



Congregate Living & Social Services Licensing Board
Tuesday, August 22, 2023, 6:00 PM
Council Chambers, 2nd fl of City Hall, 3 Washington St.

AGENDA

- I. **Call to Order:** Roll Call
- II. **Minutes of Previous Meeting:** July 25, 2023
- III. **Unfinished Business:** Conditional approval license updates.
- IV. **Applications:**

Continued LB 23-09: Applicant, Ryan Gagne, Executive Director for Live Free Recovery, is requesting a Congregate Living & Social Services License for a Large Group Home, located at 361 Court St., and is in the Medium Density District and as defined in Chapter 46, Article X of the Keene City Ordinances.

Continued LB 23-10: Applicant, Ryan Gagne, Executive Director for Live Free Recovery, is requesting a Congregate Living & Social Services License for a Residential Drug/Alcohol Treatment Facility, located at 106 Roxbury St., and is in the Downtown Edge District and as defined in Chapter 46, Article X of the Keene City Ordinances.

Continued LB 23-11: Applicant, Ryan Gagne, Executive Director for Live Free Recovery, is requesting a Congregate Living & Social Services License for a Large Group Home, located at 26 Water St., and is in the Downtown Transition District and as defined in Chapter 46, Article X of the Keene City Ordinances.

Continued LB 23-12: Applicant, Ryan Gagne, Executive Director for Live Free Recovery, is requesting a Congregate Living & Social Services License for a Residential Drug/Alcohol Treatment Facility, located at 881 Marlboro Rd., and is in the Rural District and as defined in Chapter 46, Article X of the Keene City Ordinances.

Continued LB 23-13: Applicant, Mindy Cambiar, Executive Director for Hundred Nights, Inc., is requesting a Congregate Living & Social Services License for a Homeless Shelter and a Group Resource Center, located at 122 Water St. and is in the Downtown Growth District and as defined in Chapter 46, Article X of the Keene City Ordinances.

- I. **New Business:**
- II. **Non-Public Session:** (if required)
- III. **Adjournment:**

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1 City of Keene
2 New Hampshire

3
4
5 CONGREGATE LIVING AND SOCIAL SERVICES LICENSING BOARD
6 MEETING MINUTES
7

Tuesday, July 25, 2023

6:00 PM

Council Chambers,
City Hall

Members Present:

Medard Kopczynski, Vice Chair
Alison Welsh
Thomas Savastano

Staff Present:

John Rogers, Building & Health
Official/Zoning Administrator

Members Not Present:

Andrew Oram, Chair
Jennifer Seher

8
9 **I. Call to Order**

10
11 Vice Chair Kopczynski called the meeting to order at 6:00 PM and roll call ensued.
12

13 **II. Minutes of the Previous Meeting – April 25, 2023 & June 27, 2023**

14
15 A motion by Ms. Welsh to approve the April 25, 2023, minutes with no amendments was duly
16 seconded by Mr. Savastano and the motion carried unanimously.
17

18 Vice Chair Kopczynski provided a correction to the June 2023 minutes. On line 507, “Ms.
19 Damien” should be changed to “Ms. Gagnon.” A motion by Mr. Savastano to approve the June
20 27, 2023, minutes as amended was duly seconded by Ms. Welsh and the motion carried
21 unanimously.
22

23 **III. Unfinished Business**

24
25 Mr. Rogers reported on some previous conditional application approvals that were pending Fire
26 Department requirements. The Fire Department completed these inspections and sent the
27 applicants correct violation letters, providing 45 days to rectify these minor issues. Mr. Rogers
28 said this was the case for: LB 23-06 for Alpine Healthcare, LB 23-07 for Covenant Living of
29 Keene, LB 23-08 for Emerald House, and LB 23-09 – LB 23-12 for Live Free Recovery. Mr.
30 Rogers would update the Board again once each organization makes the required Fire Department
31 changes.
32

33 **IV. Applications**

- 34 A) **Continued LB 23-09: Applicant, Ryan Gagne, Executive Director for Live**
35 **Free Recovery, is requesting a Congregate Living & Social Services License**
36 **for a Large Group Home, located at 361 Court St., and is in the Medium**
37 **Density District and as defined in Chapter 46, Article X of the Keene City**
38 **Ordinances.**
39

40 Continued until the August 22, 2023, meeting at 6:00 PM.

- 41
42 B) **Continued LB 23-10: Applicant, Ryan Gagne, Executive Director for Live**
43 **Free Recovery, is requesting a Congregate Living & Social Services License**
44 **for a Residential Drug/Alcohol Treatment Facility, located at 106 Roxbury**
45 **St., and is in the Downtown Edge District and as defined in Chapter 46,**
46 **Article X of the Keene City Ordinances.**
47

48 Continued until the August 22, 2023, meeting at 6:00 PM.

- 49
50 C) **Continued LB 23-11: Applicant, Ryan Gagne, Executive Director for Live**
51 **Free Recovery, is requesting a Congregate Living & Social Services License**
52 **for a Large Group Home, located at 26 Water St., and is in the Downtown**
53 **Transition District and as defined in Chapter 46, Article X of the Keene City**
54 **Ordinances.**
55

56 Continued until the August 22, 2023, meeting at 6:00 PM.

- 57
58 D) **Continued LB 23-12: Applicant, Ryan Gagne, Executive Director for Live**
59 **Free Recovery, is requesting a Congregate Living & Social Services License**
60 **for a Residential Drug/Alcohol Treatment Facility, located at 881 Marlboro**
61 **Rd., and is in the Rural District and as defined in Chapter 46, Article X of the**
62 **Keene City Ordinances.**
63

64 Continued until the August 22, 2023, meeting at 6:00 PM.

- 65
66 E) **LB 23-13: Applicant, Mindy Cambiar, Executive Director for Hundred**
67 **Nights, Inc., is requesting a Congregate Living & Social Services License for a**
68 **Homeless Shelter and a Group Resource Center, located at 122 Water St. and**
69 **is in the Downtown Growth District and as defined in Chapter 46, Article X of**
70 **the Keene City Ordinances.**
71

72 Vice Chair Kopczynski recalled that not too long ago, the Board issued a license for Hundred
73 Nights' present location and said this would be the first time the Board was transferring a license.
74

75 Vice Chair Kopczynski requested Staff comments. Mr. Rogers said that Fire Department and
76 Housing inspections had occurred, and no issues were found with this brand-new building. The
77 applicant was granted their Certificate of Occupancy.
78

79 Ms. Welsh asked if the hood in the kitchen had been replaced. Mr. Rogers said the applicant
80 could speak to that because he had not visited the new facility yet, but he did not think the
81 inspections would have passed without the proper hood. He added that the previous Hundred
82 Nights location had the shelter and resource center at two different units in the same building, so
83 in the past, licenses were needed for each use. At the new location on Water Street, all uses would
84 be in the same building, so this application was now being reviewed as a shelter with an accessory
85 resource center within it.
86

87 Vice Chair Kopczynski welcomed Chuck Mobilia and Teresa Starkey, Hundred Nights' Board
88 Chair and Board Secretary, respectively, to present this application in the place of Mindy
89 Cambiar, Executive Director. Mr. Mobilia confirmed that the hood Ms. Welsh referred to was
90 replaced and Hundred Nights was approved to serve food. He said the goal was to move into the
91 new location quickly and they were in the process of shifting buildings. There would be a ribbon
92 cutting ceremony and open house for the community, likely in mid-September. For the benefit of
93 the public, Vice Chair Kopczynski asked Mr. Mobilia to provide some details about Hundred
94 Nights. Mr. Mobilia explained that Hundred Nights opened 13–15 years ago and began as a
95 shelter for the 100 coldest nights of the year. In 2017, it became a full-time shelter with 24 beds; it
96 had since expanded to 2 different areas churches with 12 beds each at location. The resource
97 center used to be in the basement of the Lamson Street location and before this move to Water
98 Street, the resource center was in the Jonathan Daniels building. This is a low barrier shelter for
99 anyone experiencing homelessness in Keene. He said the guests' check-in policy was changing
100 but he was not familiar with it. Check-in time used to be 6:30 PM to be assigned a bed, but at the
101 new location beds might be assigned and there could be limitations on being there full-time. Food
102 could now be prepared in the kitchen and people no longer needed to bring food in using hot
103 plates and crock pots. He said there was a goal to ramp up the efforts to help guests find
104 permanent housing and jobs. Medical and dental volunteers used to provide services to guests, but
105 those services were canceled during Covid, and they hoped to restart that effort. The new facility
106 is 3 floors with offices and the resource center on the first floor, women's, and family housing on
107 the second floor, and men's housing on the third floor. At the new location, the shelter would
108 continue with 48 beds, which is the capacity approved in the City's license, but there is much
109 more capacity in the new building if they needed to apply to increase in the future.
110

111 Ms. Welsh appreciated all the great detail in this application. She thought the neighborhood
112 relations plan was very good, which is something that had not been as well-developed by other
113 applicants, so she was appreciative. She noted that the handbook submitted still listed the old
114 address, so the applicant would want to correct that. She loved the new building layout and was
115 excited for it to open. She asked when guests would be moved into the new location. Mr. Mobilia
116 said they were moving the first 12 guests into the new building the same evening as this meeting,

117 noting how cost-prohibitive it was to have both locations operating simultaneously. The goal was
118 to be completely out of the old location by the end of July
119 Mr. Savastano also appreciated the detailed and thorough application. His concern was about the
120 neighborhood relations plan. First, he referred to the expectations of people served as outlined
121 beginning on pages 135–136 of the meeting packet. He noticed that most of those guest
122 expectations were related to behaviors inside the building. He did not see any expectations of how
123 guests should behave in and respect the surrounding neighborhood. Mr. Mobilia thought there
124 were guest expectations to behave as members of the community on the Hundred Nights property
125 and surrounding properties. He said they could add more precise expectations of how guests
126 should respect the neighborhood. Mr. Savastano thought it would be helpful to communicate that
127 clearly to guests, especially for things like noise at a 24/7 facility and with the outdoor area. Mr.
128 Mobilia said it was a good point and he would ensure that is added to the guest expectations and
129 neighborhood relations plan.

130
131 Also, regarding neighborhood relations, Mr. Savastano asked to know more about the sex
132 offender policy and whether there was a mechanism to alert neighbors when there is a registered
133 sex offender staying at the shelter. Mr. Mobilia was unsure but knew that sex offenders were
134 required to disclose whether they are a level 1 or 2 sex offender; the highest level (3) is not
135 allowed in the shelter. He was unsure if there was a method for alerting neighbors and he was
136 unsure about the legal implications of publicly announcing who is staying at the shelter. In a
137 temporary shelter setting like this one, Mr. Savastano thought there must be a way to alert
138 neighbors. Otherwise, he thought the neighborhood relations plan should state explicitly that the
139 neighbors should expect that there could be sex offenders staying at the shelter. Mr. Mobilia
140 thought that listing it in the neighborhood relations plan might be the best they could do since this
141 is a low barrier shelter. However, the Police Department is contacted any time a sex offender
142 registers at the shelter. Mr. Savastano thought that listing the possibility in the neighborhood
143 relations plan might be enough and he was unsure about the legalities of the issue. If he was a
144 neighbor, Mr. Savastano would want to clearly understand that possibility. Mr. Mobilia agreed
145 that it was a good point.

146
147 Mr. Savastano continued on the topic of sex offenders. He asked if there was a means for other
148 guests to understand the possibility so they could be mindful, or if there was a way for women or
149 families to lock their doors in the shelter. Mr. Mobilia said the floors are separate and they were
150 trying to get things in place to prohibit movement between the floors, but that was not yet
151 functional. He explained that there would be a staff member overnight on each floor to ensure the
152 strict restrictions on going between floors. At the last staff meeting, they discussed the challenge
153 of people wanting to go outside for cigarettes, which is more difficult now with 3 floors, so they
154 talked about monitoring that more closely. There are rooms with 6, 8, or 10 beds, so they cannot
155 lock those rooms; each room has a private shower/bathroom. Thus, he said there would be no
156 reason for guests to wander the halls unless there was an emergency. He said the staff were
157 concerned with the overnight safety issues too, so cameras were being placed throughout the
158 building, in each group bedroom (no audio; not in family rooms), in the stairwells, and outside.
159 The front door remains locked, and everyone must go through security to enter the building. They

160 were working to add panic buttons at the 2 overnight desks to alert the Police Department without
161 using the phone system. The overnight desks would have big screens displaying views of all 25
162 security cameras. In his 9 years with Hundred Nights, Mr. Mobilia could recall only a few
163 incidents of guests wandering outside their restricted areas.

164
165 Ms. Welsh reiterated that she found the neighborhood relations plan appealing. It was not just a
166 walkthrough and neighborhood meeting, there were actual guidelines to promote good
167 neighborhood experiences and engagement, with a community log. She found it incredibly
168 detailed in prioritizing good neighborhood experiences. She especially found pages 81–82 very
169 helpful. Through her work with other organizations, Ms. Welsh knew how much Hundred Nights
170 works to collaborate well with the community. Mr. Mobilia noted that there is a committee of 1–2
171 staff members, 1–2 Board members, and a neighborhood liaison, who review all issues/decisions
172 logged and take matters to the Police Department if needed. He said there could be efforts to
173 formalize that process to review situations.

174
175 Vice Chair Kopczynski said that if a sex offender listed the Water Street shelter location as their
176 residence, the sex offender registry would show that an offender is registered at the shelter. He
177 thought there might be more challenges with distance requirements, knowing that sex offenders
178 are not allowed within certain distances of establishments like daycares. Thus, he said that the
179 Hundred Nights administration would need to be both aware of sex offender guests and aware of
180 new developments around this location, which could complicate things. Vice Chair Kopczynski
181 explained that 75% of this work deals with housing issues—from workforce housing to housing
182 for the elderly and homeless. The Vice Chair asked what efforts Hundred Nights makes to help
183 their guests find permanent housing. Mr. Mobilia said there is a case manager on staff, whom
184 guests must meet with when they first register at the shelter. They were working on more details
185 to ensure that longer-term guests must meet with the case manager on a regular basis. During their
186 initial meeting, guests are put in contact with the City’s welfare office. This is not meant to be a
187 permanent shelter and they want to help guests move on. He recalled that last year’s report listed
188 over 50 guests who had been helped with more permanent housing, which the Vice Chair said
189 was ideal. Ms. Starkey added that while Hundred Nights does address issues of chronic
190 homelessness, they had learned to be realistic about the fact that it is not their responsibility alone
191 to solve the homelessness crisis. Vice Chair Kopczynski agreed and added that Keene cannot do it
192 alone either. Mr. Mobilia could not recall many guests staying for more than 1 year. Vice Chair
193 Kopczynski said the length of stay seemed to vary between 1 week and 4 months, but the report
194 did mention that some guests stay for one year or more. He thought that something needed to be
195 figured out for those long-term needs. Ms. Starkey agreed that it is a sad reality and Hundred
196 Nights is coordinating with many other social service agencies, like the Monadnock Interfaith
197 Project.

198
199 Regarding the building and site maintenance procedures, Mr. Savastano said there was a summary
200 of working relationships with various local contractors. He said that some applicants have lists of
201 maintenance to be completed (e.g., egresses, rugs, etc.) on a regular basis. He was not too
202 concerned since this was a brand-new building but thought it would be good to add those details

203 in the future. Ms. Starkey agreed that they were in a new situation with this larger facility but said
204 there are amazing staff members who accomplish a lot during the daytime while the shelter is
205 closed to guests. For example, the staff wash all the bedding and more daily (guests can do some
206 of their own laundry too). After running the City Facility Department for many years, Vice Chair
207 Kopczynski recommended having plans and setting aside assets for when things start to break in
208 the future; the sooner they figure out those details (e.g., the computerized heating/cooling
209 system), the easier it would be for them.

210

211 There were no public comments in favor or opposition. Vice Chair Kopczynski closed the public
212 hearing.

213

214 Mr. Savastano suggested 2 conditions for approving this application: 1) additions to the
215 neighborhood relations plan/resident expectation sheets to clarify that guests are responsible for
216 respecting the surrounding neighborhood (e.g., noise, etc.), and 2) additions to the neighborhood
217 relations plan to clarify for the neighbors that there could be sex offenders in residence at this low
218 barrier shelter. He understood the Vice Chair's point about sex offenders listing the shelter as
219 their address, but he was still concerned with the possible lag time, with some guests coming into
220 and out of the facility pretty quickly. Ms. Welsh thought they might have been talking about 2
221 different documents and a brief discussion ensued. Mr. Savastano clarified that he wanted to
222 ensure shelter guests know they are not just responsible for behaving well with the shelter staff
223 and other guests, but within the neighborhood as well.

224

225 Mr. Mobilia explained that Hundred Nights does have a sex offender policy that was written by a
226 former Board member. Ms. Welsh said that statement by Doug Iosue stating why Hundred Nights
227 serves sex offenders was included in the application. Mr. Mobilia asked if it was good enough to
228 include that statement in the neighborhood relations plan. The Vice Chair said it should be
229 communicated in the plan in some manner. Mr. Savastano knew people could go searching for
230 those details, but he had found it hard to find such details on the City website. He wanted to
231 ensure that this was open knowledge communicated clearly to the neighbors. Mr. Savastano and
232 the Vice Chair agreed that only minor adjustments to the plan should be needed.

233

234 A motion by Ms. Welsh was duly seconded by Mr. Savastano to approve application LB 23-13
235 with the following conditions:

- 236 1. Additions to the neighborhood relations plan/resident expectation sheets to clarify
237 that guests are responsible for respecting the surrounding neighborhood (e.g.,
238 noise, etc.).
- 239 2. Additions to the neighborhood relations plan to clarify for the neighbors that there
240 could be sex offenders in residence at this low barrier shelter.

241

242 The Board proceeded to review the criteria for approval.

243

244 *The licensing board shall consider the following criteria when evaluating whether to approve,*
245 *renew, or deny a congregate living and social services license application:*

246 Criteria 1: *The use is found to be in compliance with the submitted operations and management*
247 *plan, including but not limited to compliance with all applicable building, fire, and life safety*
248 *codes.*

249
250 Mr. Savastano made the following motion, which was duly seconded by Ms. Welsh. On a vote of
251 3–0, the Congregate Living and Social Services Licensing Board found application LB 23-13 in
252 compliance with the first criterion.

253
254 Criteria 2: *The use is of a character that does not produce noise, odors, glare, and/or vibration*
255 *that adversely affects the surrounding area.*

256
257 Ms. Welsh made the following motion, which was duly seconded by Mr. Savastano. On a vote of
258 3–0, the Congregate Living and Social Services Licensing Board found application LB 23-13 in
259 compliance with the second criterion.

260
261 Criteria 3: *The use does not produce public safety or health concerns in connection with traffic,*
262 *pedestrians, public infrastructure, and police or fire department actions.*

263
264 Ms. Welsh made the following motion, which was duly seconded by Mr. Savastano. On a vote of
265 3–0, the Congregate Living and Social Services Licensing Board found application LB 23-13 in
266 compliance with the third criterion.

267
268 On a vote of 3–0, the Congregate Living and Social Services Licensing Board approved
269 application LB 23-13 with the following conditions:

- 270 1. Additions to the neighborhood relations plan/resident expectation sheets to clarify
271 that guests are responsible for respecting the surrounding neighborhood (e.g.,
272 noise, etc.).
273 2. Additions to the neighborhood relations plan to clarify for the neighbors that there
274 could be sex offenders in residence at this low barrier shelter.

275
276 **II. New Business**

277
278 No new business was presented.

279
280 **III. Non-Public Session (if required)**

281 **IV. Adjournment**

282
283 There being no further business, Vice Chair Kopczynski adjourned the meeting at 6:43 PM.

284
Respectfully submitted by,
Katrnya Kibler, Minute Taker
July 26, 2023
Corinne Marcou, Board Clerk

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City of Keene, NH

Congregate Living & Social Services License Application

For Office Use Only:

Case No. _____
Date Filled _____
Rec'd By _____
Page _____ of _____

If you have questions on how to complete this form, please call: (603) 352-5440 or email: communitydevelopment@keenenh.gov

SECTION 1: LICENSE TYPE

<input type="checkbox"/> Drug Treatment Center	<input type="checkbox"/> Group Home, Small	<input type="checkbox"/> Homeless Shelter
<input type="checkbox"/> Fraternity/Sorority	<input type="checkbox"/> Group Resource Center	<input type="checkbox"/> Lodginghouse
<input checked="" type="checkbox"/> Group Home, Large	<input type="checkbox"/> Residential Drug/Alcohol Treatment Facility	<input type="checkbox"/> Residential Care Facility

SECTION 2: CONTACT INFORMATION

I hereby certify that I am the owner, applicant, or the authorized agent of the owner of the property upon which this approval is sought and that all information provided by me is true under penalty of law. If applicant or authorized agent, a signed notification from the property owner is required.

OWNER	APPLICANT
NAME/COMPANY: 361 Court Street, LLC	NAME/COMPANY: Live Free Recovery Services, LLC
MAILING ADDRESS: 106 Roxbury St Keene, NH 03431	MAILING ADDRESS: 106 Roxbury St Keene NH 03431
PHONE: (603) 438-3276	PHONE: 877-932-6757
EMAIL: rgagne@livefreerecoverynh.com	EMAIL: info@livefreerecoverynh.com
SIGNATURE:	SIGNATURE: 
PRINTED NAME:	PRINTED NAME: Ryan Gagne

AUTHORIZED AGENT (if different than Owner/Applicant)	OPERATOR / MANAGER (Point of 24-hour contact, if different than Owner/Applicant)
	<input type="checkbox"/> Same as owner
NAME/COMPANY:	NAME/COMPANY: Live Free Recovery Services, LLC
MAILING ADDRESS:	MAILING ADDRESS: 106 Roxbury St Keene, NH 03431
PHONE:	PHONE: (877) 932-6757
EMAIL:	EMAIL: info@livefreerecoverynh.com
SIGNATURE:	SIGNATURE: 
PRINTED NAME:	PRINTED NAME: Jennifer Houston

SECTION 3: PROPERTY INFORMATION

PROPERTY ADDRESS:

361 Court Street

TAX MAP PARCEL NUMBER:

537-056-000-000

ZONING DISTRICT:

MD

 LOCATION MAP:

Please attach

SECTION 4: APPLICATION AND LICENSE RENEWAL REQUIREMENTS

Using additional sheets if needed, briefly describe your responses to each criteria:

1. Description of the client population to be served, including a description of the services provided to the clients or residents of the facility and of any support or personal care services provided on or off site.

This property has 16 beds used for living accommodations. This property is staffed 24/7. Residents live here for 30-45 days. The population is males, over the age of 18, with substance use disorders.

All clients are out of the property from 930am to 330pm Monday through Friday, and 10am to 12pm Saturday and Sunday.

This house provides peer support services, no treatment is done at this location

2. Description of the size and intensity of the facility, including information about; the number of occupants, including residents, clients staff, visitors, etc.; maximum number of beds or persons that may be served by the facility; hours of operations, size and scale of buildings or structures on the site; and size of outdoor areas associated with the use.

The number of residents is 16. There is a staff member 24/7 when clients are on property.
There are no scheduled visting hours.

3. For Congregate Living Uses, describe the average length of stay for residents/occupants of the facility.

Residents stay between 30 and 45 days

SUBMITAL CHECKLIST

A complete application must include the following items and submitted by one of the options below:

- **Email:** communitydevelopment@keenenh.gov, with “CLSS License Application” in the subject line
 - **Mail / Hand Deliver:**
 Community Development
 (4th Floor) Keene City Hall,
 3 Washington St, Keene, NH 03431

The submittal requirements for a Congregate Living & Social Services License application are outlined further in **Chapter 46, Article X** of the City of Keene Code of Ordinances.

Note: Additional information may be requested to complete the review of the application.

<input type="checkbox"/> PROPERTY OWNER: <i>Name, phone number and address</i>	<input type="checkbox"/> POINT OF 24 HOUR CONTACT: <i>Name, phone number, and address of person acting as the operator, if not owner</i> <p style="text-align: center;">Same as owner</p>
<input type="checkbox"/> REQUIRED DOCUMENTATION: <i>Provide all required state or federal licenses, permits and certifications</i>	<input type="checkbox"/> WRITTEN NARRATIVE: <i>Provide necessary information to the submittal requirements</i>
<input type="checkbox"/> PROPERTY INFORMATION: <i>Description of the property location including street address and tax map parcel number</i>	<input type="checkbox"/> APPLICABLE FEES: \$165.00 application <i>(checks made payable to City of Keene)</i>
COMPLETED INSPECTION: <i>Inspection date: _____</i>	SCHEDULED INSPECTION: <i>Inspection date: _____</i>

OPERATIONS AND MANAGEMENT PLAN:

Plan based on the industry standard “Best Management Practices” to include:

- ◇ Security Plan
- ◇ Life Safety Plan
- ◇ Staff Training and Procedures Plan
- ◇ Health and Safety Plan
- ◇ Emergency Response Plan
- ◇ Neighborhood Relations Plan
- ◇ Building and Site Maintenance Procedures

In addition, Homeless Shelters will need to provide:

- ◇ Rules of Conduct, Registration System and Screening Procedures
- ◇ Access Policies and Procedures

NORTH

47

0.37 AcC

148'S

99'

77'

41.25'

87.5'

56

0.76 AcC

226'S

148.5'

STREET (L)

144'S

232'S

76

0.13 Ac

84'

59.07'

28.61'

56.8'

12.09'

15.69'

9.45'

15'

16.93'

121'

77

85.4'

0.11 AcC
Page 15 of 243

65'





Security Plan

The property is equipped with a closed circuit surveillance system. Staff has the ability to rewind in the event any type of incident is reported.

The monitoring equipment is kept locked in the staff office.

All entrances and common areas are visible by the camera system.

There are lights outside all the entrances to keep it well lit

Lights are checked for safety to make sure that they are working and bulbs are working properly

All doors are locked at all times



Life Safety Plan

There are fire drill evacuation maps on each floor of the property in common areas.

Random fire drills are held monthly, staff fills out a report indicating number of residents, where everyone met, how long it took to get out of the building.

Monthly inspections are done to make sure that all hanging fire extinguishers are ready to be used in the event of an emergency.

Daily checks of smoke detectors are done to make sure that they are in the appropriate space, not removed, and are in working condition.

Inspections of the property by the local Fire Department and/or DHHS are scheduled and completed as needed on a yearly basis.



Staff Training

The staff at Court Street provide peer based support

There are no clinical services at this property

Staff are encouraged to take the NH CRSW (Certified Recovery Support Worker) training to help further their own understanding of the field and working with clients



Health and Safety Plan

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Employee Safety Handbook

I. Introduction

Welcome to Live Free Recovery Services. The skills and talents you bring to LFRS are vital to our mission of teaching, research and service to the region and state. One of the keys to accomplishing that mission is to ensure that we maintain a safe and healthy campus environment.

This Employee Safety Handbook is intended for LFRS employees, full time and part time, regular and temporary, and all other LFRS employment categories, i.e., student workers, etc. The Handbook has been developed to provide employees with answers to general questions concerning health and safety in the workplace. It is important, however, that you and your supervisor discuss site-specific safety policies and programs for your department. Your supervisor must inform you of the safety procedures and required training you will need to do your job.

Background

In an effort to improve the overall working environment and to provide, insofar as possible, every working person in the nation safe and healthful working conditions, the Federal Occupational Safety and Health Act of 1970 was enacted. This Act provided an opportunity for the various states to develop their own Occupational Safety and Health Programs.

Health and Safety Policy

Live Free Recovery Services strives to provide a safe and healthful working/learning environment for its clients and staff. LFRS strives to play a leadership role in its environmental stewardship, health protection, safety standards and in its compliance with applicable laws and regulations. The achievement of these goals is an objective for units at all levels of the organization.

Health and Safety Responsibilities

Good environmental health and safety practices are a responsibility of all LFRS employees. The participation and cooperation of each person is essential to a smooth and effective program.

Employees Responsibilities

Your responsibilities as an LFRS employee include:

- Following all health and safety rules and procedures;
- Reporting hazardous conditions to your supervisor;
- Wearing or using prescribed protective equipment;
- Reporting any job-related injury or illness to your supervisor and seeking

Employee Safety Handbook

- treatment promptly; and
- Refraining from the operation of any equipment without both proper instructions and authorization.

Supervisor's Responsibilities

Each supervisor is responsible for providing a working environment free from recognized health and safety hazards. Specific safety responsibilities of supervisors include:

- Informing new employees of their health and safety responsibilities, procedures, rules and regulations;
- Assuring that required equipment and personal protective devices are provided, maintained, and used;
- Taking prompt action when unsafe acts or conditions are reported or noted;
- Providing for health and safety training and education on a continuing basis;
- Investigating and reporting all on-the-job accidents promptly and requesting medical treatment if necessary;
- Investigating and reporting all job-related health or safety problems promptly;
- Coordinating or conducting internal inspections to assure safe and healthful working conditions;
- Requesting the assistance of the next higher level of supervision regarding budget requests for any health and safety improvements needed; and

Leadership Team

The Leadership Team is responsible for development, oversight, and management of environmental health and safety programs that protect the environment, provide safe and healthy conditions for work and study, and comply with applicable laws and regulations. Health and Safety provides educational programs, technical assistance, and health and safety services to the employee and client community. The office also functions as a consultant to deans, directors, and heads of academic and administrative units, other staff members,

Employee Safety Handbook

and clients in all areas of environmental health and safety.

Safety Committee

The Safety Committee is responsible for:

- Recommending policies and programs to ensure a safe environment for clients and staff.
- Safety;
- Monitoring the building to ensure that all safety policies, procedures, and facilities are in compliance with applicable, state, and/or local code requirements;
- Reviewing, evaluating, and recommending for approval Emergency Preparedness plans.

II. Safety Practices

Communication of Hazards in the Workplace

Staff and clients must be informed of any recognized hazards in their facility. It is the responsibility of supervisors to provide adequate health and safety orientation related to standard operating procedures, hazards, and personal protective equipment. You should receive this orientation prior to working in the area.

Please make sure you understand all information presented at the orientation. If you have any language barriers, please explain these to your supervisor. Your supervisor must ensure that all applicable policies affecting your work place is readily available.

Personal Protective Equipment (PPE)

Staff may be required to wear PPE. The following is a general guide for selecting what may be necessary. Additional information may be found in the LFRS Personal Protective Equipment Program.

Employee Safety Handbook

Eye and Face Protection

Proper eye protection reduces your chances of injuring and reduces the severity of injury if an accident does occur. Most workers who have had eye injuries were not wearing eye protection at the time.

All eye and face protective equipment must comply with the American National Standards Institute (ANSI) guidelines and be marked directly on the piece of equipment. Protective eye wear includes safety glasses, goggles and face shields.

Operations listed below are a few examples where eye and face protection may be required:

- Handling cleaning supplies
- Woodworking, i.e., sawing, drilling, sanding, etc.
- Handling solvents.
- High pressure washing.
- Handling human tissue, blood, or other bodily fluids.

Chemical hazards – To protect the eyes and face from splash when handling bodily fluids, using or dispensing corrosive liquids, non-vented chemical goggles or safety glasses with side shields and full-face shield offer the best protection. Safety glasses are the minimum protection recommended of all operations involving hazardous chemicals.

Physical hazards – When using high-pressure cleaning or spray equipment, safety glasses with side shields and full-face shields are the recommended PPE.

Those work activities that produce chips or dust—such as grinding/drilling, power fastening, or power tools—require safety glasses with side shields as a minimum protection level and in some instances may also require the use of a full-face shield.

When doing acetylene oxygen torch soldering, brazing, or cutting, appropriately tinted safety glasses with side shields or tinted goggles are the appropriate PPE.

Hand/Arm and body Protection

Almost 75% of workers who suffered hand injuries were not wearing gloves. Although no glove will offer you total protection from every hazard, wearing the correct glove will help you prevent hand injury. Make sure the glove(s) you use in your work area are designed

Employee Safety Handbook

to protect against the particular hazard(s) that have been identified.

The following are general guidelines in selecting and using gloves:

- Use metal mesh or cut resistant gloves to prevent cuts from broken glassware, knives or sharp other objects.
- Use leather gloves for mechanical or where repetitive motions are involved to prevent blisters, calluses, and abrasions. Leather gloves also protect against rough surfaces, sparks, and moderate heat.
- Use cotton or other fabric gloves to protect against dirt and dust, or to better grasp slippery objects.
- Use rubber, neoprene, vinyl, or nitrile gloves to protect against chemicals.
- Workers who are sensitive to natural rubber latex should avoid direct contact with latex gloves and other rubber products.
- Check gloves before wearing to make sure they're not cracked, torn, or damaged in any way.
- Make sure gloves fit properly. They should cover your hands completely and be comfortable enough for you to perform your job.
- Take care to avoid contamination—don't let your bare skin touch contaminated gloves.
- Dispose of single-use gloves in the proper containers.

When using hazardous chemicals, specialized gloves offering protection for specific chemical families, a laboratory coat, and at times a splash apron are the appropriate PPE.

Insulated gloves and arm sleeve covers are recommended when handling hot or cold materials.

Head and Foot Protection

Occasions may develop during the work day or job duty when the use of a hard hat or other head protection and foot protection is necessary. All hard hats or safety shoes must meet the requirements for protection outlined by the American National Standards Institute (ANSI).

Employee Safety Handbook Documentation

Supervisors are responsible for maintaining written copies of safety programs and employee training documentation. This documentation is a requirement of most regulatory standards. Regulatory agencies may ask to see these documents during an inspection.

Training

You may be required to attend in-house training sessions on such topics as bloodborne pathogens, hazard communication, hazardous waste, asbestos awareness, or laboratory safety. Supervisors of affected employees should exercise a measure of accommodation for those needing training. A checklist to help you understand which LFRS Health and Safety programs apply to you may be found on page 9.

In some cases, supervisors may conduct specialized training sessions (e.g., safety procedures for using powered equipment). Supervisors can contact the Health & Safety Office for information or assistance in preparing training materials.

Training should be provided:

- When an employee is hired, when an employee is given a new work assignment for which training has not previously been given; and
- When a new hazard (chemical or physical) is introduced into the workplace.

At a minimum, health and safety training for employees must include:

- Recognition of health and safety hazards;
- General and job-specific health and safety practices; and
- State regulations and LFRS health and safety policies applicable to the job.

General Safety Rules

- All classrooms, laboratories, offices, shops, storerooms, and passageways will be kept orderly and free from unnecessary debris.
- Floors will be cleaned and waxed in such a manner as to keep slipping hazards to a minimum.
- Flammable liquids will not be used to clean floors, clothing or equipment.
- Trash containers in offices, laboratories, shops and other work areas will be emptied each working day, preferably at the end of normal working hours, or thereafter.
- Furnace, mechanical, and air handling rooms will not be used as storage areas.

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- Worktables, stools, benches, tools and equipment will be maintained in good repair.
- Electrical and mechanical equipment will have moving parts adequately guarded.
- All electrical equipment will be properly grounded.
- Appropriate personal protective equipment and/or clothing will be worn in all areas and/or during operations requiring such use.
- Unauthorized persons will not tamper with electrical fuse boxes, alter existing wiring, or install new electrical wiring.
- Electrical cords will be maintained in good condition.
- Extension cords must be the type that contain a built-in overload circuit breaker, they must not be extended and used outside the room in which the fixture outlet is located, and must not be located in such a manner as to create a tripping hazard. Where cords must be placed across paths of travel, cord covers must be used.

Emergency Preparedness Procedures

The establishment of well thought out emergency plans is one of the cornerstones of an effective safety program. Evaluating potential emergency situations, developing emergency procedures, and conducting practice exercises can help save lives. Detailed instruction regarding emergency procedures may be found in the LFRS Emergency Preparedness Plan.

An LFRS Emergency Desk Reference has been prepared and distributed to all employees. The desk reference which should be kept readily available in your work area provides useful information pertaining to severe weather, fire and bomb threats.

You should become familiar with the posted evacuation plan and how you should respond to a fire or other emergency in your building and be prepared to evacuate the building when necessary.

When the Fire Alarm Sounds

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If you are in any LFRS building and discover a fire, please take the following actions:

- Leave the building immediately.
- Pull the nearest fire alarm pull station and notify Public Safety, 911.
- Leave the area quickly, closing doors as you go to contain the fire and smoke.
- If you encounter smoke or flame during your escape, use an alternative exit. If you must exit through smoke, crawl on your hands and knees.
- Do not re-enter the building until emergency response officials have declared that it is safe to do so.

In the event of a serious injury requiring immediate medical assistance or any other emergency, remain calm, call 911, notify the dispatcher of the type and location of the emergency, answer any questions the dispatcher may have and stay on the line until released by the dispatcher.

Employee Accidents

You must report all work-related accidents, injuries, or illnesses to your supervisor. If an injury or illness requires medical attention, supervisors must report them to the Leadership Team.

Client of Visitor

Any staff member who witnesses, is involved in, or is informed of an accident with a client or visitor should report the accident to the Leadership Team

Automobile Accidents

All vehicle accidents occurring on campus will be reported to immediate supervisor, who will notify Leadership Team.

III. Health and Safety Program Checklist

The following checklists have been developed for you and your supervisor to understand the hazards and applicable Health and Safety Programs associated with your workplace or assigned duties. If you answer yes to questions in the 1st column, then the corresponding LFRS program and training requirements are, most likely applicable. Training may be provided by your supervisor, designated staff, Health and Safety, or outside vendors. Training must be provided and documented before performing any of the listed activities.

