clinic
- Moving the person could cause further injury (for example, in case of a neck injury or motor vehicle accident)
- The person needs the skills or equipment of paramedics
- Traffic conditions or distance might cause a delay in getting the person to the clinic

Code Evac: Evacuation of clients, staff/volunteers required – Employers have a responsibility to reduce or eliminate health and safety risks in the workplace. This includes any known or potential risks associated with fire hazards. Employees are responsible for complying with the employer's hazard reduction measures, such as a fire evacuation emergency plan.

To develop an effective evacuation plan, employers should follow the 3 stages of evacuation in a fire:

Stage 1: Immediate evacuation.

Stage 2: Lateral evacuation; and

Stage 3: Partial evacuation.

With a stage 1 evacuation, occupants need to immediately evacuate the building or work site.

During a stage 2 evacuation, individuals must move laterally to a safer area, such as moving to a different room. During a stage 3 evacuation, everyone vacates the floor.

Some emergency plans include a 'stage four' which is a total evacuation of the building. However, this is often considered equal to stage one. Everyone follows the exit signs to immediately leave the building.

What Can Cause a Fire in the Workplace and How Can You Prevent it?

Improperly stored flammable substances are a common cause of fires in the workplace. Other potential hazards include clutter, faulty equipment, human error, and even deliberate, criminal damage/arson.

To deal with these threats, employers need to devise an emergency plan. The standard procedure for reducing the risk of fire includes Identification of the hazard; Assessment of the risk; Elimination or reduction of the risk; and Review and evaluation of any control strategies. After identifying the hazard, workers need to assess the risk. This includes checking the SDS to ensure the proper storage and use of flammable substances.

The third step is the elimination or reduction of the risk, which involves a long list of potential solutions. For example, employers may find ways to completely eliminate flammable substances from the workplace. Other options include:

- Using fire-resistant furnishings or equipment.
- Using less flammable materials or reducing the number of materials.
- Isolating flammable materials from ignition sources.
- Implementing warning systems, such as fire alarms.
- Ensuring that employees have direct access to escape routes.
- Designing a fire and evacuation safety plan; and
- Practicing fire drills and safety plans.

After implementing these steps, employers and health and safety representatives should continue to review and evaluate the control measures. This also includes the need to perform drills to ensure that employees understand the procedures.

How Do You Prepare for an Emergency Situation?

All employers need to identify, assess and reduce workplace hazards. This may include the development of an emergency plan for dealing with fires. Fire evacuation procedures should always include special provisions for people with disabilities.

A personal emergency evacuation plan (PEEP) is an individual plan for each person with a disability. The plan allows organizations to determine what assistance the person with a disability may require during an emergency evacuation. The following individuals may need their own PEEPs:

- People using wheelchairs.
- People who are deaf or hard of hearing.
- People who are blind or have vision problems.
- People with learning disabilities; and
- People with mental illness.
- The individual PEEP should be tailored to the needs of each individual. For example, wheelchairs require adequate space to turn around or take refuge in fire-isolated stairwells.

PEEPs are just one part of creating an effective fire and emergency evacuation plan. Health and safety representatives (HSR's) or health and safety committees (HSC's) should develop and provide ongoing review of a plan through the consultation of all workers. The plan should cover the following:

- The need for everyone to stay calm and follow the plan.
- Immediate action for stopping or minimizing the hazard, such as using fire extinguishers.
- Designating a person to raise the alarm.
- Designating an assembly area for occupants to gather during the evacuation; and
- Setting escape routes and clearly marked exit signs.

Code Triage Internal: Interior Disaster – A Code Triage is a disaster or problem that may affect the organization and/or the clients and puts S.O.U.L Clinic of Kentuckiana Inc. at a heightened level of crisis preparedness so that the healthcare system is better positioned to respond to emergencies.

