

The Center for Grieving Children

Volunteer Facilitator Job Description

Summary of Position:

This position is responsible, with a co-facilitator(s), for creating and maintaining a safe, supportive environment for children or adults experiencing grief.

Principle Accountabilities:

1. Successfully complete the Peer Support Model facilitator training and, if working in the Intercultural Program, the additional intercultural training.
2. Co-lead children's or adults' grieving support group once weekly. The facilitator does not provide therapy or counseling; rather the facilitator listens and provides a safe environment inviting group members to share feelings.
3. Attend pre and post group facilitator sessions. Pre-group covers business items needing to be discussed, and provides the opportunity for facilitators to transition from their day's activities and prepare to work with grieving families. Post-group allows facilitators to process what took place in their group by sharing feelings. It is also a time to get feedback and support around facilitating your group.
4. Be responsible for notifying the team coordinator and co-facilitator when absence is necessary. Be responsible for securing a sub.
5. Understand and follow the Center's policies and procedures. A sign off sheet indicating the volunteer has read, understands and agrees with the policies should be completed and kept on file with the program director. A confidentiality agreement must also be completed.
6. Successful background check.
7. Participate in at least one in-service training annually. Complete periodic reviews with team coordinator and staff person.

Time Commitment:

Total commitment is approximately four hours per week including support group time, pre and post group. Facilitators are expected to be present every week for the whole evening except for prior excused absences. Other incidental time is needed to attend in-service training, plan activities, etc. A minimum one year commitment is required. Notify the Center at least two weeks in advance if you wish to leave the program.

THE CENTER FOR GRIEVING CHILDREN

CGC GUIDELINES FOR REPORTING CHILD ABUSE OR NEGLECT

As a provider of services to children, their safety is our first concern. We are also mandated by the state to report suspected child abuse, neglect, or residency with nonfamily. (Title 22 sec 4011, 4012) Therefore, we have the following procedure in place to report suspected child abuse, neglect, or residency with nonfamily. The definition of abuse and neglect is: A threat to a child's health or welfare by physical, mental or emotional injury or impairment; sex abuse or exploitation; deprivation of essential needs or lack of protection from these by a person responsible for the child.

PROCEDURE:

1. When a participant shares something or you observe something that leads you to question whether that child or any other child is being or has been abused or neglected by any person (responsible for the child or not), the situation needs to be brought to the attention of one of the night's leaders (staff person, TC, Consultant) **that night before the family leaves the Center.**
2. Excuse yourself from the group before the group ends to confer with the Team Coordinators, Staff person/Consultant to determine appropriate action such as further clarification with the child, notification of the parent, report of suspected abuse.
3. A report of suspected abuse or neglect should be made by the consultant or staff person immediately to ME DHHS 1-800-452-1999. The report will include the following information if available: name and address of the child and the person responsible for care or custody, child's age and sex, nature and extent of abuse and neglect, family composition and evidence or prior abuse or neglect of child or siblings, source of report, person making the report and contact information, actions taken by the reporting source, and any other information believed to be helpful.
4. Additionally, when staff has reasonable cause to suspect that a child has been abused or neglected by a person not responsible for the child or that a suspicious child death has been caused by a person not responsible for the child, the staff person immediately shall report or cause a report to be made to the appropriate district attorney's office.
5. A report of residence with nonfamily will be made to DHHS if a staff member knows or has reasonable cause to suspect that a child is not living with the child's family. Although a report may be made at any time, a report must be made immediately if there is reason to suspect that a child has been living with someone other than the child's family for more than 6 months or if there is reason to suspect

that a child has been living with someone other than the child's family for more than 12 months pursuant to a power of attorney or other nonjudicial authorization.

6. The decision to inform the family of the call or take other follow up action at that time will be made by the consultant, program staff, program director or executive director and/or DHHS worker. The person making the report will follow any recommendations of the emergency services worker. The first concern is the safety of the child.
7. An incident report should be completed by the staff person responding outlining the nature of the suspected abuse or neglect, actions taken and any follow up required.
8. The program staff person or the consultant informs the program director or executive director early the following morning.

Center for Grieving Children

Suicide Intervention and Response Policy

Policy: It is the practice of the Center for Grieving Children to intervene when there is suspicion or threat of suicide ideation or behavior. Such threats are considered serious by staff, consultants and facilitators. Suicide ideation or suspicion of such is defined as any verbal, written or behavioral cue on the part of a participant that is specifically referent to suicide. Our guidelines follow the suicide intervention protocol chart for agencies developed by the Maine Center for Disease Control and Prevention, Maine Youth Suicide Prevention Program.

Remember you can always ask staff person or consultant to assist you at any point. You can always call the staff member or consultant on call or the statewide crisis hotline 1-888-568-1112 for consultation and support at any point.

1. Facilitators and staff should familiarize themselves with warning signs of suicide. (Attached)
2. When any person recognizes a warning sign or has any reason to be concerned about a participant's safety, the person should respond.
3. In the moment, the person should express concern and attempt to clarify what is meant if comfortable doing so.
4. The person should remind the individual of the limits of confidentiality. It is preferred to discuss the concern with the individual in private, not in front of the group. Unless the threat is immediate, a conversation can generally be had at the end of the group.
5. The person should raise the concern with the TC, staff or consultant before the individual and guardian leave. The staff person or consultant should discuss the concern with the individual and parent/guardian. If they are not available, TCs or other volunteer should call staff and/or crisis line for a consultation.
6. In any life threatening instance (ie weapon is present, participant plans to act immediately) TC, staff or consultant will call or direct someone else to call 911 immediately and remove other people from the area. Notify program director.
7. If there is medium to high risk (ie self harming behavior, threat, ideation, plan or history of attempt) or to determine if situation is medium or high risk, staff, consultant, or TC will call Crisis line **1-888-568-1112** for consultation and follow their recommendations. This situation is an exception to privacy. Share any and all relevant information to provide the best care.
8. If situation is low risk, the staff person, consultant, or TC will inform parent/guardian and provide crisis line number to individual and parent/guardian.
9. If a staff person is not present, notify center staff as soon as possible. (see emergency numbers)
10. Staff person, consultant or volunteer responding will complete an incident report.
11. Staff person will follow up with individual, parent or guardian. Staff person will provide individual, parent/guardian with basic information about suicide and crisis line number. Inform individual's therapist if applicable and appropriate.