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Health and Safety Programs

Health & Safety has developed a number of model programs to help provide for the health and safety of LFRS employees. Many of these programs are mandatory to ensure compliance with state and federal regulations. The following are some of the programs and safety manuals available:

- Bloodborne Pathogens Program
- Emergency Preparedness Plan
- Hazard Communication Program
- Hazardous Waste Manual
- Laboratory Safety Manual (Chemical Hygiene Plan)
- Lockout/Tagout Program
- Personal Protective Equipment Program and Hazard Assessment
- Radiation Safety Manual
- Respiratory Protection Program
- Confined Space Entry Program
- Hearing Conservation Program

A copy of the Employee Safety Handbook has been given to me at the time of my employment. I promise to read the contents and to ask for an explanation of any parts that I do not understand. The Employee Safety Handbook describes important information about LFRS, and I understand that I should consult my supervisor regarding any questions not answered in this Handbook.

Since the information, policies and procedures described here are subject to change, I acknowledge that revisions to the Handbook may occur. Only the Leadership team is authorized to adopt any revisions to the policies in this Handbook.

Signature _____ Date _____

Hand Hygiene is the #1 way to prevent the spread of infections

You can take action by practicing hand hygiene regularly and by asking those around you to practice it as well.

You and your loved ones should clean your hands very often, especially after touching objects or surfaces in the hospital room, before eating, and after using the restroom. Your healthcare provider should practice hand hygiene every time they enter your room.

It only takes 15 seconds of using either soap and water or an alcohol-based hand rub to kill the germs that cause infections.

Use soap and water when your hands look dirty; otherwise, you can use an alcohol-based hand rub.

You, your loved ones, and your healthcare providers should practice hand hygiene.

Hand Hygiene Saves Lives



hand hygiene

- Washing hands with soap and water.
- Cleansing hands using an alcohol-based hand rub.
- Preventing the spread of germs and infections.



For more information, please visit www.cdc.gov/handhygiene or call 1-800-CDC-INFO

CDC acknowledges the following partners in the development of the *Hand Hygiene Saves Lives* video: the Association for Professionals in Infection Control and Epidemiology and Safe Care Campaign.

This brochure was developed with support from the CDC Foundation and Kimberly-Clark Corporation.

To prevent hospital infections.

- In the United States, hospital patients get nearly 2 million infections each year. That's about 1 infection per 20 patients!
- Infections you get in the hospital can be life-threatening and hard to treat.
- All patients are at risk for hospital infections.
- You can take action by asking both your healthcare providers and visitors to wash their hands.

Hand hygiene saves lives.

To make a difference in your own health.

- Hand hygiene is one of the most important ways to prevent the spread of infections, including the common cold, flu, and even hard-to-treat infections, such as methicillin-resistant *Staphylococcus aureus*, or MRSA.

You should practice hand hygiene:

- Before preparing or eating food.
- Before touching your eyes, nose, or mouth.
- Before and after changing wound dressings or bandages.
- After using the restroom.
- After blowing your nose, coughing, or sneezing.
- After touching hospital surfaces such as bed rails, bedside tables, doorknobs, remote controls, or the phone.

Healthcare providers should practice hand hygiene:

- Every time they enter your room.*
- Before putting on gloves. Wearing gloves alone is not enough to prevent the spread of infection.
- After removing gloves.

Remember: Ask your doctors and nurses to clean their hands before they examine you.

* If you already have an infection, your healthcare providers may take special measures (isolation precautions) to prevent the spread of your infection to others. They might enter your room wearing protective equipment (e.g., gloves, gown, mask). You do not need to ask them to clean their hands because they should have done so before they put on gloves.

With soap and water:

1. Wet your hands with warm water. Use liquid soap if possible. Apply a nickel- or quarter-sized amount of soap to your hands.
2. Rub your hands together until soap forms a lather and then rub all over the top of your hands, in between your fingers and the area around and under the fingernails.
3. Continue rubbing your hands for 15 seconds. Need a timer? Imagine singing the "Happy Birthday" song twice.
4. Rinse your hands well under running water.
5. Dry your hands using a paper towel if possible. Then use your paper towel to turn off the faucet and to open the door if needed.

Remember: It only takes 15 seconds to protect yourself and others.

With an alcohol-based hand rub:

1. Follow directions on the bottle for how much of the product to use.
2. Rub hands together and then rub product all over the top of your hands, in between your fingers and the area around and under the fingernails.
3. Continue rubbing until your hands are dry. If enough rub was used to kill germs, it should take at least 15 seconds of rubbing before your hands feel dry. You should not rinse your hands with water or dry them with a towel.

Use soap and water:

- When your hands look dirty.
- After you use the bathroom.
- Before you eat or prepare food.

Use an alcohol-based hand rub:

- When your hands do not look dirty.
- If soap and water are not available.

Products that kill germs on the hands. Should contain 60% to 95% ethanol or isopropanol (types of alcohol). Are fast-acting and convenient.

You can make a difference in your own health:

- Healthcare providers know they should practice hand hygiene, but they sometimes forget. Most welcome your friendly reminder.
- Ask healthcare providers to practice hand hygiene in a polite way — tell them that you know how easy it is for people to get infections in the hospital and that you don't want it to happen to you.

Remember: Take control of your health. Practice hand hygiene.



The following are the Good Neighbor policy for clients entering our program and also a Good Neighbor policy to share with the immediate neighbors and community



Good neighbor policy!

ADDRESSING NEIGHBOR CONCERNS POLICY

It is crucial to the long-term success of any person in recovering to adopt new skills when dealing with difficult people, especially those who may not understand recovery. One of the most important parts of being in our recovery homes, is adopting certain pro-neighbor attitudes and behaviors – along the lines of, “love thy neighbor as thyself.” even if those same behaviors and attitudes are not returned. Live Free Recovery Services takes our Good Neighbor Policy profoundly serious in part to combat NIMBY (not in my back yard). We can show our neighbors that we are assets to the community. We are not “drug houses” or “trap houses”, but rather look at us as good neighbors, and contributing members to society.

Below, lists the code of conduct you agree to BEFORE moving forward in our program. If this is not something you’re comfortable with, please let us know.

1. You represent yourself in such a manner of excellence and humility. Be proud where you are, but humble in your attitude toward others. Not everyone appreciates the steps you’ve taken or obstacles you’ve overcome to get here.
2. You represent the Live Free Family. Even though you will successfully transition on, we plan to be here to continue our mission, for generations. Think and act beyond yourself.
3. You represent people in recovery everywhere. The stigma of addiction remains, despite decades of public education. Although community members support your recovery, people still struggle with a sober living facility being in their neighborhood.
4. Demonstrate the strength and character it takes to change for the better. Our goal is to show, through our actions, we are good people with a bad illness, and that we deserve a chance, not judgement.
5. Do not travel in groups larger than 3-4 people while walking locally.
6. Be aware of the space you take up, give up space to others on the sidewalk, hallways, etc. Volunteer to be of help in any way you can. Look for ways to chip in, whether at home or out in public.
7. Keep your voices lowered and be aware of subject matter. This is just as important on the deck and smoking area, which should NOT be in the front of the home.
8. At meetings –silence phones, pay attention, learn from the people who have long-term sobriety.
9. Use “Please” and “Thank you”. Listen.
10. If a neighbor confronts you, please do not engage or give them a reason to call the police.

By signing below, you are agreeing to the above code of conduct while living in our recovery home

PROGRAM PARTICIPANT SIGNATURE:(Required) _____



Live Free Recovery Services endeavors to be a good neighbor and an upstanding member of each community we serve. We apply our decades of experience to develop intentional policies that ensure we meet these goals and create positive relationships with all our community friends and partners. We understand you, as our neighbors and members of the community, may have concerns about our presence. We're more than happy to answer any questions you may have about our treatment homes, the clients we serve, and the role we play in helping clients and their families. We follow all state and city regulations, planning, and zoning laws. This also allows us to be the best neighbors possible, which means – unless you need us – that we strive to be *invisible neighbors*.

Professional Staff

The safety of our clients and our neighbors is paramount. Clients receiving treatment at Live Free Recovery Services are supervised 24/7/365 by our team of highly qualified professionals. We utilize strict line-of-sight policies, state-of-the-art monitoring technology, and maintain a high staff-to-client ratio. By keeping our clients safe, we keep our neighbors safe.

Who We Treat

We help adults over the age of 18, diagnosed with substance use and mental health disorders. Our admissions team, completes a thorough review of their history, including all hospital, and psychiatric records and relevant documentation. This review allows us to verify that each resident is appropriate for an unlocked environment and do not present a danger to other clients, staff, or the community. Our clients choose Live Free Recovery Services because of our treatment record, our dedication to safety we prioritize in everything we do. *We do not accept clients with a history of violent behavior.*

Our skills-based programming focuses on mindfulness, effective communication, and distress tolerance. We teach our clients practical ways to manage stress and regulate their emotions.

Noise, Activity, and the Condition of Our Homes

Our staff is committed to maintaining a safe and tranquil environment that helps people heal, reconnect with their true selves, rediscover their passions, and develop practical skills that promote long-term recovery.

We enforce a strict no weapons, no alcohol, and no drugs policy.

You won't hear loud music and we don't host late-night parties. Our program schedules provide daily structure, consisting of therapeutic groups such as yoga, mindful cooking, and art therapy. We include education and fitness-related activities as well. Our clients do not have excess free time. The recreation time they do have is supervised and typically involves playing cards, board games, journaling, exercising, or doing arts and crafts. We

meet and exceed all safety standards required for a typical residential treatment home. We maintain our property to the standards set by each community. **Surveillance cameras monitor our properties 24 hours a day, seven days a week, for the security of our clients and neighbors.** We respond immediately to any concerns. We care about our neighbors and instruct our staff to be respectful, mindful, and courteous at all times.

We embrace the adage *a good neighbor is an invisible neighbor.*

Parking and Traffic

Our homes have ample parking for daily staff. Our core professional staff is on-site 24/7 on a standard three-shift schedule. This means our staff commuting times do not overlap with typical commuting hours.

We do meaningful, important work with our clients and their families. By being good neighbors in safe and quiet neighborhoods, we make it possible for clients to get the help they need in a comfortable home environment conducive to growth and recovery.

We welcome any questions, comments, or concerns you have. We are completely transparent about who we are and what we do. If you want to know more, please email us at info@livefreerecoverynh.com. The Live Free Recovery Services Executive Leadership Team reads and responds to every email we receive.

We invite neighbors and community members to meet our local leadership team. We welcome anyone to take a tour and see our homes and grounds. We provide contact information to the facility for day-to-day questions or concerns. We welcome your interest and are happy to address any questions you have. We look forward to participating in local homeowners associations, security patrols, and other good neighbor activities specific to each location.

Please feel free to email at info@livefreerecoverynh.com

Or call our 877-932-6757 admissions line which is answered 24/7

2023 EMERGENCY ACTION PLAN

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EMERGENCY ACTION PLAN

General Preparedness

- ✓ Establish relationships with essential partners, such as law enforcement, first responders.
- ✓ Coordinate transportation to medical treatment, if required.
- ✓ Develop training programs and drills.
- ✓ Identify local radio and television stations to be sources of broadcast communications.
- ✓ Have a contact number for each client and employee.
- ✓ Know mass evacuation plans for the community and identify what resources will be needed to transport clients quickly and safely.
- ✓ Establish Incident Commander (person responsible for front-line management of the incident).

COMMAND STRUCTURE



Facility/Program Chain of Command

Live Free Recovery Services Phone Numbers:

Admissions – (877) 932-6757

Crisis/Suicide Hotline – (603) 448-4400

1. Ryan Gagne – Executive Director

Cell Phone: 603-438-3276

Email: rgagne@Livefreessl.com

2. Jennifer Houston– Clinical Director

Phone: 603-247-8786

Email: jhouston@Livefreessl.com

3. Doug Hohenberger – Clinical Director of Program Policy & Compliance

Phone: (603) 903-5461

Email: dhohenberger@Livefreessl.com

4. Tony Basil – Program Manager

Phone: 952-855-2033

Email: tbasil@Livefreessl.com

Live Free Recovery Services

Address	106 Roxbury Street Keene, NH 03431
Main Phone #	877-932-6757
Radio Source for Emergency Broadcasting	(i.e., Emergency Alert System, program closings): 97.7 WSNI
TV Source for Emergency Broadcasting	(i.e., Emergency Alert System, program closings): Channel 9, WMUR
Facility/Program Crisis Management Plan Location	Front BHT office, Marlboro Road
Electronic File Location	In Microsoft Shared Folder ("Emergency Plan")

Radio source for emergency broadcasting:

WSNI 97.7

TV source for emergency broadcasting (i.e., Emergency Alert System, program closings) Channel 9 or any of the New Hampshire's cable TV franchises.

Additional Numbers

Fire/Police/Medical - Emergency	911
Fire (non-emergency)	Keene Fire Dept. – 603-357-9861
Police (non-emergency)	Keene Police Dept. - 603-357-9815
Medical Hospital (non-emergency)	Cheshire Medical Center- 603-354-5400
Center for Disease Control	1-800-311-3435
Poison Control	1-800-222-1222
Area Red Cross	(603) 225-6697

UTILITIES

Location of Utilities

Water Main	Located on the first floor inside the maintenance room
Gas Main	Located on the first floor inside the maintenance room
Electrical Main	Located on the first floor inside the maintenance room
Electric Panel	Located on the first floor inside the maintenance room

Fire Panel	On the electrical panel in maintenance room, communication box is located on top of the building
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How to Shut Off Utilities

Water Main	Close the shutoff valve in the basement. Contact Municipal Services to shut off the valve from the street. 603-352-0133
Gas Main	Close the shutoff valve. Call Dead River-603-352-5240
Electrical Main	Shut off the electrical main in the basement. Eversource – 866-554-6025

MEDICAL

Medical Emergencies

- Check breathing and pulse before administering first aid.
- Administer first aid, as needed.
- First aid supplies are located in the RSW Office.
- Blood spill supplies are located in the Med room.
- Personal Protective Equipment (i.e., disposable gloves) is located in the First Aid kits.
- An AED (Automatic External Defibrillator) is hanging on the wall in the Med room.
- Narcan Kits are located:
 - In the tech office
 - Each apartment has a kit
 - The community room has a kit
- Call **911** or, if time allows, contact your supervisor and/or Clinical Director immediately. They will make the appropriate calls to the local police or **911**.
- Routes to medical care/hospital
 - Cheshire Medical Center (15 minutes) – see below
 - Monadnock Hospital (31 minutes)

DRIVING DIRECTIONS TO Cheshire Medical Center

Follow Roxbury St to Central Square
(39 ft)

Turn right on to Central Square
Slight left to stay on Central Square
Keep right and continue on Court Street

Turn right to stay on Court St
1.2 mi

Drive to your destination
1 min (0.1 mi)

At the traffic circle, take the 3rd exit
394 ft

Turn left
30 ft

Continue straight
95 ft

Turn right
Destination will be on the right
131 ft
Cheshire Medical Center
580 Court St, Keene, NH 03431

FIRE

Reporting a Fire

- Activate the alarm system by pulling the lever on the nearest fire alarm box.
 - Fire Alarms are located throughout the building at each exit.
- **Call 911**

Alarm System

- What is the facility alarm system? The facility alarms are wall-mounted horns and sight alarms. (flashing light)
- Is the facility equipped with a fire alarm system that is directly connected to a local station? Yes
- If not, 911 needs to be called when there is an unscheduled fire alarm.
- How is the alarm system activated and turned off? The doors are alarmed and are turned off by a key.

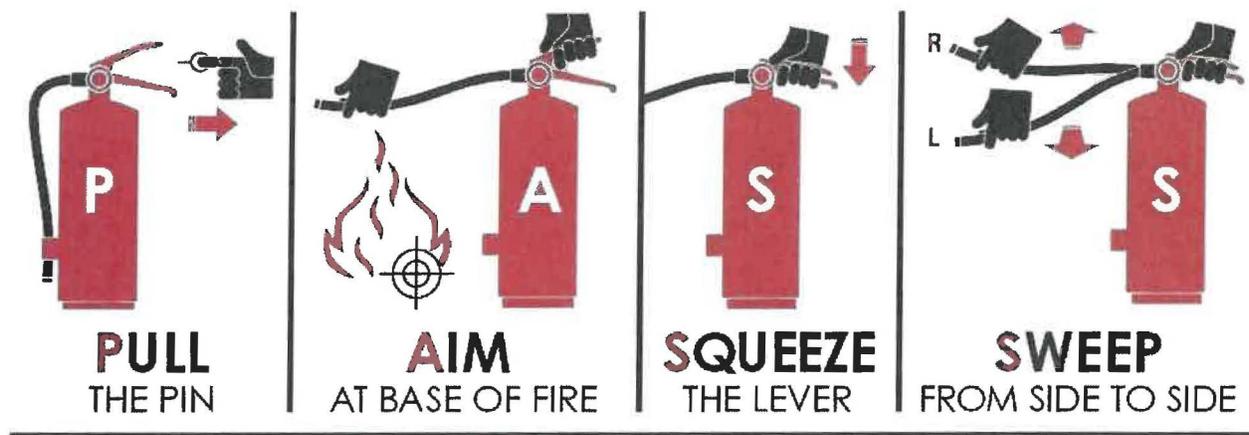
Fire Exits

- Fire exits are located throughout the building. Each residential floor has two fire exits that are visibly marked as Fire Exit.

Fire Extinguisher

- Fire extinguishers are in major corridors of the facility.
- Fire extinguisher use:
 - **P** - Pull the extinguisher pin.
 - **A** - Aim extinguisher at base of fire.
 - **S** - Squeeze handle.
 - **S** - Sweep extinguisher back and forth.

HOW TO USE A FIRE EXTINGUISHER



Fire Drills

- Does your facility hold fire drills? Yes, quarterly will create a logbook.
- Designated meeting place: All staff and residents will meet on the lawn to the right of the building when facing the main entrance
- Fire drill procedure: Staff and clients will exit via the nearest emergency exit (see floor plan). Floor staff/senior staff on each unit will carry census & sign-in sheets outside. Staff and clients will meet in the designated meeting places. Staff will take attendance and ensure everyone evacuated quickly & safely. Staff is to write their names on the sign in sheet, along with the total headcount of clients per unit. All sign-in sheets are given to the Clinical Director or Senior Staff prior to reentering the building to ensure that all clients and staff have been accounted for. If someone is missing, do not re-enter the building. The EXECUTIVE DIRECTOR/Clinical Director/Manager will communicate to the fire department any information pertaining to missing people.
- Once the EXECUTIVE DIRECTOR/Clinical Director/Manager gives the okay, clients and staff will re-enter the building. Sign in sheets are given to the Clinical Director.
- The Program Clinical Director at the main entrance will collect the Emergency Contact Binder(s) for clients and staff and the Visitor Log. If there is no front desk staff, the senior staff member in the building should collect these.

Evacuation Procedure

Events that warrant evacuation from the facility include, but are not limited to fire, explosion, bomb threat, etc.

Evacuation of the building is the same as for a fire or fire drill. Residents are to exit the building promptly and quietly. All staff and residents will meet in the side yard to the right of the building when facing the main entrance.

Evacuation is to begin immediately after pulling the fire box and calling 911.

- Evacuate all persons using the closest emergency exit(s). (See floor plan)
- Procedure for getting people with special needs out when elevators cannot be used:
 - **Mobility Impairment:** If a person cannot exit the building, ask if assistance is needed. If needed, assist the person in calling 911. After you leave the building, immediately inform emergency personnel on site, or call 911. *Some individuals with mobility impairments who can walk independently may be able to negotiate stairs in an emergency with minor assistance.*
 - **Blindness or Visual Impairment:** A person assisting an individual who is visually impaired should:
 - Give verbal instructions about the safest route or direction using directional terms and estimated distances.
 - Ask if assistance is needed. If so, offer your elbow and provide guidance through the evacuation route. This may be especially helpful when navigating debris or a crowd. (Never grasp the arm of a person you are assisting)
 - While escorting a person out of the building, explain along the way where you are going and what you are doing.
 - **Deafness, Hearing Loss, Language Difficulty.** If a person appears to be unaware of the need for immediate evacuation, use the following guidelines:
 - Get their attention by touch or eye contact. State the problem clearly and simply, including the need to evacuate. Gestures and pointing are helpful, but be prepared to write a brief statement if the person does not seem to understand.
 - Offer visual instructions to designate the safest route or direction by pointing toward exits for evacuation maps.
 - Offer to escort them from the building.
- Posted evacuation maps are required throughout the facility.
 - Evacuation maps must show two unobstructed evacuation routes for each area of the facility.
- The senior staff member is responsible for either collecting, or delegating the collection of, the emergency contact information on each client.
- Emergency Contact Information is in each client file.
 - The senior staff member or (Program Clinical Director) is responsible for collecting program items such as keys, cell phone, and walkie talkies (as applicable).
- Staff not evacuating people should:

- Close all windows and doors before leaving the building.
- Turn off electrical equipment.
- The senior staff member or Program Coordinator will carefully sweep the center to ensure everyone has been evacuated.
- The ASSEMBLY AREA IS LOCATED in the right-side lawn area when facing the main entrance of the building.
- Begin taking a census once the facility has been evacuated. Census includes clients, visitors, vendors, and employees. Use the Sign-In Sheet, Visitor's Log, and schedules to account for staff and visitors.
 - If someone is missing, do NOT re-enter the building. The Incident Commander will communicate to the fire department any information pertaining to missing people.
- Only re-enter the building when the alarm is silenced, and employees are notified by a representative from the Fire Department, maintenance, or senior staff that it is safe to re-enter the building.
- In the event the building cannot be occupied for safety reasons, the Clinical Director and/or highest-level administrator on duty will coordinate with the Executive Director to make all decisions.

In the event that the building needs to be evacuated during inclement weather, the following precautions need to be taken:

- Hat, gloves or mittens, and coats need to be taken during cold/snowy conditions.

Medication

- In the event of an evacuation, the Incident Commander or senior staff member is responsible for taking the clients' medications, located in the medicine closet.

SHELTER-IN-PLACE

Shelter-in-place means staying *inside the building*. Local authorities issue orders for shelter-in-place. No one may leave the building until there is official notification that the shelter-in-place has been lifted.

Conditions that warrant sheltering-in-place include but are not limited to extreme weather/cold, outside air quality concerns, community chemical spill, terrorist attack, nuclear disaster.

- If there are customers, or visitors in the building, provide for their safety by asking them to stay – not leave. Do not drive or walk outdoors.
- If time permits, employees, customers, clients, and visitors may call their emergency contact to let them know where they are and that they are safe.
- Turn on call-forwarding or alternative telephone answering systems or services. If the business has voice mail or an automated attendant, change the recording to indicate that the business is closed, and that staff and visitors are remaining in the building until authorities advise that the Shelter-In-Place is no longer in effect.
- Quickly lock exterior doors, close windows, and shut air vents as well as fireplace dampers. Have employees familiar with the building's mechanical systems turn off all fans, heating and air

conditioning systems, and clothes dryers. Some systems automatically provide for the exchange of inside air with outside air. These systems need to be turned off, sealed, or disabled.

- There is an “Emergency” box located on shelving adjacent to the commercial laundry area. The box will contain directions for sealing windows and doors. The box also contains duct tape, scissors, and rolls of plastic. An emergency radio is in the emergency box. The Clinical Director will assign a staff member to secure all windows and doors. While this is being done, a staff member will be assigned to help the clients move to the dining area, or other designated area, depending on the situation.
- Gather essential disaster supplies, such as nonperishable food, bottled water, hygienic supplies, first aid and blood-spill supplies, communication devices (i.e., cell phone, walkie talkie), battery-powered radios, flashlights, batteries, duct tape, plastic sheeting, and plastic garbage bags.
- The staff and clients will gather in the dining room)
 - The selected interior room should be above the ground floor with the fewest windows or vents. The room should have adequate space for everyone to be able to sit. Avoid overcrowding by selecting several rooms if necessary. Large storage closets, utility rooms, pantries, copy and conference rooms without exterior windows will work well. Avoid selecting a room with mechanical equipment like ventilation blowers or pipes, because this equipment may not be able to be sealed from the outdoors.
- Take a census of all clients, visitors, and employees once everyone has gathered.
- If vapors begin to bother individuals, hold wet clothes over their nose and mouth.
- If you are told that there is danger of explosion, close the window shades, blinds, or curtains.
- For a higher degree of protection, go into the bathrooms, close the door, and turn on the shower in a strong spray to “wash” the air.
- Staff will be permitted to phone their families.
- It is ideal to have a hard-wired telephone in the room(s) you select. Call emergency contacts and have the phone available if you need to report a life-threatening condition. Cellular telephone equipment may be overwhelmed or damaged during an emergency.
- The Incident Commander is responsible for notifying everyone when sheltering in place can end or when offsite sheltering is needed.

Note: In many instances it would be a serious risk for anyone to travel during a terrorist event. Staff would be putting themselves at risk and should have a plan to cover what they and their families would do in the event of an act of terrorism.

Communication

- The Clinical Director will contact the Executive Director and update him/her on the condition of the facility.
- The Clinical Director is responsible for listening to the radio and keeping the staff up to date on what is happening in the area.
- The Clinical Director/EXECUTIVE DIRECTORS/Executive Director/Assistant Director or Incident Commander are the only people authorized to release staff from duty.
- The Clinical Director will utilize the Emergency Call List if additional staff is needed at the facility.
 - If needed, the Executive Director will be contacted to assist in providing extra staffing support.

- The Clinical Director or Program Director will assign staff members to phone the families of the clients.
- The Clinical Director and Program Director need to be sure the portable phone is always charging.
- In the event that there is no portable phone service, individual cell phones may be used to communicate.

Programming

- Each facility must have plans in place for indoor activities for the clients.

OFF-SITE SHELTERING

In the event the building cannot be occupied for safety reasons, the Clinical Director and Incident Commander will finalize plans. As soon as practically possible, the Executive Director should notify DHHS that an evacuation is taking place.

- Offsite sheltering plan for clients (if sending them home is the plan, please indicate): Utilize facility vehicles to transport clients to the relocation site. Otherwise, clients are sent home or to a homeless shelter. Staff may use personal vehicles to help with transporting the clients, as needed for overflow.
- Offsite sheltering plan for employees (if sending them home is the plan, please indicate): Non-essential employees should return home. Essential employees will provide transportation to the relocation site.
 - Bring all clients to the location at Court Street. If additional space is needed, remaining clients can be brought to the location on Roxbury Street.
- Is there any special licensing agreement or documentation that goes along with the relocation site (such as if the relocation site is licensed as a treatment center)? No
 - If yes, is the required documentation completed? N/A
- The Clinical Director or Incident Commander will be responsible for transporting the client's information from the facility to the alternate location.
 - Emergency information
 - Census sheet/attendance books
 - Staff sign-in log
- Procedure for notifying clients, visitors, employees, vendors, etc. that the site is closed:
 - Change the voicemail, put signs on the main entrances, and call any clients scheduled to come in.
 - The Program Director will give designated staff the responsibility of calling each client's family/guardian (because clients are adults, they will have the option to call & notify their own family).
 - Emergency supplies and documentation to take to the offsite sheltering:
 - Medication
 - Client files

- **Census**
 - **Procedure for taking census of clients and employees:**
 - Utilize the current census sheet for residents.
 - Use Sign In log for visitors.
 - Use a schedule for employees.
 - **Staff will be transported via Live Free Recovery Services van(s) and/or Live Free Recovery Services Staff's vehicles from the facility to the relocation site.**
 - **Routes to offsite shelter with comments on travel restrictions (more than one route recommended):**
-
- **The Clinical Director will personally check the file of each client and refer to the contact referral form to ensure that the person picking up the client has the authority to do so. All ID's will need to be checked by the Clinical Director/Program Director before allowing a client to leave the facility.**

CHEMICAL ACCIDENTS

- Refer to Material Safety Data Sheet (MSDS) for the proper clean up procedure. Data sheet binders are in the Front Office in Binder Labeled MSDS and on the Google Docs Shared Folder called "MSDS".
- The poison control number is 1-800-222-1222.
- Refer to the Shelter in Place if a community-wide toxic material release occurs and you cannot leave the facility.

GAS LEAKS

If gas odors are strongly detected inside or outside of a building, and/or if the odors are accompanied by hissing sounds, then an immediate emergency exists.

Procedure

- If you detect strong natural gas odors in an outdoor location, immediately proceed to the nearest non-affected area, call 911, and contact the Clinical Director. Alert any passers-by to stay clear of the affected area.
- If you detect strong natural gas odors inside a building and cannot determine the source, immediately vacate the room/space, close any doors behind you, and initiate a building evacuation by manually engaging the nearest fire alarm pull station.
- Proceed to your designated meeting place on the lawn to the right of the main entrance.
- Emergency shut off: Is inside the cover of the tank.
- Staff will follow the Evacuation procedures outlined in the Emergency Action Plan.
- No one is permitted to re-enter an area suspected of a gas leak unless told to do so by local authorities and a senior staff member.

POWER FAILURE

- Procedure for power failure: Back up power from the county jail grid
 - Notify the electric company: EVERSOURCE 866-554-6025
 - Emergency lighting will come on automatically.
 - If the power outage seems widespread, listen to the radio for general instructions for the community.
 - If water needs to be conserved due to the outage, limit the use of faucet water and flush toilets sparingly.
 - If the power outage is temporary (a few hours) normal operations of the facility will be maintained as much as possible.
- Procedure for water use during power failure (as applicable):
 - Water use is not restricted. Hot water will be limited to that on hand at the time of the failure.
- Procedure for heat during power failure (i.e., prevent pipes from freezing):

- Extended power outage and a temperature below 45 degrees will require evacuation. The Clinical Director will make arrangements with contractors to prevent damage by draining the plumbing or using a backup power system and heat tapes.
- Procedure for food in cold storage during a power failure:
 - Refrigeration is maintained by the backup power system; however, it is still prudent to:
 - Restrict access to cold storage.
 - Monitor the temperature.
- Live Free Recovery Services staff and/or vendor to notify when there is an extended power failure:
 - Executive Director, Clinical Director
 - Power Service of New Hampshire: EVERSOURCE 866-554-6025
- Does the facility have the use of a backup power system for power failures? The facility is tied into the power grid for the County Jail.
- Who makes the decision if the facility needs to be evacuated due to power failure? Incident Commander in conjunction with the Clinical Director.
- If the facility needs to be evacuated, follow the evacuation and/or offsite sheltering procedures.
- In the case of an electrical storm, clients should be removed from window areas.
 - Electrical appliances should be unplugged.

LOSS OF HEAT

- Procedure for loss of heat to the facility:
 - Any staff noticing heat loss is responsible for notifying the appropriate maintenance staff or administrator/Clinical Director. That person is then responsible for contacting the heating vendor as needed.
- Live Free Recovery Services staff and/or vendor to notify when there is a loss of heat.
- Follow the evacuation procedure if the temperature falls below 45 degrees.
- Procedure for notifying employees, clients, visitors, etc. that there is loss/contamination of water. Program Clinical Director will announce:
- Who makes the decision if the facility needs to be evacuated due to loss of heat? Clinical Director or Incident Commander.
- If the facility needs to be evacuated, follow the evacuation and/or offsite sheltering procedures.

LOSS/CONTAMINATION OF WATER

- Procedure for loss/contamination of water to the facility:
- Any staff noticing a loss of water or water contamination is responsible for notifying the appropriate staff or Clinical Director. The staff or Clinical Director is then responsible for attempting to locate the source of the problem and determining if it is confined to the facility or is neighborhood wide. If the problem is internal, then a plumber is to be notified. If the problem is external, the Keene Water Department is to be contacted at 603-352-0133. If water pressure is lost for more than four hours, the Fire Department must be notified, and a fire watch instituted for the duration of the event.
- In the event of water contamination, the senior staff member, or designated person will:

- Contact the local Health Department. (603) 357-3510. If the Health Department cannot be reached, listen to the local TV or radio for details on the procedure to follow.
- Advise staff to closely supervise individuals and ensure that no one drinks the water.
- Determine the expected duration of the contamination and the procedure for making the water safe for use. Advise the program managers of the anticipated duration of water loss or contamination.
- Assess the water supply for the facility and need to ration available water.
- Determine the ability to maintain individuals at the location.
- If deemed necessary, instruct staff to purchase bottled water or obtain water as advised by the Health Department for drinking, washing and brushing teeth.
- Prevent usage and access to tap locations. Utilize only factory-sealed water or water stored specifically for emergencies.
- Live Free Recovery Services staff and/or vendor to notify when there is loss/contamination of water (i.e., water authority): Clinical Director.
- Who makes the decision if the facility needs to be evacuated due to loss/contamination of water? Clinical Director in conjunction with the EXECUTIVE DIRECTOR
- If the facility needs to be evacuated, follow the evacuation and/or offsite sheltering procedures.

OPERATIONAL DISTURBANCE

An operational disturbance is when an emergency causes normal operations to shut down.

- Who makes the decision to close the facility? Executive Director in conjunction with the Clinical Director
- Procedure for notifying clients, visitors, employees, and vendors of the facility closing:
 - Change the answering machine message.
 - Utilize the phone tree to notify employees.
 - Post a notice at the building's entrances.
- Procedure for accounting for the building's occupants when it is closed:
 - Utilize the census for residents.
 - Utilize the Sign-In sheet for visitors.
 - Utilize the schedule for employees.
- Procedure for dealing with an operational disturbance:
 - Check for any structural damage (once the building has been cleared to enter).
 - Take photos of any damage.
 - Report any damage to the insurance company.
 - Document damage in an incident report.
 - Check for downed or damaged utilities and report any to the proper authorities.
 - The Executive Director will make the decision on when operations can be moved back into the facility.
 - Facility shut-offs (water, gas, electricity, other): Who is responsible for shut-offs?
Program Clinical Director
- Key operations that need to continue for the facility/program to regain normal operations:
- Procedure for assessing and reporting utility issues:
 - Keene Water Department 603-352-6550

- Contact Eversource (866) 554-6025
- Who makes the decision to reopen the facility? Executive Director in conjunction with the Clinical Director
- Procedure for notifying employees and clients of the facility's reopening?
 - Phone tree to notify staff.
 - Change voicemail message.
 - Remove signs from doors.
 - Call clients

LOCKDOWN

Conditions that warrant lockdown include, but are not limited to violent intruder, hostage, civil disturbance.

- Procedure for full lockdown (i.e., 911 notification): Clinical Director, Incident Commander, Senior staff, or designee
- Procedure for partial lockdown (those not in lockdown area evacuate):
- Evacuate as for a fire. Staff outside of the lockdown area may be instructed to go home, clients outside of the lockdown area will be managed per Executive Director or designee.
- What doors get locked during a lockdown?
 - All exterior doors
- Procedure for accounting for building occupants when it is in lockdown (i.e., census):
 - Reconcile Census, Sign-In/Out sheets, employee schedules, Visitors' Log.
- Who makes the decision to discontinue the lockdown? Executive Director, Clinical Director, or other senior staff in conjunction with the authorities

PANDEMIC

Level 1 Plan – Standard Influenzas

- Maintain strict infection control practices, including good hand washing, disinfecting, disposing of waste materials, collecting, and laundering items.
- Encourage flu vaccination for both employees and children where appropriate.
- Maintain disaster supplies.

Level 2 Plan – Influenza Pandemic Confirmed

- Continue activities initiated in the previous phase.
- Isolate and/or group clients with influenza.
- All clients and staff to immediately begin to wear masks in all common areas
- Refer to the most current Center for Disease Control (CDC) or Dept. of Health and Human Services (DHHS) guidelines at <http://www.cdc.gov/flu> and <http://www.dhhs.nh.gov>.
- Arrange coverage for staff shortages.

Isolation & Quarantine

Isolation and quarantine are optimally performed on a voluntary basis. Different levels of government have the legal authority to mandate isolation and quarantine to protect the public's health. At the State

of NH level, the Commissioner of DHHS has the authority to mandate involuntary quarantine and isolation.

A variety of quarantine strategies that may affect employees and their ability to work are:

- Restrictions on mass transit
- Restrictions on access routes
- Use of monitoring checkpoints, curfews, travel permits, health certificates to minimize movement into or out of quarantined areas.
- Consideration should be given to quarantine of contacts with high-risk exposures, even in the absence of symptoms.

Isolation of Individuals with Influenza

Minimizing the transmission of influenza requires limiting interactions between influenza cases and others. Individuals with influenza should be placed in a room with others who have suspected or confirmed influenza. When a private room is not available, or grouping is not possible, spatial separation of at least 6 feet should be maintained between the infected person and others. Doors may remain open, as appropriate.

Minimize the number of staff who have contact with infected residents by assigning all influenza residents to a small group of staff who have been vaccinated and/or are taking antiviral medications for prophylaxis (if medications are available and appropriate).

Interactions between clients with influenza and other residents should be minimized. Persons at risk of serious influenza complications (those with underlying medical conditions) should not interact with the infected person.

- Who makes the decision if the facility needs to be closed due to pandemic? Clinical Director in conjunction with the EXECUTIVE DIRECTOR

HURRICANE/TORNADO/SEVERE WEATHER

If the National Weather Service issues a hurricane, tornado, or severe weather warning, contact your supervisor/Clinical Director/Incident Commander for instructions.

- Monitor the radio or TV for updates/conditions.
- Gather your emergency supplies.
- Stay indoors until the National Weather Service declares the storm is over.
- Stay away from all windows and exterior doors – seek shelter in the basement or bathroom.
 - Go to the innermost part of the building on the lowest possible floor.
- Do not use elevators.
- Protect your head with your arms and crouch down on the floor.

If programs close (and there is time to prepare):

- Notify clients that the program is closing and make arrangements for the pick-up or drop off of the client.

- Take clients home with you or take them to the local shelter.