Internal emergency action

- Quickly assess the situation.
- Raise the alarm by calling Executive Director then local authorities if necessary.
- Follow directions of Executive Director and safety personnel.
- Assist and guide other people away from the area, if safe to do so.
- Take care not to move people from safety to danger.
- Administer first aid if appropriately trained to do so.
- Follow the standard procedures listed below for the type of emergency.

Code Triage External: External Disaster – An external disaster is an event that impacts a facility when demand for services go beyond available resources.

1. Determine potential disasters. The Clinic Disaster Committee should be prepared for any type of disaster; however, they MUST determine which type has the greatest potential to affect their facility.

2. Assess resources within the institution

The Clinic Disaster Preparedness Committee should initiate an assessment to determine their facility's capabilities, potential problems, and other concerns during a disaster. Consider the following questions:

- Is there an emergency water source readily available?
- If a triage area is established outside of the facility, are there adequate power sources in the

designated area including an emergency generator?

- Will the air handlers have water if the local water supply is damaged?
- How will water be rationed?
- How will food be provided?
- How will communications be performed, both internally and externally?
- What is the back-up air, oxygen, electrical and emergency generator status throughout the facility?

The Committee should assess:

- whether there are sufficient supplies to maintain the clinic through the first 72 hours, post disaster
- current staff information regarding phone numbers, addresses, emergency contact numbers.
- Develop a procedure for staff notification to ensure appropriate utilization of personnel at the time of disaster and post-disaster. It may be beneficial to be aware of the area of the community each staff member resides in. This is useful when a situation involving an earthquake, tornado, or flood since the personnel who live in the affected portions of the community may not be able to work.
- the use of a proper personnel identification device (ID) to ensure the staff will be permitted to cross security / disaster area lines.
 - Different scenarios should be considered to help in identifying shortcomings before an actual situation is experienced. Drills are covered in an upcoming section.
 - The institution should consider establishing mutual aid or written agreements with other healthcare facilities and vendors in the community as well as adjoining communities to provide assistance during external disasters for the provision of personnel, supplies, equipment, transportation, pharmaceuticals, or whatever else may be needed.

3. Outline Key Elements

The Committee should determine the chain of command during a disaster and the communication process, both internally and externally. They should develop a process for the management of patient triage, patient management and evacuation procedures, equipment management and transfer, patient identification, records management, security issues and public information, and steps to take toward recovery from emergency situations of all kinds.

4. Chain of Command

Most medical facilities have a Safety Director in place at all times. This person is responsible for overseeing the development, implementation and monitoring of the clinic's disaster plan. These responsibilities usually include:

- Implementing plans following a disaster based upon the space, supplies and security of the clinic in case of a bomb threat, natural disaster, fire, chemical spill, hostage situation, power outage or utility failure.
- Establishing policies for notifying proper authorities outside the clinic regarding an emergency.
- Developing protocol for notifying personnel on implementation of the emergency preparedness plans.
- Defining responsibilities of personnel during disaster and emergency situations and assignments to reflect staffing patterns.
- Developing policies for providing emergency communications during disasters and emergencies, and policies for alternative sources of essential utilities.

- Developing policies and procedures for evacuation of the clinic if the clinic cannot continue to support adequate patient care and treatment, and an alternate care site.
- Integrating clinic's role with community emergency preparedness plans.
- Developing policies for identifying available facilities for radioactive or chemical isolation and decontamination.
- Developing policies and procedures for managing patients during disasters or emergencies, including the scheduling, modification, or discontinuation of services, control of patient information, and admission, transfer, and discharge of patients.
- Promoting orientation programs and continuing education on emergency preparedness plans for all personnel.
- Implementing emergency preparedness plans semi-annually, in response to an emergency or planned drill.
- This person should play a key role as a member of the Clinic Disaster Committee.

5. Communication

In preparation for a disaster, another key position is required. This person may be referred to as the Incident Commander, who is responsible for gathering the Clinic Disaster Committee together at a moment's notice.