Additional Information about Suicide Awareness and Prevention

From the Maine Suicide Prevention Program

Overt & acute signs of a suicidal crisis:

1. Someone threatening to hurt or kill themselves
2. Someone looking for the means (gun, pills, rope etc.) to kill themselves
3. Someone talking or writing about their death, dying or suicide

Respond:

- Get the Facts & Take Action to ensure safety
- Call 911 or seek other immediate professional help when you hear, say or see any of these behaviors

Verbal and written clues

❖ Direct

I wish I were dead
I'm going to end it all
I'm going to kill myself

❖ Less Direct

I'm tired of it all
You'll be better off without me
What's the point of living?

Warning Signs of Suicide

- I Ideation / threatened or communicated
- S Substance Abuse / excessive or increased?
- P Purposelessness / no reasons for living
- A Anxiety /agitation / insomnia
- T Trapped / feeling no way out
- H Hopelessness / nothing will ever change
- W Withdrawal from friends, family, society
- A Anger (uncontrolled)/ rage / seeking revenge
- R Recklessness/ risky acts / unthinking
- M Mood Changes (dramatic)

What is Helpful

- **Show You Care—Listen carefully—Be genuine** “I’m concerned about you . . . about how you feel.”
- **Ask the Question—Be direct, caring and non-confrontational**
“Are you thinking about suicide?”
- **Get Help—Do not leave him/her alone**
“You’re not alone. Let me help you.”

When to Call Crisis 1-888-568-1112

Crisis clinicians are:

- Available 24 / 7 to help resolve a mental health or substance abuse crisis
- Clinicians can often come to your location for an assessment

Call for a phone consult when you are:

- Concerned someone may be suicidal or unable to care for themselves
- Unsure how to proceed
- Worried about someone and need another opinion
- The phone call is free

Call if you believe some follow up is necessary with the individual participant.

Remember:

A person in crisis will often approach someone they feel comfortable with to talk about their distress. It isn’t usually based on professional expertise, but often based on personal comfort and prior connection.

It may be you!

The MOST important thing of all is to do SOMETHING when suicidal behavior is exhibited or when you suspect a person is thinking about suicide.

The words you use in response to suicidal behavior are not nearly as important as the fact that you express concern...that you notice that a person/friend is struggling. If you reach out in a genuinely caring manner, you may very well make the difference between life and death.

If you are uncomfortable about intervening directly, at the very least know the “gatekeepers” in your school/agency who are responsible for taking action and let them know what you have observed and why you are concerned.

(End of Information from the Maine Youth Suicide Prevention Program)



Sample scripts for responding to concerns about suicide

You can express your concern.

- “I am concerned about you. It sounds like things are very hard for you right now.”
- “I’m glad you felt you could tell me this. I am worried about you.”

You can attempt to clarify.

- “Can you tell me more about what you mean?”
- “Who else have you told that you feel this way?”

You can let them know you will follow up.

- “I’d like to speak with you more about that before you leave.”
- “I need to make sure that you are getting the help and support you need right now. Let’s talk more after group.”

You should:

Remind them of the limits of confidentiality. “Remember, when we are concerned about someone’s safety, we cannot keep that confidential. I need to let others know you feel this way so that we can get you the help you need. I want you to be safe.”

Involve the staff person or consultant: “I am going to get the staff person/consultant. She can help us.”

The staff, consultant, TC will:

Ask them about their intention “Do you mean that you are thinking about taking your own life?”
“Have you thought about how to make yourself die?” “Have you tried suicide before?”

Notify the parent or guardian before they leave the Center: “We need to let your parent know so that they can help keep you safe too.” “Would you like to tell them or would you like me to tell them?”

Reassure them that help is available and you will help them access it. “We are going to call someone for more help.” “Tomorrow the staff person will follow up with your parent to make sure you have the support that you need.” “The people at the crisis line are here 24/7 if you need to talk or have any questions.”

Actions that might be taken by staff person, consultant or TC (if staff, consultant is not present)