If you are ordered to evacuate:

- Follow the designated evacuation routes for your area. Floor Plan/Exits

If you are on the road during a tornado:

- Get out of your car.
- Avoid areas with a lot of trees.
- Lie down flat in a gully, ditch, or low spot on the ground.
- Protect your head with an object or with your arms.

EMERGENCY SUPPLIES

Water Supplies

In an emergency, having a supply of clean drinking water is a top priority.

- Store at least a three-day supply of water for each person.
- One gallon (16 cups, 128 ounces) per person for consumption and 3 gallons (48 cups, 384 ounces) per person for hygiene.
- How many people in the facility does the water supply need to support? 26
- Store in a cool, dark place.
- An emergency water supply is located on shelving adjacent to the commercial laundry area.
- Store in original, factory-sealed containers. Alternatively, food-grade quality containers made for storing water may be used. These must be thoroughly washed, sanitized, and rinsed. If the water is from a tap, it may need to be treated before being stored.
- Change stored water every 6 months.
- Who is responsible for keeping the water supply updated? Program Clinical Director
- If a disaster happens without a stored supply of clean water and if any of the following are safe, use water in:
 - Hot water tank
 - Pipes and faucets
 - Ice cubes
 - Rainwater

DO NOT drink:

- Flood water
- Water with floating material, an odor, or dark color

Food Supplies

Kitchen/Pantry will contain a supply of food consisting of a standard one-week supply of dry goods, canned goods, and perishable items.

- The Kitchen Supervisor/Chef is responsible for food distribution.
- Live Free Recovery Services' kitchen and pantry have a regularly replenished, one-week stock of both perishables and canned/sealed foods such as cereal, vegetables, snacks, dried fruits, grains etc.

The food supply needs to be kept updated.

- Who is responsible for keeping the food supply updated? Chef (food supply at Live Free Recovery Services is regularly replenished stock)
- How many people in the facility does the food supply need to support? 26; Enough to ensure a 3-day supply of food for all staff and clients at any given time.

A suggested food supply may contain the following items (there will be special dietary needs sheet with the supplies):

- sealed jars of protein such as peanut butter- 2 jars, 2 cases of individual sized servings
- sealed jars of jelly- 2 jars, 2 cases of individual sized servings
- cases of prepared foods (Spaghetti O's, beef stew, tuna)- 10 cases
- cases of canned fruit and/or vegetables- 3 cases
- cases of dry cereal- 10 cases
- cases of canned juice (juice boxes)- powdered mix with water- 2 cases
- cases of snack items (granola bars, raisins)- 5 cases
- cases crackers/chips- 4 cases

General Supplies

Kitchen/Pantry will contain a supply of food consisting of a standard one-week supply of dry goods, canned goods, and perishable items.

The following areas will contain a supply of general supplies consisting of the following items:

Kitchen

- Can opener
- Paper goods (plastic utensils, napkins, paper plates)
- Toilet paper and other hygienic supplies
- Garbage bags
- Cleaning supplies

Office

- Medical: Client medications, first aid supplies, blood spill supplies, personal protective equipment (i.e., disposable gloves), "Go Kit" with proper documentation (as applicable)
- Safety: flashlights, batteries, duct tape, plastic sheeting, extra blankets, etc.
- Communication: cell phone, walkie talkie, portable/chargeable radio with cell phone charger
- Documentation: Client records (DOB, contact information, allergies, etc.), insurance company information
- Keys

General emergency supplies need to be kept updated (i.e., batteries).

- Who is responsible for keeping the general emergency supplies updated? Program Manager
- How many people in the facility do the general emergency supplies need to support? 26



LIVE FREE
RECOVERY SERVICES

The following property checklist is used every other week to walk through the property and identify any areas of concern

Items are replaced as needed

Property maintenance is scheduled as needed

PHP HOUSE PROPERTY INSPECTION CHECKLIST

RATINGS:

S - Satisfactory; NC - Needs Cleaning; NSC - Needs Spot Cleaning; NP - Needs Painting; NSP - Needs Spot Painting; SC - Scratched; NR - Needs Repair; RP - Needs Replacing; NA - Not Applicable

General	Condition Rating	Remarks
Doors		
Windows		
Screens		
Blinds or shades		
Locks		
Walls		
Ceilings		
Baseboards		
Hallways		
Stairs		
Bedroom 1	Condition Rating	Remarks
Dressers (Drawers Slide?)		
Beds		
Blinds		
Floors		
Lamps		
Bedroom 2	Condition Rating	Remarks
Dressers (Drawers Slide?)		
Beds		
Blinds		
Floors		
Lamps		
Bedroom 3	Condition Rating	Remarks
Dressers (Drawers Slide?)		

	Beds		
	Blinds		
	Floors		
	Lamps		
Bedroom 4	Condition Rating	Remarks	
	Dressers (Drawers Slide?)		
	Beds		
	Blinds		
	Floors		
	Lamps		
Bedroom 5	Condition Rating	Remarks	
	Dressers (Drawers Slide?)		
	Beds		
	Blinds		
	Floors		
	Lamps		
Bedroom 6	Condition Rating	Remarks	
	Dressers (Drawers Slide?)		
	Beds		
	Blinds		
	Floors		
	Lamps		
Bedroom 7	Condition Rating	Remarks	
	Dressers (Drawers Slide?)		
	Beds		
	Blinds		
	Floors		
	Lamps		
Utilities and Safety	Condition Rating	Remarks	
	Electric outlets		
	Lights		
	Switches		

	Smoke detectors		
	Fire extinguishers		
	Security systems or alarms		

Bathroom 1		Condition Rating	Remarks
	Toilets		
	Showers		
	Bathrubs		
	Sinks		
	Cabinets		
	Mirrors		
Bathroom 2		Condition Rating	Remarks
	Toilets		
	Showers		
	Bathrubs		
	Sinks		
	Cabinets		
	Mirrors		
Bathroom 3		Condition Rating	Remarks
	Toilets		
	Showers		
	Bathrubs		
	Sinks		
	Cabinets		
	Mirrors		
Bathroom 4		Condition Rating	Remarks
	Toilets		
	Showers		
	Bathrubs		
	Sinks		
	Cabinets		
	Mirrors		
Bathroom 5		Condition Rating	Remarks

Toilets		
Showers		
Bathrubs		
Sinks		
Cabinets		
Mirrors		

Kitchen	Condition Rating	Remarks
Refrigerator		
Dishwasher		
Oven		
Stove		
Sinks		
Garbage disposal		
Cabinets and drawers		

EXTERIOR INSPECTION CHECKLIST

RATINGS:

S - Satisfactory; **NC** - Needs Cleaning; **NSC** - Needs Spot Cleaning; **NP** - Needs Painting; **NSP** - Needs Spot Painting; **SC** - Scratched; **NR** - Needs Repair; **RP** - Needs Replacing; **NA** - Not Applicable

General	Condition Rating	Remarks
Outdoor Lights		
Doors		
Windows		
Roof		
Siding		
Smoking Area		
Lawn		
Parking Lot		
Shed		

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City of Keene, NH

Congregate Living & Social Services License Application

For Office Use Only:	
Case No.	_____
Date Filled	_____
Rec'd By	_____
Page _____ of _____	

If you have questions on how to complete this form, please call: (603) 352-5440 or email: communitydevelopment@keeneh.gov

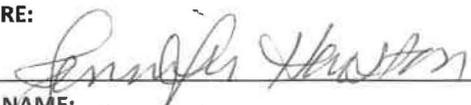
SECTION 1: LICENSE TYPE

<input type="checkbox"/> Drug Treatment Center	<input type="checkbox"/> Group Home, Small	<input type="checkbox"/> Homeless Shelter
<input type="checkbox"/> Fraternity/Sorority	<input type="checkbox"/> Group Resource Center	<input type="checkbox"/> Lodginghouse
<input type="checkbox"/> Group Home, Large	<input checked="" type="checkbox"/> Residential Drug/Alcohol Treatment Facility	<input type="checkbox"/> Residential Care Facility

SECTION 2: CONTACT INFORMATION

I hereby certify that I am the owner, applicant, or the authorized agent of the owner of the property upon which this approval is sought and that all information provided by me is true under penalty of law. If applicant or authorized agent, a signed notification from the property owner is required.

OWNER	APPLICANT
NAME/COMPANY: 106 Roxbury, LLC	NAME/COMPANY: Live Free Recovery Services, LLC
MAILING ADDRESS: 106 Roxbury St Keene, NH 03431	MAILING ADDRESS: 106 Roxbury St Keene NH 03431
PHONE: (603) 438-3276	PHONE: 877-932-6757
EMAIL: rgagne@livefreerecoverynh.com	EMAIL: info@livefreerecoverynh.com
SIGNATURE:	SIGNATURE: 
PRINTED NAME:	PRINTED NAME: Ryan Gagne

AUTHORIZED AGENT (if different than Owner/Applicant)	OPERATOR / MANAGER (Point of 24-hour contact, if different than Owner/Applicant) <input type="checkbox"/> Same as owner
NAME/COMPANY:	NAME/COMPANY: Live Free Recovery Services, LLC
MAILING ADDRESS:	MAILING ADDRESS: 106 Roxbury St Keene, NH 03431
PHONE:	PHONE: (877) 932-6757
EMAIL:	EMAIL: info@livefreerecoverynh.com
SIGNATURE:	SIGNATURE: 
PRINTED NAME:	PRINTED NAME: Jennifer Houston

SECTION 3: PROPERTY INFORMATION

PROPERTY ADDRESS:

106 Roxbury St Keene, NH 03431

TAX MAP PARCEL NUMBER:

869-066-000-000

ZONING DISTRICT:

DT-E

LOCATION MAP:

Please attach

SECTION 4: APPLICATION AND LICENSE RENEWAL REQUIREMENTS

Using additional sheets if needed, briefly describe your responses to each criteria:

1. Description of the client population to be served, including a description of the services provided to the clients or residents of the facility and of any support or personal care services provided on or off site.

This property has 28 beds for men above the age of 18.

Peer recovery services, case management services, clinical services, and psychiatric services will be provided

2. Description of the size and intensity of the facility, including information about; the number of occupants, including residents, clients staff, visitors, etc.; maximum number of beds or persons that may be served by the facility; hours of operations, size and scale of buildings or structures on the site; and size of outdoor areas associated with the use.

The number of residents is 28. This facility has staff 24/7
There are no scheduled visting hours.

3. For Congregate Living Uses, describe the average length of stay for residents/occupants of the facility.

Residents stay between 18 and 30 days

SUBMITAL CHECKLIST

A complete application must include the following items and submitted by one of the options below:

- **Email:** communitydevelopment@keenenh.gov, with "CLSS License Application" in the subject line
 - **Mail / Hand Deliver:**
 Community Development
 (4th Floor) Keene City Hall,
 3 Washington St, Keene, NH 03431

The submittal requirements for a Congregate Living & Social Services License application are outlined further in **Chapter 46, Article X** of the City of Keene Code of Ordinances.

Note: Additional information may be requested to complete the review of the application.

<input type="checkbox"/> PROPERTY OWNER: <i>Name, phone number and address</i>	<input type="checkbox"/> POINT OF 24 HOUR CONTACT: <i>Name, phone number, and address of person acting as the operator, if not owner</i> <p style="text-align: center;">Same as owner</p>
<input type="checkbox"/> REQUIRED DOCUMENTATION: <i>Provide all required state or federal licenses, permits and certifications</i>	<input type="checkbox"/> WRITTEN NARRATIVE: <i>Provide necessary information to the submittal requirements</i>
<input type="checkbox"/> PROPERTY INFORMATION: <i>Description of the property location including street address and tax map parcel number</i>	<input type="checkbox"/> APPLICABLE FEES: \$165.00 application <i>(checks made payable to City of Keene)</i>
COMPLETED INSPECTION: <i>Inspection date: _____</i>	<p style="text-align: center;">or</p> SCHEDULED INSPECTION: <i>Inspection date: _____</i>

OPERATIONS AND MANAGEMENT PLAN:
 Plan based on the industry standard "Best Management Practices" to include:

- ◇ Security Plan
- ◇ Life Safety Plan
- ◇ Staff Training and Procedures Plan
- ◇ Health and Safety Plan
- ◇ Emergency Response Plan
- ◇ Neighborhood Relations Plan
- ◇ Building and Site Maintenance Procedures

In addition, Homeless Shelters will need to provide:

- ◇ Rules of Conduct, Registration System and Screening Procedures
- ◇ Access Policies and Procedures



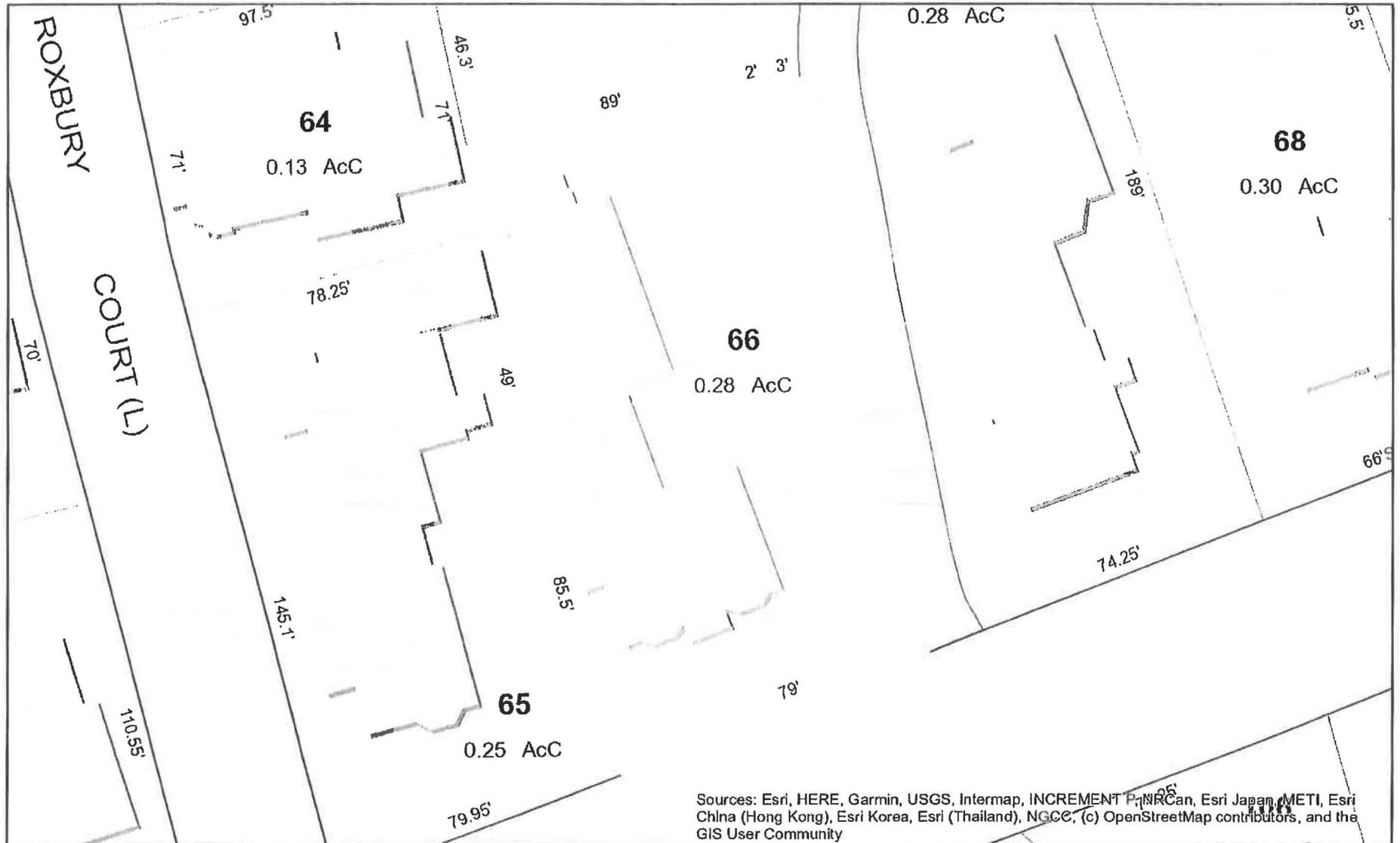
Keene, NH



May 1, 2023

1 inch = 34 Feet

www.cai-tech.com



Sources: Esri, HERE, Garmin, USGS, Intermap, INCREMENT P, NRCan, Esri Japan, METI, Esri China (Hong Kong), Esri Korea, Esri (Thailand), NGCC, (c) OpenStreetMap contributors, and the GIS User Community

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Scope of services

Residential (ASAM/DHCS Level 3.5) Clinically Managed High-Intensity:

Provides 24-hour care with trained and credentialed personnel providing clinical directed program activities and professionally directed treatments to stabilize and maintain SUD symptoms, develop, and apply recovery skills specific for individuals with co-occurring mental health disorders. A minimum of 5 hours per day of individual, group, and education sessions and/or structured therapeutic activities specific for individuals with cooccurring mental health disorders.

Residential treatment is a non-institutional, 24-hour, short-term residential program that provides rehabilitation services to clients with a substance use disorder diagnosis when determined by a Medical Director or Licensed Practitioner as medically necessary and in accordance with the individual treatment plan.

The components of Residential Treatment Services include:

- **Intake:** The process of determining that a client meets the medical necessity criteria and admitting the client into a substance use disorder treatment program. Intake includes the evaluation or analysis of substance use disorders; the diagnosis of substance use disorders; and the assessment of treatment needs to provide medically necessary services. Intake may include a physical examination and laboratory testing necessary for substance use disorder treatment.
- **Individual and Group Counseling:** Contacts between a client and a therapist or counselor. Services are provided in-person.
- **Client Education:** Provide evidence-based education on addiction, treatment, recovery, and associated health risks
- **Family Therapy:** The effects of addiction are far-reaching and client's family members and loved ones also are affected by the disorder. By including family members in the treatment process, education about factors that are important to the client's recovery, as well as their own recovery, can be conveyed. Family members can provide social support to the client, help motivate their loved one to remain in treatment, and receive help and support for their own family recovery as well.
- **Safeguarding Medications:** Facilities will store all resident medication and facility staff members may assist with resident's self-administration of medication.



- **Collateral Services:** Sessions with therapists or counselors and significant persons in the life of the client, focused on the treatment needs of the client in terms of supporting the achievement of the client's treatment goals. Significant persons are individuals that have a personal, not official or professional, relationship with the client.
- **Treatment Planning:** The provider shall prepare an individualized written treatment plan, based upon information obtained in the intake and assessment process. The treatment plan will be completed within regulatory timeframes, reviewed every 30 days, or after 4 sessions have been completed with the client.
- **Discharge Services:** The process to prepare the client for referral into another level of care, post treatment return or reentry into the community, and/or the linkage of the individual to essential community treatment, housing and human services.

The components of case management include:

- Comprehensive assessment and periodic reassessment of individual needs to determine the need for the continuation of case management;
 - Transition to a higher or lower level of SUD care;
 - Communication, coordination, referral, and related activities.
 - Monitoring service delivery to ensure client access to service and the service delivery system;
 - Monitoring the client's progress; and
 - Client advocacy, linkages to physical and mental health care, transportation, and retention in primary care services
- The components of Recovery Services are:
- **Support Groups:** Linkages to self-help and support, spiritual and faith-based support; and
 - **Ancillary Services:** Linkages to housing assistance, transportation, case management, individual services coordination.



Security Plan

The property is equipped with a closed circuit surveillance system. Staff has the ability to rewind in the event any type of incident is reported.

The monitoring equipment is kept locked in the staff office.

All entrances and common areas are visible by the camera system.

There are lights outside all the entrances to keep it well lit

Lights are checked for safety to make sure that they are working and bulbs are working properly

All doors are locked at all times



Life Safety Plan

There are fire drill evacuation maps on each floor of the property in common areas.

Random fire drills are held monthly, staff fills out a report indicating number of residents, where everyone met, how long it took to get out of the building.

Monthly inspections are done to make sure that all hanging fire extinguishers are ready to be used in the event of an emergency.

Daily checks of smoke detectors are done to make sure that they are in the appropriate space, not removed, and are in working condition.

Inspections of the property by the local Fire Department and/or DHHS are scheduled and completed as needed on a yearly basis.



Security Plan

The property is equipped with a closed circuit surveillance system. Staff has the ability to rewind in the event any type of incident is reported.

The monitoring equipment is kept locked in the staff office.

All entrances and common areas are visible by the camera system.

There are lights outside all the entrances to keep it well lit

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Health and Safety Plan

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Employee Safety Handbook

I. Introduction

Welcome to Live Free Recovery Services. The skills and talents you bring to LFRS are vital to our mission of teaching, research and service to the region and state. One of the keys to accomplishing that mission is to ensure that we maintain a safe and healthy campus environment.

This Employee Safety Handbook is intended for LFRS employees, full time and part time, regular and temporary, and all other LFRS employment categories, i.e., student workers, etc. The Handbook has been developed to provide employees with answers to general questions concerning health and safety in the workplace. It is important, however, that you and your supervisor discuss site-specific safety policies and programs for your department. Your supervisor must inform you of the safety procedures and required training you will need to do your job.

Background

In an effort to improve the overall working environment and to provide, insofar as possible, every working person in the nation safe and healthful working conditions, the Federal Occupational Safety and Health Act of 1970 was enacted. This Act provided an opportunity for the various states to develop their own Occupational Safety and Health Programs.

Health and Safety Policy

Live Free Recovery Services strives to provide a safe and healthful working/learning environment for its clients and staff. LFRS strives to play a leadership role in its environmental stewardship, health protection, safety standards and in its compliance with applicable laws and regulations. The achievement of these goals is an objective for units at all levels of the organization.

Health and Safety Responsibilities

Good environmental health and safety practices are a responsibility of all LFRS employees. The participation and cooperation of each person is essential to a smooth and effective program.

Employees Responsibilities

Your responsibilities as an LFRS employee include:

- Following all health and safety rules and procedures;
- Reporting hazardous conditions to your supervisor;
- Wearing or using prescribed protective equipment;
- Reporting any job-related injury or illness to your supervisor and seeking

Employee Safety Handbook

- treatment promptly; and
- Refraining from the operation of any equipment without both proper instructions and authorization.

Supervisor's Responsibilities

Each supervisor is responsible for providing a working environment free from recognized health and safety hazards. Specific safety responsibilities of supervisors include:

- Informing new employees of their health and safety responsibilities, procedures, rules and regulations;
- Assuring that required equipment and personal protective devices are provided, maintained, and used;
- Taking prompt action when unsafe acts or conditions are reported or noted;
- Providing for health and safety training and education on a continuing basis;
- Investigating and reporting all on-the-job accidents promptly and requesting medical treatment if necessary;
- Investigating and reporting all job-related health or safety problems promptly;
- Coordinating or conducting internal inspections to assure safe and healthful working conditions;
- Requesting the assistance of the next higher level of supervision regarding budget requests for any health and safety improvements needed; and

Leadership Team

The Leadership Team is responsible for development, oversight, and management of environmental health and safety programs that protect the environment, provide safe and healthy conditions for work and study, and comply with applicable laws and regulations. Health and Safety provides educational programs, technical assistance, and health and safety services to the employee and client community. The office also functions as a consultant to deans, directors, and heads of academic and administrative units, other staff members,

Employee Safety Handbook

and clients in all areas of environmental health and safety.

Safety Committee

The Safety Committee is responsible for:

- Recommending policies and programs to ensure a safe environment for clients and staff.
- Safety;
- Monitoring the building to ensure that all safety policies, procedures, and facilities are in compliance with applicable, state, and/or local code requirements;
- Reviewing, evaluating, and recommending for approval Emergency Preparedness plans.

II. Safety Practices

Communication of Hazards in the Workplace

Staff and clients must be informed of any recognized hazards in their facility. It is the responsibility of supervisors to provide adequate health and safety orientation related to standard operating procedures, hazards, and personal protective equipment. You should receive this orientation prior to working in the area.

Please make sure you understand all information presented at the orientation. If you have any language barriers, please explain these to your supervisor. Your supervisor must ensure that all applicable policies affecting your work place is readily available.

Personal Protective Equipment (PPE)

Staff maybe required to wear P P E . The following is a general guide for selecting what may be necessary. Additional information may be found in the LFRS Personal Protective Equipment Program.

Employee Safety Handbook

Eye and Face Protection

Proper eye protection reduces your chances of injuring and reduces the security of injuring if an accident does occur. Most workers who have had eye injuries were not wearing eye protection at the time.

All eye and face protective equipment must comply with the American National Standards Institute (ANSI) guidelines and be marked directly on the piece of equipment. Protective eye wear includes safety glasses, goggles and face shields.

Operations listed below are a few examples where eye and face protection may be required:

- Handling cleaning supplies
- Woodworking, i.e., sawing, drilling, sanding, etc.
- Handling solvents.
- High pressure washing.
- Handling human tissue, blood, or other bodily fluids.

Chemical hazards – To protect the eyes and face from splash when handling bodily fluids, using or dispensing corrosive liquids, non-vented chemical goggles or safety glasses with side shields and full-face shield offer the best protection. Safety glasses are the minimum protection recommended of all operations involving hazardous chemicals.

Physical hazards – When using high-pressure cleaning or spray equipment, safety glasses with side shields and full-face shields are the recommended PPE.

Those work activities that produce chips or dust—such as grinding/drilling, power fastening, or power tools—require safety glasses with side shields as a minimum protection level and in some instances may also require the use of a full-face shield.

When doing acetylene oxygen torch soldering, brazing, or cutting, appropriately tinted safety glasses with side shields or tinted goggles are the appropriate PPE.

Hand/Arm and body Protection

Almost 75% of workers who suffered hand injuries were not wearing gloves. Although no glove will offer you total protection from every hazard, wearing the correct glove will help you prevent hand injury. Make sure the glove(s) you use in your work area are designed

Employee Safety Handbook

to protect against the particular hazard(s) that have been identified.

The following are general guidelines in selecting and using gloves:

- Use metal mesh or cut resistant gloves to prevent cuts from broken glassware, knives or sharp other objects.
- Use leather gloves for mechanical or where repetitive motions are involved to prevent blisters, calluses, and abrasions. Leather gloves also protect against rough surfaces, sparks, and moderate heat.
- Use cotton or other fabric gloves to protect against dirt and dust, or to better grasp slippery objects.
- Use rubber, neoprene, vinyl, or nitrile gloves to protect against chemicals.
- Workers who are sensitive to natural rubber latex should avoid direct contact with latex gloves and other rubber products.
- Check gloves before wearing to make sure they're not cracked, torn, or damaged in any way.
- Make sure gloves fit properly. They should cover your hands completely and be comfortable enough for you to perform your job.
- Take care to avoid contamination—don't let your bare skin touch contaminated gloves.
- Dispose of single-use gloves in the proper containers.

When using hazardous chemicals, specialized gloves offering protection for specific chemical families, a laboratory coat, and at times a splash apron are the appropriate PPE.

Insulated gloves and arm sleeve covers are recommended when handling hot or cold materials.

Head and Foot Protection

Occasions may develop during the work day or job duty when the use of a hard hat or other head protection and foot protection is necessary. All hard hats or safety shoes must meet the requirements for protection outlined by the American National Standards Institute (ANSI).

Employee Safety Handbook Documentation

Supervisors are responsible for maintaining written copies of safety programs and employee training documentation. This documentation is a requirement of most regulatory standards. Regulatory agencies may ask to see these documents during an inspection.

Training

You may be required to attend in-house training sessions on such topics as bloodborne pathogens, hazard communication, hazardous waste, asbestos awareness, or laboratory safety. Supervisors of affected employees should exercise a measure of accommodation for those needing training. A checklist to help you understand which LFRS Health and Safety programs apply to you may be found on page 9.

In some cases, supervisors may conduct specialized training sessions (e.g., safety procedures for using powered equipment). Supervisors can contact the Health & Safety Office for information or assistance in preparing training materials.

Training should be provided:

- When an employee is hired, when an employee is given a new work assignment for which training has not previously been given; and
- When a new hazard (chemical or physical) is introduced into the workplace.

At a minimum, health and safety training for employees must include:

- Recognition of health and safety hazards;
- General and job-specific health and safety practices; and
- State regulations and LFRS health and safety policies applicable to the job.

General Safety Rules

- All classrooms, laboratories, offices, shops, storerooms, and passageways will be kept orderly and free from unnecessary debris.
- Floors will be cleaned and waxed in such a manner as to keep slipping hazards to a minimum.
- Flammable liquids will not be used to clean floors, clothing or equipment.
- Trash containers in offices, laboratories, shops and other work areas will be emptied each working day, preferably at the end of normal working hours, or thereafter.
- Furnace, mechanical, and air handling rooms will not be used as storage areas.

Employee Safety Handbook

- Worktables, stools, benches, tools and equipment will be maintained in good repair.
- Electrical and mechanical equipment will have moving parts adequately guarded.
- All electrical equipment will be properly grounded.
- Appropriate personal protective equipment and/or clothing will be worn in all areas and/or during operations requiring such use.
- Unauthorized persons will not tamper with electrical fuse boxes, alter existing wiring, or install new electrical wiring.
- Electrical cords will be maintained in good condition.
- Extension cords must be the type that contain a built-in overload circuit breaker, they must not be extended and used outside the room in which the fixture outlet is located, and must not be located in such a manner as to create a tripping hazard. Where cords must be placed across paths of travel, cord covers must be used.

Emergency Preparedness Procedures

The establishment of well thought out emergency plans is one of the cornerstones of an effective safety program. Evaluating potential emergency situations, developing emergency procedures, and conducting practice exercises can help save lives. Detailed instruction regarding emergency procedures may be found in the LFRS Emergency Preparedness Plan.

An LFRS Emergency Desk Reference has been prepared and distributed to all employees. The desk reference which should be kept readily available in your work area provides useful information pertaining to severe weather, fire and bomb threats.

You should become familiar with the posted evacuation plan and how you should respond to a fire or other emergency in your building and be prepared to evacuate the building when necessary.

When the Fire Alarm Sounds

Employee Safety Handbook

If you are in any LFRS building and discover a fire, please take the following actions:

- Leave the building immediately.
- Pull the nearest fire alarm pull station and notify Public Safety, 911.
- Leave the area quickly, closing doors as you go to contain the fire and smoke.
- If you encounter smoke or flame during your escape, use an alternative exit. If you must exit through smoke, crawl on your hands and knees.
- Do not re-enter the building until emergency response officials have declared that it is safe to do so.

In the event of a serious injury requiring immediate medical assistance or any other emergency, remain calm, call 911, notify the dispatcher of the type and location of the emergency, answer any questions the dispatcher may have and stay on the line until released by the dispatcher.

Employee Accidents

You must report all work-related accidents, injuries, or illnesses to your supervisor. If an injury or illness requires medical attention, supervisors must report them to the Leadership Team.

Client of Visitor

Any staff member who witnesses, is involved in, or is informed of an accident with a client or visitor should report the accident to the Leadership Team

Automobile Accidents

All vehicle accidents occurring on campus will be reported to immediate supervisor, who will notify Leadership Team.

III. Health and Safety Program Checklist

The following checklists have been developed for you and your supervisor to understand the hazards and applicable Health and Safety Programs associated with your workplace or assigned duties. If you answer yes to questions in the 1st column, then the corresponding LFRS program and training requirements are, most likely applicable. Training may be provided by your supervisor, designated staff, Health and Safety, or outside vendors. Training must be provided and documented before performing any of the listed activities.

Employee Safety Handbook

Health and Safety Programs

Health & Safety has developed a number of model programs to help provide for the health and safety of LFRS employees. Many of these programs are mandatory to ensure compliance with state and federal regulations. The following are some of the programs and safety manuals available:

- Bloodborne Pathogens Program
- Emergency Preparedness Plan
- Hazard Communication Program
- Hazardous Waste Manual
- Laboratory Safety Manual (Chemical Hygiene Plan)
- Lockout/Tagout Program
- Personal Protective Equipment Program and Hazard Assessment
- Radiation Safety Manual
- Respiratory Protection Program
- Confined Space Entry Program
- Hearing Conservation Program

A copy of the Employee Safety Handbook has been given to me at the time of my employment. I promise to read the contents and to ask for an explanation of any parts that I do not understand. The Employee Safety Handbook describes important information about LFRS, and I understand that I should consult my supervisor regarding any questions not answered in this Handbook.

Since the information, policies and procedures described here are subject to change, I acknowledge that revisions to the Handbook may occur. Only the Leadership team is authorized to adopt any revisions to the policies in this Handbook.

Signature _____ Date _____

Hand Hygiene is the #1 way to prevent the spread of infections

You can take action by practicing hand hygiene regularly and by asking those around you to practice it as well.

You and your loved ones should clean your hands very often, especially after touching objects or surfaces in the hospital room, before eating, and after using the restroom. Your healthcare provider should practice hand hygiene every time they enter your room.

It only takes 15 seconds of using either soap and water or an alcohol-based hand rub to kill the germs that cause infections.

Use soap and water when your hands look dirty; otherwise, you can use an alcohol-based hand rub.

You, your loved ones, and your healthcare providers should practice hand hygiene.

Hand Hygiene Saves Lives



hand hygiene

- Washing hands with soap and water.
- Cleansing hands using an alcohol-based hand rub.
- Preventing the spread of germs and infections.



For more information, please visit www.cdc.gov/handhygiene or call 1-800-CDC-INFO

CDC acknowledges the following partners in the development of the *Hand Hygiene Saves Lives* video: the Association for Professionals in Infection Control and Epidemiology and Safe Care Campaign.

This brochure was developed with support from the CDC Foundation and Kimberly-Clark Corporation.

To prevent hospital infections.

- In the United States, hospital patients get nearly 2 million infections each year. That's about 1 infection per 20 patients!
- Infections you get in the hospital can be life-threatening and hard to treat.
- All patients are at risk for hospital infections.
- You can take action by asking both your healthcare providers and visitors to wash their hands.

Hand hygiene saves lives.

To make a difference in your own health.

- Hand hygiene is one of the most important ways to prevent the spread of infections, including the common cold, flu, and even hard-to-treat infections, such as methicillin-resistant *Staphylococcus aureus*, or MRSA.

You should practice hand hygiene:

- Before preparing or eating food.
- Before touching your eyes, nose, or mouth.
- Before and after changing wound dressings or bandages.
- After using the restroom.
- After blowing your nose, coughing, or sneezing.
- After touching hospital surfaces such as bed rails, bedside tables, doorknobs, remote controls, or the phone.

Healthcare providers should practice hand hygiene:

- Every time they enter your room.*
- Before putting on gloves. Wearing gloves alone is not enough to prevent the spread of infection.
- After removing gloves.

Remember: Ask your doctors and nurses to clean their hands before they examine you.

* If you already have an infection, your healthcare providers may take special measures (isolation precautions) to prevent the spread of your infection to others. They might enter your room wearing protective equipment (e.g., gloves, gown, mask). You do not need to ask them to clean their hands because they should have done so before they put on gloves.

With soap and water:

1. Wet your hands with warm water. Use liquid soap if possible. Apply a nickel- or quarter-sized amount of soap to your hands.
2. Rub your hands together until soap forms a lather and then rub all over the top of your hands, in between your fingers and the area around and under the fingernails.
3. Continue rubbing your hands for 15 seconds. Need a timer? Imagine singing the "Happy Birthday" song twice.
4. Rinse your hands well under running water.
5. Dry your hands using a paper towel if possible. Then use your paper towel to turn off the faucet and to open the door if needed.

Remember: It only takes 15 seconds to protect yourself and others.

With an alcohol-based hand rub:

1. Follow directions on the bottle for how much of the product to use.
2. Rub hands together and then rub product all over the top of your hands, in between your fingers and the area around and under the fingernails.
3. Continue rubbing until your hands are dry. If enough rub was used to kill germs, it should take at least 15 seconds of rubbing before your hands feel dry. You should not rinse your hands with water or dry them with a towel.

Use soap and water:

- When your hands look dirty.
- After you use the bathroom.
- Before you eat or prepare food.

Use an alcohol-based hand rub:

- When your hands do not look dirty.
- If soap and water are not available.

Products that kill germs on the hands. Should contain 60% to 95% ethanol or isopropanol (types of alcohol). Are fast-acting and convenient.

You can make a difference in your own health:

- Healthcare providers know they should practice hand hygiene, but they sometimes forget. Most welcome your friendly reminder.

- Ask healthcare providers to practice hand hygiene in a polite way — tell them that you know how easy it is for people to get infections in the hospital and that you don't want it to happen to you.

Remember: Take control of your health. Practice hand hygiene.

2023 EMERGENCY ACTION PLAN

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EMERGENCY ACTION PLAN

General Preparedness

- ✓ Establish relationships with essential partners, such as law enforcement, first responders.
- ✓ Coordinate transportation to medical treatment, if required.
- ✓ Develop training programs and drills.
- ✓ Identify local radio and television stations to be sources of broadcast communications.
- ✓ Have a contact number for each client and employee.
- ✓ Know mass evacuation plans for the community and identify what resources will be needed to transport clients quickly and safely.
- ✓ Establish Incident Commander (person responsible for front-line management of the incident).