As a team, the Committee members then take control of the situation by delegating responsibilities to predetermined Section Chiefs, Directors, Unit Leaders and Area Officers. These people are each responsible for either directing teams or for specific duties. Refer to the beginning of this section for a generalized breakdown of responsibilities. The Committee MUST be able to effectively communicate with one another, with all staff, with the public when necessary, and with other medical facilities in times of disaster.

6. Patient Management

In times of disaster, this can present a challenge. For emergency preparedness agencies to properly evacuate patients, the clinic should have the ability to provide patients' locations and their specific needs as quickly as possible. You may contact the local emergency preparedness agency in your area for assistance on developing plans for disaster situations.

6. Patient Transfers.

A Transportation Officer should be assigned to make sure patients can be safely transferred either within the facility in cases of internal disaster or to another facility in cases of external disaster.

The following is a general guideline regarding patient transfer during and after an earthquake:
Within your facility:

1. Move all patients to a central area.
2. Issue extra blankets to all patients and keep them warm.
3. Close all drapes in the central area to protect against exposure to broken glass.
4. Close all doors to the central area including outer fire and smoke barrier doors.
5. Avoid using open flame devices.
6. Check for flashlights and extra batteries.
7. Reassure patients that all is well.

To other facilities

Should transfers of patients to other facilities be necessary, follow the guidelines set forth in

your institution's policies and procedures.

8. Evacuation Procedures

If evacuation is necessary following an internal disaster, patients should be evacuated to a secure place within the facility, designated by the search team. Patients and personnel should remain in the secured area until an 'All Clear' has been given. The use of elevators should be avoided. Department heads, supervisors or other predetermined area officers should assign one staff member in each of their areas to remove patient charts. All such records should be taken to an area designated by the person in charge.

These predetermined personnel are responsible for assuring that exit routes are safe. One person, however, MUST remain at the assembly area to assure that everyone remains in the area. No one should be allowed to return to the building until 'All Clear' has been announced. Once evacuation has occurred, law enforcement should search the premises, creating search teams if necessary. Once the search is completed, or has been terminated by the search commander, all employees participating in the search should leave the premises and return to the assembly areas designated during the evacuation process unless otherwise instructed.

9. Availability of Equipment

During a disaster, the availability of equipment is essential to the survival of patients in an internal event and to the community in an external event. To be prepared, you should know where the following items are located, so they can be gathered in the least amount of time:

1. Keys - Housekeeping personnel may know where all keys are kept.
2. Blankets - Additional blankets may be obtained from the Housekeeping Department.
3. Other items, which may be necessary especially in external disasters - Including bandages, dressings, compresses and suture materials, sterile scrub brushes, normal saline, anti-microbial skin cleanser, waterless hand cleaner and gloves, fracture immobilization, splinting and casting materials, backboard, rigid stretchers, non-rigid transporting devices, oxygen-ventilation suction devices, and advance life support equipment (i.e., chest tube, airway, major suture trays).

10. Patient Identification and Information

One person or Patient Identification / Information Officer should be responsible for patient identification practices during a disaster. In brief, this person is responsible for keeping a list of patients, their location within the facility and their condition.

11. Records

A Records Officer should be assigned to lead an effort to obtain patient records in time of disaster. That way, there is a greater likelihood that medical records and medical equipment can be transferred to another facility if necessary. If your facility has a computerized charting system, the information can be quickly and easily downloaded onto a disk, while hard copies of charts MUST be gathered and carried out.

12. Security

A Safety / Security Officer should be assigned to make sure no unauthorized persons enter the building following an internal disaster. This helps to provide personal security for staff, patients, visitors, and property. This officer is also responsible for ensuring that any activity that takes place at the medical facility is done with the maximum amount of safety to all involved.

13. Public Information

Any staff answering telephones should not give out any information, unless so authorized, concerning a disaster to any caller. Similarly, publicity should be avoided as much as possible. In the

case of a bomb threat, for example, publicity tends to generate additional threats.