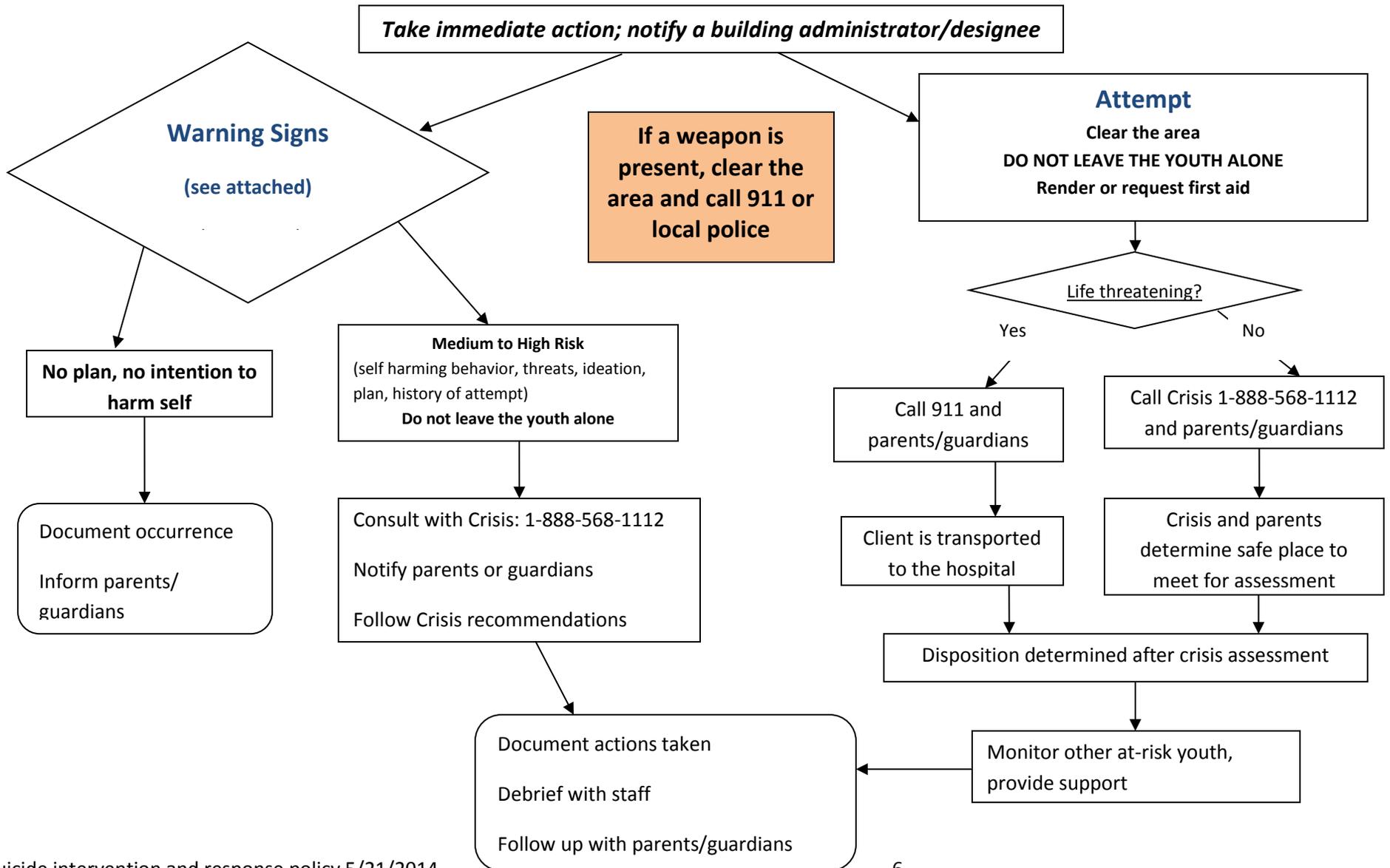
- Call Crisis for a consultation at any point
- Call 911 in the event of a life threatening situation
- Call Crisis for medium to high risk (self harming behavior, threats, ideation, history of attempt)
- Always inform parent/guardian
- No plan, no intention to harm, inform parent/guardian
- Complete incident report form

Suggested Follow up with Parents to be done by staff

- Provide crisis number for parents to call with any questions or concerns
- Staff offer referrals for individual counseling or other support services as appropriate
- Provide basic information on suicide prevention and awareness
- Talk with parents about removing access to means (ie guns in the home)

Suicide Intervention Protocol Chart For Agencies

A client has displayed risk for suicide



ALCOHOL/DRUG/WEAPONS GUIDELINES FOR PARTICIPANTS VOLUNTEERS AND STAFF

The Center for Grieving Children is a child friendly, child safe and child positive environment. In the spirit of honoring this environment, staff, facilitators and family members are not allowed to participate in peer support groups or transport participants if they have used alcohol or non-prescription drugs. **No guns or weapons are allowed on the premises.**

We at The Center believe that the use of alcohol or non prescription drugs can often impede and in some cases prevent the natural grieving process from occurring.

Our concern also extends to the safety of children and adults traveling to and from the Center.

Any report of or suspicion of drug or alcohol use on the part of a participant or volunteer which comes to the attention of a volunteer, team coordinator or staff person will be followed up by the staff person (or team coordinator if the staff person is not available).

PROCEDURE

Weapons: Report or rumor of a weapon

1. If an individual is believed to have a weapon on the premise, the staff person or volunteer who has the concern should call the police. Request no sirens.
2. Notify staff (responder) immediately giving details, source of information, suspect's name and location.
3. Do not attempt to confront the individual
4. If feasible, request that individual move to private office/room to await police

Drugs/Alcohol: Report of rumor of person under the influence.

If a volunteer or family participant comes to the Center having used alcohol or non prescription drugs, the staff member (or team coordinator if staff person is not present) should be notified immediately. **If deemed safe, the staff member (or team coordinator if staff person is not available) will speak to that individual privately and will explain that they cannot participate in the group that night. If there is any safety concern or the person refuses assistance with transportation, call the police.**

The individual and the staff person (or team coordinator if staff person is not available) will together make acceptable arrangements for safe transportation from the Center.

A consultant can be notified for support and advice, as well as any program staff. (Phone #'s below)

Refer to TC binder for contact numbers for staff and consultants

Revised 5-2016

CONTACT WITH PARTICIPANTS

Facilitators and staff will not have contact with participants outside of The Center for Grieving Children except at sanctioned Center activities. The role of the facilitator is limited to supporting participants through peer support groups at The Center during your Night of Service. If a facilitator or staff person should happen to meet a participant in the community, he or she should allow the participant to initiate any contact and should keep the interaction short and professional.

