

PORTAGE PATH BEHAVIORAL HEALTH

TITLE: SUBSTANCE ABUSE CRISIS POLICY AND PROCEDURE

DEPT.: CLINICAL POLICIES AND PROCEDURES

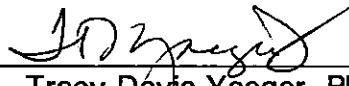
POLICY NO: XXXII

EFFECTIVE DATE:

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AUTHORIZED SIGNATURE: _____



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PURPOSE: To define the procedure for managing clients who are intoxicated or in withdrawal at presentation for services.

POLICY: When a client reports or is observed being intoxicated (alcohol/drug), in active withdrawal he/she must be evaluated for risk to self and others so appropriate interventions can be initiated.

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PROCEDURE:

I. GENERAL PROCEDURES

A. INTOXICATION (Intake and Assessment)

1. Assess the situation including staff safety, client's safety, and the safety of others. Enlist other staff members to help manage the situation if necessary.
2. When possible, identify the substances that have caused the intoxication to assess levels of risk and anticipation of behaviors.
3. If the client is at risk for withdrawal, follow active withdrawal procedure outlined below.
4. If the presenting client is intoxicated to the point of impaired functioning and judgement, the intake clinician will perform a risk assessment only. The client's paperwork such as consents, financial and releases will be voided due to impairment.
5. Intake or assessment will be rescheduled and the intake clinician will make an appropriate internal or external referrals based on client's needs and agency partnerships/collaborations.
 - a) Treatment provider may need to contact area substance abuse agencies to facilitate transfer into more intensive substance abuse services such as detox or hospital emergency rooms as necessary.
6. When the client returns for their rescheduled intake or assessment, all paperwork must be re-signed.
7. All events are to be documented in an Individual Outpatient Progress Note or Med/Som Progress Note.

B. INTOXICATION (Outpatient Therapy and Med/Som)

1. Assess the situation including staff safety, client's safety, and the safety of others. Enlist other staff members to help manage the situation if necessary.
2. When possible, identify the substances that have caused the intoxication to assess levels of risk and anticipation of behaviors.
3. If the client is at risk for withdrawal, follow active withdrawal procedure outlined below.
4. Determine if continuing the session will be helpful to the client based on level of intoxication.
5. Make appropriate internal or external referrals based on client's needs and agency partnerships/collaborations.
 - a) Treatment provider may need to contact area substance abuse agencies to facilitate transfer into more intensive substance abuse services such as detox or hospital emergency rooms as necessary.
6. All events are to be documented in an Individual Outpatient Progress Note or Med/Som Progress Note.

C. ACTIVE WITHDRAWAL

1. If a client presents in active withdrawal, determine which substance(s) the client is withdrawing from if possible.
2. Contact a member of the medical staff to assess the client's withdrawal symptoms.
 - a) Withdrawal from certain substances may become life threatening and immediate medical attention may be necessary. If immediate medical attention is necessary contact 911 and follow procedures outlined in the safety policy for contacting 911.

- b) If the client's withdrawal symptoms are not life threatening, make appropriate internal or external referrals based on client's needs and agency partnerships/collaborations.
- 3. All events are to be documented in an Individual Outpatient Progress Note or Med/Som Progress Note.

D. RELAPSE

- 1. When a presenting client reports a recent relapse, determine in the client is currently intoxicated or in withdrawal. If the client is currently intoxicated follow the procedure for managing intoxicated clients or clients in withdrawal.
- 2. If a presenting client has relapsed and is not showing signs of impaired functioning or judgement, continue treatment outlined in the clients treatment plan.
- 3. Make appropriate internal or external referrals based on client's needs and agency partnerships/collaborations.
- 4. All events are to be documented in an Individual Outpatient Progress Note or Med/Som Progress Note.