Only the Administrator, or their designee, should answer questions of the press, and only on a need-to-know basis.

14. Recovery

Many clinic disaster plans fail to include information regarding the disaster recovery phase. However, recovery is extremely important. And planning for it begins before a disaster ever happens. In preparation for recovery, experts recommend that clinics start with a complete inventory of their assets, including buildings and equipment. When new buildings are built, additions are made, major renovations occur within the clinic, or any other addition or improvement occurs to the inventory, photographs or videos should be taken to build a historical file that can be presented to an insurance agent post-disaster. For insurance claims, pictures present the actual condition prior to any damage. In hurricane zones, the staff has time to run around and photographically document the current condition of the campus prior to the storm's landfall. Tornadoes, fires, and earthquakes do not allow that luxury. And remember, do not forget to photograph any damage prior to its removal or clean up.

Utility Alert: Utilities are disrupted – If practicable, and only if safe to do so, secure any activity or process that may become hazardous or suffer damage if left unattended because of a power failure.

- On instruction of Executive Director or safety personnel to evacuate the building, immediately cease all activity and secure personal valuables.
- Assist any person in immediate danger (only if safe to do so).
- Act in accordance with directions given by Executive Director / safety personnel and evacuate the building to the nominated Evacuation Assembly Area and assist with the evacuation of disabled occupants.
- Limit use of mobile telephones and encourage others to do the same.
- Assist with the general evacuation if directed to do so by the Executive Director / safety personnel.
- Move calmly to the nominated Evacuation Assembly Area, and do not leave the Evacuation Assembly Area until the 'All Clear' has been given, or other relevant instructions issued.

Code Solidarity: Civil disturbances or riots are rare but planning for their occurrence MUST be a part of your preparedness plan. If a civil disturbance breaks out, the first thing you need to do is to secure the clinic entrance nearest the location of the occurrence and notify security. Also, notify your supervisor, who in turn should notify appropriate administrators and law enforcement agencies.

During situations of civil disturbance, the most important things to remember are to:

- Remain calm and get the facts and reason for the demonstration
- Meet and talk with the leader of the demonstration
- Make no promises or concessions without administrative authority

Communicating the Plan to All Staff

No plan can be an effective one without appropriate and organization-wide communication. Once a Disaster Plan is developed, all staff should be notified. Additionally, their input can be helpful if allowed to be part of the review process.

Conducting Drills

Testing plans before a disaster strike allows everyone in your organization to learn what to do when the disaster occurs, and helps to reveal potential problems, so they can be corrected before they are ever tested in a real disaster. All staff should participate in basic emergency preparedness training and drills. This includes how to report and respond to an emergency, how to obtain assistance, how to obtain equipment and how to communicate if the clinic loses normal communication methods. Also, your facility should identify staff who have key roles and responsibilities in the disaster plan and train them as to their responsibilities in these roles. It is also suggested that local assistance agencies be part of the drill when possible.

It is important to note that the Joint Commission mandates clinics to conduct at least two disaster drills a year. According to the Joint Commission, these drills **MUST** occur a minimum of four months apart.

These drills are further mandated to include all departments and legal agencies that would be involved in a real emergency. And the drills **MUST** include practice treatment and transportation exercises. Additionally, both staff and the plan **MUST** be evaluated once a year.

Maintaining the Plan

Once the Disaster Plan has been reviewed and finalized, it **MUST** be maintained. One way in which to accomplish this is through periodic drills. Another is to update the plan periodically to allow for changes in the community that may affect putting the plan into practice. Variables include the opening and closings of schools in the area, openings and closings of other clinics and medical facilities in the area, and community expansion or decline.