If anyone at The Center speaks to you about joining a group or needing a referral of any kind, please speak to the TC or Staff Person and the information will be relayed to the Bereavement or TLC Coordinator.

Telephone, E-Mail, and social networking contact between facilitators and participants is not allowed.

We strongly suggest that you set your privacy settings to the highest levels, friends only, in order to prevent unintended contact or access to your page by participants.

CONFIDENTIALITY POLICY

Our work with you and your family at the Center for Grieving Children is confidential. This allows for a trusting relationship to be built. It is what makes this a truly safe place for each of us to express our feelings about loss. Each family member and volunteer signs a confidentiality statement upon entering the program, and the rules of confidentiality are reviewed with all participants and volunteers when a new member joins their group. The Center staff and/or volunteer will not share information with anyone outside the Center without an Authorization for Release of Information form signed by the parent.

Each family member, 18 years of age and older, also reviews and signs a Rights to Privacy and Exceptions form describing in which situations a staff member and/or volunteer may be required to share information without notifying the family member.

All participants should know that what is said in the group is private and confidential and stays at the Center. This means that volunteers will not repeat what a person has said to other family members. It also means that participants should not talk about other group members outside of the group. Instead talk about what YOU said or did or how YOU felt in the group.

Volunteers are not to discuss the families outside of the Center. Volunteers are to respect the confidentiality of what is said in a support group.

If a volunteer breaks the Confidential Policy, this may be grounds for dismissal from the Center for Grieving Children.

polconfi 1\90; updated 3\5\96

Physical Contact with Participants

Our primary goal is to create and maintain a safe environment for participants and facilitators. Because the children and teen participants are healing from the death of a loved one and we do not know their various comfort levels or personal histories with touch, they must be allowed to set their own physical and emotional boundaries that provide them with the safety they need to do their grief work. Staff and facilitators are expected to respect those boundaries and to contribute to a safe environment by role modeling appropriate physical contact, respectful interactions, and establishing their own boundaries.

Any physical contact (i.e. hugging, putting your arm around someone, allowing a child to sit in your lap, holding a hand) must be requested or initiated by the child and be in accordance with the comfort level of the facilitator. No wrestling, piggy back rides, or backrubs are okay at any time. Allowing a child to sit in your lap is not permissible in any group except the Littles (3-6). Facilitators should endeavor to treat all children equally and maintain the same boundaries with one that they do with all.

Two facilitators should always be present in the room. Physical activity, especially in the volcano room should be carefully monitored. The intensity of the activity should be directed by the child and followed by the adult. Activities that appear dangerous or do not feel safe should be stopped immediately by the facilitator and discussed with the team coordinator.

Policy of Non-Discrimination

September 2001

Utilizes the Non-Discrimination wording set forth in Item III, paragraph 11 of the Agreement between United Way and The Center for Grieving Children (as a Participating Agency).

The Center for Grieving Children provides loving support to grieving children and the community and does not discriminate with respect to the provision of service or programs, employment, volunteer participation, or funding on the basis of race, ethnicity, national origin, gender, sexual orientation, religion, age, veteran status, disease or disability.

Policy prohibiting sexual and other forms of harassment

August 2015

We are committed to providing the best possible climate for staff members and volunteers. We seek to develop a spirit of teamwork, of individuals working together to attain a common goal. In order to maintain an atmosphere where these goals can be accomplished, we provide a comfortable and progressive workplace.

Non-Harassment

We prohibit harassment of one staff member or volunteers by another volunteer, staff member, supervisor or third party for any reason, including those based on a “protected class” including, but not limited to, veteran status, uniform service member status or any other protected class under federal, state, or local law. Harassment of our staff members by third parties also is prohibited.

In Maine, the following are each a protected class: race, color, gender, sexual orientation, pregnancy and medical conditions which result from pregnancy, physical or mental disability, religion, age, citizenship, ancestry or national origin, gender identity, transgender, military membership (federal), tobacco use during non-working hours (as long as they comply with organization regulations and genetic information and testing), genetic information (including the refusal to submit to genetic testing), atypical cellular or blood trait, whistleblower status, marital or domestic partnership or civil union status, or any other characteristic protected under state or federal law.

The conduct prohibited by this policy includes conduct in any form including, but not limited to, e-mail, voice mail, chat rooms, Internet use or history, text messages, pictures, images, writing, words or gestures.

While it is not easy to define precisely what harassment is, it includes: slurs, epithets, threats, derogatory comments or visual depictions, unwelcome jokes and teasing.

Policy of Non-Discrimination

September 2001

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The Center for Grieving Children provides loving support to grieving children and the community and does not discriminate with respect to the provision of service or programs, employment, volunteer participation, or funding on the basis of race, ethnicity, national origin, gender, sexual orientation, religion, age, veteran status, disease or disability.

Guidelines for Facilitators

Facilitators are asked to volunteer their time and service for one year. If circumstances arise that create a need to resign or terminate sooner than a year, it is requested that sufficient notification time (2-3 weeks) be given to allow participants to prepare for the “loss” to the group as well as to find a facilitator to fill the vacated position. It is requested that, if possible, departures not coincide with holiday times, in order to minimize the impact of the loss for the group.