COMMAND STRUCTURE



Facility/Program Chain of Command

Live Free Recovery Services Phone Numbers:

Admissions – (877) 932-6757

Crisis/Suicide Hotline – (603) 448-4400

1. Ryan Gagne – **Executive Director**
Cell Phone: 603-438-3276
Email: rgagne@Livefreessl.com

2. Jennifer Houston– **Clinical Director**
Phone: 603-247-8786
Email: jhouston@Livefreessl.com

3. Doug Hohenberger – **Clinical Director of Program Policy & Compliance**
Phone: (603) 903-5461
Email: dhohenberger@Livefreessl.com

4. Tony Basil – **Program Manager**
Phone: 952-855-2033
Email: tbasil@Livefreessl.com

Live Free Recovery Services

Address	106 Roxbury Street Keene, NH 03431
Main Phone #	877-932-6757
Radio Source for Emergency Broadcasting	(i.e., Emergency Alert System, program closings): 97.7 WSNI
TV Source for Emergency Broadcasting	(i.e., Emergency Alert System, program closings): Channel 9, WMUR
Facility/Program Crisis Management Plan Location	Front BHT office, Marlboro Road
Electronic File Location	In Microsoft Shared Folder ("Emergency Plan")

Radio source for emergency broadcasting:

WSNI 97.7

TV source for emergency broadcasting (i.e., Emergency Alert System, program closings) Channel 9 or any of the New Hampshire's cable TV franchises.

Additional Numbers

Fire/Police/Medical - Emergency	911
Fire (non-emergency)	Keene Fire Dept. – 603-357-9861
Police (non-emergency)	Keene Police Dept. - 603-357-9815
Medical Hospital (non-emergency)	Cheshire Medical Center- 603-354-5400
Center for Disease Control	1-800-311-3435
Poison Control	1-800-222-1222
Area Red Cross	(603) 225-6697

UTILITIES

Location of Utilities

Water Main	Located on the first floor inside the maintenance room
Gas Main	Located on the first floor inside the maintenance room
Electrical Main	Located on the first floor inside the maintenance room
Electric Panel	Located on the first floor inside the maintenance room

Fire Panel	On the electrical panel in maintenance room, communication box is located on top of the building
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How to Shut Off Utilities

Water Main	Close the shutoff valve in the basement. Contact Municipal Services to shut off the valve from the street. 603-352-0133
Gas Main	Close the shutoff valve. Call Dead River-603-352-5240
Electrical Main	Shut off the electrical main in the basement. Eversource – 866-554-6025

MEDICAL

Medical Emergencies

- Check breathing and pulse before administering first aid.
- Administer first aid, as needed.
- First aid supplies are located in the RSW Office.
- Blood spill supplies are located in the Med room.
- Personal Protective Equipment (i.e., disposable gloves) is located in the First Aid kits.
- An AED (Automatic External Defibrillator) is hanging on the wall in the Med room.
- Narcan Kits are located:
 - In the tech office
 - Each apartment has a kit
 - The community room has a kit
- **Call 911** or, if time allows, contact your supervisor and/or Clinical Director immediately. They will make the appropriate calls to the local police or **911**.
- Routes to medical care/hospital
 - Cheshire Medical Center (15 minutes) – see below
 - Monadnock Hospital (31 minutes)

DRIVING DIRECTIONS TO Cheshire Medical Center

106 Roxbury Street
Keene, NH 03431

Follow Roxbury St to Central Square
(39 ft)

Turn right on to Central Square
Slight left to stay on Central Square
Keep right and continue on Court Street

Turn right to stay on Court St
1.2 mi

Drive to your destination
1 min (0.1 mi)

At the traffic circle, take the 3rd exit
394 ft

Turn left
30 ft

Continue straight
95 ft

Turn right
Destination will be on the right
131 ft
Cheshire Medical Center
580 Court St, Keene, NH 03431

FIRE

Reporting a Fire

- Activate the alarm system by pulling the lever on the nearest fire alarm box.
 - Fire Alarms are located throughout the building at each exit.
- **Call 911**

Alarm System

- What is the facility alarm system? The facility alarms are wall-mounted horns and sight alarms. (flashing light)
- Is the facility equipped with a fire alarm system that is directly connected to a local station? Yes
- If not, 911 needs to be called when there is an unscheduled fire alarm.
- How is the alarm system activated and turned off? The doors are alarmed and are turned off by a key.

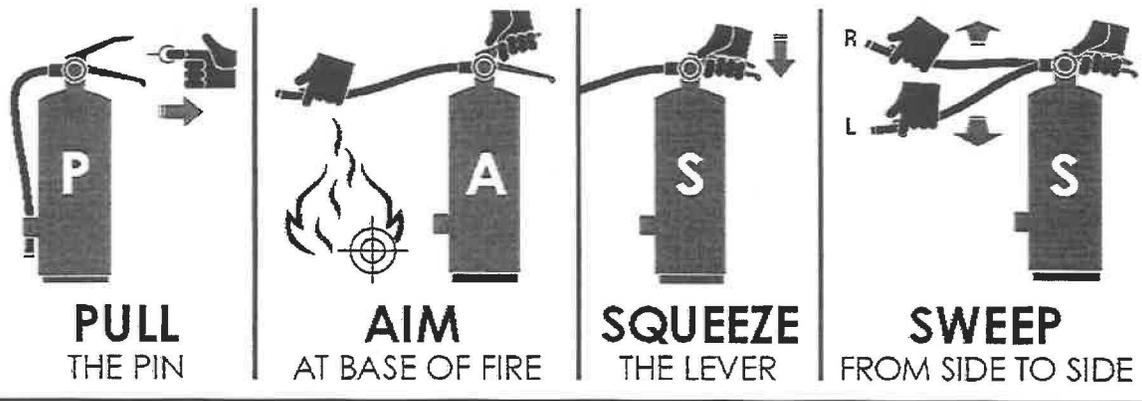
Fire Exits

- Fire exits are located throughout the building. Each residential floor has two fire exits that are visibly marked as Fire Exit.

Fire Extinguisher

- Fire extinguishers are in major corridors of the facility.
- Fire extinguisher use:
 - **P** - Pull the extinguisher pin.
 - **A** - Aim extinguisher at base of fire.
 - **S** - Squeeze handle.
 - **S** - Sweep extinguisher back and forth.

HOW TO USE A FIRE EXTINGUISHER



Fire Drills

- Does your facility hold fire drills? Yes, quarterly will create a logbook.
- Designated meeting place: All staff and residents will meet on the lawn to the right of the building when facing the main entrance
- Fire drill procedure: Staff and clients will exit via the nearest emergency exit (see floor plan). Floor staff/senior staff on each unit will carry census & sign-in sheets outside. Staff and clients will meet in the designated meeting places. Staff will take attendance and ensure everyone evacuated quickly & safely. Staff is to write their names on the sign in sheet, along with the total headcount of clients per unit. All sign-in sheets are given to the Clinical Director or Senior Staff prior to reentering the building to ensure that all clients and staff have been accounted for. If someone is missing, do not re-enter the building. The EXECUTIVE DIRECTOR/Clinical Director/Manager will communicate to the fire department any information pertaining to missing people.
- Once the EXECUTIVE DIRECTOR/Clinical Director/Manager gives the okay, clients and staff will re-enter the building. Sign in sheets are given to the Clinical Director.
- The Program Clinical Director at the main entrance will collect the Emergency Contact Binder(s) for clients and staff and the Visitor Log. If there is no front desk staff, the senior staff member in the building should collect these.

Evacuation Procedure

Events that warrant evacuation from the facility include, but are not limited to fire, explosion, bomb threat, etc.

Evacuation of the building is the same as for a fire or fire drill. Residents are to exit the building promptly and quietly. All staff and residents will meet in the side yard to the right of the building when facing the main entrance.

Evacuation is to begin immediately after pulling the fire box and calling 911.

- Evacuate all persons using the closest emergency exit(s). (See floor plan)
- Procedure for getting people with special needs out when elevators cannot be used:
 - Mobility Impairment: If a person cannot exit the building, ask if assistance is needed. If needed, assist the person in calling 911. After you leave the building, immediately inform emergency personnel on site, or call 911. *Some individuals with mobility impairments who can walk independently may be able to negotiate stairs in an emergency with minor assistance.*
 - Blindness or Visual Impairment: A person assisting an individual who is visually impaired should:
 - Give verbal instructions about the safest route or direction using directional terms and estimated distances.
 - Ask if assistance is needed. If so, offer your elbow and provide guidance through the evacuation route. This may be especially helpful when navigating debris or a crowd. (Never grasp the arm of a person you are assisting)
 - While escorting a person out of the building, explain along the way where you are going and what you are doing.
 - Deafness, Hearing Loss, Language Difficulty. If a person appears to be unaware of the need for immediate evacuation, use the following guidelines:
 - Get their attention by touch or eye contact. State the problem clearly and simply, including the need to evacuate. Gestures and pointing are helpful, but be prepared to write a brief statement if the person does not seem to understand.
 - Offer visual instructions to designate the safest route or direction by pointing toward exits for evacuation maps.
 - Offer to escort them from the building.
- Posted evacuation maps are required throughout the facility.
 - Evacuation maps must show two unobstructed evacuation routes for each area of the facility.
- The senior staff member is responsible for either collecting, or delegating the collection of, the emergency contact information on each client.
- Emergency Contact Information is in each client file.
 - The senior staff member or (Program Clinical Director) is responsible for collecting program items such as keys, cell phone, and walkie talkies (as applicable).
- Staff not evacuating people should:

- Close all windows and doors before leaving the building.
- Turn off electrical equipment.
- The senior staff member or Program Coordinator will carefully sweep the center to ensure everyone has been evacuated.
- The ASSEMBLY AREA IS LOCATED in the right-side lawn area when facing the main entrance of the building.
- Begin taking a census once the facility has been evacuated. Census includes clients, visitors, vendors, and employees. Use the Sign-In Sheet, Visitor's Log, and schedules to account for staff and visitors.
 - If someone is missing, do NOT re-enter the building. The Incident Commander will communicate to the fire department any information pertaining to missing people.
- Only re-enter the building when the alarm is silenced, and employees are notified by a representative from the Fire Department, maintenance, or senior staff that it is safe to re-enter the building.
- In the event the building cannot be occupied for safety reasons, the Clinical Director and/or highest-level administrator on duty will coordinate with the Executive Director to make all decisions.

In the event that the building needs to be evacuated during inclement weather, the following precautions need to be taken:

- Hat, gloves or mittens, and coats need to be taken during cold/snowy conditions.

Medication

- In the event of an evacuation, the Incident Commander or senior staff member is responsible for taking the clients' medications, located in the medicine closet.

SHELTER-IN-PLACE

Shelter-in-place means staying *inside the building*. Local authorities issue orders for shelter-in-place. No one may leave the building until there is official notification that the shelter-in-place has been lifted.

Conditions that warrant sheltering-in-place include but are not limited to extreme weather/cold, outside air quality concerns, community chemical spill, terrorist attack, nuclear disaster.

- If there are customers, or visitors in the building, provide for their safety by asking them to stay – not leave. Do not drive or walk outdoors.
- If time permits, employees, customers, clients, and visitors may call their emergency contact to let them know where they are and that they are safe.
- Turn on call-forwarding or alternative telephone answering systems or services. If the business has voice mail or an automated attendant, change the recording to indicate that the business is closed, and that staff and visitors are remaining in the building until authorities advise that the Shelter-In-Place is no longer in effect.
- Quickly lock exterior doors, close windows, and shut air vents as well as fireplace dampers. Have employees familiar with the building's mechanical systems turn off all fans, heating and air

conditioning systems, and clothes dryers. Some systems automatically provide for the exchange of inside air with outside air. These systems need to be turned off, sealed, or disabled.

- There is an "Emergency" box located on shelving adjacent to the commercial laundry area. The box will contain directions for sealing windows and doors. The box also contains duct tape, scissors, and rolls of plastic. An emergency radio is in the emergency box. The Clinical Director will assign a staff member to secure all windows and doors. While this is being done, a staff member will be assigned to help the clients move to the dining area, or other designated area, depending on the situation.
- Gather essential disaster supplies, such as nonperishable food, bottled water, hygienic supplies, first aid and blood-spill supplies, communication devices (i.e., cell phone, walkie talkie), battery-powered radios, flashlights, batteries, duct tape, plastic sheeting, and plastic garbage bags.
- The staff and clients will gather in the dining room)
 - The selected interior room should be above the ground floor with the fewest windows or vents. The room should have adequate space for everyone to be able to sit. Avoid overcrowding by selecting several rooms if necessary. Large storage closets, utility rooms, pantries, copy and conference rooms without exterior windows will work well. Avoid selecting a room with mechanical equipment like ventilation blowers or pipes, because this equipment may not be able to be sealed from the outdoors.
- Take a census of all clients, visitors, and employees once everyone has gathered.
- If vapors begin to bother individuals, hold wet clothes over their nose and mouth.
- If you are told that there is danger of explosion, close the window shades, blinds, or curtains.
- For a higher degree of protection, go into the bathrooms, close the door, and turn on the shower in a strong spray to "wash" the air.
- Staff will be permitted to phone their families.
- It is ideal to have a hard-wired telephone in the room(s) you select. Call emergency contacts and have the phone available if you need to report a life-threatening condition. Cellular telephone equipment may be overwhelmed or damaged during an emergency.
- The Incident Commander is responsible for notifying everyone when sheltering in place can end or when offsite sheltering is needed.

Note: In many instances it would be a serious risk for anyone to travel during a terrorist event. Staff would be putting themselves at risk and should have a plan to cover what they and their families would do in the event of an act of terrorism.

Communication

- The Clinical Director will contact the Executive Director and update him/her on the condition of the facility.
- The Clinical Director is responsible for listening to the radio and keeping the staff up to date on what is happening in the area.
- The Clinical Director/EXECUTIVE DIRECTORS/Executive Director/Assistant Director or Incident Commander are the only people authorized to release staff from duty.
- The Clinical Director will utilize the Emergency Call List if additional staff is needed at the facility.
 - If needed, the Executive Director will be contacted to assist in providing extra staffing support.

- The Clinical Director or Program Director will assign staff members to phone the families of the clients.
- The Clinical Director and Program Director need to be sure the portable phone is always charging.
- In the event that there is no portable phone service, individual cell phones may be used to communicate.

Programming

- Each facility must have plans in place for indoor activities for the clients.

OFF-SITE SHELTERING

In the event the building cannot be occupied for safety reasons, the Clinical Director and Incident Commander will finalize plans. As soon as practically possible, the Executive Director should notify DHHS that an evacuation is taking place.

- Offsite sheltering plan for clients (if sending them home is the plan, please indicate): Utilize facility vehicles to transport clients to the relocation site. Otherwise, clients are sent home or to a homeless shelter. Staff may use personal vehicles to help with transporting the clients, as needed for overflow.
- Offsite sheltering plan for employees (if sending them home is the plan, please indicate): Non-essential employees should return home. Essential employees will provide transportation to the relocation site.
 - Bring all clients to the location at Court Street. If additional space is needed, remaining clients can be brought to the location on Roxbury Street.
- Is there any special licensing agreement or documentation that goes along with the relocation site (such as if the relocation site is licensed as a treatment center)? No
 - If yes, is the required documentation completed? N/A
- The Clinical Director or Incident Commander will be responsible for transporting the client's information from the facility to the alternate location.
 - Emergency information
 - Census sheet/attendance books
 - Staff sign-in log
- Procedure for notifying clients, visitors, employees, vendors, etc. that the site is closed:
 - Change the voicemail, put signs on the main entrances, and call any clients scheduled to come in.
 - The Program Director will give designated staff the responsibility of calling each client's family/guardian (because clients are adults, they will have the option to call & notify their own family).
 - Emergency supplies and documentation to take to the offsite sheltering:
 - Medication
 - Client files

- Census
 - Procedure for taking census of clients and employees:
 - Utilize the current census sheet for residents.
 - Use Sign In log for visitors.
 - Use a schedule for employees.
 - Staff will be transported via Live Free Recovery Services van(s) and/or Live Free Recovery Services Staff's vehicles from the facility to the relocation site.
 - Routes to offsite shelter with comments on travel restrictions (more than one route recommended):
- The Clinical Director will personally check the file of each client and refer to the contact referral form to ensure that the person picking up the client has the authority to do so. All ID's will need to be checked by the Clinical Director/Program Director before allowing a client to leave the facility.

CHEMICAL ACCIDENTS

- Refer to Material Safety Data Sheet (MSDS) for the proper clean up procedure. Data sheet binders are in the Front Office in Binder Labeled MSDS and on the Google Docs Shared Folder called "MSDS".
- The poison control number is 1-800-222-1222.
- Refer to the Shelter in Place if a community-wide toxic material release occurs and you cannot leave the facility.

GAS LEAKS

If gas odors are strongly detected inside or outside of a building, and/or if the odors are accompanied by hissing sounds, then an immediate emergency exists.

Procedure

- If you detect strong natural gas odors in an outdoor location, immediately proceed to the nearest non-affected area, call 911, and contact the Clinical Director. Alert any passers-by to stay clear of the affected area.
- If you detect strong natural gas odors inside a building and cannot determine the source, immediately vacate the room/space, close any doors behind you, and initiate a building evacuation by manually engaging the nearest fire alarm pull station.
- Proceed to your designated meeting place on the lawn to the right of the main entrance.
- Emergency shut off: Is inside the cover of the tank.
- Staff will follow the Evacuation procedures outlined in the Emergency Action Plan.
- No one is permitted to re-enter an area suspected of a gas leak unless told to do so by local authorities and a senior staff member.

POWER FAILURE

- Procedure for power failure: Back up power from the county jail grid
 - Notify the electric company: EVERSOURCE 866-554-6025
 - Emergency lighting will come on automatically.
 - If the power outage seems widespread, listen to the radio for general instructions for the community.
 - If water needs to be conserved due to the outage, limit the use of faucet water and flush toilets sparingly.
 - If the power outage is temporary (a few hours) normal operations of the facility will be maintained as much as possible.
- Procedure for water use during power failure (as applicable):
 - Water use is not restricted. Hot water will be limited to that on hand at the time of the failure.
- Procedure for heat during power failure (i.e., prevent pipes from freezing):

- Extended power outage and a temperature below 45 degrees will require evacuation. The Clinical Director will make arrangements with contractors to prevent damage by draining the plumbing or using a backup power system and heat tapes.
- Procedure for food in cold storage during a power failure:
 - Refrigeration is maintained by the backup power system; however, it is still prudent to:
 - Restrict access to cold storage.
 - Monitor the temperature.
- Live Free Recovery Services staff and/or vendor to notify when there is an extended power failure:
 - Executive Director, Clinical Director
 - Power Service of New Hampshire: EVERSOURCE 866-554-6025
- Does the facility have the use of a backup power system for power failures? The facility is tied into the power grid for the County Jail.
- Who makes the decision if the facility needs to be evacuated due to power failure? Incident Commander in conjunction with the Clinical Director.
- If the facility needs to be evacuated, follow the evacuation and/or offsite sheltering procedures.
- In the case of an electrical storm, clients should be removed from window areas.
 - Electrical appliances should be unplugged.

LOSS OF HEAT

- Procedure for loss of heat to the facility:
 - Any staff noticing heat loss is responsible for notifying the appropriate maintenance staff or administrator/Clinical Director. That person is then responsible for contacting the heating vendor as needed.
- Live Free Recovery Services staff and/or vendor to notify when there is a loss of heat.
- Follow the evacuation procedure if the temperature falls below 45 degrees.
- Procedure for notifying employees, clients, visitors, etc. that there is loss/contamination of water. Program Clinical Director will announce:
- Who makes the decision if the facility needs to be evacuated due to loss of heat? Clinical Director or Incident Commander.
- If the facility needs to be evacuated, follow the evacuation and/or offsite sheltering procedures.

LOSS/CONTAMINATION OF WATER

- Procedure for loss/contamination of water to the facility:
- Any staff noticing a loss of water or water contamination is responsible for notifying the appropriate staff or Clinical Director. The staff or Clinical Director is then responsible for attempting to locate the source of the problem and determining if it is confined to the facility or is neighborhood wide. If the problem is internal, then a plumber is to be notified. If the problem is external, the Keene Water Department is to be contacted at 603-352-0133. If water pressure is lost for more than four hours, the Fire Department must be notified, and a fire watch instituted for the duration of the event.
- In the event of water contamination, the senior staff member, or designated person will:

- Contact the local Health Department. (603) 357-3510. If the Health Department cannot be reached, listen to the local TV or radio for details on the procedure to follow.
- Advise staff to closely supervise individuals and ensure that no one drinks the water.
- Determine the expected duration of the contamination and the procedure for making the water safe for use. Advise the program managers of the anticipated duration of water loss or contamination.
- Assess the water supply for the facility and need to ration available water.
- Determine the ability to maintain individuals at the location.
- If deemed necessary, instruct staff to purchase bottled water or obtain water as advised by the Health Department for drinking, washing and brushing teeth.
- Prevent usage and access to tap locations. Utilize only factory-sealed water or water stored specifically for emergencies.
- Live Free Recovery Services staff and/or vendor to notify when there is loss/contamination of water (i.e., water authority): Clinical Director.
- Who makes the decision if the facility needs to be evacuated due to loss/contamination of water? Clinical Director in conjunction with the EXECUTIVE DIRECTOR
- If the facility needs to be evacuated, follow the evacuation and/or offsite sheltering procedures.

OPERATIONAL DISTURBANCE

An operational disturbance is when an emergency causes normal operations to shut down.

- Who makes the decision to close the facility? Executive Director in conjunction with the Clinical Director
- Procedure for notifying clients, visitors, employees, and vendors of the facility closing:
 - Change the answering machine message.
 - Utilize the phone tree to notify employees.
 - Post a notice at the building's entrances.
- Procedure for accounting for the building's occupants when it is closed:
 - Utilize the census for residents.
 - Utilize the Sign-In sheet for visitors.
 - Utilize the schedule for employees.
- Procedure for dealing with an operational disturbance:
 - Check for any structural damage (once the building has been cleared to enter).
 - Take photos of any damage.
 - Report any damage to the insurance company.
 - Document damage in an incident report.
 - Check for downed or damaged utilities and report any to the proper authorities.
 - The Executive Director will make the decision on when operations can be moved back into the facility.
 - Facility shut – offs (water, gas, electricity, other): Who is responsible for shut-offs?
Program Clinical Director
- Key operations that need to continue for the facility/program to regain normal operations:
- Procedure for assessing and reporting utility issues:
 - Keene Water Department 603-352-6550

- Contact Eversource (866) 554-6025
- Who makes the decision to reopen the facility? Executive Director in conjunction with the Clinical Director
- Procedure for notifying employees and clients of the facility's reopening?
 - Phone tree to notify staff.
 - Change voicemail message.
 - Remove signs from doors.
 - Call clients

LOCKDOWN

Conditions that warrant lockdown include, but are not limited to violent intruder, hostage, civil disturbance.

- Procedure for full lockdown (i.e., 911 notification): Clinical Director, Incident Commander, Senior staff, or designee
- Procedure for partial lockdown (those not in lockdown area evacuate):
- Evacuate as for a fire. Staff outside of the lockdown area may be instructed to go home, clients outside of the lockdown area will be managed per Executive Director or designee.
- What doors get locked during a lockdown?
 - All exterior doors
- Procedure for accounting for building occupants when it is in lockdown (i.e., census):
 - Reconcile Census, Sign-In/Out sheets, employee schedules, Visitors' Log.
- Who makes the decision to discontinue the lockdown? Executive Director, Clinical Director, or other senior staff in conjunction with the authorities

PANDEMIC

Level 1 Plan – Standard Influenzas

- Maintain strict infection control practices, including good hand washing, disinfecting, disposing of waste materials, collecting, and laundering items.
- Encourage flu vaccination for both employees and children where appropriate.
- Maintain disaster supplies.

Level 2 Plan – Influenza Pandemic Confirmed

- Continue activities initiated in the previous phase.
- Isolate and/or group clients with influenza.
- All clients and staff to immediately begin to wear masks in all common areas
- Refer to the most current Center for Disease Control (CDC) or Dept. of Health and Human Services (DHHS) guidelines at <http://www.cdc.gov/flu> and <http://www.dhhs.nh.gov>.
- Arrange coverage for staff shortages.

Isolation & Quarantine

Isolation and quarantine are optimally performed on a voluntary basis. Different levels of government have the legal authority to mandate isolation and quarantine to protect the public's health. At the State

of NH level, the Commissioner of DHHS has the authority to mandate involuntary quarantine and isolation.

A variety of quarantine strategies that may affect employees and their ability to work are:

- Restrictions on mass transit
- Restrictions on access routes
- Use of monitoring checkpoints, curfews, travel permits, health certificates to minimize movement into or out of quarantined areas.
- Consideration should be given to quarantine of contacts with high-risk exposures, even in the absence of symptoms.

Isolation of Individuals with Influenza

Minimizing the transmission of influenza requires limiting interactions between influenza cases and others. Individuals with influenza should be placed in a room with others who have suspected or confirmed influenza. When a private room is not available, or grouping is not possible, spatial separation of at least 6 feet should be maintained between the infected person and others. Doors may remain open, as appropriate.

Minimize the number of staff who have contact with infected residents by assigning all influenza residents to a small group of staff who have been vaccinated and/or are taking antiviral medications for prophylaxis (if medications are available and appropriate).

Interactions between clients with influenza and other residents should be minimized. Persons at risk of serious influenza complications (those with underlying medical conditions) should not interact with the infected person.

- Who makes the decision if the facility needs to be closed due to pandemic? Clinical Director in conjunction with the EXECUTIVE DIRECTOR

HURRICANE/TORNADO/SEVERE WEATHER

If the National Weather Service issues a hurricane, tornado, or severe weather warning, contact your supervisor/Clinical Director/Incident Commander for instructions.

- Monitor the radio or TV for updates/conditions.
- Gather your emergency supplies.
- Stay indoors until the National Weather Service declares the storm is over.
- Stay away from all windows and exterior doors – seek shelter in the basement or bathroom.
 - Go to the innermost part of the building on the lowest possible floor.
- Do not use elevators.
- Protect your head with your arms and crouch down on the floor.

If programs close (and there is time to prepare):

- Notify clients that the program is closing and make arrangements for the pick-up or drop off of the client.

- Take clients home with you or take them to the local shelter.

If you are ordered to evacuate:

- Follow the designated evacuation routes for your area. Floor Plan/Exits

If you are on the road during a tornado:

- Get out of your car.
- Avoid areas with a lot of trees.
- Lie down flat in a gully, ditch, or low spot on the ground.
- Protect your head with an object or with your arms.

EMERGENCY SUPPLIES

Water Supplies

In an emergency, having a supply of clean drinking water is a top priority.

- Store at least a three-day supply of water for each person.
- One gallon (16 cups, 128 ounces) per person for consumption and 3 gallons (48 cups, 384 ounces) per person for hygiene.
- How many people in the facility does the water supply need to support? 26
- Store in a cool, dark place.
- An emergency water supply is located on shelving adjacent to the commercial laundry area.
- Store in original, factory-sealed containers. Alternatively, food-grade quality containers made for storing water may be used. These must be thoroughly washed, sanitized, and rinsed. If the water is from a tap, it may need to be treated before being stored.
- Change stored water every 6 months.
- Who is responsible for keeping the water supply updated? Program Clinical Director
- If a disaster happens without a stored supply of clean water and if any of the following are safe, use water in:
 - Hot water tank
 - Pipes and faucets
 - Ice cubes
 - Rainwater

DO NOT drink:

- Flood water
- Water with floating material, an odor, or dark color

Food Supplies

Kitchen/Pantry will contain a supply of food consisting of a standard one-week supply of dry goods, canned goods, and perishable items.

- The Kitchen Supervisor/Chef is responsible for food distribution.
- Live Free Recovery Services' kitchen and pantry have a regularly replenished, one-week stock of both perishables and canned/sealed foods such as cereal, vegetables, snacks, dried fruits, grains etc.

The food supply needs to be kept updated.

- Who is responsible for keeping the food supply updated? Chef (food supply at Live Free Recovery Services is regularly replenished stock)
- How many people in the facility does the food supply need to support? 26; Enough to ensure a 3-day supply of food for all staff and clients at any given time.

A suggested food supply may contain the following items (there will be special dietary needs sheet with the supplies):

- sealed jars of protein such as peanut butter- 2 jars, 2 cases of individual sized servings
- sealed jars of jelly- 2 jars, 2 cases of individual sized servings
- cases of prepared foods (Spaghetti O's, beef stew, tuna)- 10 cases
- cases of canned fruit and/or vegetables- 3 cases
- cases of dry cereal- 10 cases
- cases of canned juice (juice boxes)- powdered mix with water- 2 cases
- cases of snack items (granola bars, raisins)- 5 cases
- cases crackers/chips- 4 cases

General Supplies

Kitchen/Pantry will contain a supply of food consisting of a standard one-week supply of dry goods, canned goods, and perishable items.

The following areas will contain a supply of general supplies consisting of the following items:

Kitchen

- Can opener
- Paper goods (plastic utensils, napkins, paper plates)
- Toilet paper and other hygienic supplies
- Garbage bags
- Cleaning supplies

Office

- Medical: Client medications, first aid supplies, blood spill supplies, personal protective equipment (i.e., disposable gloves), "Go Kit" with proper documentation (as applicable)
- Safety: flashlights, batteries, duct tape, plastic sheeting, extra blankets, etc.
- Communication: cell phone, walkie talkie, portable/chargeable radio with cell phone charger
- Documentation: Client records (DOB, contact information, allergies, etc.), insurance company information
- Keys

General emergency supplies need to be kept updated (i.e., batteries).

- Who is responsible for keeping the general emergency supplies updated? Program Manager
- How many people in the facility do the general emergency supplies need to support? 26

CASUALTIES

Casualties

In the event that there are any casualties, emergency services will be called immediately, staff will isolate the area and move the rest of clients to a safe location.

COMMUNITY EMERGENCIES

What resources could your facility/program provide if there is an emergency in the community and your location is fully operational (shelter, supplies, power, etc.)?

- Live Free Recovery Services would be able to provide immediate, short-term shelter for twenty (16) people. This sheltering would only provide protection from the elements, restrooms, and the most basic of foodstuffs. Live Free Recovery Services does not have additional availability for overnight sheltering.



LIVE FREE
RECOVERY SERVICES

Staff Training

All licensed staff are required to follow the NH Board of Licensed Professional guidelines for obtaining CEU's and maintaining their license.

Staff are required to bring in their updated license when renewal occurs.



The following are the Good Neighbor policy for clients entering our program and also a Good Neighbor policy to share with the immediate neighbors and community



Good neighbor policy!

ADDRESSING NEIGHBOR CONCERNS POLICY

It is crucial to the long-term success of any person in recovering to adopt new skills when dealing with difficult people, especially those who may not understand recovery. One of the most important parts of being in our recovery homes, is adopting certain pro-neighbor attitudes and behaviors – along the lines of, “love thy neighbor as thyself.” even if those same behaviors and attitudes are not returned. Live Free Recovery Services takes our Good Neighbor Policy profoundly serious in part to combat NIMBY (not in my back yard). We can show our neighbors that we are assets to the community. We are not “drug houses” or “trap houses”, but rather look at us as good neighbors, and contributing members to society.

Below, lists the code of conduct you agree to BEFORE moving forward in our program. If this is not something you’re comfortable with, please let us know.

1. You represent yourself in such a manner of excellence and humility. Be proud where you are, but humble in your attitude toward others. Not everyone appreciates the steps you’ve taken or obstacles you’ve overcome to get here.
2. You represent the Live Free Family. Even though you will successfully transition on, we plan to be here to continue our mission, for generations. Think and act beyond yourself.
3. You represent people in recovery everywhere. The stigma of addiction remains, despite decades of public education. Although community members support your recovery, people still struggle with a sober living facility being in their neighborhood.
4. Demonstrate the strength and character it takes to change for the better. Our goal is to show, through our actions, we are good people with a bad illness, and that we deserve a chance, not judgement.
5. Do not travel in groups larger than 3-4 people while walking locally.
6. Be aware of the space you take up, give up space to others on the sidewalk, hallways, etc. Volunteer to be of help in any way you can. Look for ways to chip in, whether at home or out in public.
7. Keep your voices lowered and be aware of subject matter. This is just as important on the deck and smoking area, which should NOT be in the front of the home.
8. At meetings –silence phones, pay attention, learn from the people who have long-term sobriety.
9. Use “Please” and “Thank you”. Listen.
10. If a neighbor confronts you, please do not engage or give them a reason to call the police.

By signing below, you are agreeing to the above code of conduct while living in our recovery home

PROGRAM PARTICIPANT SIGNATURE:(Required)_____



Live Free Recovery Services endeavors to be a good neighbor and an upstanding member of each community we serve. We apply our decades of experience to develop intentional policies that ensure we meet these goals and create positive relationships with all our community friends and partners. We understand you, as our neighbors and members of the community, may have concerns about our presence. We're more than happy to answer any questions you may have about our treatment homes, the clients we serve, and the role we play in helping clients and their families. We follow all state and city regulations, planning, and zoning laws. This also allows us to be the best neighbors possible, which means – unless you need us – that we strive to be *invisible neighbors*.

Professional Staff

The safety of our clients and our neighbors is paramount. Clients receiving treatment at Live Free Recovery Services are supervised 24/7/365 by our team of highly qualified professionals. We utilize strict line-of-sight policies, state-of-the-art monitoring technology, and maintain a high staff-to-client ratio. By keeping our clients safe, we keep our neighbors safe.

Who We Treat

We help adults over the age of 18, diagnosed with substance use and mental health disorders. Our admissions team, completes a thorough review of their history, including all hospital, and psychiatric records and relevant documentation. This review allows us to verify that each resident is appropriate for an unlocked environment and do not present a danger to other clients, staff, or the community. Our clients choose Live Free Recovery Services because of our treatment record, our dedication to safety we prioritize in everything we do. *We do not accept clients with a history of violent behavior.*

Our skills-based programming focuses on mindfulness, effective communication, and distress tolerance. We teach our clients practical ways to manage stress and regulate their emotions.

Noise, Activity, and the Condition of Our Homes

Our staff is committed to maintaining a safe and tranquil environment that helps people heal, reconnect with their true selves, rediscover their passions, and develop practical skills that promote long-term recovery.

We enforce a strict no weapons, no alcohol, and no drugs policy.

You won't hear loud music and we don't host late-night parties. Our program schedules provide daily structure, consisting of therapeutic groups such as yoga, mindful cooking, and art therapy. We include education and fitness-related activities as well. Our clients do not have excess free time. The recreation time they do have is supervised and typically involves playing cards, board games, journaling, exercising, or doing arts and crafts. We

meet and exceed all safety standards required for a typical residential treatment home. We maintain our property to the standards set by each community. **Surveillance cameras monitor our properties 24 hours a day, seven days a week, for the security of our clients and neighbors.** We respond immediately to any concerns. We care about our neighbors and instruct our staff to be respectful, mindful, and courteous at all times.

We embrace the adage *a good neighbor is an invisible neighbor.*

Parking and Traffic

Our homes have ample parking for daily staff. Our core professional staff is on-site 24/7 on a standard three-shift schedule. This means our staff commuting times do not overlap with typical commuting hours.

We do meaningful, important work with our clients and their families. By being good neighbors in safe and quiet neighborhoods, we make it possible for clients to get the help they need in a comfortable home environment conducive to growth and recovery.

We welcome any questions, comments, or concerns you have. We are completely transparent about who we are and what we do. If you want to know more, please email us at info@livefreerecoverynh.com. The Live Free Recovery Services Executive Leadership Team reads and responds to every email we receive.

We invite neighbors and community members to meet our local leadership team. We welcome anyone to take a tour and see our homes and grounds. We provide contact information to the facility for day-to-day questions or concerns. We welcome your interest and are happy to address any questions you have. We look forward to participating in local homeowners associations, security patrols, and other good neighbor activities specific to each location.

Please feel free to email at info@livefreerecoverynh.com

Or call our 877-932-6757 admissions line which is answered 24/7



LIVE FREE
RECOVERY SERVICES

The following property checklist is used every other week to walk through the property and identify any areas of concern

Items are replaced as needed

Property maintenance is scheduled as needed

PHP HOUSE PROPERTY INSPECTION CHECKLIST

RATINGS:

S - Satisfactory; **NC** - Needs Cleaning; **NSC** - Needs Spot Cleaning; **NP** - Needs Painting; **NSP** - Needs Spot Painting; **SC** - Scratched; **NR** - Needs Repair; **RP** - Needs Replacing; **NA** - Not Applicable

General		Condition Rating	Remarks
<input type="checkbox"/>	Doors		
<input type="checkbox"/>	Windows		
<input type="checkbox"/>	Screens		
<input type="checkbox"/>	Blinds or shades		
<input type="checkbox"/>	Locks		
<input type="checkbox"/>	Walls		
<input type="checkbox"/>	Ceilings		
<input type="checkbox"/>	Baseboards		
<input type="checkbox"/>	Hallways		
<input type="checkbox"/>	Stairs		
<input type="checkbox"/>			
<input type="checkbox"/>			
Bedroom 1		Condition Rating	Remarks
<input type="checkbox"/>	Dressers (Drawers Slide?)		
<input type="checkbox"/>	Beds		
<input type="checkbox"/>	Blinds		
<input type="checkbox"/>	Floors		
<input type="checkbox"/>	Lamps		
Bedroom 2		Condition Rating	Remarks
<input type="checkbox"/>	Dressers (Drawers Slide?)		
<input type="checkbox"/>	Beds		
<input type="checkbox"/>	Blinds		
<input type="checkbox"/>	Floors		
<input type="checkbox"/>	Lamps		
Bedroom 3		Condition Rating	Remarks
<input type="checkbox"/>	Dressers (Drawers Slide?)		