The Importance of Area Coordination

In an emergency of any magnitude, you aren't just dealing with your institution and its administrators, but with fire departments, police, emergency disaster services like the Red Cross and Salvation Army, as well as many other community assistance services and agencies. And when it comes to creating, maintaining and practicing a Disaster or Emergency Plan, you need a high level of coordination between your institution and those services and agencies.

Predetermined members of your institution should be charged with staying in touch with community assistance agencies and services, such as the fire department, police department, other clinics and medical facilities in the area (and beyond), the Red Cross and other agencies that are set up to help in a disaster.

Area coordination is necessary, especially in larger events that affect a wider base of the population both inside and outside your institution's walls. For example, in case of fire, both the fire department and police are usually involved. According to federal guidelines, the fire department **MUST** be notified regardless of the size or type of fire.

These agencies can be helpful in the exchange of information. For example, if communications in your facility go down, the fire and police departments are equipped with portable communications devices. They can provide a necessary link in the flow of information.

Outside agencies can also be helpful in evaluating your institution's Disaster or Emergency Plan when involved in drills. To coordinate effectively, a high amount of continuous communication is necessary.

Coalition for the Homeless in partnership with Louisville Metro Department of Public Health & Wellness Interim Guidance on COVID-19 for Homeless Service Providers

This document provides guidance specific for homeless service providers (such as overnight emergency shelters, day shelters, and outreach providers) during the outbreak of coronavirus disease 2019 (COVID-19). Homeless service providers should collaborate, share information and review plans with local health officials to help protect their staff, clients, clients and volunteers. We recognize that we are in unprecedented times with high stress and tension. Please take care of yourselves and review stress and coping resources for yourself and clients during this time.

Background

Coronavirus disease 2019 (COVID-19) is a respiratory disease caused by a newly identified coronavirus that was first detected in Wuhan City, Hubei Province, China but has now been detected throughout the world. Community spread of COVID-19 has been identified in Jefferson County.

Symptoms of COVID-19 can include a fever, cough, and shortness of breath. Some people may develop emergency warning signs for COVID-19 and need to get medical attention immediately. Emergency warning signs include trouble breathing, persistent pain or pressure in the chest, new confusion or inability to arouse, and bluish lips or face. Like seasonal flu, COVID-19 infection in humans can vary in severity from mild to severe. The virus is thought to spread mainly from person-to-person, usually between people who are in close contact with one another (within about 6 feet). This transmission occurs through respiratory droplets produced when an infected person coughs or sneezes. Check CDC's website for the most up-to-date information on the symptoms of COVID-19, how to prepare, and many other resources. It is also highly recommended to check Kentucky's COVID-19 website and Louisville Metro's COVID-19 website for local updates.

Transmission of COVID-19 in the community could affect people experiencing homelessness in several ways. The outbreak could cause illness, could contribute to an increase in emergency shelter usage or may lead to illness and absenteeism among homeless service provider staff. Furthermore, people who are experiencing homelessness with underlying medical conditions are at higher risk for severe outcomes. Protecting your staff, volunteers, and clients requires a coordinated effort between homeless service providers, healthcare facilities, and the health department. Use this guide to prepare for how to respond if COVID-19 cases are identified.

Guidance for Homeless Service Outreach Staff

It is recommended that outreach staff take the following actions, in order to protect clients and staff:

General items

Assign outreach staff who are at higher risk for severe illness to other duties.
Limit outreach efforts to places/areas that are most in need. Foundational “relationship building” outreach can be limited or suspended if needed.

Outreach staff should strongly encourage and educate clients who use substances, including tobacco, that sharing bottles, cigarettes/ joints/ blunts, needles, etc. is very risky during the COVID-19 pandemic.

Outreach staff should strongly encourage individuals to maintain social distancing and avoid gathering closely together to reduce the spread of the virus. People with alcohol use disorder are at high risk of drinking alcohol-based hand sanitizer, mouth wash, and other isopropyl alcohol products when supplies of alcohol are low. Drinking small quantities of these products can result in liver damage, liver failure, and death in larger quantities. Weigh the risks and benefits of distributing these products to clients with alcohol use disorder.