The facilitator reports directly to the Team Coordinators, who are to be kept abreast of any issues, conflicts, constructive criticisms, needs, etc. relating to the children, adults, or co-facilitators. If any conflicts arise between participants, or between participants and facilitators, the Team Coordinators must be notified and they will consult in a timely fashion with the Staff person and Consultant. Effective communication is paramount to the successful operation of the Center.

The facilitator has the opportunity to “check in” about personal issues and feelings with his/her co-facilitators in the time allotted before the families arrive. Facilitated by the Team Coordinators, **pre-group** time has been set aside as a time for reflective listening, unconditional acceptance, compassion, and permission for silence. These practices are the same skills used in the group sessions with the children and adults. The hour with the children and adults is designated for the expression and processing of issues surrounding their loss. As a facilitator, you are there to support them through active, reflective listening, validation of feelings and unconditional acceptance.

The hour following the support group is called **post-group**. Facilitated by the Team Coordinators, volunteers of each age group “check out” about their group... **What was your experience in the group tonight? Are there any issues or concerns to bring to the attention of the Team Coordinators, Staff Person or Consultant? If you had a challenging situation occur in group, any tools or techniques you could share with us that helped facilitate that process? Do you need support? It is also the time to process the feelings that came up for you while facilitating the group.** A Clinical Consultant or Program Staff Person is present for this hour and she/he uses this time to support the facilitators and team coordinators. This hour is very important in allowing volunteers an opportunity to safely process the happenings of the night before leaving for home.

The Center for Grieving Children
Policy of Volunteers Returning
November 2013

The goal of our volunteer placement and returning policy is to provide

- Consistency for families
- Stability for the entire night including support and mentoring for volunteers
- New volunteers first opportunity for placements in their desired program
- Meet other needs of the Center and families

All volunteers in good standing are asked to make at least a one year commitment and are welcome to stay as long as they want to. For volunteers who leave the center and wish to return in the future, there are many opportunities.

Returning experienced volunteers are critical to the success of all the programs and can serve in the roles of Team Coordinator, initial family meeting volunteer, and volcano room facilitator, mentor and facilitator. Volunteers are also needed for our board of directors, events and office support.

If openings occur within any program and no one currently on the night/afternoon wishes to step into the position and the position cannot be filled with a new volunteer, the Program staff will select a qualified and experienced volunteer who has left the Center to return in a new role. From time to time, depending on the needs of the Center and at the Center's discretion, this could include a volunteer returning in the role of facilitator. There is no guarantee of returning to a specific night or age group.

Occasionally a volunteer needs to leave because of a difficult time in their lives; i.e., a death, change in physical or emotional health, etc. In that case, The Program Director and the Program Coordinator talk to the volunteer and sometimes suggest a short leave-of-absence rather than a goodbye. Each situation is looked at carefully and respectfully. The Center cannot guarantee that Volunteers will be able to return to the same position that they left. Volunteers returning from a leave of absence will meet with program staff prior to returning to discuss readiness to return and any changes to their position.

Dismissal of a Volunteer

Volunteers who do not adhere to the rules and procedures of The Center for Grieving Children or who fail to satisfactorily perform their volunteer assignment may be subject to dismissal.

Volunteers are asked to make a commitment of one year to attend their full Night/Day of Service which includes Pre/ Group/ Post. Volunteers are expected to fulfill their duties in a professional manner, and to be reliable, dependable and punctual in the performance of their volunteer duties. It is essential that volunteers understand and be in agreement with the mission of The Center and its peer support model. As a volunteer at The Center for Grieving Children, volunteers must understand and be in agreement with all Center policies and procedures. Failure to follow these may result in dismissal as a volunteer.

- Volunteers receive constructive feedback at a post training interview. The staff member and team coordinators involved on a volunteer's night of service are also made aware of this feedback and it is addressed at a 6-8 week evaluation of new volunteers. If any questions or concerns remain, another meeting will be scheduled to help clarify the issues.
- Feedback to volunteers is a regular component of Pre and Post and is also done individually if there are areas of concern. If a volunteer doesn't understand and/or comply with feedback, they are asked to come in and meet with the staff member and team coordinators. The decision to continue working with a volunteer or to dismiss is based on the receptivity of the volunteer getting the feedback. Following the meeting, a decision is made by the staff person, team coordinators, and program director to either give the volunteer more time to work on stated issues or to terminate. The clinical consultant may be asked to attend the meeting, if needed, but more often is asked for an opinion and kept informed of the events taking place.
- If a decision is made to dismiss, the volunteer is asked to come in and meet face-to-face with the staff person and program director to hear the decision.
- Upon termination, the program director goes to the night of service and relays the information that a decision has been made and a volunteer will not be returning to the program. In doing so, every effort is made to protect the confidentiality and dignity of the volunteer being terminated.

EMERGENCY ACTION PLAN

Scope: This plan applies to all participants and families, volunteers, staff and visitors to the facility.

Emergency Escape Route:

Floor plans of the facility are posted throughout the building and in each group room. These plans detail the primary emergency exits of the facility, the location of all fire extinguishers and the "Rallying Point" (Portland: Parking lot of Coastal Trading and Pawn, directly across Belmont Street) (Sanford: Sexton's house behind Robie Building) to assemble.

In the Event of a Fire Emergency

In the event of a small fire, only trained personnel are authorized to use the portable fire extinguishers. Fire extinguishers are to be used only to extinguish very small fires and when the fire can be approached without being endangered. If associates determine they can use the fire extinguishers without endangering themselves, they should remove the pin of the extinguisher, point the nozzle at the base of the flames, squeeze the handle and direct the output to sweep back and forth at the base of the flames. During this operation it is important to be alert so that the fire does not cut off the escape route and that their lives are not threatened by smoke inhalation. If either of these conditions seems possible, they are instructed to get out fast and leave the fire fighting to the Fire Department.