	Beds		
	Blinds		
	Floors		
	Lamps		
Bedroom 4		Condition Rating	Remarks
	Dressers (Drawers Slide?)		
	Beds		
	Blinds		
	Floors		
	Lamps		
Bedroom 5		Condition Rating	Remarks
	Dressers (Drawers Slide?)		
	Beds		
	Blinds		
	Floors		
	Lamps		
Bedroom 6		Condition Rating	Remarks
	Dressers (Drawers Slide?)		
	Beds		
	Blinds		
	Floors		
	Lamps		
Bedroom 7		Condition Rating	Remarks
	Dressers (Drawers Slide?)		
	Beds		
	Blinds		
	Floors		
	Lamps		
Utilities and Safety		Condition Rating	Remarks
	Electric outlets		
	Lights		
	Switches		

Smoke detectors		
Fire extinguishers		
Security systems or alarms		

Bathroom 1	Condition Rating	Remarks
Toilets		
Showers		
Bathrubs		
Sinks		
Cabinets		
Mirrors		
Bathroom 2	Condition Rating	Remarks
Toilets		
Showers		
Bathrubs		
Sinks		
Cabinets		
Mirrors		
Bathroom 3	Condition Rating	Remarks
Toilets		
Showers		
Bathrubs		
Sinks		
Cabinets		
Mirrors		
Bathroom 4	Condition Rating	Remarks
Toilets		
Showers		
Bathrubs		
Sinks		
Cabinets		
Mirrors		
Bathroom 5	Condition Rating	Remarks

Toilets		
Showers		
Bathrubs		
Sinks		
Cabinets		
Mirrors		

Kitchen	Condition Rating	Remarks
Refrigerator		
Dishwasher		
Oven		
Stove		
Sinks		
Garbage disposal		
Cabinets and drawers		

EXTERIOR INSPECTION CHECKLIST

RATINGS:

S - Satisfactory; **NC** - Needs Cleaning; **NSC** - Needs Spot Cleaning; **NP** - Needs Painting; **NSP** - Needs Spot Painting; **SC** - Scratched; **NR** - Needs Repair; **RP** - Needs Replacing; **NA** - Not Applicable

General	Condition Rating	Remarks
Outdoor Lights		
Doors		
Windows		
Roof		
Siding		
Smoking Area		
Lawn		
Parking Lot		
Shed		

Page intentionally left blank



City of Keene, NH

Congregate Living & Social Services License Application

For Office Use Only:

Case No. _____
 Date Filled _____
 Rec'd By _____
 Page _____ of _____

If you have questions on how to complete this form, please call: (603) 352-5440 or email: communitydevelopment@keenenh.gov

SECTION 1: LICENSE TYPE

<input type="checkbox"/> Drug Treatment Center	<input type="checkbox"/> Group Home, Small	<input type="checkbox"/> Homeless Shelter
<input type="checkbox"/> Fraternity/Sorority	<input type="checkbox"/> Group Resource Center	<input type="checkbox"/> Lodginghouse
<input checked="" type="checkbox"/> Group Home, Large	<input type="checkbox"/> Residential Drug/Alcohol Treatment Facility	<input type="checkbox"/> Residential Care Facility

SECTION 2: CONTACT INFORMATION

I hereby certify that I am the owner, applicant, or the authorized agent of the owner of the property upon which this approval is sought and that all information provided by me is true under penalty of law. If applicant or authorized agent, a signed notification from the property owner is required.

OWNER	APPLICANT
NAME/COMPANY: 26 Water Street, LLC	NAME/COMPANY: Live Free Recovery Services, LLC
MAILING ADDRESS: 106 Roxbury St Keene, NH 03431	MAILING ADDRESS: 106 Roxbury St Keene NH 03431
PHONE: (603) 438-3276	PHONE: 877-932-6757
EMAIL: rgagne@livefreerecoverynh.com	EMAIL: info@livefreerecoverynh.com
SIGNATURE:	SIGNATURE:
PRINTED NAME:	PRINTED NAME: Ryan Gagne
AUTHORIZED AGENT (if different than Owner/Applicant)	OPERATOR / MANAGER (Point of 24-hour contact, if different than Owner/Applicant) <input type="checkbox"/> Same as owner
NAME/COMPANY:	NAME/COMPANY: Live Free Recovery Services, LLC
MAILING ADDRESS:	MAILING ADDRESS: 106 Roxbury St Keene, NH 03431
PHONE:	PHONE: (877) 932-6757
EMAIL:	EMAIL: info@livefreerecoverynh.com
SIGNATURE:	SIGNATURE:
PRINTED NAME:	PRINTED NAME: Jennifer Houston

SECTION 3: PROPERTY INFORMATION

PROPERTY ADDRESS:

26 Water Street

TAX MAP PARCEL NUMBER:

585-015-000-000

ZONING DISTRICT:

DT-T

LOCATION MAP:

Please attach

SECTION 4: APPLICATION AND LICENSE RENEWAL REQUIREMENTS

Using additional sheets if needed, briefly describe your responses to each criteria:

1. Description of the client population to be served, including a description of the services provided to the clients or residents of the facility and of any support or personal care services provided on or off site.

This property has 16 beds used for living accommodations. This property is staffed 24/7. Residents live here for 30-45 days. The population is males, over the age of 18, with substance use disorders.

This house provides peer support services, no treatment is done at this location

2. Description of the size and intensity of the facility, including information about; the number of occupants, including residents, clients staff, visitors, etc.; maximum number of beds or persons that may be served by the facility; hours of operations, size and scale of buildings or structures on the site; and size of outdoor areas associated with the use.

The number of residents is 16. There are 2 support managers who live on property. There are no services provided at this location, it is peer run.

There are no scheduled visitation hours.

3. For Congregate Living Uses, describe the average length of stay for residents/occupants of the facility.

Residents stay about a year in most cases

SUBMITAL CHECKLIST

A complete application must include the following items and submitted by one of the options below:

- **Email:** communitydevelopment@keenenh.gov, with "CLSS License Application" in the subject line
 - **Mail / Hand Deliver:**
 Community Development
 (4th Floor) Keene City Hall,
 3 Washington St, Keene, NH 03431

The submittal requirements for a Congregate Living & Social Services License application are outlined further in **Chapter 46, Article X** of the City of Keene Code of Ordinances.

Note: Additional information may be requested to complete the review of the application.

<input type="checkbox"/> PROPERTY OWNER: <i>Name, phone number and address</i>	<input type="checkbox"/> POINT OF 24 HOUR CONTACT: <i>Name, phone number, and address of person acting as the operator, if not owner</i> <p style="text-align: center;">Same as owner</p>
<input type="checkbox"/> REQUIRED DOCUMENTATION: <i>Provide all required state or federal licenses, permits and certifications</i>	<input type="checkbox"/> WRITTEN NARRATIVE: <i>Provide necessary information to the submittal requirements</i>
<input type="checkbox"/> PROPERTY INFORMATION: <i>Description of the property location including street address and tax map parcel number</i>	<input type="checkbox"/> APPLICABLE FEES: \$165.00 application <i>(checks made payable to City of Keene)</i>
<input type="checkbox"/> COMPLETED INSPECTION: <i>Inspection date: _____</i>	<input type="checkbox"/> SCHEDULED INSPECTION: <i>Inspection date: _____</i>

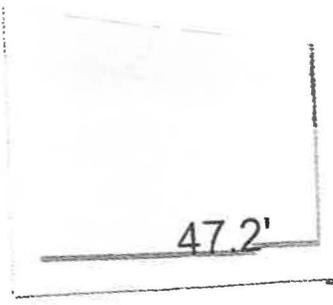
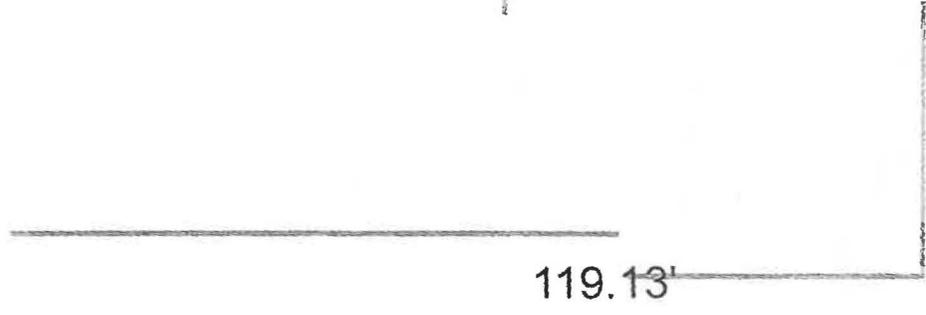
OPERATIONS AND MANAGEMENT PLAN:

Plan based on the industry standard "Best Management Practices" to include:

- ◇ Security Plan
- ◇ Life Safety Plan
- ◇ Staff Training and Procedures Plan
- ◇ Health and Safety Plan
- ◇ Emergency Response Plan
- ◇ Neighborhood Relations Plan
- ◇ Building and Site Maintenance Procedures

In addition, Homeless Shelters will need to provide:

- ◇ Rules of Conduct, Registration System and Screening Procedures
- ◇ Access Policies and Procedures



115.9'

15

0.24 AcC

116.5'



90'S



Security Plan

The property is equipped with a closed circuit surveillance system. Staff has the ability to rewind in the event any type of incident is reported.

The monitoring equipment is kept locked in the staff office.

All entrances and common areas are visible by the camera system.

There are lights outside all the entrances to keep it well lit

Lights are checked for safety to make sure that they are working and bulbs are working properly

All doors are locked at all times



Life Safety Plan

There are fire drill evacuation maps on each floor of the property in common areas.

Random fire drills are held monthly, staff fills out a report indicating number of residents, where everyone met, how long it took to get out of the building.

Monthly inspections are done to make sure that all hanging fire extinguishers are ready to be used in the event of an emergency.

Daily checks of smoke detectors are done to make sure that they are in the appropriate space, not removed, and are in working condition.

Inspections of the property by the local Fire Department and/or DHHS are scheduled and completed as needed on a yearly basis.



Staff Training and Procedures:

At 26 Water Street

No treatment services are provided

This is a house with peer recovery support

House leaders provide peer support as needed, they participate in an observed med pass, hold weekly accountability meetings, and administer urine drug screens and breathalyzer tests.

All medications are held in a locked cabinet behind a locked door that only the peer leaders have access to



Health and Safety Plan

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Employee Safety Handbook

I. Introduction

Welcome to Live Free Recovery Services. The skills and talents you bring to LFRS are vital to our mission of teaching, research and service to the region and state. One of the keys to accomplishing that mission is to ensure that we maintain a safe and healthy campus environment.

This Employee Safety Handbook is intended for LFRS employees, full time and part time, regular and temporary, and all other LFRS employment categories, i.e., student workers, etc. The Handbook has been developed to provide employees with answers to general questions concerning health and safety in the workplace. It is important, however, that you and your supervisor discuss site-specific safety policies and programs for your department. Your supervisor must inform you of the safety procedures and required training you will need to do your job.

Background

In an effort to improve the overall working environment and to provide, insofar as possible, every working person in the nation safe and healthful working conditions, the Federal Occupational Safety and Health Act of 1970 was enacted. This Act provided an opportunity for the various states to develop their own Occupational Safety and Health Programs.

Health and Safety Policy

Live Free Recovery Services strives to provide a safe and healthful working/learning environment for its clients and staff. LFRS strives to play a leadership role in its environmental stewardship, health protection, safety standards and in its compliance with applicable laws and regulations. The achievement of these goals is an objective for units at all levels of the organization.

Health and Safety Responsibilities

Good environmental health and safety practices are a responsibility of all LFRS employees. The participation and cooperation of each person is essential to a smooth and effective program.

Employees Responsibilities

Your responsibilities as an LFRS employee include:

- Following all health and safety rules and procedures;
- Reporting hazardous conditions to your supervisor;
- Wearing or using prescribed protective equipment;
- Reporting any job-related injury or illness to your supervisor and seeking

Employee Safety Handbook

- treatment promptly; and
- Refraining from the operation of any equipment without both proper instructions and authorization.

Supervisor's Responsibilities

Each supervisor is responsible for providing a working environment free from recognized health and safety hazards. Specific safety responsibilities of supervisors include:

- Informing new employees of their health and safety responsibilities, procedures, rules and regulations;
- Assuring that required equipment and personal protective devices are provided, maintained, and used;
- Taking prompt action when unsafe acts or conditions are reported or noted;
- Providing for health and safety training and education on a continuing basis;
- Investigating and reporting all on-the-job accidents promptly and requesting medical treatment if necessary;
- Investigating and reporting all job-related health or safety problems promptly;
- Coordinating or conducting internal inspections to assure safe and healthful working conditions;
- Requesting the assistance of the next higher level of supervision regarding budget requests for any health and safety improvements needed; and

Leadership Team

The Leadership Team is responsible for development, oversight, and management of environmental health and safety programs that protect the environment, provide safe and healthy conditions for work and study, and comply with applicable laws and regulations. Health and Safety provides educational programs, technical assistance, and health and safety services to the employee and client community. The office also functions as a consultant to deans, directors, and heads of academic and administrative units, other staff members,

Employee Safety Handbook

and clients in all areas of environmental health and safety.

Safety Committee

The Safety Committee is responsible for:

- Recommending policies and programs to ensure a safe environment for clients and staff.
- Safety;
- Monitoring the building to ensure that all safety policies, procedures, and facilities are in compliance with applicable, state, and/or local code requirements;
- Reviewing, evaluating, and recommending for approval Emergency Preparedness plans.

II. Safety Practices

Communication of Hazards in the Workplace

Staff and clients must be informed of any recognized hazards in their facility. It is the responsibility of supervisors to provide adequate health and safety orientation related to standard operating procedures, hazards, and personal protective equipment. You should receive this orientation prior to working in the area.

Please make sure you understand all information presented at the orientation. If you have any language barriers, please explain these to your supervisor. Your supervisor must ensure that all applicable policies affecting your work place is readily available.

Personal Protective Equipment (PPE)

Staff maybe required to wear P P E . The following is a general guide for selecting what may be necessary. Additional information may be found in the LFRS Personal Protective Equipment Program.

Employee Safety Handbook

Eye and Face Protection

Proper eye protection reduces your chances of injuring and reduces the security of injuring if an accident does occur. Most workers who have had eye injuries were not wearing eye protection at the time.

All eye and face protective equipment must comply with the American National Standards Institute (ANSI) guidelines and be marked directly on the piece of equipment. Protective eye wear includes safety glasses, goggles and face shields.

Operations listed below are a few examples where eye and face protection may be required:

- Handling cleaning supplies
- Woodworking, i.e., sawing, drilling, sanding, etc.
- Handling solvents.
- High pressure washing.
- Handling human tissue, blood, or other bodily fluids.

Chemical hazards – To protect the eyes and face from splash when handling bodily fluids, using or dispensing corrosive liquids, non-vented chemical goggles or safety glasses with side shields and full-face shield offer the best protection. Safety glasses are the minimum protection recommended of all operations involving hazardous chemicals.

Physical hazards – When using high-pressure cleaning or spray equipment, safety glasses with side shields and full-face shields are the recommended PPE.

Those work activities that produce chips or dust—such as grinding/drilling, power fastening, or power tools—require safety glasses with side shields as a minimum protection level and in some instances may also require the use of a full-face shield.

When doing acetylene oxygen torch soldering, brazing, or cutting, appropriately tinted safety glasses with side shields or tinted goggles are the appropriate PPE.

Hand/Arm and body Protection

Almost 75% of workers who suffered hand injuries were not wearing gloves. Although no glove will offer you total protection from every hazard, wearing the correct glove will help you prevent hand injury. Make sure the glove(s) you use in your work area are designed

Employee Safety Handbook

to protect against the particular hazard(s) that have been identified.

The following are general guidelines in selecting and using gloves:

- Use metal mesh or cut resistant gloves to prevent cuts from broken glassware, knives or sharp other objects.
- Use leather gloves for mechanical or where repetitive motions are involved to prevent blisters, calluses, and abrasions. Leather gloves also protect against rough surfaces, sparks, and moderate heat.
- Use cotton or other fabric gloves to protect against dirt and dust, or to better grasp slippery objects.
- Use rubber, neoprene, vinyl, or nitrile gloves to protect against chemicals.
- Workers who are sensitive to natural rubber latex should avoid direct contact with latex gloves and other rubber products.
- Check gloves before wearing to make sure they're not cracked, torn, or damaged in any way.
- Make sure gloves fit properly. They should cover your hands completely and be comfortable enough for you to perform your job.
- Take care to avoid contamination—don't let your bare skin touch contaminated gloves.
- Dispose of single-use gloves in the proper containers.

When using hazardous chemicals, specialized gloves offering protection for specific chemical families, a laboratory coat, and at times a splash apron are the appropriate PPE.

Insulated gloves and arm sleeve covers are recommended when handling hot or cold materials.

Head and Foot Protection

Occasions may develop during the work day or job duty when the use of a hard hat or other head protection and foot protection is necessary. All hard hats or safety shoes must meet the requirements for protection outlined by the American National Standards Institute (ANSI).

Employee Safety Handbook Documentation

Supervisors are responsible for maintaining written copies of safety programs and employee training documentation. This documentation is a requirement of most regulatory standards. Regulatory agencies may ask to see these documents during an inspection.

Training

You may be required to attend in-house training sessions on such topics as bloodborne pathogens, hazard communication, hazardous waste, asbestos awareness, or laboratory safety. Supervisors of affected employees should exercise a measure of accommodation for those needing training. A checklist to help you understand which LFRS Health and Safety programs apply to you may be found on page 9.

In some cases, supervisors may conduct specialized training sessions (e.g., safety procedures for using powered equipment). Supervisors can contact the Health & Safety Office for information or assistance in preparing training materials.

Training should be provided:

- When an employee is hired, when an employee is given a new work assignment for which training has not previously been given; and
- When a new hazard (chemical or physical) is introduced into the workplace.

At a minimum, health and safety training for employees must include:

- Recognition of health and safety hazards;
- General and job-specific health and safety practices; and
- State regulations and LFRS health and safety policies applicable to the job.

General Safety Rules

- All classrooms, laboratories, offices, shops, storerooms, and passageways will be kept orderly and free from unnecessary debris.
- Floors will be cleaned and waxed in such a manner as to keep slipping hazards to a minimum.
- Flammable liquids will not be used to clean floors, clothing or equipment.
- Trash containers in offices, laboratories, shops and other work areas will be emptied each working day, preferably at the end of normal working hours, or thereafter.
- Furnace, mechanical, and air handling rooms will not be used as storage areas.

Employee Safety Handbook

- Worktables, stools, benches, tools and equipment will be maintained in good repair.
- Electrical and mechanical equipment will have moving parts adequately guarded.
- All electrical equipment will be properly grounded.
- Appropriate personal protective equipment and/or clothing will be worn in all areas and/or during operations requiring such use.
- Unauthorized persons will not tamper with electrical fuse boxes, alter existing wiring, or install new electrical wiring.
- Electrical cords will be maintained in good condition.
- Extension cords must be the type that contain a built-in overload circuit breaker, they must not be extended and used outside the room in which the fixture outlet is located, and must not be located in such a manner as to create a tripping hazard. Where cords must be placed across paths of travel, cord covers must be used.

Emergency Preparedness Procedures

The establishment of well thought out emergency plans is one of the cornerstones of an effective safety program. Evaluating potential emergency situations, developing emergency procedures, and conducting practice exercises can help save lives. Detailed instruction regarding emergency procedures may be found in the LFRS Emergency Preparedness Plan.

An LFRS Emergency Desk Reference has been prepared and distributed to all employees. The desk reference which should be kept readily available in your work area provides useful information pertaining to severe weather, fire and bomb threats.

You should become familiar with the posted evacuation plan and how you should respond to a fire or other emergency in your building and be prepared to evacuate the building when necessary.

When the Fire Alarm Sounds

Employee Safety Handbook

If you are in any LFRS building and discover a fire, please take the following actions:

- Leave the building immediately.
- Pull the nearest fire alarm pull station and notify Public Safety, 911.
- Leave the area quickly, closing doors as you go to contain the fire and smoke.
- If you encounter smoke or flame during your escape, use an alternative exit. If you must exit through smoke, crawl on your hands and knees.
- Do not re-enter the building until emergency response officials have declared that it is safe to do so.

In the event of a serious injury requiring immediate medical assistance or any other emergency, remain calm, call 911, notify the dispatcher of the type and location of the emergency, answer any questions the dispatcher may have and stay on the line until released by the dispatcher.

Employee Accidents

You must report all work-related accidents, injuries, or illnesses to your supervisor. If an injury or illness requires medical attention, supervisors must report them to the Leadership Team.

Client of Visitor

Any staff member who witnesses, is involved in, or is informed of an accident with a client or visitor should report the accident to the Leadership Team

Automobile Accidents

All vehicle accidents occurring on campus will be reported to immediate supervisor, who will notify Leadership Team.

III. Health and Safety Program Checklist

The following checklists have been developed for you and your supervisor to understand the hazards and applicable Health and Safety Programs associated with your workplace or assigned duties. If you answer yes to questions in the 1st column, then the corresponding LFRS program and training requirements are, most likely applicable. Training may be provided by your supervisor, designated staff, Health and Safety, or outside vendors. Training must be provided and documented before performing any of the listed activities.

Employee Safety Handbook

Health and Safety Programs

Health & Safety has developed a number of model programs to help provide for the health and safety of LFRS employees. Many of these programs are mandatory to ensure compliance with state and federal regulations. The following are some of the programs and safety manuals available:

- Bloodborne Pathogens Program
- Emergency Preparedness Plan
- Hazard Communication Program
- Hazardous Waste Manual
- Laboratory Safety Manual (Chemical Hygiene Plan)
- Lockout/Tagout Program
- Personal Protective Equipment Program and Hazard Assessment
- Radiation Safety Manual
- Respiratory Protection Program
- Confined Space Entry Program
- Hearing Conservation Program

A copy of the Employee Safety Handbook has been given to me at the time of my employment. I promise to read the contents and to ask for an explanation of any parts that I do not understand. The Employee Safety Handbook describes important information about LFRS, and I understand that I should consult my supervisor regarding any questions not answered in this Handbook.

Since the information, policies and procedures described here are subject to change, I acknowledge that revisions to the Handbook may occur. Only the Leadership team is authorized to adopt any revisions to the policies in this Handbook.

Signature _____ Date _____

Hand Hygiene is the #1 way to prevent the spread of infections

You can take action by practicing hand hygiene regularly and by asking those around you to practice it as well.

You and your loved ones should clean your hands very often, especially after touching objects or surfaces in the hospital room, before eating, and after using the restroom. Your healthcare provider should practice hand hygiene every time they enter your room.

It only takes 15 seconds of using either soap and water or an alcohol-based hand rub to kill the germs that cause infections.

Use soap and water when your hands look dirty; otherwise, you can use an alcohol-based hand rub.

You, your loved ones, and your healthcare providers should practice hand hygiene.



Hand Hygiene Saves Lives



hand hygiene

- Washing hands with soap and water.
- Cleansing hands using an alcohol-based hand rub.
- Preventing the spread of germs and infections.



For more information, please visit www.cdc.gov/handhygiene or call 1-800-CDC-INFO

CDC acknowledges the following partners in the development of the *Hand Hygiene Saves Lives* video: the Association for Professionals in Infection Control and Epidemiology and Safe Care Campaign.

This brochure was developed with support from the CDC Foundation and Kimberly-Clark Corporation.

To prevent hospital infections.

- In the United States, hospital patients get nearly 2 million infections each year. That's about 1 infection per 20 patients!
- Infections you get in the hospital can be life-threatening and hard to treat.
- All patients are at risk for hospital infections.
- You can take action by asking both your healthcare providers and visitors to wash their hands.

Hand hygiene saves lives.

To make a difference in your own health.

- Hand hygiene is one of the most important ways to prevent the spread of infections, including the common cold, flu, and even hard-to-treat infections, such as methicillin-resistant *Staphylococcus aureus*, or MRSA.

You should practice hand hygiene:

- Before preparing or eating food.
- Before touching your eyes, nose, or mouth.
- Before and after changing wound dressings or bandages.
- After using the restroom.
- After blowing your nose, coughing, or sneezing.
- After touching hospital surfaces such as bed rails, bedside tables, doorknobs, remote controls, or the phone.

Healthcare providers should practice hand hygiene:

- Every time they enter your room.*
- Before putting on gloves. Wearing gloves alone is not enough to prevent the spread of infection.
- After removing gloves.

Remember: Ask your doctors and nurses to clean their hands before they examine you.

* If you already have an infection, your healthcare providers may take special measures (isolation precautions) to prevent the spread of your infection to others. They might enter your room wearing protective equipment (e.g., gloves, gown, mask). You do not need to ask them to clean their hands because they should have done so before they put on gloves.

With soap and water:

1. Wet your hands with warm water. Use liquid soap if possible. Apply a nickel- or quarter-sized amount of soap to your hands.
2. Rub your hands together until soap forms a lather and then rub all over the top of your hands, in between your fingers and the area around and under the fingernails.
3. Continue rubbing your hands for 15 seconds. Need a timer? Imagine singing the "Happy Birthday" song twice.
4. Rinse your hands well under running water.
5. Dry your hands using a paper towel if possible. Then use your paper towel to turn off the faucet and to open the door if needed.

Remember: It only takes 15 seconds to protect yourself and others.

With an alcohol-based hand rub:

1. Follow directions on the bottle for how much of the product to use.
2. Rub hands together and then rub product all over the top of your hands, in between your fingers and the area around and under the fingernails.
3. Continue rubbing until your hands are dry. If enough rub was used to kill germs, it should take at least 15 seconds of rubbing before your hands feel dry. You should not rinse your hands with water or dry them with a towel.

Use soap and water:

- When your hands look dirty.
- After you use the bathroom.
- Before you eat or prepare food.

Use an alcohol-based hand rub:

- When your hands do not look dirty.
- If soap and water are not available.

Products that kill germs on the hands. Should contain 60% to 95% ethanol or isopropanol (types of alcohol). Are fast-acting and convenient.

You can make a difference in your own health:

- Healthcare providers know they should practice hand hygiene, but they sometimes forget. Most welcome your friendly reminder.

- Ask healthcare providers to practice hand hygiene in a polite way — tell them that you know how easy it is for people to get infections in the hospital and that you don't want it to happen to you.

Remember: Take control of your health. Practice hand hygiene.

2023 EMERGENCY ACTION PLAN

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EMERGENCY ACTION PLAN

General Preparedness

- ✓ Establish relationships with essential partners, such as law enforcement, first responders.
- ✓ Coordinate transportation to medical treatment, if required.
- ✓ Develop training programs and drills.
- ✓ Identify local radio and television stations to be sources of broadcast communications.
- ✓ Have a contact number for each client and employee.
- ✓ Know mass evacuation plans for the community and identify what resources will be needed to transport clients quickly and safely.
- ✓ Establish Incident Commander (person responsible for front-line management of the incident).

COMMAND STRUCTURE



Facility/Program Chain of Command

Live Free Recovery Services Phone Numbers:

Admissions – (877) 932-6757

Crisis/Suicide Hotline – (603) 448-4400

1. Ryan Gagne – Executive Director
Cell Phone: 603-438-3276
Email: rgagne@Livefreessl.com

2. Jennifer Houston– Clinical Director
Phone: 603-247-8786
Email: jhouston@Livefreessl.com

3. Doug Hohenberger – Clinical Director of Program Policy & Compliance
Phone: (603) 903-5461
Email: dhohenberger@Livefreessl.com

4. Tony Basil – Program Manager
Phone: 952-855-2033
Email: tbasil@Livefreessl.com

Live Free Recovery Services

Address	106 Roxbury Street Keene, NH 03431
Main Phone #	877-932-6757
Radio Source for Emergency Broadcasting	(i.e., Emergency Alert System, program closings): 97.7 WSNI
TV Source for Emergency Broadcasting	(i.e., Emergency Alert System, program closings): Channel 9, WMUR
Facility/Program Crisis Management Plan Location	Front BHT office, Marlboro Road
Electronic File Location	In Microsoft Shared Folder ("Emergency Plan")

Radio source for emergency broadcasting:

WSNI 97.7

TV source for emergency broadcasting (i.e., Emergency Alert System, program closings) Channel 9 or any of the New Hampshire's cable TV franchises.

Additional Numbers

Fire/Police/Medical - Emergency	911
Fire (non-emergency)	Keene Fire Dept. – 603-357-9861
Police (non-emergency)	Keene Police Dept. - 603-357-9815
Medical Hospital (non-emergency)	Cheshire Medical Center- 603-354-5400
Center for Disease Control	1-800-311-3435
Poison Control	1-800-222-1222
Area Red Cross	(603) 225-6697

UTILITIES

Location of Utilities

Water Main	Located on the first floor inside the maintenance room
Gas Main	Located on the first floor inside the maintenance room
Electrical Main	Located on the first floor inside the maintenance room
Electric Panel	Located on the first floor inside the maintenance room

Fire Panel	On the electrical panel in maintenance room, communication box is located on top of the building
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How to Shut Off Utilities

Water Main	Close the shutoff valve in the basement. Contact Municipal Services to shut off the valve from the street. 603-352-0133
Gas Main	Close the shutoff valve. Call Dead River-603-352-5240
Electrical Main	Shut off the electrical main in the basement. Eversource – 866-554-6025

MEDICAL

Medical Emergencies

- Check breathing and pulse before administering first aid.
- Administer first aid, as needed.
- First aid supplies are located in the RSW Office.
- Blood spill supplies are located in the Med room.
- Personal Protective Equipment (i.e., disposable gloves) is located in the First Aid kits.
- An AED (Automatic External Defibrillator) is hanging on the wall in the Med room.
- Narcan Kits are located:
 - In the tech office
 - Each apartment has a kit
 - The community room has a kit
- Call **911** or, if time allows, contact your supervisor and/or Clinical Director immediately. They will make the appropriate calls to the local police or **911**.
- Routes to medical care/hospital
 - Cheshire Medical Center (15 minutes) – see below
 - Monadnock Hospital (31 minutes)

DRIVING DIRECTIONS TO Cheshire Medical Center

Follow Roxbury St to Central Square
(39 ft)

Turn right on to Central Square
Slight left to stay on Central Square
Keep right and continue on Court Street

Turn right to stay on Court St
1.2 mi

Drive to your destination
1 min (0.1 mi)

At the traffic circle, take the 3rd exit
394 ft

Turn left
30 ft

Continue straight
95 ft

Turn right
Destination will be on the right
131 ft
Cheshire Medical Center
580 Court St, Keene, NH 03431

FIRE

Reporting a Fire

- Activate the alarm system by pulling the lever on the nearest fire alarm box.
 - Fire Alarms are located throughout the building at each exit.
- **Call 911**

Alarm System

- What is the facility alarm system? The facility alarms are wall-mounted horns and sight alarms. (flashing light)
- Is the facility equipped with a fire alarm system that is directly connected to a local station? Yes
- If not, 911 needs to be called when there is an unscheduled fire alarm.
- How is the alarm system activated and turned off? The doors are alarmed and are turned off by a key.

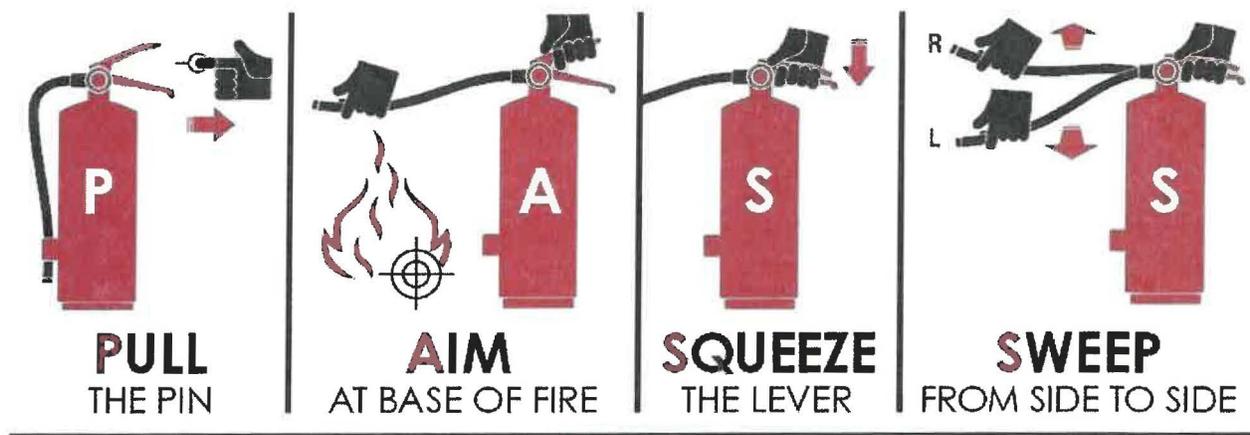
Fire Exits

- Fire exits are located throughout the building. Each residential floor has two fire exits that are visibly marked as Fire Exit.

Fire Extinguisher

- Fire extinguishers are in major corridors of the facility.
- Fire extinguisher use:
 - **P** - Pull the extinguisher pin.
 - **A** - Aim extinguisher at base of fire.
 - **S** - Squeeze handle.
 - **S** - Sweep extinguisher back and forth.

HOW TO USE A FIRE EXTINGUISHER



Fire Drills

- Does your facility hold fire drills? Yes, quarterly will create a logbook.
- Designated meeting place: All staff and residents will meet on the lawn to the right of the building when facing the main entrance
- Fire drill procedure: Staff and clients will exit via the nearest emergency exit (see floor plan). Floor staff/senior staff on each unit will carry census & sign-in sheets outside. Staff and clients will meet in the designated meeting places. Staff will take attendance and ensure everyone evacuated quickly & safely. Staff is to write their names on the sign in sheet, along with the total headcount of clients per unit. All sign-in sheets are given to the Clinical Director or Senior Staff prior to reentering the building to ensure that all clients and staff have been accounted for. If someone is missing, do not re-enter the building. The EXECUTIVE DIRECTOR/Clinical Director/Manager will communicate to the fire department any information pertaining to missing people.
- Once the EXECUTIVE DIRECTOR/Clinical Director/Manager gives the okay, clients and staff will re-enter the building. Sign in sheets are given to the Clinical Director.
- The Program Clinical Director at the main entrance will collect the Emergency Contact Binder(s) for clients and staff and the Visitor Log. If there is no front desk staff, the senior staff member in the building should collect these.

Evacuation Procedure

Events that warrant evacuation from the facility include, but are not limited to fire, explosion, bomb threat, etc.

Evacuation of the building is the same as for a fire or fire drill. Residents are to exit the building promptly and quietly. All staff and residents will meet in the side yard to the right of the building when facing the main entrance.

Evacuation is to begin immediately after pulling the fire box and calling 911.

- Evacuate all persons using the closest emergency exit(s). (See floor plan)
- Procedure for getting people with special needs out when elevators cannot be used:
 - Mobility Impairment: If a person cannot exit the building, ask if assistance is needed. If needed, assist the person in calling 911. After you leave the building, immediately inform emergency personnel on site, or call 911. *Some individuals with mobility impairments who can walk independently may be able to negotiate stairs in an emergency with minor assistance.*
 - Blindness or Visual Impairment: A person assisting an individual who is visually impaired should:
 - Give verbal instructions about the safest route or direction using directional terms and estimated distances.
 - Ask if assistance is needed. If so, offer your elbow and provide guidance through the evacuation route. This may be especially helpful when navigating debris or a crowd. (Never grasp the arm of a person you are assisting)
 - While escorting a person out of the building, explain along the way where you are going and what you are doing.
 - Deafness, Hearing Loss, Language Difficulty. If a person appears to be unaware of the need for immediate evacuation, use the following guidelines:
 - Get their attention by touch or eye contact. State the problem clearly and simply, including the need to evacuate. Gestures and pointing are helpful, but be prepared to write a brief statement if the person does not seem to understand.
 - Offer visual instructions to designate the safest route or direction by pointing toward exits for evacuation maps.
 - Offer to escort them from the building.
- Posted evacuation maps are required throughout the facility.
 - Evacuation maps must show two unobstructed evacuation routes for each area of the facility.
- The senior staff member is responsible for either collecting, or delegating the collection of, the emergency contact information on each client.
- Emergency Contact Information is in each client file.
 - The senior staff member or (Program Clinical Director) is responsible for collecting program items such as keys, cell phone, and walkie talkies (as applicable).
- Staff not evacuating people should:

- Close all windows and doors before leaving the building.
- Turn off electrical equipment.
- The senior staff member or Program Coordinator will carefully sweep the center to ensure everyone has been evacuated.
- The ASSEMBLY AREA IS LOCATED in the right-side lawn area when facing the main entrance of the building.
- Begin taking a census once the facility has been evacuated. Census includes clients, visitors, vendors, and employees. Use the Sign-In Sheet, Visitor's Log, and schedules to account for staff and visitors.
 - If someone is missing, do NOT re-enter the building. The Incident Commander will communicate to the fire department any information pertaining to missing people.
- Only re-enter the building when the alarm is silenced, and employees are notified by a representative from the Fire Department, maintenance, or senior staff that it is safe to re-enter the building.
- In the event the building cannot be occupied for safety reasons, the Clinical Director and/or highest-level administrator on duty will coordinate with the Executive Director to make all decisions.

In the event that the building needs to be evacuated during inclement weather, the following precautions need to be taken:

- Hat, gloves or mittens, and coats need to be taken during cold/snowy conditions.

Medication

- In the event of an evacuation, the Incident Commander or senior staff member is responsible for taking the clients' medications, located in the medicine closet.

SHELTER-IN-PLACE

Shelter-in-place means staying *inside the building*. Local authorities issue orders for shelter-in-place. No one may leave the building until there is official notification that the shelter-in-place has been lifted.

Conditions that warrant sheltering-in-place include but are not limited to extreme weather/cold, outside air quality concerns, community chemical spill, terrorist attack, nuclear disaster.