Once in the camp, be especially aware of people experiencing cough, shortness of breath, appearing feverish or ill. Provide training and educational materials related to COVID-19 for staff. Minimize the number of staff members who have face-to-face interactions with clients.

Develop and use contingency plans for increased absenteeism caused by employee illness or by illness in employees’ family members. These plans might include extending hours, cross-training current employees or hiring temporary employees.

Outreach staff should review stress and coping resources for themselves and their clients during this time.

Outreach staff should wear cloth face coverings when working in public settings or interacting with clients. This will help people who may have the virus and do not know it from transmitting it to others. They should still maintain a distance of 6 feet from each other and clients if possible, even while wearing cloth face coverings. For cloth face coverings, make sure they: fit snugly but comfortably against the side of the face

- are secured with ties or ear loops
- include multiple layers of fabric
- allow for breathing without restriction
- can be laundered and machine dried without damage or change to shape

Cloth face coverings should not be placed on young children under age 2, anyone who has trouble breathing, or is unconscious, incapacitated or otherwise unable to remove the mask without assistance.

Prevention Measures

Encampments

- Unless individual housing units are available, do not clear encampments during community spread of COVID-19. Clearing encampments can cause people to disperse throughout the community and break connections with service providers. This increases the potential for infectious disease spread.
- Encourage people staying in encampments to set up their tents/sleeping quarters with at

least 12 feet x 12 feet of space per individual.

- Ensure nearby restroom facilities have functional water taps, are stocked with hand hygiene materials (soap, drying materials) and bath tissue, and remain open to people experiencing homelessness 24 hours per day.
- If toilets or handwashing facilities are not available nearby, provide access to portable latrines with handwashing facilities for encampments of more than 10 people.

Communications

Provide straightforward communications to people sleeping outside in the appropriate language. Identify people who are influential in the community who can help communicate with others. Post signs in strategic locations to provide information on hand hygiene, respiratory hygiene, and cough etiquette. Request up-to-date contact information for each person.

Information to share includes

- The most recent information about COVID-19 spread in their area
- Discourage clients from spending time in crowded places or gathering in large groups, for example at locations where food, water, or hygiene supplies are being distributed.
- If it is not possible for clients and staff to avoid crowded places, encourage spreading out (at least 6 feet between people) to the extent possible and wearing cloth face coverings.
- Hand hygiene instructions, cough etiquette instructions, and advice not to share personal items
- How to recognize the symptoms of COVID-19 and what to do if they are sick
- What to do if their friends, family, or community members are sick
- How to isolate themselves if they have symptoms.

Updated information on where to find food, water, hygiene facilities, regular healthcare, and behavioral health resources if there have been local closures or changes

- Continue to link clients to homeless services, housing, medical, mental health, syringe services, and substance use treatment, including provision of medication-assisted therapies (e.g., buprenorphine, methadone maintenance, etc.). Use telemedicine, when possible.

- Some people who are experiencing unsheltered homelessness may be at higher risk of severe illness from COVID-19 due to older age or certain underlying medical conditions, such as chronic lung disease or serious heart conditions.

o Reach out to these clients regularly to ensure they are linked to care as necessary.

o Prioritize providing individual rooms for these clients, where available.

Practices for Entering a Camp/Meeting with Clients on the street

- Greet clients from a distance of 6 feet and explain that you are taking additional precautions to protect yourself and the client from COVID-19.

Ask the following questions to all clients who you meet during outreach:

1. Do you have a fever of 100 or greater? ____ Yes ____ No
2. Have you had a cough for longer than 24 hours? ____ Yes ____ No
3. Are you experiencing shortness of breath for longer than 24 hours? ____ Yes ____ No
4. Have you had body aches for longer than 24 hours? ____ Yes ____ No
5. Do you have diabetes, heart disease, high blood pressure, lung disease or any immunosuppressive illnesses? Please specify. _____

If client can self-monitor and self-quarantine, provide flyer for COVID self-care on the

street. Link to flyer can be found here.