If there is ANY doubt that the fire can be controlled, everyone should evacuate immediately for safety purposes and sound the fire alarm.

If the fire alarm sounds, everyone must evacuate the building. Staff and Team Coordinators should endeavor to confirm that all individuals in their immediate area have received the evacuation message and that everyone is accounted for.

- **Pull the fire alarm immediately**
- Everyone should evacuate by means of the nearest exit
- Walk, do not run to the nearest exit. All exits to the outside are marked with signs. Walk about 100ft from the building to the rallying point (Portland: Parking lot of Coastal Trading and Pawn, directly across Belmont Street) (Sanford: Sexton's house behind Robie Building) and wait further instruction from staff, team coordinators, firemen or police. Do not block roadways or driveways so that emergency responders will have a clear passage.
- Staff and Team Coordinators will confirm that everyone is outside the building and accounted for by checking in with facilitators for each group.
- Follow all instructions from Fire Department
- No one should leave the rallying point without instructions.
- No one is allowed back in the building until firemen have inspected it and have given the okay.

- In the event of a fire, the executive director should be notified immediately.

Floor plans of the facility are posted in numerous locations. These plans detail the primary emergency exits of the facility, the location of all fire extinguishers and the rallying point to assemble. All are to gather at the designated assembly point immediately upon exiting the facility.

Training for designated staff includes:

- Review of emergency exits and escape routes
- Means for reporting emergencies
- Alarm Systems
- Location of Rallying Point
- Use of portable fire extinguishers

Medical Emergency Response Policy

This policy applies to all staff, volunteers and participants at the Center.

Medical Emergency (serious illness, injury, or death)

If a medical emergency (example: difficulty breathing, bleeding, heart attack, seizure, adverse reaction to medication, serious injury or death) occurs at CGC, the responder (staff person, TC, or consultant) should call 911 immediately. Provide the dispatcher the following information:

- Street address **555 Forest Avenue Portland** where aid is needed; Phone number to call you back
- Specific location within the building
- Type of problem, individual's condition, sequence of events
- Medical history, if known.
- Stay on the line until the operator disconnects the call.
- Have someone stay with the patient until help arrives. Do not move the patient; keep the patient still and comfortable.
- Once help arrives, stay out of the way unless assistance is requested.
- Refer to procedure outlined below

Check the surrounding area for any hazards that may pose risk to others. In case of a medical emergency, administer aid. When available, aid should be administered by a person who is trained and certified in basic first aid procedures and CPR. Administer aid until emergency personnel arrive.

First aid kits are readily available in all group rooms and the kitchen on each floor. Please refer to the Bleeding Injury Policy for procedures to follow in case of a bleeding injury or potential contact with other bodily fluids.

Responder should notify the emergency contact as soon as possible. In case of an emergency with a child, notify onsite parent or guardian immediately. Emergency contact information for participants is located in the facilitator's room and for volunteers, immediately outside of the facilitators' room.

Individuals with minor illnesses or injuries, or those who refuse to permit the responder to call 911, should be referred to their local emergency room and personal health care provider.

Mental Health Emergencies (person is an imminent danger to self or others)

1. **In case of mental health emergency call Police at 911.**
2. Unless your safety is a stake, at least two people should stay with person in crisis. It is of course best to stay calm and be reassuring.
3. Refer to procedure outlined below

Mental Health Non-emergent crisis (example: is not immediate threat to self)

1. In case of non-emergent crisis call statewide crisis hotline 1-888-568-1112
2. Inform them of the situation and follow their direction
3. Contact emergency contact person
4. Refer to procedure outlined below

Procedure:

1. Notify supervisor (responder) on site of emergency situation
2. Responder calls 911 or designates someone to call. Request no lights or siren from ambulance if possible.
3. Responder designates someone to stay with injured person. Responder identifies who may be able to administer CPR or first aid.
4. Responder immediately informs guardian or emergency contact, if that person is also present at the Center.
5. Responder removes others from scene until help can arrive. If possible, isolate those affected.
6. Responder Notifies Emergency Contact person, as listed on intake form or as directed by ill person
7. Team Coordinators Notify facilitators in other rooms about situation and ask to keep children in rooms if necessary until further notice
8. Responder assists family of ill person in determining a plan for other children in the family including communicating what is going on, leaving the groups, arranging alternate transportation etc.
9. Document eye witness accounts of incident, Complete incident report
10. Report to executive director
11. Determine method of notifying staff, volunteers, participants
12. Refer media to media spokesperson.

Medical Emergency Response Policy (Sanford)

This policy applies to all staff, volunteers and participants at the Center.

Medical Emergency (example: difficulty breathing, bleeding, heart attack, seizure, adverse reaction to medication)

If a medical emergency (serious injury or illness) occurs at CGC, the responder (staff person, TC, or consultant) should call 911 immediately. Provide the dispatcher the following information:

- Street address **893 Main Street, Sanford** where aid is needed; Phone number to call you back
- Specific location within the building **Education Building**
- Type of problem, individual's condition, sequence of events
- Medical history, if known.
- Have someone stay with the patient until help arrives. Do not move the patient; keep the patient still and comfortable.
- Once help arrives, stay out of the way unless assistance is requested.
- Refer to procedure outlined below

In case of a medical emergency, only a person who is trained and certified in basic first aid procedures and CPR should perform such procedures until emergency personnel arrive.

First aid kits are readily available in plastic bins in all group rooms. Please refer to the Bleeding Injury Policy for procedures to follow in case of a bleeding injury or potential contact with other bodily fluids.