- If there are customers, or visitors in the building, provide for their safety by asking them to stay – not leave. Do not drive or walk outdoors.
- If time permits, employees, customers, clients, and visitors may call their emergency contact to let them know where they are and that they are safe.
- Turn on call-forwarding or alternative telephone answering systems or services. If the business has voice mail or an automated attendant, change the recording to indicate that the business is closed, and that staff and visitors are remaining in the building until authorities advise that the Shelter-In-Place is no longer in effect.
- Quickly lock exterior doors, close windows, and shut air vents as well as fireplace dampers. Have employees familiar with the building's mechanical systems turn off all fans, heating and air

conditioning systems, and clothes dryers. Some systems automatically provide for the exchange of inside air with outside air. These systems need to be turned off, sealed, or disabled.

- There is an “Emergency” box located on shelving adjacent to the commercial laundry area. The box will contain directions for sealing windows and doors. The box also contains duct tape, scissors, and rolls of plastic. An emergency radio is in the emergency box. The Clinical Director will assign a staff member to secure all windows and doors. While this is being done, a staff member will be assigned to help the clients move to the dining area, or other designated area, depending on the situation.
- Gather essential disaster supplies, such as nonperishable food, bottled water, hygienic supplies, first aid and blood-spill supplies, communication devices (i.e., cell phone, walkie talkie), battery-powered radios, flashlights, batteries, duct tape, plastic sheeting, and plastic garbage bags.
- The staff and clients will gather in the dining room)
 - The selected interior room should be above the ground floor with the fewest windows or vents. The room should have adequate space for everyone to be able to sit. Avoid overcrowding by selecting several rooms if necessary. Large storage closets, utility rooms, pantries, copy and conference rooms without exterior windows will work well. Avoid selecting a room with mechanical equipment like ventilation blowers or pipes, because this equipment may not be able to be sealed from the outdoors.
- Take a census of all clients, visitors, and employees once everyone has gathered.
- If vapors begin to bother individuals, hold wet clothes over their nose and mouth.
- If you are told that there is danger of explosion, close the window shades, blinds, or curtains.
- For a higher degree of protection, go into the bathrooms, close the door, and turn on the shower in a strong spray to “wash” the air.
- Staff will be permitted to phone their families.
- It is ideal to have a hard-wired telephone in the room(s) you select. Call emergency contacts and have the phone available if you need to report a life-threatening condition. Cellular telephone equipment may be overwhelmed or damaged during an emergency.
- The Incident Commander is responsible for notifying everyone when sheltering in place can end or when offsite sheltering is needed.

Note: In many instances it would be a serious risk for anyone to travel during a terrorist event. Staff would be putting themselves at risk and should have a plan to cover what they and their families would do in the event of an act of terrorism.

Communication

- The Clinical Director will contact the Executive Director and update him/her on the condition of the facility.
- The Clinical Director is responsible for listening to the radio and keeping the staff up to date on what is happening in the area.
- The Clinical Director/EXECUTIVE DIRECTORS/Executive Director/Assistant Director or Incident Commander are the only people authorized to release staff from duty.
- The Clinical Director will utilize the Emergency Call List if additional staff is needed at the facility.
 - If needed, the Executive Director will be contacted to assist in providing extra staffing support.

- The Clinical Director or Program Director will assign staff members to phone the families of the clients.
- The Clinical Director and Program Director need to be sure the portable phone is always charging.
- In the event that there is no portable phone service, individual cell phones may be used to communicate.

Programming

- Each facility must have plans in place for indoor activities for the clients.

OFF-SITE SHELTERING

In the event the building cannot be occupied for safety reasons, the Clinical Director and Incident Commander will finalize plans. As soon as practically possible, the Executive Director should notify DHHS that an evacuation is taking place.

- Offsite sheltering plan for clients (if sending them home is the plan, please indicate): Utilize facility vehicles to transport clients to the relocation site. Otherwise, clients are sent home or to a homeless shelter. Staff may use personal vehicles to help with transporting the clients, as needed for overflow.
- Offsite sheltering plan for employees (if sending them home is the plan, please indicate): Non-essential employees should return home. Essential employees will provide transportation to the relocation site.
 - Bring all clients to the location at Court Street. If additional space is needed, remaining clients can be brought to the location on Roxbury Street.
- Is there any special licensing agreement or documentation that goes along with the relocation site (such as if the relocation site is licensed as a treatment center)? No
 - If yes, is the required documentation completed? N/A
- The Clinical Director or Incident Commander will be responsible for transporting the client's information from the facility to the alternate location.
 - Emergency information
 - Census sheet/attendance books
 - Staff sign-in log
- Procedure for notifying clients, visitors, employees, vendors, etc. that the site is closed:
 - Change the voicemail, put signs on the main entrances, and call any clients scheduled to come in.
 - The Program Director will give designated staff the responsibility of calling each client's family/guardian (because clients are adults, they will have the option to call & notify their own family).
 - Emergency supplies and documentation to take to the offsite sheltering:
 - Medication
 - Client files

- **Census**
- Procedure for taking census of clients and employees:
 - Utilize the current census sheet for residents.
 - Use Sign In log for visitors.
 - Use a schedule for employees.
- Staff will be transported via Live Free Recovery Services van(s) and/or Live Free Recovery Services Staff's vehicles from the facility to the relocation site.
 - Routes to offsite shelter with comments on travel restrictions (more than one route recommended):
- The Clinical Director will personally check the file of each client and refer to the contact referral form to ensure that the person picking up the client has the authority to do so. All ID's will need to be checked by the Clinical Director/Program Director before allowing a client to leave the facility.

CHEMICAL ACCIDENTS

- Refer to Material Safety Data Sheet (MSDS) for the proper clean up procedure. Data sheet binders are in the Front Office in Binder Labeled MSDS and on the Google Docs Shared Folder called "MSDS".
- The poison control number is 1-800-222-1222.
- Refer to the Shelter in Place if a community-wide toxic material release occurs and you cannot leave the facility.

GAS LEAKS

If gas odors are strongly detected inside or outside of a building, and/or if the odors are accompanied by hissing sounds, then an immediate emergency exists.

Procedure

- If you detect strong natural gas odors in an outdoor location, immediately proceed to the nearest non-affected area, call 911, and contact the Clinical Director. Alert any passers-by to stay clear of the affected area.
- If you detect strong natural gas odors inside a building and cannot determine the source, immediately vacate the room/space, close any doors behind you, and initiate a building evacuation by manually engaging the nearest fire alarm pull station.
- Proceed to your designated meeting place on the lawn to the right of the main entrance.
- Emergency shut off: Is inside the cover of the tank.
- Staff will follow the Evacuation procedures outlined in the Emergency Action Plan.
- No one is permitted to re-enter an area suspected of a gas leak unless told to do so by local authorities and a senior staff member.

POWER FAILURE

- Procedure for power failure: Back up power from the county jail grid
 - Notify the electric company: EVERSOURCE 866-554-6025
 - Emergency lighting will come on automatically.
 - If the power outage seems widespread, listen to the radio for general instructions for the community.
 - If water needs to be conserved due to the outage, limit the use of faucet water and flush toilets sparingly.
 - If the power outage is temporary (a few hours) normal operations of the facility will be maintained as much as possible.
- Procedure for water use during power failure (as applicable):
 - Water use is not restricted. Hot water will be limited to that on hand at the time of the failure.
- Procedure for heat during power failure (i.e., prevent pipes from freezing):

- Extended power outage and a temperature below 45 degrees will require evacuation. The Clinical Director will make arrangements with contractors to prevent damage by draining the plumbing or using a backup power system and heat tapes.
- Procedure for food in cold storage during a power failure:
 - Refrigeration is maintained by the backup power system; however, it is still prudent to:
 - Restrict access to cold storage.
 - Monitor the temperature.
- Live Free Recovery Services staff and/or vendor to notify when there is an extended power failure:
 - Executive Director, Clinical Director
 - Power Service of New Hampshire: EVERSOURCE 866-554-6025
- Does the facility have the use of a backup power system for power failures? The facility is tied into the power grid for the County Jail.
- Who makes the decision if the facility needs to be evacuated due to power failure? Incident Commander in conjunction with the Clinical Director.
- If the facility needs to be evacuated, follow the evacuation and/or offsite sheltering procedures.
- In the case of an electrical storm, clients should be removed from window areas.
 - Electrical appliances should be unplugged.

LOSS OF HEAT

- Procedure for loss of heat to the facility:
 - Any staff noticing heat loss is responsible for notifying the appropriate maintenance staff or administrator/Clinical Director. That person is then responsible for contacting the heating vendor as needed.
- Live Free Recovery Services staff and/or vendor to notify when there is a loss of heat.
- Follow the evacuation procedure if the temperature falls below 45 degrees.
- Procedure for notifying employees, clients, visitors, etc. that there is loss/contamination of water. Program Clinical Director will announce:
- Who makes the decision if the facility needs to be evacuated due to loss of heat? Clinical Director or Incident Commander.
- If the facility needs to be evacuated, follow the evacuation and/or offsite sheltering procedures.

LOSS/CONTAMINATION OF WATER

- Procedure for loss/contamination of water to the facility:
- Any staff noticing a loss of water or water contamination is responsible for notifying the appropriate staff or Clinical Director. The staff or Clinical Director is then responsible for attempting to locate the source of the problem and determining if it is confined to the facility or is neighborhood wide. If the problem is internal, then a plumber is to be notified. If the problem is external, the Keene Water Department is to be contacted at 603-352-0133. If water pressure is lost for more than four hours, the Fire Department must be notified, and a fire watch instituted for the duration of the event.
- In the event of water contamination, the senior staff member, or designated person will:

- Contact the local Health Department. (603) 357-3510. If the Health Department cannot be reached, listen to the local TV or radio for details on the procedure to follow.
- Advise staff to closely supervise individuals and ensure that no one drinks the water.
- Determine the expected duration of the contamination and the procedure for making the water safe for use. Advise the program managers of the anticipated duration of water loss or contamination.
- Assess the water supply for the facility and need to ration available water.
- Determine the ability to maintain individuals at the location.
- If deemed necessary, instruct staff to purchase bottled water or obtain water as advised by the Health Department for drinking, washing and brushing teeth.
- Prevent usage and access to tap locations. Utilize only factory-sealed water or water stored specifically for emergencies.
- Live Free Recovery Services staff and/or vendor to notify when there is loss/contamination of water (i.e., water authority): Clinical Director.
- Who makes the decision if the facility needs to be evacuated due to loss/contamination of water? Clinical Director in conjunction with the EXECUTIVE DIRECTOR
- If the facility needs to be evacuated, follow the evacuation and/or offsite sheltering procedures.

OPERATIONAL DISTURBANCE

An operational disturbance is when an emergency causes normal operations to shut down.

- Who makes the decision to close the facility? Executive Director in conjunction with the Clinical Director
- Procedure for notifying clients, visitors, employees, and vendors of the facility closing:
 - Change the answering machine message.
 - Utilize the phone tree to notify employees.
 - Post a notice at the building's entrances.
- Procedure for accounting for the building's occupants when it is closed:
 - Utilize the census for residents.
 - Utilize the Sign-In sheet for visitors.
 - Utilize the schedule for employees.
- Procedure for dealing with an operational disturbance:
 - Check for any structural damage (once the building has been cleared to enter).
 - Take photos of any damage.
 - Report any damage to the insurance company.
 - Document damage in an incident report.
 - Check for downed or damaged utilities and report any to the proper authorities.
 - The Executive Director will make the decision on when operations can be moved back into the facility.
 - Facility shut – offs (water, gas, electricity, other): Who is responsible for shut-offs? Program Clinical Director
- Key operations that need to continue for the facility/program to regain normal operations:
- Procedure for assessing and reporting utility issues:
 - Keene Water Department 603-352-6550

- Contact Eversource (866) 554-6025
- Who makes the decision to reopen the facility? Executive Director in conjunction with the Clinical Director
- Procedure for notifying employees and clients of the facility's reopening?
 - Phone tree to notify staff.
 - Change voicemail message.
 - Remove signs from doors.
 - Call clients

LOCKDOWN

Conditions that warrant lockdown include, but are not limited to violent intruder, hostage, civil disturbance.

- Procedure for full lockdown (i.e., 911 notification): Clinical Director, Incident Commander, Senior staff, or designee
- Procedure for partial lockdown (those not in lockdown area evacuate):
- Evacuate as for a fire. Staff outside of the lockdown area may be instructed to go home, clients outside of the lockdown area will be managed per Executive Director or designee.
- What doors get locked during a lockdown?
 - All exterior doors
- Procedure for accounting for building occupants when it is in lockdown (i.e., census):
 - Reconcile Census, Sign-In/Out sheets, employee schedules, Visitors' Log.
- Who makes the decision to discontinue the lockdown? Executive Director, Clinical Director, or other senior staff in conjunction with the authorities

PANDEMIC

Level 1 Plan – Standard Influenzas

- Maintain strict infection control practices, including good hand washing, disinfecting, disposing of waste materials, collecting, and laundering items.
- Encourage flu vaccination for both employees and children where appropriate.
- Maintain disaster supplies.

Level 2 Plan – Influenza Pandemic Confirmed

- Continue activities initiated in the previous phase.
- Isolate and/or group clients with influenza.
- All clients and staff to immediately begin to wear masks in all common areas
- Refer to the most current Center for Disease Control (CDC) or Dept. of Health and Human Services (DHHS) guidelines at <http://www.cdc.gov/flu> and <http://www.dhhs.nh.gov>.
- Arrange coverage for staff shortages.

Isolation & Quarantine

Isolation and quarantine are optimally performed on a voluntary basis. Different levels of government have the legal authority to mandate isolation and quarantine to protect the public's health. At the State

of NH level, the Commissioner of DHHS has the authority to mandate involuntary quarantine and isolation.

A variety of quarantine strategies that may affect employees and their ability to work are:

- Restrictions on mass transit
- Restrictions on access routes
- Use of monitoring checkpoints, curfews, travel permits, health certificates to minimize movement into or out of quarantined areas.
- Consideration should be given to quarantine of contacts with high-risk exposures, even in the absence of symptoms.

Isolation of Individuals with Influenza

Minimizing the transmission of influenza requires limiting interactions between influenza cases and others. Individuals with influenza should be placed in a room with others who have suspected or confirmed influenza. When a private room is not available, or grouping is not possible, spatial separation of at least 6 feet should be maintained between the infected person and others. Doors may remain open, as appropriate.

Minimize the number of staff who have contact with infected residents by assigning all influenza residents to a small group of staff who have been vaccinated and/or are taking antiviral medications for prophylaxis (if medications are available and appropriate).

Interactions between clients with influenza and other residents should be minimized. Persons at risk of serious influenza complications (those with underlying medical conditions) should not interact with the infected person.

- Who makes the decision if the facility needs to be closed due to pandemic? Clinical Director in conjunction with the EXECUTIVE DIRECTOR

HURRICANE/TORNADO/SEVERE WEATHER

If the National Weather Service issues a hurricane, tornado, or severe weather warning, contact your supervisor/Clinical Director/Incident Commander for instructions.

- Monitor the radio or TV for updates/conditions.
- Gather your emergency supplies.
- Stay indoors until the National Weather Service declares the storm is over.
- Stay away from all windows and exterior doors – seek shelter in the basement or bathroom.
 - Go to the innermost part of the building on the lowest possible floor.
- Do not use elevators.
- Protect your head with your arms and crouch down on the floor.

If programs close (and there is time to prepare):

- Notify clients that the program is closing and make arrangements for the pick-up or drop off of the client.

- Take clients home with you or take them to the local shelter.

If you are ordered to evacuate:

- Follow the designated evacuation routes for your area. Floor Plan/Exits

If you are on the road during a tornado:

- Get out of your car.
- Avoid areas with a lot of trees.
- Lie down flat in a gully, ditch, or low spot on the ground.
- Protect your head with an object or with your arms.

EMERGENCY SUPPLIES

Water Supplies

In an emergency, having a supply of clean drinking water is a top priority.

- Store at least a three-day supply of water for each person.
- One gallon (16 cups, 128 ounces) per person for consumption and 3 gallons (48 cups, 384 ounces) per person for hygiene.
- How many people in the facility does the water supply need to support? 26
- Store in a cool, dark place.
- An emergency water supply is located on shelving adjacent to the commercial laundry area.
- Store in original, factory-sealed containers. Alternatively, food-grade quality containers made for storing water may be used. These must be thoroughly washed, sanitized, and rinsed. If the water is from a tap, it may need to be treated before being stored.
- Change stored water every 6 months.
- Who is responsible for keeping the water supply updated? Program Clinical Director
- If a disaster happens without a stored supply of clean water and if any of the following are safe, use water in:
 - Hot water tank
 - Pipes and faucets
 - Ice cubes
 - Rainwater

DO NOT drink:

- Flood water
- Water with floating material, an odor, or dark color

Food Supplies

Kitchen/Pantry will contain a supply of food consisting of a standard one-week supply of dry goods, canned goods, and perishable items.

- The Kitchen Supervisor/Chef is responsible for food distribution.
- Live Free Recovery Services' kitchen and pantry have a regularly replenished, one-week stock of both perishables and canned/sealed foods such as cereal, vegetables, snacks, dried fruits, grains etc.

The food supply needs to be kept updated.

- Who is responsible for keeping the food supply updated? Chef (food supply at Live Free Recovery Services is regularly replenished stock)
- How many people in the facility does the food supply need to support? 26; Enough to ensure a 3-day supply of food for all staff and clients at any given time.

A suggested food supply may contain the following items (there will be special dietary needs sheet with the supplies):

- sealed jars of protein such as peanut butter- 2 jars, 2 cases of individual sized servings
- sealed jars of jelly- 2 jars, 2 cases of individual sized servings
- cases of prepared foods (Spaghetti O's, beef stew, tuna)- 10 cases
- cases of canned fruit and/or vegetables- 3 cases
- cases of dry cereal- 10 cases
- cases of canned juice (juice boxes)- powdered mix with water- 2 cases
- cases of snack items (granola bars, raisins)- 5 cases
- cases crackers/chips- 4 cases

General Supplies

Kitchen/Pantry will contain a supply of food consisting of a standard one-week supply of dry goods, canned goods, and perishable items.

The following areas will contain a supply of general supplies consisting of the following items:

Kitchen

- Can opener
- Paper goods (plastic utensils, napkins, paper plates)
- Toilet paper and other hygienic supplies
- Garbage bags
- Cleaning supplies

Office

- Medical: Client medications, first aid supplies, blood spill supplies, personal protective equipment (i.e., disposable gloves), "Go Kit" with proper documentation (as applicable)
- Safety: flashlights, batteries, duct tape, plastic sheeting, extra blankets, etc.
- Communication: cell phone, walkie talkie, portable/chargeable radio with cell phone charger
- Documentation: Client records (DOB, contact information, allergies, etc.), insurance company information
- Keys

General emergency supplies need to be kept updated (i.e., batteries).

- Who is responsible for keeping the general emergency supplies updated? Program Manager
- How many people in the facility do the general emergency supplies need to support? 26

CASUALTIES

Casualties

In the event that there are any casualties, emergency services will be called immediately, staff will isolate the area and move the rest of clients to a safe location.

COMMUNITY EMERGENCIES

What resources could your facility/program provide if there is an emergency in the community and your location is fully operational (shelter, supplies, power, etc.)?

- Live Free Recovery Services would be able to provide immediate, short-term shelter for sixteen (16) people. This sheltering would only provide protection from the elements, restrooms, and the most basic of foodstuffs. Live Free Recovery Services does not have additional availability for overnight sheltering.



The following are the Good Neighbor policy for clients entering our program and also a Good Neighbor policy to share with the immediate neighbors and community



Good neighbor policy!

ADDRESSING NEIGHBOR CONCERNS POLICY

It is crucial to the long-term success of any person in recovering to adopt new skills when dealing with difficult people, especially those who may not understand recovery. One of the most important parts of being in our recovery homes, is adopting certain pro-neighbor attitudes and behaviors – along the lines of, “love thy neighbor as thyself.” even if those same behaviors and attitudes are not returned. Live Free Recovery Services takes our Good Neighbor Policy profoundly serious in part to combat NIMBY (not in my back yard). We can show our neighbors that we are assets to the community. We are not “drug houses” or “trap houses”, but rather look at us as good neighbors, and contributing members to society.

Below, lists the code of conduct you agree to BEFORE moving forward in our program. If this is not something you’re comfortable with, please let us know.

1. You represent yourself in such a manner of excellence and humility. Be proud where you are, but humble in your attitude toward others. Not everyone appreciates the steps you’ve taken or obstacles you’ve overcome to get here.
2. You represent the Live Free Family. Even though you will successfully transition on, we plan to be here to continue our mission, for generations. Think and act beyond yourself.
3. You represent people in recovery everywhere. The stigma of addiction remains, despite decades of public education. Although community members support your recovery, people still struggle with a sober living facility being in their neighborhood.
4. Demonstrate the strength and character it takes to change for the better. Our goal is to show, through our actions, we are good people with a bad illness, and that we deserve a chance, not judgement.
5. Do not travel in groups larger than 3-4 people while walking locally.
6. Be aware of the space you take up, give up space to others on the sidewalk, hallways, etc. Volunteer to be of help in any way you can. Look for ways to chip in, whether at home or out in public.
7. Keep your voices lowered and be aware of subject matter. This is just as important on the deck and smoking area, which should NOT be in the front of the home.
8. At meetings –silence phones, pay attention, learn from the people who have long-term sobriety.
9. Use “Please” and “Thank you”. Listen.
10. If a neighbor confronts you, please do not engage or give them a reason to call the police.

By signing below, you are agreeing to the above code of conduct while living in our recovery home

PROGRAM PARTICIPANT SIGNATURE: *(Required)* _____



Live Free Recovery Services endeavors to be a good neighbor and an upstanding member of each community we serve. We apply our decades of experience to develop intentional policies that ensure we meet these goals and create positive relationships with all our community friends and partners. We understand you, as our neighbors and members of the community, may have concerns about our presence. We're more than happy to answer any questions you may have about our treatment homes, the clients we serve, and the role we play in helping clients and their families. We follow all state and city regulations, planning, and zoning laws. This also allows us to be the best neighbors possible, which means – unless you need us – that we strive to be *invisible neighbors*.

Professional Staff

The safety of our clients and our neighbors is paramount. Clients receiving treatment at Live Free Recovery Services are supervised 24/7/365 by our team of highly qualified professionals. We utilize strict line-of-sight policies, state-of-the-art monitoring technology, and maintain a high staff-to-client ratio. By keeping our clients safe, we keep our neighbors safe.

Who We Treat

We help adults over the age of 18, diagnosed with substance use and mental health disorders. Our admissions team, completes a thorough review of their history, including all hospital, and psychiatric records and relevant documentation. This review allows us to verify that each resident is appropriate for an unlocked environment and do not present a danger to other clients, staff, or the community. Our clients choose Live Free Recovery Services because of our treatment record, our dedication to safety we prioritize in everything we do. *We do not accept clients with a history of violent behavior.*

Our skills-based programming focuses on mindfulness, effective communication, and distress tolerance. We teach our clients practical ways to manage stress and regulate their emotions.

Noise, Activity, and the Condition of Our Homes

Our staff is committed to maintaining a safe and tranquil environment that helps people heal, reconnect with their true selves, rediscover their passions, and develop practical skills that promote long-term recovery.

We enforce a strict no weapons, no alcohol, and no drugs policy.

You won't hear loud music and we don't host late-night parties. Our program schedules provide daily structure, consisting of therapeutic groups such as yoga, mindful cooking, and art therapy. We include education and fitness-related activities as well. Our clients do not have excess free time. The recreation time they do have is supervised and typically involves playing cards, board games, journaling, exercising, or doing arts and crafts. We

meet and exceed all safety standards required for a typical residential treatment home. We maintain our property to the standards set by each community. **Surveillance cameras monitor our properties 24 hours a day, seven days a week, for the security of our clients and neighbors.** We respond immediately to any concerns. We care about our neighbors and instruct our staff to be respectful, mindful, and courteous at all times.

We embrace the adage *a good neighbor is an invisible neighbor.*

Parking and Traffic

Our homes have ample parking for daily staff. Our core professional staff is on-site 24/7 on a standard three-shift schedule. This means our staff commuting times do not overlap with typical commuting hours.

We do meaningful, important work with our clients and their families. By being good neighbors in safe and quiet neighborhoods, we make it possible for clients to get the help they need in a comfortable home environment conducive to growth and recovery.

We welcome any questions, comments, or concerns you have. We are completely transparent about who we are and what we do. If you want to know more, please email us at info@livefreerecoverynh.com. The Live Free Recovery Services Executive Leadership Team reads and responds to every email we receive.

We invite neighbors and community members to meet our local leadership team. We welcome anyone to take a tour and see our homes and grounds. We provide contact information to the facility for day-to-day questions or concerns. We welcome your interest and are happy to address any questions you have. We look forward to participating in local homeowners associations, security patrols, and other good neighbor activities specific to each location.

Please feel free to email at info@livefreerecoverynh.com

Or call our 877-932-6757 admissions line which is answered 24/7



The following property checklist is used every other week to walk through the property and identify any areas of concern

Items are replaced as needed

Property maintenance is scheduled as needed



The following property checklist is used every other week to walk through the property and identify any areas of concern

Items are replaced as needed

Property maintenance is scheduled as needed

PHP HOUSE PROPERTY INSPECTION CHECKLIST

RATINGS:

S - Satisfactory; NC - Needs Cleaning; NSC - Needs Spot Cleaning; NP - Needs Painting; NSP - Needs Spot Painting; SC - Scratched; NR - Needs Repair; RP - Needs Replacing; NA - Not Applicable

General		Condition Rating	Remarks
<input type="checkbox"/>	Doors		
<input type="checkbox"/>	Windows		
<input type="checkbox"/>	Screens		
<input type="checkbox"/>	Blinds or shades		
<input type="checkbox"/>	Locks		
<input type="checkbox"/>	Walls		
<input type="checkbox"/>	Ceilings		
<input type="checkbox"/>	Baseboards		
<input type="checkbox"/>	Hallways		
<input type="checkbox"/>	Stairs		
<input type="checkbox"/>			
<input type="checkbox"/>			
Bedroom 1		Condition Rating	Remarks
<input type="checkbox"/>	Dressers (Drawers Slide?)		
<input type="checkbox"/>	Beds		
<input type="checkbox"/>	Blinds		
<input type="checkbox"/>	Floors		
<input type="checkbox"/>	Lamps		
Bedroom 2		Condition Rating	Remarks
<input type="checkbox"/>	Dressers (Drawers Slide?)		
<input type="checkbox"/>	Beds		
<input type="checkbox"/>	Blinds		
<input type="checkbox"/>	Floors		
<input type="checkbox"/>	Lamps		
Bedroom 3		Condition Rating	Remarks
<input type="checkbox"/>	Dressers (Drawers Slide?)		

	Beds		
	Blinds		
	Floors		
	Lamps		
Bedroom 4		Condition Rating	Remarks
	Dressers (Drawers Slide?)		
	Beds		
	Blinds		
	Floors		
	Lamps		
Bedroom 5		Condition Rating	Remarks
	Dressers (Drawers Slide?)		
	Beds		
	Blinds		
	Floors		
	Lamps		
Bedroom 6		Condition Rating	Remarks
	Dressers (Drawers Slide?)		
	Beds		
	Blinds		
	Floors		
	Lamps		
Bedroom 7		Condition Rating	Remarks
	Dressers (Drawers Slide?)		
	Beds		
	Blinds		
	Floors		
	Lamps		
Utilities and Safety		Condition Rating	Remarks
	Electric outlets		
	Lights		
	Switches		

Smoke detectors		
Fire extinguishers		
Security systems or alarms		

Bathroom 1		Condition Rating	Remarks
Toilets			
Showers			
Bathrubs			
Sinks			
Cabinets			
Mirrors			
Bathroom 2		Condition Rating	Remarks
Toilets			
Showers			
Bathrubs			
Sinks			
Cabinets			
Mirrors			
Bathroom 3		Condition Rating	Remarks
Toilets			
Showers			
Bathrubs			
Sinks			
Cabinets			
Mirrors			
Bathroom 4		Condition Rating	Remarks
Toilets			
Showers			
Bathrubs			
Sinks			
Cabinets			
Mirrors			
Bathroom 5		Condition Rating	Remarks

Toilets		
Showers		
Bathrubs		
Sinks		
Cabinets		
Mirrors		

Kitchen	Condition Rating	Remarks
Refrigerator		
Dishwasher		
Oven		
Stove		
Sinks		
Garbage disposal		
Cabinets and drawers		

EXTERIOR INSPECTION CHECKLIST

RATINGS:

S - Satisfactory; **NC** - Needs Cleaning; **NSC** - Needs Spot Cleaning; **NP** - Needs Painting; **NSP** - Needs Spot Painting; **SC** - Scratched; **NR** - Needs Repair; **RP** - Needs Replacing; **NA** - Not Applicable

General	Condition Rating	Remarks
Outdoor Lights		
Doors		
Windows		
Roof		
Siding		
Smoking Area		
Lawn		
Parking Lot		
Shed		

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City of Keene, NH

Congregate Living & Social Services License Application

For Office Use Only:	
Case No. _____	Date Filled _____
Rec'd By _____	Page _____ of _____

If you have questions on how to complete this form, please call: (603) 352-5440 or email: communitydevelopment@keenenh.gov

SECTION 1: LICENSE TYPE

<input type="checkbox"/> Drug Treatment Center	<input type="checkbox"/> Group Home, Small	<input type="checkbox"/> Homeless Shelter
<input type="checkbox"/> Fraternity/Sorority	<input type="checkbox"/> Group Resource Center	<input type="checkbox"/> Lodginghouse
<input type="checkbox"/> Group Home, Large	<input checked="" type="checkbox"/> Residential Drug/Alcohol Treatment Facility	<input type="checkbox"/> Residential Care Facility

SECTION 2: CONTACT INFORMATION

I hereby certify that I am the owner, applicant, or the authorized agent of the owner of the property upon which this approval is sought and that all information provided by me is true under penalty of law. If applicant or authorized agent, a signed notification from the property owner is required.

OWNER	APPLICANT
NAME/COMPANY: 2nd Chance Solar, LLC	NAME/COMPANY: Live Free Recovery Services, LLC
MAILING ADDRESS: 21 Madbury Rd Durham, NH 03824	MAILING ADDRESS: 106 Roxbury St Keene NH 03431
PHONE: (800) 529-0005	PHONE: 877-932-6757
EMAIL:	EMAIL: info@livefreerecoverynh.com
SIGNATURE:	SIGNATURE:
PRINTED NAME:	PRINTED NAME: Ryan Gagne

AUTHORIZED AGENT <small>(if different than Owner/Applicant)</small>	OPERATOR / MANAGER <small>(Point of 24-hour contact, if different than Owner/Applicant)</small>
	<input type="checkbox"/> Same as owner
NAME/COMPANY:	NAME/COMPANY: Live Free Recovery Services, LLC
MAILING ADDRESS:	MAILING ADDRESS: 106 Roxbury St Keene, NH 03431
PHONE:	PHONE: (877) 932-6757
EMAIL:	EMAIL: info@livefreerecoverynh.com
SIGNATURE:	SIGNATURE:
PRINTED NAME:	PRINTED NAME: Jennifer Houston

SECTION 3: PROPERTY INFORMATION

PROPERTY ADDRESS:

881 Marlboro Rd Keene, NH 03431

TAX MAP PARCEL NUMBER:

240-033-000-000

ZONING DISTRICT:

R

 LOCATION MAP:

Please attach

SECTION 4: APPLICATION AND LICENSE RENEWAL REQUIREMENTS

Using additional sheets if needed, briefly describe your responses to each criteria:

1. Description of the client population to be served, including a description of the services provided to the clients or residents of the facility and of any support or personal care services provided on or off site.

This property has 24 beds.

Services will include a low-intensity medically managed detoxification services for clients who do not require a hospital stay.

There are licensed nurses in the building 24/7

There are clinical staff and residential services staff providing group therapy, case amangement, and peer support.

There is not a visitation component

2. Description of the size and intensity of the facility, including information about; the number of occupants, including residents, clients staff, visitors, etc.; maximum number of beds or persons that may be served by the facility; hours of operations, size and scale of buildings or structures on the site; and size of outdoor areas associated with the use.

The number of residents is 28.
]This facility has nursing staff 24/7
There are no scheduled visting hours.

3. For Congregate Living Uses, describe the average length of stay for residents/occupants of the facility.

Residents stay between 5 to 7 days for detox services and up to 30 days for residential treatment

SUBMITAL CHECKLIST

A complete application must include the following items and submitted by one of the options below:

- **Email:** communitydevelopment@keenenh.gov, with "CLSS License Application" in the subject line
 - **Mail / Hand Deliver:**
 Community Development
 (4th Floor) Keene City Hall,
 3 Washington St, Keene, NH 03431

The submittal requirements for a Congregate Living & Social Services License application are outlined further in **Chapter 46, Article X** of the City of Keene Code of Ordinances.

Note: Additional information may be requested to complete the review of the application.

<input type="checkbox"/> PROPERTY OWNER: <i>Name, phone number and address</i>	<input type="checkbox"/> POINT OF 24 HOUR CONTACT: <i>Name, phone number, and address of person acting as the operator, if not owner</i> <p style="text-align: center;">Same as owner</p>
<input type="checkbox"/> REQUIRED DOCUMENTATION: <i>Provide all required state or federal licenses, permits and certifications</i>	<input type="checkbox"/> WRITTEN NARRATIVE: <i>Provide necessary information to the submittal requirements</i>
<input type="checkbox"/> PROPERTY INFORMATION: <i>Description of the property location including street address and tax map parcel number</i>	<input type="checkbox"/> APPLICABLE FEES: \$165.00 application <i>(checks made payable to City of Keene)</i>
COMPLETED INSPECTION: <i>Inspection date: _____</i>	or SCHEDULED INSPECTION: <i>Inspection date: _____</i>

OPERATIONS AND MANAGEMENT PLAN:
 Plan based on the industry standard "Best Management Practices" to include:

- ◇ Security Plan
- ◇ Life Safety Plan
- ◇ Staff Training and Procedures Plan
- ◇ Health and Safety Plan
- ◇ Emergency Response Plan
- ◇ Neighborhood Relations Plan
- ◇ Building and Site Maintenance Procedures

In addition, Homeless Shelters will need to provide:

- ◇ Rules of Conduct, Registration System and Screening Procedures
- ◇ Access Policies and Procedures



Scope of Services for 3.7 level of care

Definition of service:

Withdrawal management is the reduction of the physiological and psychological features of withdrawal through short-term medical and observation services on a 24-hour basis for the purpose of stabilizing intoxicated individuals, managing their withdrawal, and facilitating effective linkages to, and engagement in other appropriate inpatient and outpatient services. Medically Monitored Inpatient Withdrawal Management (Level 3.7-WM) is a non-hospital intervention delivered by medical, nursing, mental health and substance use professionals, which provide 24-hour medically monitored evaluation under physician-approved policies and procedures or clinical protocols. This level of care is appropriate for individuals with biomedical, emotional, behavioral and/or cognitive conditions that require highly structured services including direct evaluation, observation, and medically monitored addiction treatment. This service is suitable for individuals whose withdrawal signs and symptoms are sufficiently severe to require 24-hour care, but do not require the full resources of an acute care general hospital or a medically managed intensive inpatient program.

Scope of services:

- Physical assessment by a physician, physician assistant (PA), or advanced practice registered nurse (APRN) must be completed within 24 hours of admission (or earlier if medically necessary). A physical exam helps identify any withdrawal symptoms, and drug and alcohol screens may be administered to identify substances present in a person's system. Other medical conditions may also be investigated where relevant to care (ex. TB and other infectious diseases, major organ function). The physician, physician assistant or advanced practice registered nurse must be available to provide on-site care and further evaluation on a daily basis and be available 24 hours a day by telephone to provide access to the patient.
- Mental status examination, by a licensed medical professional (Physician, PA, APRN) and/or licensed therapist operating within their scope of practice, must be completed as part of the intake and assessment process.
- A substance use assessment, including the risk to self and/or others, and determination of appropriate level of care must be completed upon admission, by a licensed medical professional (Physician, PA, APRN) and/or licensed therapist operating within their scope of practice as described under staffing. The assessment must be used to develop the individual treatment



plan. In the event the licensed professional identifies a co-occurring mental health disorder and is unable to assess or treat the individual a referral should be made to a mental health practitioner permitted to assess and treat mental health conditions within the scope of their license.

- A registered nurse (RN) conducts an alcohol or other drug-focused nursing assessment upon admission, administers prescribed medications, and monitor's the individual's progress.
- Appropriately licensed and credentialed staff (described under staffing) should be available to administer medications in accordance with physician orders.
- A treatment plan must address the medically necessary services, to include therapy and withdrawal support services required by the individual. The treatment plan must include measurable goals and interventions to address the identified needs of the individual discharge and relapse prevention planning and referrals. The discharge plan should include care coordination strategies for formal/informal supports. The individual must be assessed daily for progress through withdrawal management and the plan of care.
- Individual, group and family counseling services conducted by a licensed professional, described under staffing, to address cognitive, behavioral, and mental health, and substance use treatment needs.
- The withdrawal management program must also provide random urine drug testing, health education and addiction education services and laboratory and toxicology tests, as ordered by the physician, physician assistant or advanced practice registered nurse. Providers are required to meet clinical best practices for medication utilization and toxicology screening.
- Ancillary service referral as needed: dental, optometry, ophthalmology, other mental health and/or social services including substance use disorder treatment, etc.



Scope of services

Residential (ASAM/DHCS Level 3.5) Clinically Managed High-Intensity:

Provides 24-hour care with trained and credentialed personnel providing clinical directed program activities and professionally directed treatments to stabilize and maintain SUD symptoms, develop, and apply recovery skills specific for individuals with co-occurring mental health disorders. A minimum of 5 hours per day of individual, group, and education sessions and/or structured therapeutic activities specific for individuals with cooccurring mental health disorders.