If client answers yes to #1 and/or a combination of #2 thru 4, encourage client to contact their Primary Care Physician (PCP) for guidance. If they do not have a PCP or cannot reach them, provide contact information for Phoenix Family Health Center (502-568-6972). If client answers yes to #1 and/or a combination of #2 thru 4 and #5 encourage client to contact their Primary Care Physician (PCP) for medical assessment for COVID-19. If they do not have a PCP or cannot reach them, provide contact information for Phoenix Family Health Center (502-568-6972).

If you identify any client with severe symptoms, use standard protocols to facilitate access to emergency healthcare (i.e., Call client's PCP or 911 for emergency assistance).

Severe symptoms include:

- Fever
- Extreme difficulty breathing (Not being able to speak without gasping for air)
- Bluish lips or face
- Persistent pain or pressure in the chest
- Severe persistent dizziness or lightheadedness
- New confusion, or inability to arouse
- New seizure or seizures that won't stop

Less common symptoms include

- New loss of taste or smell
- Gastrointestinal symptoms such as nausea, vomiting, diarrhea
- Chills or repeated shaking with chills
- Muscle pain
- Headache
- Sore throat

(*This list is not all possible symptoms. Please call your medical provider for any other symptoms that are severe or concerning to you)

- Outreach staff who are checking client temperatures should use a system that creates a physical barrier between the client and the screener as described here.
 - Where possible, screeners should remain behind a physical barrier, such as a car window, that can protect the staff member's face from respiratory droplets that may be produced if the client sneezes, coughs, or talks.
 - If social distancing or barrier/partition controls cannot be put in place during screening, PPE (i.e., facemask, eye protection [goggles or disposable face shield that fully covers the front and sides of the face], and a single pair of disposable gloves) can be used when within 6 feet of a client.
 - However, given PPE shortages, training requirements, and because PPE alone is less effective than a barrier, try to use a barrier whenever you can.
 - Continue conversations and provision of information while maintaining 6 feet of distance where possible.
 - Do not transport clients in vehicles.
 - Avoid touching coworkers or clients (no handshaking, don't handle client belongings)
 - If you need to have physical contact with the client or the client's belongings, use gloves and then dispose of gloves appropriately. Wash hands afterwards or immediately use hand sanitizer if unable to wash hands.
- Avoid sharing items such as pens, cell phones unless you can properly disinfect after sharing.
- Instruct clients to cover cough with tissue or have them cough into their sleeve.

- Properly sanitize equipment and supplies frequently (i.e., pens, cell phone, clip boards).
- Wash your hands often with soap and water for at least 20 seconds or use hand sanitizer (with at least 60% alcohol) on a regular basis, including before and after each client interaction especially after you have been in a public place, before or after eating, or after blowing your nose, coughing, or sneezing.
- Consider wearing clothing that can be removed before entering your vehicle and placed in the trunk to avoid contamination of your vehicle with virus. Outreach staff should launder work uniforms or clothes after use using the warmest appropriate water setting for the items and dry items completely. Frequently clean your vehicle using CDC recommended disinfecting guidance.

Carry a well-stocked outreach bag

- Gloves
- Hand sanitizer
- Tissues for yourself and to hand out to clients
- Extra pens (try not to share any equipment)
- Small package of bleach wipes or other disinfectant wipes (wipe off frequently touched equipment like phone, pens and vehicle door handles)
- Bottled water
- Thermometers (digital or tempadots) – to give to people with symptoms to help monitor their temperature.

Official Document Templates

A template of each document used within the clinic is published below. All documents have been created and or tailored to best serve the clinic and the client. If a document is published after creation of this standard operating procedure an addendum will be added with the new document.