Notify the emergency contact as soon as possible. In case of an emergency with a child, notify onsite parent or guardian immediately. Emergency contact information for participants is located in main room in the closet.

Individuals with minor illnesses or injuries, or those who refuse to permit the responder to call 911, should be referred to their local emergency room and personal health care provider.

Mental Health Emergencies (person is an imminent danger to self or others)

1. **In case of mental health emergency call Police at 911.**
2. Unless your safety is a stake, at least two people should stay with person in crisis. It is of course best to stay calm and be reassuring.
3. Refer to procedure outlined below

Mental Health Non-Critical Emergencies (example: is not immediate threat to self)

1. **In case of non-critical mental health emergency call 1-888-568-1112**

2. Crisis Services can do a phone assessment or come out to assess.
3. Contact emergency contact person
4. Refer to procedure outlined below

Procedure:

1. Notify staff person, TC, or consultant (responder) on site of emergency situation
2. Responder calls 911 or designates someone to call. Request no lights or siren from ambulance if possible.
3. Responder designates someone to stay with injured person. Responder identifies who may be able to administer CPR or first aid.
4. Responder immediately informs guardian or emergency contact, if that person is also present at the Center.
5. Responder removes others from scene until help can arrive
6. Responder Notifies Emergency Contact person, as listed on intake form or as directed by ill person
7. Responder notifies staff person of incident
8. Team Coordinators Notify facilitators in other rooms about situation and ask to keep children in rooms until further notice
9. Responder assists family of ill person in determining a plan for other children in the family including communicating what is going on, leaving the groups, arranging alternate transportation etc.
10. TCs Informs each group that someone is ill and assure them help is on the way
11. Complete incident report

THE CENTER FOR GRIEVING CHILDREN
BLEEDING INJURY POLICY

- The following procedures must be observed for treating bleeding injuries of all children and adults.
- All sharp objects which could be a source of cuts, punctures or lacerations should be covered where possible and stored in a safe place. Sharp objects must be disposed of in a way so as not to pose a hazard for custodial personnel.
- Persons with cuts, scratches or other lesions on the hands or other exposed areas should wear covering bandages and/or gloves to prevent blood/body fluid contamination of their surroundings, of themselves or other persons. Band-Aids and bandages are located in all rooms at The Center in a specially designated plastic covered box.
- Disposable rubber or plastic gloves are to be worn when providing first aid for bleeding injuries. Disposable gloves are available in each group room.
- Contact of the skin with blood or body fluids from other persons should be avoided. If such exposure occurs, the affected skin should be washed thoroughly with soap and water.
- Contact with the mouth, eyes or other mucous membrane areas with blood or other body fluids from other persons should be avoided. If such exposure occurs, the effected region should be washed thoroughly with water and exposed person should consult a health care professional.
- In case of a laceration or nosebleed where the bleeding is continuous or when applied pressure is required, whenever possible the child or adult should attend to this themselves. If it is a small child and it is necessary for an adult to be involved, gloves should be worn.
- Environmental surfaces on which blood has been spilled should be cleaned promptly with soap and water, followed by a commercial disinfectant. Liquid soap and disinfectant are located in the kitchen under the sink area.
- Blood-contaminated items such as gloves, bandages and paper towels should be bagged separately and immediately put in the garbage can.
- An incident in which blood from one person contacts mucous membranes or broken skin of another person should be promptly reported to the Team Coordinator and a critical incident report filled out. If children are involved, notify the parents before the family leaves that evening.

Whistleblower's Protection Act



Protection of Employees Who Report or Refuse to Commit Illegal Acts



Maine Law (Title 26 M.R.S.A. § 839) requires every employer to place this poster in the workplace where workers can easily see it.

This poster describes some important parts of the law. A copy of the actual law or formal interpretations may be obtained from the Department of Labor, Bureau of Labor Standards by calling (207) 623-7900. (The laws are also on the Bureau's web site.)

This poster is provided at no cost by the Maine Department of Labor and may be copied.

It is illegal for your boss to fire you, threaten you, retaliate against you or treat you differently because:

1. You reported a violation of the law;
2. You are a healthcare worker and you reported a medical error;
3. You reported something that risks someone's health or safety;
4. You have refused to do something that will endanger your life or someone else's life and you have asked your employer to correct it; or
5. You have been involved in an investigation or hearing held by the government.

You are protected by this law ONLY if:

1. You tell your boss about the problem and allow a reasonable time for it to be corrected; or
2. You have good reason to believe that your boss will not correct the problem.

To report a violation, unsafe condition or practice or an illegal act in your workplace, contact:

(This information should be filled in by the employer)

(Name)

(Title)

(Location or Phone)

For more information or to file a complaint under this law, contact:

The Maine Human Rights Commission
51 State House Station
Augusta, Maine 04333
Tel: (207) 624-6050
TTY: (207) 624-6040
www.Maine.gov/mhrc

The following agencies may provide useful information on workplace safety and labor laws:

U.S. Department of Labor
Wage and Hour Division
P.O. Box 554
Portland, Maine 04112
Tel: (207) 780-3344
www.dol.gov

U.S. Department of Labor/OSHA
40 Western Avenue
Augusta, Maine 04330
Tel: (207) 626-9160
www.osha.gov

Maine Department of Labor
Bureau of Labor Standards
45 State House Station
Augusta, Maine 04333-0045
(207) 623-7900
(TTY: 1-800-794-1110)
Web site: www.maine.gov/labor/bls
E-mail: webmaster.bl@maine.gov

Policy prohibiting sexual and other forms of harassment

August 2015

We are committed to providing the best possible climate for staff members and volunteers. We seek to develop a spirit of teamwork, of individuals working together to attain a common goal. In order to maintain an atmosphere where these goals can be accomplished, we provide a comfortable and progressive workplace.