Residential treatment is a non-institutional, 24-hour, short-term residential program that provides rehabilitation services to clients with a substance use disorder diagnosis when determined by a Medical Director or Licensed Practitioner as medically necessary and in accordance with the individual treatment plan.

The components of Residential Treatment Services include:

- **Intake:** The process of determining that a client meets the medical necessity criteria and admitting the client into a substance use disorder treatment program. Intake includes the evaluation or analysis of substance use disorders; the diagnosis of substance use disorders; and the assessment of treatment needs to provide medically necessary services. Intake may include a physical examination and laboratory testing necessary for substance use disorder treatment.
- **Individual and Group Counseling:** Contacts between a client and a therapist or counselor. Services are provided in-person.
- **Client Education:** Provide evidence-based education on addiction, treatment, recovery, and associated health risks
- **Family Therapy:** The effects of addiction are far-reaching and client's family members and loved ones also are affected by the disorder. By including family members in the treatment process, education about factors that are important to the client's recovery, as well as their own recovery, can be conveyed. Family members can provide social support to the client, help motivate their loved one to remain in treatment, and receive help and support for their own family recovery as well.
- **Safeguarding Medications:** Facilities will store all resident medication and facility staff members may assist with resident's self-administration of medication.



- **Collateral Services:** Sessions with therapists or counselors and significant persons in the life of the client, focused on the treatment needs of the client in terms of supporting the achievement of the client's treatment goals. Significant persons are individuals that have a personal, not official or professional, relationship with the client.
- **Treatment Planning:** The provider shall prepare an individualized written treatment plan, based upon information obtained in the intake and assessment process. The treatment plan will be completed within regulatory timeframes, reviewed every 30 days, or after 4 sessions have been completed with the client.
- **Discharge Services:** The process to prepare the client for referral into another level of care, post treatment return or reentry into the community, and/or the linkage of the individual to essential community treatment, housing and human services.

The components of case management include:

- Comprehensive assessment and periodic reassessment of individual needs to determine the need for the continuation of case management;
 - Transition to a higher or lower level of SUD care;
 - Communication, coordination, referral, and related activities.
 - Monitoring service delivery to ensure client access to service and the service delivery system;
 - Monitoring the client's progress; and
 - Client advocacy, linkages to physical and mental health care, transportation, and retention in primary care services
- The components of Recovery Services are:
- **Support Groups:** Linkages to self-help and support, spiritual and faith-based support; and
 - **Ancillary Services:** Linkages to housing assistance, transportation, case management, individual services coordination.



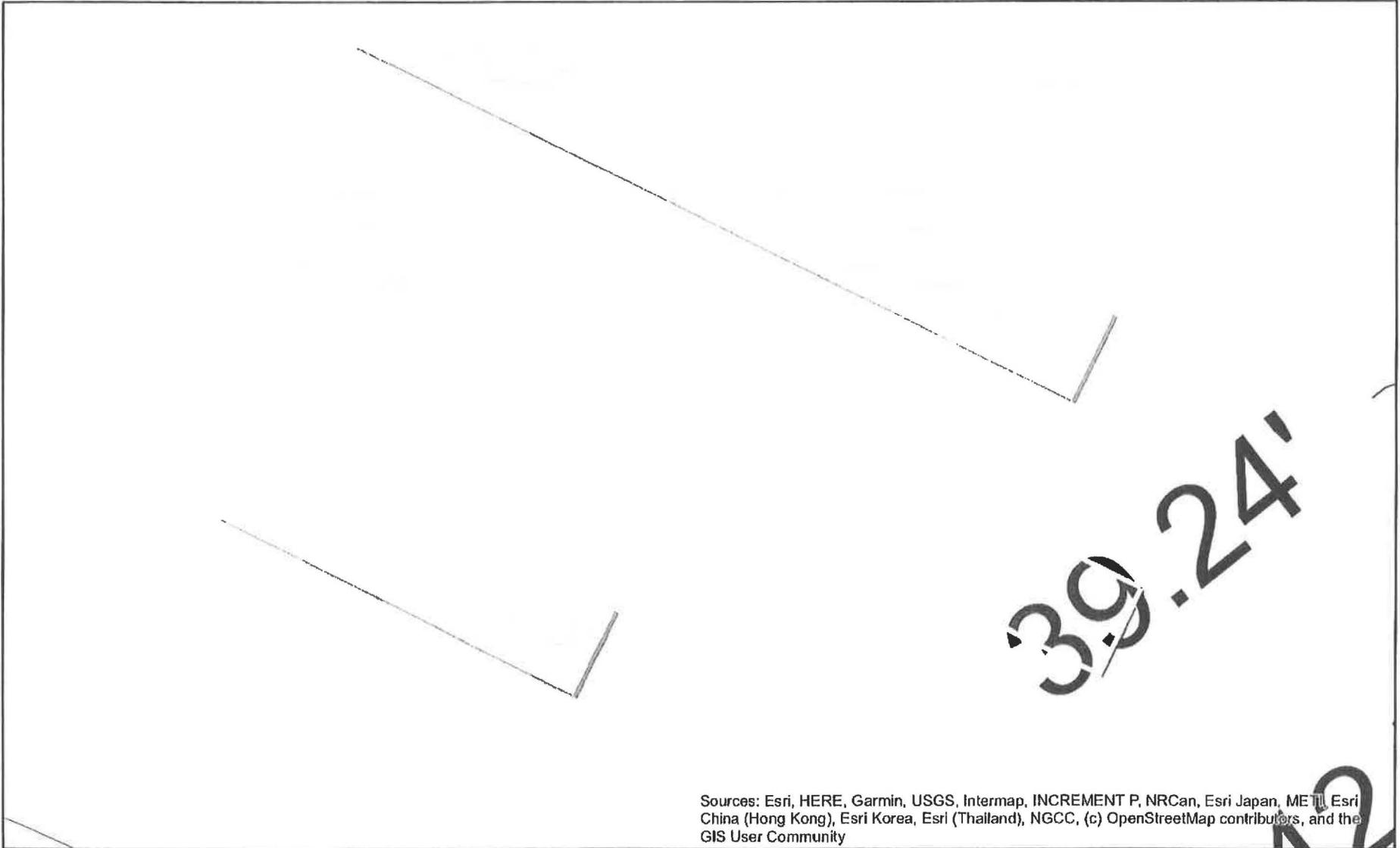
Keene, NH



May 1, 2023

1 inch = 17 Feet

www.cai-tech.com



Sources: Esri, HERE, Garmin, USGS, Intermap, INCREMENT P, NRCan, Esri Japan, METI, Esri China (Hong Kong), Esri Korea, Esri (Thailand), NGCC, (c) OpenStreetMap contributors, and the GIS User Community

Data shown on this map is provided for planning and informational purposes only. The municipality and CAI Technologies are not responsible for any use for other purposes or misuse or misrepresentation of this map.



Life Safety Plan

There are fire drill evacuation maps on each floor of the property in common areas.

Random fire drills are held monthly, staff fills out a report indicating number of residents, where everyone met, how long it took to get out of the building.

Monthly inspections are done to make sure that all hanging fire extinguishers are ready to be used in the event of an emergency.

Daily checks of smoke detectors are done to make sure that they are in the appropriate space, not removed, and are in working condition.

Inspections of the property by the local Fire Department and/or DHHS are scheduled and completed as needed on a yearly basis.



Security Plan

The property is equipped with a closed circuit surveillance system. Staff has the ability to rewind in the event any type of incident is reported.

The monitoring equipment is kept locked in the staff office.

All entrances and common areas are visible by the camera system.

There are lights outside all the entrances to keep it well lit

Lights are checked for safety to make sure that they are working and bulbs are working properly

All doors are locked at all times



LIVE FREE
RECOVERY SERVICES

Staff Training

All licensed staff are required to follow the NH Board of Licensed Professional guidelines for obtaining CEU's and maintaining their license.

Staff are required to bring in their updated license when renewal occurs.



Health and Safety Plan

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Employee Safety Handbook

I. Introduction

Welcome to Live Free Recovery Services. The skills and talents you bring to LFRS are vital to our mission of teaching, research and service to the region and state. One of the keys to accomplishing that mission is to ensure that we maintain a safe and healthy campus environment.

This Employee Safety Handbook is intended for LFRS employees, full time and part time, regular and temporary, and all other LFRS employment categories, i.e., student workers, etc. The Handbook has been developed to provide employees with answers to general questions concerning health and safety in the workplace. It is important, however, that you and your supervisor discuss site-specific safety policies and programs for your department. Your supervisor must inform you of the safety procedures and required training you will need to do your job.

Background

In an effort to improve the overall working environment and to provide, insofar as possible, every working person in the nation safe and healthful working conditions, the Federal Occupational Safety and Health Act of 1970 was enacted. This Act provided an opportunity for the various states to develop their own Occupational Safety and Health Programs.

Health and Safety Policy

Live Free Recovery Services strives to provide a safe and healthful working/learning environment for its clients and staff. LFRS strives to play a leadership role in its environmental stewardship, health protection, safety standards and in its compliance with applicable laws and regulations. The achievement of these goals is an objective for units at all levels of the organization.

Health and Safety Responsibilities

Good environmental health and safety practices are a responsibility of all LFRS employees. The participation and cooperation of each person is essential to a smooth and effective program.

Employees Responsibilities

Your responsibilities as an LFRS employee include:

- Following all health and safety rules and procedures;
- Reporting hazardous conditions to your supervisor;
- Wearing or using prescribed protective equipment;
- Reporting any job-related injury or illness to your supervisor and seeking

Employee Safety Handbook

- treatment promptly; and
- Refraining from the operation of any equipment without both proper instructions and authorization.

Supervisor's Responsibilities

Each supervisor is responsible for providing a working environment free from recognized health and safety hazards. Specific safety responsibilities of supervisors include:

- Informing new employees of their health and safety responsibilities, procedures, rules and regulations;
- Assuring that required equipment and personal protective devices are provided, maintained, and used;
- Taking prompt action when unsafe acts or conditions are reported or noted;
- Providing for health and safety training and education on a continuing basis;
- Investigating and reporting all on-the-job accidents promptly and requesting medical treatment if necessary;
- Investigating and reporting all job-related health or safety problems promptly;
- Coordinating or conducting internal inspections to assure safe and healthful working conditions;
- Requesting the assistance of the next higher level of supervision regarding budget requests for any health and safety improvements needed; and

Leadership Team

The Leadership Team is responsible for development, oversight, and management of environmental health and safety programs that protect the environment, provide safe and healthy conditions for work and study, and comply with applicable laws and regulations. Health and Safety provides educational programs, technical assistance, and health and safety services to the employee and client community. The office also functions as a consultant to deans, directors, and heads of academic and administrative units, other staff members,

Employee Safety Handbook

and clients in all areas of environmental health and safety.

Safety Committee

The Safety Committee is responsible for:

- Recommending policies and programs to ensure a safe environment for clients and staff.
- Safety;
- Monitoring the building to ensure that all safety policies, procedures, and facilities are in compliance with applicable, state, and/or local code requirements;
- Reviewing, evaluating, and recommending for approval Emergency Preparedness plans.

II. Safety Practices

Communication of Hazards in the Workplace

Staff and clients must be informed of any recognized hazards in their facility. It is the responsibility of supervisors to provide adequate health and safety orientation related to standard operating procedures, hazards, and personal protective equipment. You should receive this orientation prior to working in the area.

Please make sure you understand all information presented at the orientation. If you have any language barriers, please explain these to your supervisor. Your supervisor must ensure that all applicable policies affecting your work place is readily available.

Personal Protective Equipment (PPE)

Staff may be required to wear PPE. The following is a general guide for selecting what may be necessary. Additional information may be found in the LFRS Personal Protective Equipment Program.

Employee Safety Handbook

Eye and Face Protection

Proper eye protection reduces your chances of injuring and reduces the severity of injury if an accident does occur. Most workers who have had eye injuries were not wearing eye protection at the time.

All eye and face protective equipment must comply with the American National Standards Institute (ANSI) guidelines and be marked directly on the piece of equipment. Protective eye wear includes safety glasses, goggles and face shields.

Operations listed below are a few examples where eye and face protection may be required:

- Handling cleaning supplies
- Woodworking, i.e., sawing, drilling, sanding, etc.
- Handling solvents.
- High pressure washing.
- Handling human tissue, blood, or other bodily fluids.

Chemical hazards – To protect the eyes and face from splash when handling bodily fluids, using or dispensing corrosive liquids, non-vented chemical goggles or safety glasses with side shields and full-face shield offer the best protection. Safety glasses are the minimum protection recommended of all operations involving hazardous chemicals.

Physical hazards – When using high-pressure cleaning or spray equipment, safety glasses with side shields and full-face shields are the recommended PPE.

Those work activities that produce chips or dust—such as grinding/drilling, power fastening, or power tools—require safety glasses with side shields as a minimum protection level and in some instances may also require the use of a full-face shield.

When doing acetylene oxygen torch soldering, brazing, or cutting, appropriately tinted safety glasses with side shields or tinted goggles are the appropriate PPE.

Hand/Arm and body Protection

Almost 75% of workers who suffered hand injuries were not wearing gloves. Although no glove will offer you total protection from every hazard, wearing the correct glove will help you prevent hand injury. Make sure the glove(s) you use in your work area are designed

Employee Safety Handbook

to protect against the particular hazard(s) that have been identified.

The following are general guidelines in selecting and using gloves:

- Use metal mesh or cut resistant gloves to prevent cuts from broken glassware, knives or sharp other objects.
- Use leather gloves for mechanical or where repetitive motions are involved to prevent blisters, calluses, and abrasions. Leather gloves also protect against rough surfaces, sparks, and moderate heat.
- Use cotton or other fabric gloves to protect against dirt and dust, or to better grasp slippery objects.
- Use rubber, neoprene, vinyl, or nitrile gloves to protect against chemicals.
- Workers who are sensitive to natural rubber latex should avoid direct contact with latex gloves and other rubber products.
- Check gloves before wearing to make sure they're not cracked, torn, or damaged in any way.
- Make sure gloves fit properly. They should cover your hands completely and be comfortable enough for you to perform your job.
- Take care to avoid contamination—don't let your bare skin touch contaminated gloves.
- Dispose of single-use gloves in the proper containers.

When using hazardous chemicals, specialized gloves offering protection for specific chemical families, a laboratory coat, and at times a splash apron are the appropriate PPE.

Insulated gloves and arm sleeve covers are recommended when handling hot or cold materials.

Head and Foot Protection

Occasions may develop during the work day or job duty when the use of a hard hat or other head protection and foot protection is necessary. All hard hats or safety shoes must meet the requirements for protection outlined by the American National Standards Institute (ANSI).

Employee Safety Handbook Documentation

Supervisors are responsible for maintaining written copies of safety programs and employee training documentation. This documentation is a requirement of most regulatory standards. Regulatory agencies may ask to see these documents during an inspection.

Training

You may be required to attend in-house training sessions on such topics as bloodborne pathogens, hazard communication, hazardous waste, asbestos awareness, or laboratory safety. Supervisors of affected employees should exercise a measure of accommodation for those needing training. A checklist to help you understand which LFRS Health and Safety programs apply to you may be found on page 9.

In some cases, supervisors may conduct specialized training sessions (e.g., safety procedures for using powered equipment). Supervisors can contact the Health & Safety Office for information or assistance in preparing training materials.

Training should be provided:

- When an employee is hired, when an employee is given a new work assignment for which training has not previously been given; and
- When a new hazard (chemical or physical) is introduced into the workplace.

At a minimum, health and safety training for employees must include:

- Recognition of health and safety hazards;
- General and job-specific health and safety practices; and
- State regulations and LFRS health and safety policies applicable to the job.

General Safety Rules

- All classrooms, laboratories, offices, shops, storerooms, and passageways will be kept orderly and free from unnecessary debris.
- Floors will be cleaned and waxed in such a manner as to keep slipping hazards to a minimum.
- Flammable liquids will not be used to clean floors, clothing or equipment.
- Trash containers in offices, laboratories, shops and other work areas will be emptied each working day, preferably at the end of normal working hours, or thereafter.
- Furnace, mechanical, and air handling rooms will not be used as storage areas.

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- Worktables, stools, benches, tools and equipment will be maintained in good repair.
- Electrical and mechanical equipment will have moving parts adequately guarded.
- All electrical equipment will be properly grounded.
- Appropriate personal protective equipment and/or clothing will be worn in all areas and/or during operations requiring such use.
- Unauthorized persons will not tamper with electrical fuse boxes, alter existing wiring, or install new electrical wiring.
- Electrical cords will be maintained in good condition.
- Extension cords must be the type that contain a built-in overload circuit breaker, they must not be extended and used outside the room in which the fixture outlet is located, and must not be located in such a manner as to create a tripping hazard. Where cords must be placed across paths of travel, cord covers must be used.

Emergency Preparedness Procedures

The establishment of well thought out emergency plans is one of the cornerstones of an effective safety program. Evaluating potential emergency situations, developing emergency procedures, and conducting practice exercises can help save lives. Detailed instruction regarding emergency procedures may be found in the LFRS Emergency Preparedness Plan.

An LFRS Emergency Desk Reference has been prepared and distributed to all employees. The desk reference which should be kept readily available in your work area provides useful information pertaining to severe weather, fire and bomb threats.

You should become familiar with the posted evacuation plan and how you should respond to a fire or other emergency in your building and be prepared to evacuate the building when necessary.

When the Fire Alarm Sounds

Employee Safety Handbook

If you are in any LFRS building and discover a fire, please take the following actions:

- Leave the building immediately.
- Pull the nearest fire alarm pull station and notify Public Safety, 911.
- Leave the area quickly, closing doors as you go to contain the fire and smoke.
- If you encounter smoke or flame during your escape, use an alternative exit. If you must exit through smoke, crawl on your hands and knees.
- Do not re-enter the building until emergency response officials have declared that it is safe to do so.

In the event of a serious injury requiring immediate medical assistance or any other emergency, remain calm, call 911, notify the dispatcher of the type and location of the emergency, answer any questions the dispatcher may have and stay on the line until released by the dispatcher.

Employee Accidents

You must report all work-related accidents, injuries, or illnesses to your supervisor. If an injury or illness requires medical attention, supervisors must report them to the Leadership Team.

Client of Visitor

Any staff member who witnesses, is involved in, or is informed of an accident with a client or visitor should report the accident to the Leadership Team

Automobile Accidents

All vehicle accidents occurring on campus will be reported to immediate supervisor, who will notify Leadership Team.

III. Health and Safety Program Checklist

The following checklists have been developed for you and your supervisor to understand the hazards and applicable Health and Safety Programs associated with your workplace or assigned duties. If you answer yes to questions in the 1st column, then the corresponding LFRS program and training requirements are, most likely applicable. Training may be provided by your supervisor, designated staff, Health and Safety, or outside vendors. Training must be provided and documented before performing any of the listed activities.

Employee Safety Handbook

Health and Safety Programs

Health & Safety has developed a number of model programs to help provide for the health and safety of LFRS employees. Many of these programs are mandatory to ensure compliance with state and federal regulations. The following are some of the programs and safety manuals available:

- Bloodborne Pathogens Program
- Emergency Preparedness Plan
- Hazard Communication Program
- Hazardous Waste Manual
- Laboratory Safety Manual (Chemical Hygiene Plan)
- Lockout/Tagout Program
- Personal Protective Equipment Program and Hazard Assessment
- Radiation Safety Manual
- Respiratory Protection Program
- Confined Space Entry Program
- Hearing Conservation Program

A copy of the Employee Safety Handbook has been given to me at the time of my employment. I promise to read the contents and to ask for an explanation of any parts that I do not understand. The Employee Safety Handbook describes important information about LFRS, and I understand that I should consult my supervisor regarding any questions not answered in this Handbook.

Since the information, policies and procedures described here are subject to change, I acknowledge that revisions to the Handbook may occur. Only the Leadership team is authorized to adopt any revisions to the policies in this Handbook.

Signature _____ Date _____

Hand Hygiene is the #1 way to prevent the spread of infections

You can take action by practicing hand hygiene regularly and by asking those around you to practice it as well.

You and your loved ones should clean your hands very often, especially after touching objects or surfaces in the hospital room, before eating, and after using the restroom. Your healthcare provider should practice hand hygiene every time they enter your room.

It only takes 15 seconds of using either soap and water or an alcohol-based hand rub to kill the germs that cause infections.

Use soap and water when your hands look dirty; otherwise, you can use an alcohol-based hand rub.

You, your loved ones, and your healthcare providers should practice hand hygiene.

Hand Hygiene Saves Lives



hand hygiene

- Washing hands with soap and water.
- Cleansing hands using an alcohol-based hand rub.
- Preventing the spread of germs and infections.



For more information, please visit www.cdc.gov/handhygiene or call 1-800-CDC-INFO

CDC acknowledges the following partners in the development of the *Hand Hygiene Saves Lives* video: the Association for Professionals in Infection Control and Epidemiology and Safe Care Campaign.

This brochure was developed with support from the CDC Foundation and Kimberly-Clark Corporation.

To prevent hospital infections.

- In the United States, hospital patients get nearly 2 million infections each year. That's about 1 infection per 20 patients!
- Infections you get in the hospital can be life-threatening and hard to treat.
- All patients are at risk for hospital infections.
- You can take action by asking both your healthcare providers and visitors to wash their hands.

Hand hygiene saves lives.

To make a difference in your own health.

- Hand hygiene is one of the most important ways to prevent the spread of infections, including the common cold, flu, and even hard-to-treat infections, such as methicillin-resistant *Staphylococcus aureus*, or MRSA.

You should practice hand hygiene:

- Before preparing or eating food.
- Before touching your eyes, nose, or mouth.
- Before and after changing wound dressings or bandages.
- After using the restroom.
- After blowing your nose, coughing, or sneezing.
- After touching hospital surfaces such as bed rails, bedside tables, doorknobs, remote controls, or the phone.

Healthcare providers should practice hand hygiene:

- Every time they enter your room.*
- Before putting on gloves. Wearing gloves alone is not enough to prevent the spread of infection.
- After removing gloves.

Remember: Ask your doctors and nurses to clean their hands before they examine you.

* If you already have an infection, your healthcare providers may take special measures (isolation precautions) to prevent the spread of your infection to others. They might enter your room wearing protective equipment (e.g., gloves, gown, mask). You do not need to ask them to clean their hands because they should have done so before they put on gloves.

With soap and water:

1. Wet your hands with warm water. Use liquid soap if possible. Apply a nickel- or quarter-sized amount of soap to your hands.
2. Rub your hands together until soap forms a lather and then rub all over the top of your hands, in between your fingers and the area around and under the fingernails.
3. Continue rubbing your hands for 15 seconds. Need a timer? Imagine singing the "Happy Birthday" song twice.
4. Rinse your hands well under running water.
5. Dry your hands using a paper towel if possible. Then use your paper towel to turn off the faucet and to open the door if needed.

Remember: It only takes 15 seconds to protect yourself and others.

With an alcohol-based hand rub:

1. Follow directions on the bottle for how much of the product to use.
2. Rub hands together and then rub product all over the top of your hands, in between your fingers and the area around and under the fingernails.
3. Continue rubbing until your hands are dry. If enough rub was used to kill germs, it should take at least 15 seconds of rubbing before your hands feel dry. You should not rinse your hands with water or dry them with a towel.

Use soap and water:

- When your hands look dirty.
- After you use the bathroom.
- Before you eat or prepare food.

Use an alcohol-based hand rub:

- When your hands do not look dirty.
- If soap and water are not available.

Products that kill germs on the hands. Should contain 60% to 95% ethanol or isopropanol (types of alcohol). Are fast-acting and convenient.

You can make a difference in your own health:

- Healthcare providers know they should practice hand hygiene, but they sometimes forget. Most welcome your friendly reminder.
- Ask healthcare providers to practice hand hygiene in a polite way — tell them that you know how easy it is for people to get infections in the hospital and that you don't want it to happen to you.

Remember: Take control of your health. Practice hand hygiene.

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EMERGENCY ACTION PLAN

General Preparedness

- ✓ Establish relationships with essential partners, such as law enforcement, first responders.
- ✓ Coordinate transportation to medical treatment, if required.
- ✓ Develop training programs and drills.
- ✓ Identify local radio and television stations to be source of broadcast communications.
- ✓ Have contact number for each client and employee.
- ✓ Know mass evacuation plan for community and identify what resources will be needed to transport clients quickly and safely.
- ✓ Establish Incident Commander (person responsible for front-line management of the incident).

COMMAND STRUCTURE



Facility/Program Chain of Command

Live Free Recovery Services Phone Numbers:

Admissions – (877) 932-6757

Crisis/Suicide Hotline – (603) 448-4400

1. Ryan Gagne – Executive Director
Cell Phone: 603-438-3276
Email: rgagne@Livefreessl.com
2. Jennifer Houston– Clinical Director
Phone: 603-247-8786
Email: jhouston@Livefreessl.com
3. Doug Hohenberger – Clinical Director of Program Policy & Compliance
Phone: (603) 903-5461
Email: dhohenberger@Livefreessl.com
4. Tony Basil – Program Manager
Phone: 952-855-2033
Email: tbasil@Livefreessl.com

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Live Free Recovery Services

Address	881 Marlboro Road Keene, NH 03431
Main Phone #	877-932-6757
Radio Source for Emergency Broadcasting	(i.e., Emergency Alert System, program closings): 97.7 WSNI
TV Source for Emergency Broadcasting	(i.e., Emergency Alert System, program closings): Chanel 9, WMUR
Facility/Program Crisis Management Plan Location	Front BHT office, Marlboro Road
Electronic File Location	In Microsoft Shared Folder ("Emergency Plan")

Radio source for emergency broadcasting:

WSNI 97.7

TV source for emergency broadcasting (i.e., Emergency Alert System, program closings) Channel 9 or any of the New Hampshire's cable TV franchises.

Additional Numbers

Fire/Police/Medical - Emergency	911
Fire (non-emergency)	Keene Fire Dept. – 603-357-9861
Police (non-emergency)	Keene Police Dept. - 603-357-9815
Medical Hospital (non-emergency)	Cheshire Medical Center- 603-354-5400
Center for Disease Control	1-800-311-3435
Poison Control	1-800-222-1222
Area Red Cross	(603) 225-6697

UTILITIES

Location of Utilities

Water Main	Located on the first floor inside the maintenance room
Gas Main	Located on the first floor inside the maintenance room
Electrical Main	Located on the first floor inside the maintenance room
Electric Panel	Located on the first floor inside the maintenance room
Fire Panel	On the electrical panel in maintenance room, communication box is located on top of the building

How to Shut Off Utilities

Water Main	Close the shutoff valve in the basement. Contact Municipal Services to shut off the valve from the street. 603-352-0133
Gas Main	Close the shutoff valve. Call Dead River-603-352-5240
Electrical Main	Shut off the electrical main in the basement. Eversource – 866-554-6025

MEDICAL

Medical Emergencies

- Check breathing and pulse before administering first aid.
- Administer first aid, as needed.
- First aid supplies are located in the RSW Office.
- Blood spill supplies are located in the Med room.
- Personal Protective Equipment (i.e., disposable gloves) is located in the First Aid kits.
- An AED (Automatic External Defibrillator) is hanging on the wall in the Med room.
- Narcan Kits are located:
 - In the tech office
 - Each apartment has a kit
 - The community room has a kit
- Call **911** or, if time allows, contact your supervisor and/or Clinical Director immediately. They will make the appropriate calls to the local police or **911**.
- Routes to medical care/hospital
 - Cheshire Medical Center (15 minutes) – see below
 - Monadnock Hospital (31 minutes)

DRIVING DIRECTIONS TO Cheshire Medical Center

881 Marlboro St
Keene, NH 03431

Take County Jail Rd to NH-101 W/Marlboro St
25 s (466 ft)

Head southwest toward County Jail Rd
108 ft

Turn left onto County Jail Rd
358 ft

Follow NH-101 W, Main St, and Court St
10 min (4.9 mi)

Turn left onto NH-101 W/Marlboro St
Continue to follow NH-101 W
2.7 mi

Turn right onto Main St
0.5 mi

At the traffic circle, continue straight to stay on Main St
0.4 mi

Continue onto Central Square
75 ft

Slight left to stay on Central Square
223 ft

Keep right to continue on Court St
95 ft

Turn right to stay on Court St
1.2 mi

Drive to your destination
1 min (0.1 mi)

At the traffic circle, take the 3rd exit
394 ft

Turn left
30 ft

EMERGENCY ACTION PLAN

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Continue straight
95 ft

Turn right
Destination will be on the right
131 ft
Cheshire Medical Center
580 Court St, Keene, NH 03431

DRIVING DIRECTIONS TO MONADNOCK COMMUNITY HOSPITAL

881 Marlboro St
Keene, NH 03431

Take County Jail Rd to Marlboro St
25 s (466 ft)

Head southwest toward County Jail Rd
108 ft

Turn left onto County Jail Rd
358 ft

Take NH-101 E to Parmalee Dr in Peterborough
27 min (18.0 mi)

Turn right onto Marlboro St
0.3 mi

Continue onto NH-101 E/Main St
9.3 mi

At the traffic circle, continue straight onto NH-101 E
5.9 mi

At the traffic circle, continue straight onto Dublin Rd
0.6 mi

Continue onto Wilton Rd
0.2 mi

Turn left onto Granite St
0.5 mi

Continue onto Pine St
0.1 mi

EMERGENCY ACTION PLAN

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Continue onto Concord St
1.1 mi

Continue on Parmalee Dr to your destination
3 min (0.7 mi)
Monadnock Community Hospital
452 Old Street Rd, Peterborough, NH 03458

FIRE

Reporting a Fire

- Activate the alarm system by pulling the lever on the nearest fire alarm box.
 - Fire Alarms are located throughout the building at each exit.
- Call 911

Alarm System

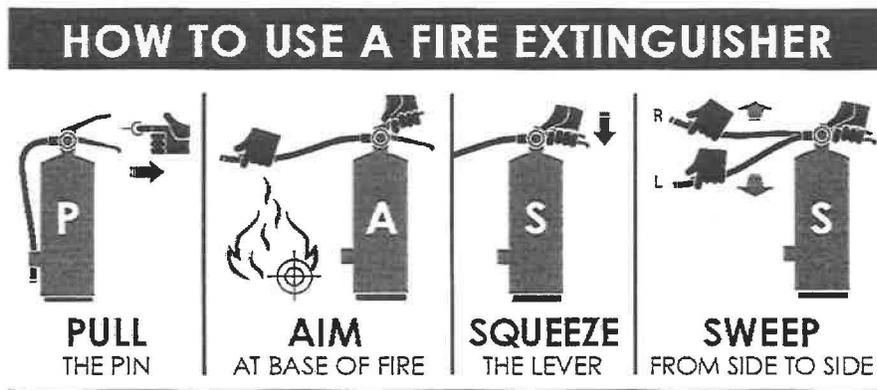
- What is the facility alarm system? The facility alarms are wall-mounted horns and sight alarms. (flashing light)
- Is the facility equipped with a fire alarm system that is directly connected to a local station? Yes
- If no, 911 needs to be called when there is an unscheduled fire alarm.
- How is the alarm system activated and turned off? The doors are alarmed and are turned off by a key.

Fire Exits

- Fire exits are located throughout the building. Each residential floor has two fire exits that are visibly marked as Fire Exit.

Fire Extinguisher

- Fire extinguishers are in major corridors of the facility.
- Fire extinguisher use:
 - P - Pull the extinguisher pin.
 - A - Aim extinguisher at base of fire.
 - S - Squeeze handle.
 - S - Sweep extinguisher back and forth.



Fire Drills

- Does your facility hold fire drills? Yes, quarterly will create logbook.
- Designated meeting place: All staff and residents will meet on the lawn to the right of the building when facing the main entrance
- Fire drill procedure: Staff and clients will exit via the nearest emergency exit (see floor plan). Floor staff/senior staff on each unit will carry census & sign-in sheet outside. Staff and clients will meet in the designated meeting places. Staff will take attendance and ensure everyone evacuated quickly & safely. Staff is to write their names on the sign in sheet, along with the total head count of clients per unit. All sign-in sheets are given to the Clinical Director or Senior Staff prior to reentering the building to ensure that all clients and staff have been accounted for. If someone is missing, do not re-enter the building. The EXECUTIVE DIRECTOR/Clinical Director/Manager will communicate to the fire department any information pertaining to missing people.
- Once the EXECUTIVE DIRECTOR/Clinical Director/Manager gives the okay, clients and staff will re-enter the building. Sign in sheets are given to the Clinical Director.
- The Program Clinical Director at the main entrance will collect the Emergency Contact Binder(s) for clients and staff and the Visitor Log. If there is no front desk staff, the senior staff member in the building should collect these.

Evacuation Procedure

Events that warrant evacuation from the facility include, but are not limited to fire, explosion, bomb threat, etc.

Evacuation of the building is the same as for a fire or fire drill. Residents are to exit the building promptly and quietly. All staff and residents will meet in the side yard to the right of the building when facing the main entrance.

Evacuation is to begin immediately after pulling the fire box and calling 911.

- Evacuate all persons using the closest emergency exit(s). (See floor plan)
- Procedure for getting people with special needs out when elevators cannot be used:
 - Mobility Impairment: If a person cannot exit the building, ask if assistance is needed. If needed, assist the person in calling 911. After you leave the building, immediately inform emergency personnel on site, or call 911. *Some individuals with mobility impairments who can walk independently may be able to negotiate stairs in an emergency with minor assistance.*
 - Blindness or Visual Impairment: A person assisting an individual who is visually impaired should:
 - Give verbal instructions about the safest route or direction using directional terms and estimated distances.

- Ask if assistance is needed. If so, offer your elbow and provide guidance through the evacuation route. This may be especially helpful when navigating debris or a crowd. (Never grasp the arm of a person you are assisting)
 - While escorting a person out of the building, explain along the way where you are going and what you are doing.
- o Deafness, Hearing Loss, Language Difficulty. If a person appears to be unaware of the need for immediate evacuation, use the following guidelines:
 - Get their attention by touch or eye contact. State the problem clearly and simply, including the need to evacuate. Gestures and pointing are helpful, but, be prepared to write a brief statement if the person does not seem to understand.
 - Offer visual instructions to designate the safest route or direction by pointing toward exits or evacuation maps.
 - Offer to escort them from the building.
- Posted evacuation maps are required throughout the facility.
 - o Evacuation maps must show two unobstructed evacuation routes for each area of the facility.
 - The senior staff member is responsible for either collecting, or delegating the collection of, the emergency contact information on each client.
 - Emergency Contact Information is in each client file.
 - o The senior staff member or (Program Clinical Director) is responsible for collecting program items such as keys, cell phone, and walkie talkies (as applicable).
 - Staff not evacuating people should:
 - o Close all windows and doors before leaving the building.
 - o Turn off electrical equipment.
 - The senior staff member or Program Coordinator will carefully sweep the center to ensure everyone has been evacuated.
 - The ASSEMBLY AREA IS LOCATED in the right-side lawn area when facing the main entrance of the building.
 - Begin taking a census once the facility has been evacuated. Census includes clients, visitors, vendors, and employees. Use the Sign-In Sheet, Visitor's Log, and schedules to account for staff and visitors.
 - o If someone is missing, do NOT re-enter the building. The Incident Commander will communicate to the fire department any information pertaining to missing people.
 - Only re-enter the building when the alarm is silenced, and employees are notified by a representative from the Fire Department, maintenance, or senior staff that it is safe to re-enter the building.
 - In the event the building cannot be occupied for safety reasons, the Clinical Director and/or highest-level administrator on duty will coordinate with the Executive Director to make all decisions.

In the event that the building needs to be evacuated during inclement weather, the following precautions need to be taken:

- Hat, gloves or mittens, and coats need to be taken during cold/snowy conditions.

Medication

- In the event of an evacuation, the Incident Commander or senior staff member is responsible for taking the clients' medications, located in the medicine closet.

SHELTER-IN-PLACE

Shelter-in-place means staying *inside the building*. Local authorities issue orders for shelter-in-place. No one may leave the building until there is official notification that the shelter-in-place has been lifted.

Conditions that warrant sheltering-in-place include but are not limited to extreme weather/cold, outside air quality concerns, community chemical spill, terrorist attack, nuclear disaster.

- If there are customers, or visitors in the building, provide for their safety by asking them to stay – not leave. Do not drive or walk outdoors.
- If time permits, employees, customers, clients, and visitors may call their emergency contact to let them know where they are and that they are safe.
- Turn on call-forwarding or alternative telephone answering systems or services. If the business has voice mail or an automated attendant, change the recording to indicate that the business is closed, and that staff and visitors are remaining in the building until authorities advise that the Shelter-in-Place is no longer in effect.
- Quickly lock exterior doors, close windows, and shut air vents as well as fireplace dampers. Have employees familiar with the building's mechanical systems turn off all fans, heating and air conditioning systems, and clothes dryers. Some systems automatically provide for the exchange of inside air with outside air. These systems need to be turned off, sealed, or disabled.
- There is an "Emergency" box located on shelving adjacent to the commercial laundry area. The box will contain directions for sealing windows and doors. The box also contains duct tape, scissors, and rolls of plastic. An emergency radio is in the emergency box. The Clinical Director will assign a staff member to secure all windows and doors. While this is being done, a staff member will be assigned to help the clients move to the dining area, or other designated area, depending on the situation.
- Gather essential disaster supplies, such as nonperishable food, bottled water, hygienic supplies, first aid and blood-spill supplies, communication devices (i.e., cell phone, walkie talkie), battery-powered radios, flashlights, batteries, duct tape, plastic sheeting, and plastic garbage bags.
- The staff and clients will gather in the dining room)
 - The selected interior room should be above the ground floor with the fewest windows or vents. The room should have adequate space for everyone to be able to sit. Avoid overcrowding by selecting several rooms if necessary. Large storage closets, utility rooms, pantries, copy and conference rooms without exterior windows will work well. Avoid selecting a room with mechanical equipment like ventilation blowers or pipes, because this equipment may not be able to be sealed from the outdoors.
- Take a census of all clients, visitors, and employees once everyone has gathered.
- If vapors begin to bother individuals, hold wet clothes over their nose and mouth.
- If you are told that there is danger of explosion, close the window shades, blinds, or curtains.