Non-Harassment

We prohibit harassment of any staff member or volunteer by another volunteer, staff member, supervisor or third party for any reason, including those based on a “protected class” including, but not limited to, veteran status, uniform service member status or any other protected class under federal, state, or local law. Harassment of our staff members by third parties also is prohibited.

In Maine, the following are each a protected class: race, color, gender, sexual orientation, pregnancy and medical conditions which result from pregnancy, physical or mental disability, religion, age, citizenship, ancestry or national origin, gender identity, transgender, military membership (federal), tobacco use during non-working hours (as long as they comply with organization regulations and genetic information and testing), genetic information (including the refusal to submit to genetic testing), atypical cellular or blood trait, whistleblower status, marital or domestic partnership or civil union status, or any other characteristic protected under state or federal law.

The conduct prohibited by this policy includes conduct in any form including, but not limited to, e-mail, voice mail, chat rooms, Internet use or history, text messages, pictures, images, writing, words or gestures.

While it is not easy to define precisely what harassment is, it includes: slurs, epithets, threats, derogatory comments or visual depictions, unwelcome jokes and teasing.

Any staff member or volunteer who believes that she/he has been harassed or who witnesses harassment should report the situation immediately to one of the following members of management who have been designated to receive such complaints: The staff person responsible for their night/afternoon or service, Executive Director at (207) 775-5216 and 555 Forest Ave., Portland, ME 04101 or Program Director at (207) 775-5216 and 555 Forest Ave., Portland, ME 04101.

If you make a report and the person does not respond or does not respond in a manner the staff member/volunteer deems satisfactory or consistent with this policy, the volunteer/staff member should report the situation to the other member of management designated by this policy to receive complaints. The organization will investigate all such reports as confidentially as possible. Adverse action will not be taken against a staff member because he or she, in good faith, reports or participates in the investigation of a violation of this policy.

Sexual Harassment

Any type of sexual harassment is against organization policy and may be unlawful. We firmly prohibit sexual harassment of any staff member or volunteer by another staff member, volunteer, supervisor or third party. Harassment of third parties by our staff members and volunteers is also prohibited. The purpose of this policy is not to regulate the morality of volunteers. It is to ensure that in the workplace, no person is subject to sexual harassment.

In Maine, unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature may constitute sexual harassment when:

- a) Submission to such conduct is made an either explicit or implicit term or condition of an individual's employment; or
- b) Submission to or rejection of such conduct by an individual is used as the basis for employment decisions affecting such individual; or
- c) Such conduct has the purpose or effect of substantially interfering with an individual's work performance or creating an intimidating, hostile, or offensive working environment.

Sexual harassment may include: unwelcome sexual advances, requests for sexual favors and/or verbal or physical conduct of a sexual nature including, but not limited to, sexually-related drawings, pictures, jokes, teasing, e-mails, text messages, uninvited touching or other sexually-related comments. The conduct prohibited by this policy includes conduct in any form including, but not limited to, e-mail, voice mail, chat rooms, Internet use or history, text messages, pictures, images, writing, words or gestures.

Sexual harassment of a volunteer or staff member will not be tolerated. Violations of this policy may result in disciplinary action up to and including discharge. The organization will not punish or penalize, or attempt to punish or penalize volunteers who report violations of this policy in good faith or participate in any investigation of such violations.

In accordance with state law, we conduct training on this sexual harassment policy for our staff members. We also conduct training on this policy for our volunteers. Any staff member or volunteer who believes that she/he is a victim of sexual harassment should immediately report such actions in accordance with the procedure described below. All complaints will be promptly and thoroughly investigated as confidentially as possible.

1. Any staff member or volunteer who believes that she/he is a victim of sexual harassment or has been retaliated against for complaining of sexual harassment, should report the situation immediately to one of the following members of management who have been designated to receive such complaints: The staff member on your night/afternoon of service, Executive Director at (207) 775-5216 and 555 Forest Ave., Portland, ME 04101 or Program Director at (207) 775-5216 and 555 Forest Ave., Portland, ME 04101. If a staff member or volunteer makes a report to either of these members of management and the member of management either does not respond or does not respond in a manner the staff member or volunteer deems

satisfactory or consistent with this policy, the staff member or volunteer should report the situation to the other member of management designated by this policy to receive complaints.

2. The organization will investigate every reported incident promptly. Any staff member, volunteer, supervisor or agent of the organization who has been found to have violated this policy may be subject to appropriate disciplinary action, up to and including immediate discharge.
3. The organization will conduct all investigations in a discreet manner. The organization recognizes that every investigation requires a determination based on all the facts in the matter. We also recognize the serious impact a false accusation can have. We trust that all staff members and volunteers will continue to act responsibly.
4. The reporting staff member, volunteer, and any staff member participating in any investigation under this policy have the organization's assurance that no reprisals will be taken as a result of a sexual harassment complaint. It is our policy to encourage appropriate discussion of the matter to help protect others from being subjected to similar inappropriate behavior.

The organization reserves the right to discipline any employee or volunteer for conduct that is inappropriate or unwelcome, even if it does not rise to the level of unlawful sexual harassment.

If you are dissatisfied with the resolution of your concern, you may also file a complaint by visiting, writing or calling the Maine Human Rights Commission, 51 State House Station, Augusta, ME 04333-0051, (207) 624-6050 , (207) 624-6064 (TTY). Complaints must be filed within six months of the adverse action.