- For a higher degree of protection, go into the bathrooms, close the door, and turn on the shower in a strong spray to “wash” the air.
- Staff will be permitted to phone their families.
- It is ideal to have a hard-wired telephone in the room(s) you select. Call emergency contacts and have the phone available if you need to report a life-threatening condition. Cellular telephone equipment may be overwhelmed or damaged during an emergency.
- The Incident Commander is responsible for notifying everyone when sheltering in place can end or when offsite sheltering is needed.

Note: In many instances it would be a serious risk for anyone to travel during a terrorist event. Staff would be putting themselves at risk and should have a plan to cover what they and their families would do in the event of an act of terrorism.

Communication

- The Clinical Director will contact the Executive Director and update him/her on the condition of the facility.
- The Clinical Director is responsible for listening to the radio and keeping the staff up to date on what is happening in the area.
- The Clinical Director/EXECUTIVE DIRECTORS/Executive Director/Assistant Director or Incident Commander are the only people authorized to release staff from duty.
- The Clinical Director will utilize the Emergency Call List if additional staff is needed at the facility.
 - If needed, the Executive Director will be contacted to assist in providing extra staffing support.
- The Clinical Director or Program Director will assign staff members to phone the families of the clients.
- The Clinical Director and Program Director need to be sure the portable phone is always charging.
- In the event that there is no portable phone service, individual cell phones may be used to communicate.

Programming

- Each facility must have plans in place for indoor activities for the clients.

OFF-SITE SHELTERING

In the event the building cannot be occupied for safety reasons, the Clinical Director and Incident Commander will finalize plans. As soon as practically possible, the Executive Director should notify DHHS that an evacuation is taking place.

- Offsite sheltering plan for clients (if sending them home is the plan, please indicate): Utilize facility vehicles to transport clients to the relocation site. Otherwise, clients are sent home or to a homeless shelter. Staff may use personal vehicles to help with transporting the clients, as needed for overflow.

- Offsite sheltering plan for employees (if sending them home is the plan, please indicate): Non-essential employees should return home. Essential employees will provide transportation to the relocation site.
 - Bring all clients to the location at Court Street. If additional space is needed, remaining clients can be brought to the location on Roxbury Street.
- Is there any special licensing agreement or documentation that goes along with the relocation site (such as if the relocation site licensed as a treatment center)? No
 - If yes, is the required documentation completed? N/A
- The Clinical Director or Incident Commander will be responsible for transporting the client's information from the facility to the alternate location.
 - Emergency information
 - Census sheet/attendance books
 - Staff sign-in log
- Procedure for notifying clients, visitors, employees, vendors, etc. that the site is closed:
 - Change the voicemail, put signs on the main entrances, and call any clients scheduled to come in.
 - Program Director will give designated staff the responsibility of calling each client's family/guardian (because clients are adults, they will have the option to call & notify their own family).
 - Emergency supplies and documentation to take to the offsite sheltering:
 - Medication
 - Client files
 - Census
 - Procedure for taking census of clients and employees:
 - Utilize current census sheet for residents.
 - Use Sign In log for visitors.
 - Use schedule for employees.
 - Staff will be transported via Live Free Recovery Services van(s) and/or Live Free Recovery Services Staff's vehicles from the facility to the relocation site.
 - Routes to offsite shelter with comments on travel restrictions (more than one route recommended):

DRIVING DIRECTIONS TO OFF-SITE SHELTER

881 Marlboro St
Keene, NH 03431

Take County Jail Rd to NH-101 W/Marlboro St
25 s (466 ft)

Head southwest toward County Jail Rd
108 ft

Turn left onto County Jail Rd
358 ft

Follow NH-101 W and Main St to Court St
9 min (4.4 mi)

Turn left onto NH-101 W/Marlboro St
Continue to follow NH-101 W
2.7 mi

Turn right onto Main St
0.5 mi

At the traffic circle, continue straight to stay on Main St
0.4 mi

Continue onto Central Square
75 ft

Slight left to stay on Central Square
223 ft

Keep right to continue on Court St
95 ft

Turn right to stay on Court St
Destination will be on the right
0.7 mi
361 Court St
Keene, NH 03431

- The Clinical Director will personally check the file of each client and refer to the contact referral form to ensure that the person picking up the client has the authority to do so. All ID's will need to be checked by the Clinical Director/Program Director before allowing a client to leave the facility.

CHEMICAL ACCIDENTS

- Refer to Material Safety Data Sheet (MSDS) for the proper clean up procedure. Data sheet binders are in Front Office in Binder Labeled MSDS and on the Google Docs Shared Folder called "MSDS".
- The poison control number is 1-800-222-1222.
- Refer to the Shelter in Place if a community-wide toxic material release occurs and you cannot leave the facility.

GAS LEAKS

If gas odors are strongly detected inside or outside of a building, and/or if the odors are accompanied by hissing sounds, then an immediate emergency exists.

Procedure

- If you detect strong natural gas odors in an outdoor location, immediately proceed to the nearest non-affected area, call 911, and contact Clinical Director. Alert any passers-by to stay clear of the affected area.
- If you detect strong natural gas odors inside a building and cannot determine the source, immediately vacate the room/space, close any doors behind you, and initiate a building evacuation by manually engaging the nearest fire alarm pull station.
- Proceed to your designated meeting place on the lawn to the right of the main entrance.
- Emergency shut off: Is inside the cover of the tank.
- Staff will follow the Evacuation procedures outlined in the Emergency Action Plan.
- No one is permitted to re-enter an area suspected of a gas leak unless told to do so by local authorities and a senior staff member.

POWER FAILURE

- Procedure for power failure: Back up power from the county jail grid
 - Notify the electric company: EVERSOURCE 866-554-6025
 - Emergency lighting will come on automatically.
 - If the power outage seems widespread, listen to the radio for general instructions for the community.
 - If water needs to be conserved due to the outage, limit the use of faucet water and flush toilets sparingly.
 - If the power outage is temporary (a few hours) normal operations of the facility will be maintained as much as possible.
- Procedure for water use during power failure (as applicable):
 - Water use is not restricted. Hot water will be limited to that on hand at the time of the failure.
- Procedure for heat during power failure (i.e., prevent pipes from freezing):

- o Extended power outage and a temperature below 45 degrees will require evacuation. The Clinical Director will make arrangements with contractors will prevent damage by draining the plumbing or using a backup power system and heat tapes.
- Procedure for food in cold storage during a power failure:
 - o Refrigeration is maintained by the backup power system; however, it is still prudent to:
 - Restrict access to cold storage.
 - Monitor the temperature.
- Live Free Recovery Services staff and/or vendor to notify when there is an extended power failure:
 - o Executive Director, Clinical Director
 - o Power Service of New Hampshire: EVERSOURCE 866-554-6025
- Does the facility have the use of a backup power system for power failures? The facility is tied into the power grid for the County Jail.
- Who makes the decision if the facility needs to be evacuated due to power failure? Incident Commander in conjunction with the Clinical Director.
- If the facility needs to be evacuated, follow the evacuation and/or offsite sheltering procedures.
- In the case of an electrical storm, clients should be removed from window areas.
 - o Electrical appliances should be unplugged.

LOSS OF HEAT

- Procedure for loss of heat to the facility:
 - o Any staff noticing heat loss is responsible for notifying the appropriate maintenance staff or administrator/Clinical Director. That person is then responsible for contacting the heating vendor as needed.
- Live Free Recovery Services staff and/or vendor to notify when there is a loss of heat.
- Follow the evacuation procedure if the temperature falls below 45 degrees.
- Procedure for notifying employees, clients, visitors, etc. that there is loss/contamination of water. Program Clinical Director will announce:
- Who makes the decision if the facility needs to be evacuated due to loss of heat? Clinical Director or Incident Commander.
- If the facility needs to be evacuated, follow the evacuation and/or offsite sheltering procedures.

LOSS/CONTAMINATION OF WATER

- Procedure for loss/contamination of water to the facility:
- Any staff noticing a loss of water or water contamination is responsible for notifying the appropriate staff or Clinical Director. The staff or Clinical Director is then responsible for attempting to locate the source of the problem and determining if it is confined to the facility or is neighborhood wide. If the problem is internal, then a plumber is to be notified. If the problem is external, Keene Water Department is to be contacted at 603-352-0133. If water pressure is lost for more than four hours, the Fire Department must be notified, and a fire watch instituted for the duration of the event.
- In the event of water contamination, the senior staff member, or designated person will:

- Contact the local Health Department. (603) 357-3510. If the Health Department cannot be reached, listen to the local TV or radio for details on the procedure to follow.
- Advise staff to closely supervise individuals and ensure that no one drinks the water.
- Determine the expected duration of the contamination and the procedure for making the water safe for use. Advise the program managers of the anticipated duration of water loss or contamination.
- Assess the water supply for the facility and needs to ration available water.
- Determine the ability to maintain individuals at the location.
- If deemed necessary, instruct staff to purchase bottled water or obtain water as advised by the Health Department for drinking, washing and brushing teeth.
- Prevent usage and access to tap locations. Utilize only factory-sealed water or water stored specifically for emergencies.
- Live Free Recovery Services staff and/or vendor to notify when there is loss/contamination of water (i.e., water authority): Clinical Director.
- Who makes the decision if the facility needs to be evacuated due to loss/contamination of water? Clinical Director in conjunction with the EXECUTIVE DIRECTOR
- If the facility needs to be evacuated, follow the evacuation and/or offsite sheltering procedures.

OPERATIONAL DISTURBANCE

An operational disturbance is when an emergency causes normal operations to shut down.

- Who makes the decision to close the facility? Executive Director in conjunction with the Clinical Director
- Procedure for notifying clients, visitors, employees, and vendors of the facility closing:
 - Change the answering machine message.
 - Utilize the phone tree to notify employees.
 - Post a notice at the building's entrances.
- Procedure for accounting for the building's occupants when it is closed:
 - Utilize the census for residents.
 - Utilize the Sign-In sheet for visitors.
 - Utilize the schedule for employees.
- Procedure for dealing with an operational disturbance:
 - Check for any structural damage (once the building has been cleared to enter).
 - Take photos of any damage.
 - Report any damage to the insurance company.
 - Document damage in an incident report.
 - Check for downed or damaged utilities and report any to the proper authorities.
 - The Executive Director will make the decision on when operations can be moved back into the facility.
 - Facility shut – offs (water, gas, electricity, other): Who is responsible for shut-offs? Program Clinical Director
- Key operations that need to continue for the facility/program to regain normal operations:
- Procedure for assessing and reporting utility issues:
 - Keene Water Department 603-352-6550

- Contact Eversource (866) 554-6025
- Who makes the decision to reopen the facility? Executive Director in conjunction with the Clinical Director
- Procedure for notifying employees and clients of the facility's reopening?
 - Phone tree to notify staff.
 - Change voicemail message.
 - Remove signs from doors.
 - Call clients

LOCKDOWN

Conditions that warrant lockdown include, but are not limited to violent intruder, hostage, civil disturbance.

- Procedure for full lockdown (i.e., 911 notification): Clinical Director, Incident Commander, Senior staff, or designee
- Procedure for partial lockdown (those not in lockdown area evacuate):
- Evacuate as for a fire. Staff outside of the lockdown area may be instructed to go home, clients outside of the lockdown area will be managed per Executive Director or designee.
- What doors get locked during a lockdown?
 - All exterior doors
- Procedure for accounting for building occupants when it is in lockdown (i.e., census):
 - Reconcile Census, Sign-In/Out sheets, employee schedules, Visitors' Log.
- Who makes the decision to discontinue the lockdown? Executive Director, Clinical Director, or other senior staff in conjunction with the authorities

PANDEMIC

Level 1 Plan – Standard Influenzas

- Maintain strict infection control practices, including good hand washing, disinfecting, disposing of waste materials, collecting, and laundering items.
- Encourage flu vaccination for both employees and children where appropriate.
- Maintain disaster supplies.

Level 2 Plan – Influenza Pandemic Confirmed

- Continue activities initiated in previous phase.
- Isolate and/or group clients with influenza.
- All clients and staff to immediately begin to wear masks in all common areas
- Refer to the most current Center for Disease Control (CDC) or Dept. of Health and Human Services (DHHS) guidelines at <http://www.cdc.gov/flu> and <http://www.dhhs.nh.gov>.
- Arrange coverage for staff shortages.

Isolation & Quarantine

Isolation and quarantine are optimally performed on a voluntary basis. Different levels of government have the legal authority to mandate isolation and quarantine to protect the public's health. At the State of NH level, the Commissioner of DHHS has the authority to mandate involuntary quarantine and isolation.

A variety of quarantine strategies that may affect employees and their ability to work are:

- Restrictions on mass transit
- Restrictions on access routes
- Use of monitoring checkpoints, curfews, travel permits, health certificates to minimize movement into or out of quarantined areas.
- Consideration should be given to quarantine of contacts with high-risk exposures, even in the absence of symptoms.

Isolation of Individuals with Influenza

Minimizing the transmission of influenza requires limiting interactions between influenza cases and others. Individuals with influenza should be placed in a room with others who have suspected or confirmed influenza. When a private room is not available, or grouping is not possible, spatial separation of at least 6 feet should be maintained between the infected person and others. Doors may remain open, as appropriate.

Minimize the number of staff who have contact with infected residents by assigning all influenza residents to a small group of staff who have been vaccinated and/or are taking antiviral medications for prophylaxis (if medications are available and appropriate).

Interactions between clients with influenza and other residents should be minimized. Persons at risk of serious influenza complications (those with underlying medical conditions) should not interact with the infected person.

- Who makes the decision if the facility needs to be closed due to pandemic? Clinical Director in conjunction with the EXECUTIVE DIRECTOR

HURRICANE/TORNADO/SEVERE WEATHER

If the National Weather Service issues a hurricane, tornado, or severe weather warning, contact your supervisor/Clinical Director/Incident Commander for instructions.

- Monitor the radio or TV for updates/conditions.
- Gather your emergency supplies.
- Stay indoors until the National Weather Service declares the storm is over.
- Stay away from all windows and exterior doors – seek shelter in the basement or bathroom.
 - Go to the innermost part of the building on the lowest possible floor.
- Do not use elevators.
- Protect your head with your arms and crouch down on the floor.

If programs close (and there is time to prepare):

- Notify clients that the program is closing and make arrangements for the pick-up or drop off of the client.
- Take clients home with you or take them to the local shelter.

If you are ordered to evacuate:

- Follow the designated evacuation routes for your area. Floor Plan/Exits

If you are on the road during a tornado:

- Get out of your car.
- Avoid areas with a lot of trees.
- Lie down flat in a gully, ditch, or low spot on the ground.
- Protect your head with an object or with your arms.

EMERGENCY SUPPLIES

Water Supplies

In an emergency, having a supply of clean drinking water is a top priority.

- Store at least a three-day supply of water for each person.
- One gallon (16 cups, 128 ounces) per person for consumption and 3 gallons (48 cups, 384 ounces) per person for hygiene.
- How many people in the facility does the water supply need to support? 26
- Store in a cool, dark place.
- An emergency water supply is located on shelving adjacent to the commercial laundry area.
- Store in original, factory-sealed containers. Alternately, food-grade quality containers made for storing water may be used. These must be thoroughly washed, sanitized, and rinsed. If the water is from a tap, it may need to be treated before being stored.
- Change stored water every 6 months.
- Who is responsible for keeping the water supply updated? Program Clinical Director
- If a disaster happens without a stored supply of clean water and if any of the following are safe, use water in:
 - Hot water tank
 - Pipes and faucets
 - Ice cubes
 - Rainwater

DO NOT drink:

- Flood water
- Water with floating material, an odor, or dark color

Food Supplies

Kitchen/Pantry will contain a supply of food consisting of a standard one-week supply of dry goods, canned goods, and perishable items.

- The Kitchen Supervisor/Chef is responsible for food distribution.
- Live Free Recovery Services' kitchen and pantry have a regularly replenished, one-week stock of both perishables and canned/sealed foods such as cereal, vegetables, snacks, dried fruits, grains etc.

The food supply needs to be kept updated.

- Who is responsible for keeping the food supply updated? Chef (food supply at Live Free Recovery Services is regularly replenished stock)
- How many people in the facility does the food supply need to support? 26; Enough to ensure a 3-day supply of food for all staff and clients at any given time.

A suggested food supply may contain the following items (there will be special dietary needs sheet with the supplies):

- sealed jars of protein such as peanut butter- 2 jars, 2 cases of individual sized servings
- sealed jars of jelly- 2 jars, 2 cases of individual sized servings
- cases of prepared foods (Spaghetti O's, beef stew, tuna)- 10 cases
- cases of canned fruit and/or vegetables- 3 cases
- cases of dry cereal- 10 cases
- cases of canned juice (juice boxes)- powdered mix with water- 2 cases
- cases of snack items (granola bars, raisins)- 5 cases
- cases crackers/chips- 4 cases

General Supplies

Kitchen/Pantry will contain a supply of food consisting of a standard one-week supply of dry goods, canned goods, and perishable items.

The following areas will contain a supply of general supplies consisting of the following items:

Kitchen

- Can opener
- Paper goods (plastic utensils, napkins, paper plates)
- Toilet paper and other hygienic supplies
- Garbage bags
- Cleaning supplies

Office

- Medical: Client medications, first aid supplies, blood spill supplies, personal protective equipment (i.e., disposable gloves), "Go Kit" with proper documentation (as applicable)
- Safety: flashlights, batteries, duct tape, plastic sheeting, extra blankets, etc.
- Communication: cell phone, walkie talkie, portable/chargeable radio with cell phone charger
- Documentation: Client records (DOB, contact information, allergies, etc.), insurance company information

- Keys

General emergency supplies need to be kept updated (i.e., batteries).

- Who is responsible for keeping the general emergency supplies updated? Program Manager
- How many people in the facility do the general emergency supplies need to support? 26

CASUALTIES

Casualties

In the event that there are any casualties, emergency services will be called immediately, staff will isolate area and move rest of clients to a safe location.

COMMUNITY EMERGENCIES

What resources could your facility/program provide if there is an emergency in the community and your location is fully operational (shelter, supplies, power, etc.)?

- Live Free Recovery Services would be able to provide immediate, short-term shelter for twenty (16) people. This sheltering would only provide protection from the elements, restrooms, and the most basic of foodstuffs. Live Free Recovery Services does not have additional availability for overnight sheltering.



The following are the Good Neighbor policy for clients entering our program and also a Good Neighbor policy to share with the immediate neighbors and community



Live Free Recovery Services endeavors to be a good neighbor and an upstanding member of each community we serve. We apply our decades of experience to develop intentional policies that ensure we meet these goals and create positive relationships with all our community friends and partners. We understand you, as our neighbors and members of the community, may have concerns about our presence. We're more than happy to answer any questions you may have about our treatment homes, the clients we serve, and the role we play in helping clients and their families. We follow all state and city regulations, planning, and zoning laws. This also allows us to be the best neighbors possible, which means – unless you need us – that we strive to be *invisible neighbors*.

Professional Staff

The safety of our clients and our neighbors is paramount. Clients receiving treatment at Live Free Recovery Services are supervised 24/7/365 by our team of highly qualified professionals. We utilize strict line-of-sight policies, state-of-the-art monitoring technology, and maintain a high staff-to-client ratio. By keeping our clients safe, we keep our neighbors safe.

Who We Treat

We help adults over the age of 18, diagnosed with substance use and mental health disorders. Our admissions team, completes a thorough review of their history, including all hospital, and psychiatric records and relevant documentation. This review allows us to verify that each resident is appropriate for an unlocked environment and do not present a danger to other clients, staff, or the community. Our clients choose Live Free Recovery Services because of our treatment record, our dedication to safety we prioritize in everything we do. *We do not accept clients with a history of violent behavior.*

Our skills-based programming focuses on mindfulness, effective communication, and distress tolerance. We teach our clients practical ways to manage stress and regulate their emotions.

Noise, Activity, and the Condition of Our Homes

Our staff is committed to maintaining a safe and tranquil environment that helps people heal, reconnect with their true selves, rediscover their passions, and develop practical skills that promote long-term recovery.

We enforce a strict no weapons, no alcohol, and no drugs policy.

You won't hear loud music and we don't host late-night parties. Our program schedules provide daily structure, consisting of therapeutic groups such as yoga, mindful cooking, and art therapy. We include education and fitness-related activities as well. Our clients do not have excess free time. The recreation time they do have is supervised and typically involves playing cards, board games, journaling, exercising, or doing arts and crafts. We

meet and exceed all safety standards required for a typical residential treatment home. We maintain our property to the standards set by each community. **Surveillance cameras monitor our properties 24 hours a day, seven days a week, for the security of our clients and neighbors.** We respond immediately to any concerns. We care about our neighbors and instruct our staff to be respectful, mindful, and courteous at all times. We embrace the adage *a good neighbor is an invisible neighbor.*

Parking and Traffic

Our homes have ample parking for daily staff. Our core professional staff is on-site 24/7 on a standard three-shift schedule. This means our staff commuting times do not overlap with typical commuting hours.

We do meaningful, important work with our clients and their families. By being good neighbors in safe and quiet neighborhoods, we make it possible for clients to get the help they need in a comfortable home environment conducive to growth and recovery.

We welcome any questions, comments, or concerns you have. We are completely transparent about who we are and what we do. If you want to know more, please email us at info@livefreerecoverynh.com. The Live Free Recovery Services Executive Leadership Team reads and responds to every email we receive.

We invite neighbors and community members to meet our local leadership team. We welcome anyone to take a tour and see our homes and grounds. We provide contact information to the facility for day-to-day questions or concerns. We welcome your interest and are happy to address any questions you have. We look forward to participating in local homeowners associations, security patrols, and other good neighbor activities specific to each location.

Please feel free to email at info@livefreerecoverynh.com

Or call our 877-932-6757 admissions line which is answered 24/7



Good neighbor policy!

ADDRESSING NEIGHBOR CONCERNS POLICY

It is crucial to the long-term success of any person in recovering to adopt new skills when dealing with difficult people, especially those who may not understand recovery. One of the most important parts of being in our recovery homes, is adopting certain pro-neighbor attitudes and behaviors – along the lines of, “love thy neighbor as thyself.” even if those same behaviors and attitudes are not returned. Live Free Recovery Services takes our Good Neighbor Policy profoundly serious in part to combat NIMBY (not in my back yard). We can show our neighbors that we are assets to the community. We are not “drug houses” or “trap houses”, but rather look at us as good neighbors, and contributing members to society.

Below, lists the code of conduct you agree to BEFORE moving forward in our program. If this is not something you’re comfortable with, please let us know.

1. You represent yourself in such a manner of excellence and humility. Be proud where you are, but humble in your attitude toward others. Not everyone appreciates the steps you’ve taken or obstacles you’ve overcome to get here.
2. You represent the Live Free Family. Even though you will successfully transition on, we plan to be here to continue our mission, for generations. Think and act beyond yourself.
3. You represent people in recovery everywhere. The stigma of addiction remains, despite decades of public education. Although community members support your recovery, people still struggle with a sober living facility being in their neighborhood.
4. Demonstrate the strength and character it takes to change for the better. Our goal is to show, through our actions, we are good people with a bad illness, and that we deserve a chance, not judgement.
5. Do not travel in groups larger than 3-4 people while walking locally.
6. Be aware of the space you take up, give up space to others on the sidewalk, hallways, etc. Volunteer to be of help in any way you can. Look for ways to chip in, whether at home or out in public.
7. Keep your voices lowered and be aware of subject matter. This is just as important on the deck and smoking area, which should NOT be in the front of the home.
8. At meetings –silence phones, pay attention, learn from the people who have long-term sobriety.
9. Use “Please” and “Thank you”. Listen.
10. If a neighbor confronts you, please do not engage or give them a reason to call the police.

By signing below, you are agreeing to the above code of conduct while living in our recovery home

PROGRAM PARTICIPANT SIGNATURE:(Required) _____



STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF LEGAL AND REGULATORY SERVICES
HEALTH FACILITIES ADMINISTRATION
129 PLEASANT STREET, CONCORD, NH 03301
ANNUAL LICENSE CERTIFICATE

Under provisions of New Hampshire Revised Statutes Annotated Chapter RSA 151, this annual license certificate is issued to:

Name: LIVE FREE RECOVERY SERVICES LLC
Located at: 881 MARLBORO RD
Keene NH 03431

To Operate: Substance Use Disorder Res Treatment

This annual license certificate is effective under the conditions and for the period stated below:

License#: 04524

Effective Date: 07/01/2022

Expiration Date: 06/30/2023

Administrator: JENNIFER HOUSTON

Comments:

1. PERM WAIVER TO He-P 826.20(a)

TOTAL BEDS 24

EFFECTIVE 2/13/2023 CHANGE IN TIERS

A handwritten signature in black ink, appearing to read "Michael J. Kelly".

Chief Legal Officer



Staff Training

All licensed staff are required to follow the NH Board of Licensed Professional guidelines for obtaining CEU's and maintaining their license.

Staff are required to bring in their updated license when renewal occurs.



LIVE FREE
RECOVERY SERVICES

The following property checklist is used every other week to walk through the property and identify any areas of concern

Items are replaced as needed

Property maintenance is scheduled as needed

PHP HOUSE PROPERTY INSPECTION CHECKLIST

RATINGS:

S - Satisfactory; **NC** - Needs Cleaning; **NSC** - Needs Spot Cleaning; **NP** - Needs Painting; **NSP** - Needs Spot Painting; **SC** - Scratched; **NR** - Needs Repair; **RP** - Needs Replacing; **NA** - Not Applicable

General		Condition Rating	Remarks
<input type="checkbox"/>	Doors		
<input type="checkbox"/>	Windows		
<input type="checkbox"/>	Screens		
<input type="checkbox"/>	Blinds or shades		
<input type="checkbox"/>	Locks		
<input type="checkbox"/>	Walls		
<input type="checkbox"/>	Ceilings		
<input type="checkbox"/>	Baseboards		
<input type="checkbox"/>	Hallways		
<input type="checkbox"/>	Stairs		
<input type="checkbox"/>			
Bedroom 1			
Bedroom 1		Condition Rating	Remarks
<input type="checkbox"/>	Dressers (Drawers Slide?)		
<input type="checkbox"/>	Beds		
<input type="checkbox"/>	Blinds		
<input type="checkbox"/>	Floors		
<input type="checkbox"/>	Lamps		
Bedroom 2			
Bedroom 2		Condition Rating	Remarks
<input type="checkbox"/>	Dressers (Drawers Slide?)		
<input type="checkbox"/>	Beds		
<input type="checkbox"/>	Blinds		
<input type="checkbox"/>	Floors		
<input type="checkbox"/>	Lamps		
Bedroom 3			
Bedroom 3		Condition Rating	Remarks
<input type="checkbox"/>	Dressers (Drawers Slide?)		

	Beds		
	Blinds		
	Floors		
	Lamps		
Bedroom 4	Condition Rating	Remarks	
	Dressers (Drawers Slide?)		
	Beds		
	Blinds		
	Floors		
	Lamps		
Bedroom 5	Condition Rating	Remarks	
	Dressers (Drawers Slide?)		
	Beds		
	Blinds		
	Floors		
	Lamps		
Bedroom 6	Condition Rating	Remarks	
	Dressers (Drawers Slide?)		
	Beds		
	Blinds		
	Floors		
	Lamps		
Bedroom 7	Condition Rating	Remarks	
	Dressers (Drawers Slide?)		
	Beds		
	Blinds		
	Floors		
	Lamps		
Utilities and Safety	Condition Rating	Remarks	
	Electric outlets		
	Lights		
	Switches		

Smoke detectors		
Fire extinguishers		
Security systems or alarms		

Bathroom 1		Condition Rating	Remarks
	Toilets		
	Showers		
	Bathrubs		
	Sinks		
	Cabinets		
	Mirrors		
Bathroom 2		Condition Rating	Remarks
	Toilets		
	Showers		
	Bathrubs		
	Sinks		
	Cabinets		
	Mirrors		
Bathroom 3		Condition Rating	Remarks
	Toilets		
	Showers		
	Bathrubs		
	Sinks		
	Cabinets		
	Mirrors		
Bathroom 4		Condition Rating	Remarks
	Toilets		
	Showers		
	Bathrubs		
	Sinks		
	Cabinets		
	Mirrors		
Bathroom 5		Condition Rating	Remarks

Toilets		
Showers		
Bathrubs		
Sinks		
Cabinets		
Mirrors		

Kitchen	Condition Rating	Remarks
Refrigerator		
Dishwasher		
Oven		
Stove		
Sinks		
Garbage disposal		
Cabinets and drawers		

EXTERIOR INSPECTION CHECKLIST

RATINGS:

S - Satisfactory; **NC** - Needs Cleaning; **NSC** - Needs Spot Cleaning; **NP** - Needs Painting; **NSP** - Needs Spot Painting; **SC** - Scratched; **NR** - Needs Repair; **RP** - Needs Replacing; **NA** - Not Applicable

General	Condition Rating	Remarks
Outdoor Lights		
Doors		
Windows		
Roof		
Siding		
Smoking Area		
Lawn		
Parking Lot		
Shed		

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Neighborhood Relation Plan HUNDRED NIGHTS, INC.

WHO WE ARE

The mission of Hundred Nights, Inc. is to provide shelter and crisis related services to those at risk of or experiencing homelessness.

Our goal is to collaborate with the community to see, hear and support those among us who are equally deserving of dignity but who currently lack the means to live independently.

Our vision is a community where all people are equally valued and supported; where every individual in Cheshire County will have access to appropriate, stable housing.

HUNDRED NIGHT'S COMMITMENT TO THE LOCAL COMMUNITY A GOOD NEIGHBOR AGREEMENT

The Mission of Hundred Nights, Inc. is to provide shelter and crisis-related services to those at risk of or experiencing homelessness.

Hundred Nights Inc. is committed to maintaining a Board of Directors and Staff with a diverse skill set needed to ensure that programs are consistent with the organization's mission, services are provided according to best practices and are regularly evaluated and monitored to ensure effectiveness.

Hundred Nights Inc. is committed to maintaining a positive and productive relationship with the neighbors surrounding our facility, local law enforcement, the local fire department, and the City of Keene.

Hundred Nights Inc. recognizes that our shelter can cause some local community members to be concerned about safety issues and the quiet enjoyment of their personal and public spaces.

Hundred Nights Inc. is committed to making the local community feel safe and welcome as we pursue our mission.

Hundred Nights Inc. is committed to having the protocols in place to address issues related to local community property owners' right to the quiet enjoyment of their properties and public spaces is respected.

Hundred Nights Inc. is committed to allowing community members to contact Hundred Nights Inc directly regarding questions or concerns about the shelter property.

Hundred Nights Inc. is committed to having protocols in place to respond in a timely manner to concerns brought to our attention by local community members. Hundred Nights Inc. will seek locally driven solutions that incorporate the views of our various stakeholders and audiences, building on diversity as a strength and working in partnership with others to achieve results.

Please review the attached document (RSO Statement) concerning Registered Sex Offenders and Hundred Nights.

Hundred Nights is a low barrier shelter. As such, Hundred Nights shelters guests who have been convicted of a sex offense. As the attached document indicates, there are various tiers of RSO based on the nature and level of the offense. As per Hundred Nights policy, RSO Tier 3 (most serious offenses) individuals will not be sheltered. RSO Tier 1 and Tier 2 will be sheltered.

The Plan

To meet our commitment to the local community and the Hundred Nights mission, we present this plan.

Hundred Nights commits to maintain a positive and productive relationship with the neighbors surrounding our facility, local law enforcement, local fire department and the City of Keene. This is essential to fulfilling our mission and meeting our goals.

We commit to positive and transparent communication with our community, neighbors, the local police and fire and city government.

Hundred Nights has established a sub-committee to manage, monitor and enhance our commitment to being a 'Good Neighbor'. Its responsibilities include but are not limited to:

- Several initial open houses with walk-throughs of the new facility in May, 2023
- Hold Neighborhood Meetings twice a year, in April and October, at our facility to engage with our neighbors. These meetings will be announced in our newsletters, on our website and in a letter to the editor.

- Establish contact points via phone or email to receive communications from the neighborhood which will be listed on our website (603-352-5197 and hundrednightsneighbors@gmail.com)
- Establish a procedure to follow for any neighborhood or community contact; if someone calls in or sends an email their contact information and the reason for making contact shall be recorded in a log. The staff designated to engage with the community include the Executive Director, the Operations Manager and the Administrative Assistants. Hundred Nights commits to actively listening to comments and critique from the public, holding internal staff meetings to discuss situations and reply to the community member who reached out. The Hundred Nights response shall also be recorded in the log.
- Identify opportunities to positively engage with our neighbors and community, ie holding open houses, sharing food, inviting neighbors in to interact with guests as volunteers, etc

Hundred Nights guests are required to sign and agree to follow a set of guidelines identifying their responsibilities while using our facility and services. These guidelines are designed to foster a positive and respectful environment whether inside or outside our facility. Promoting a 'good neighbor' experience. **The guests' guidelines and expectations promoting the good neighbor experience include but are not limited to following the City of Keene ordinance concerning noise.**

Hundred Nights offers new and current staff members training opportunities. These include Ryan Dowd's online series on working with individuals experiencing homelessness, CSH Supportive Housing Training Center sessions and one on one training for each position filled.

Hundred Nights has had positive and productive discussions with two of our new neighbors so far: Monadnock Food Co Op and Southwest Community Services. Hundred Nights will continue to work with and engage our neighbors to establish and maintain a safe, healthy and kind neighborhood. The involvement of our volunteers and volunteering organizations demonstrate commitment from all parties to build and maintain quality community and neighborhood connections. These include:

- MC2
- KHS Interact Club
- Greater Keene Rotaract
- Friends of Hundred Nights
- Several local and regional religious organizations
- Several local businesses
- Several individual community members

The Neighborhood Relation Plan document outlines how Hundred Nights will approach our community and neighborhood relationships. We are committed to maintaining the

health and safety of our guests, volunteers and the staff of Hundred Nights, as well as our immediate neighbors and the larger community. The Neighborhood Relation Plan will provide ongoing opportunities for individuals to access staff and resources in a timely manner, as well as provide periodic gatherings of all stakeholders in the efforts to address homelessness and housing insecurity in our community and the recognition of positive and open relationships with our neighbors is the foundation for that.

RSO Statement

A former Hundred Nights Board member and Superintendent of the Cheshire County Department of Correction presented this information to the City Council/Budget Hearing in 2019, after the issue of certain guests/staff being registered sex offenders was brought up as a reason to block funding.

The mission of Hundred Nights has always been to take in anyone who needs shelter. We address a unique need in the community, though it does not always make us popular. We recently heard a 'rumor' that there might be some folks that are alarmed about HN accepting Registered Sex Offenders (RSO's) for shelter. To the extent that this might impact funding decisions, we wanted to briefly speak to this and share some information that we think will be helpful: While we can't be sure of the exact nature of any concerns relative to RSO's we would surmise that the concern is that this policy somehow creates a risk or poses a safety issue for the community. . . . Perhaps the thought is that these persons would leave the City or County if they were not offered shelter? I wanted to share some information, from within my professional role at the jail and within the Criminal Justice system that I think will allay these concerns:

First, RSOs are placed onto "Tiers" based on the nature and level of their offense or offenses. Those that would pose the greatest danger are very likely in prison serving extended time; or if having completed a lengthy prison sentence before returning to a community, they would have gone through a parole approval process. This parole process includes approving their housing in advance of their release. Hundred Nights is not, and would never be part of an approved Prison release/Parole plan.

2nd, lower level RSOs would almost certainly be on probation. An RSO on probation out of Cheshire County would be required to report to probation and also to the local police department. If they are homeless within Cheshire County, but have family outside the county, they would certainly opt to go through the probation transfer process and live with family. . . . However, those RSOs that are homeless and do not have family options are very much 'stuck' in Cheshire County. They cannot get approval from probation to transfer to any housing environment other than immediate family. They cannot leave the State, or even the County, to go to some other shelter. So...this also works in reverse... meaning that those on probation outside Cheshire County will not get approval to come reside in Keene at Hundred Nights. In other words, the RSO's in Cheshire County are very much 'stuck' here . . . they cannot just 'go somewhere else'

This brings me to the main point. Given all of this, I think it can easily be argued that, by providing a place where RSOs can have shelter, we not only keep them safe and alive (which they are entitled to as human beings), but HN also helps keep the community safer. Being allowed at HN provides them with an identified place, known to and approved by probation, to have shelter and where they can be in compliance with registration requirements. And, they are in a place with rules and overnight staff to help keep other guests safe. The alternative to allowing shelter at HN is to likely have RSOs

'at large' in the community . . . possibly sleeping outside, in tents, at overnight businesses, like McDonalds and not in a designated location known by probation and law enforcement. I've worked on enough release plans of RSO's with Keene Probation to know that probation would prefer they are at a designated location rather than completely 'unhoused.'

Thank you to all who help Hundred Nights fulfill the mission to provide shelter and resources so all citizens have the opportunity to be contributing citizens.