



HOPE RECOVERY NETWORK - PRSS HR MANUAL

PRSS PUBLIC SAFETY & MANDATED REPORTING GUIDELINES



Peer Recovery Support has a unique set of risks and safety concerns [as well as ethical issues in HRN PRSS Professional and Ethical Conduct Policy]. Staying aware of the surroundings, persons and potential safety risks is essential to protect all persons and parties involved. Examples of ongoing duties and specific situations that require diligence to safety principles include: driving with participants, going to participant specific locations including new unfamiliar locations or inside residences, assisting with crisis response efforts, and providing trauma informed care. Peer Supporters may find themselves filling in for urgent and/or temporary situations, where and when support persons may not be able to, further requiring a culture of safety consciousness.

HRN understands all PRSSupporters must feel safe themselves to be able to assist and ensure participant's safety and progress. HRN will take any safety concerns seriously and will support any accommodations necessary to maintain safety. Helpful PRSS practices include:

- Setting **first meetings with a participant in a neutral, public place** where both persons are on equal footing to get to know each other well enough to move forward. Tell others/leave record of the location and time.
- Being **aware of one's surroundings and possible risk factors** for yourself and the participant: entrances, exits, fire or other building hazards, other persons in the space, driving in dangerous/unknown areas, etc.
- Being aware of the risks while respecting limitations stemming from participant needs including individual mental health diagnoses (*including but not limited to general anxiety, PTSD, schizophrenia, ect.*), substance abuse histories, developmental and intellectual disabilities, human trafficking or other considerations all of which can **limit ability to communicate when not feeling safe** with higher risks of adverse complications.

It is essential to be informed of key precedents in place to determine **when safety concerns outweigh individual participant's confidentiality** [*Ohio Revised Code' ORC C 2305.51, stemming from Tarasoff vs. Regents of California*]. This precedent is clear for all professionals with expectations of confidentiality that receive sensitive information through their duties (*even psychiatrists and therapists with advanced obligations*) need to inform appropriate person(s) when an **eminent deadly threat** is made to specific identifiable person(s) (*"Duty to Warn"*) and/or to general public safety (*"Duty to Protect"*, eg. *threats of a mass shooting or an bomb attack plan for a public event*). These are situations where immediate warning law enforcement agencies, first responders and/or the person(s)/locations at risk (if possible) should be occur due to being "deadly" "eminent" and "specific."

Many other situations also have mandated reporting that may override participants' right to privacy, but in a less universally defined way due to the concern being less than "deadly," "specific," and "eminent." These include: situations of physical harm or other abuse to/from a participant involving persons unable to self-protect (*children, elderly, developmental and intellectual disabled*); talk of a suicidal plans versus idealization; dangerous substance abuse; and signs of human trafficking. These situations require reporting, and due to the complexity of variables and possibilities, PRSS shall inform HRN Supervisor first to discuss the appropriate course of action.

Finally, a situation where safety has precedent to temporarily **override a person's autonomy** in addition to confidentiality is outlined in ORC 5122 which outlines a process for **involuntary hospitalization**, termed "judicial hospitalization." This concerns a person who, because of their mental illness, requires in-patient treatment with evidence of substantial risk of physical harm (1) to self by clear threats and/or demonstrated suicide attempts; (2) recent homicidal threats or other violent behavior; (3) immediate risk of serious physical impairment/injury to self or others, directly or indirectly, due to mental illness precluding necessary survival actions [*eg. refusing to eat, dangerous psychotic break, ect. See ORC 5122.10 for complete details*]. PRSS shall be able to recognize and refer this, and other referenced situations, to appropriate persons to ensure safety of participants and general public.

I. PUBLIC SAFETY DUTIES - As a Peer Recovery Support Specialist, I will:

- 1) Stay aware of **my responsibility to ensure participant safety** with ongoing efforts when appropriate and without putting myself at undue risk to do so.
- 2) I will **inform my HRN supervisor** in a confidential space when a situation occurs during the course of my peer support that appears or feels unsafe, particularly if it is an ongoing risk or is notably uncomfortable.

- 3) **Do no harm** in the course of peer recovery support. To avoid this I will be open to feedback that my actions may cause harm, intentionally or not, and take appropriate and/or required actions to avoid any further harm.
- 4) Treat participants in a way that is aware of, and respects the possible adverse effects of trauma, to avoid further harm from my actions in accordance with a **Trauma Informed Care** approach.

II. WHEN SAFETY OUTWEIGHS PARTICIPANT PRIVACY - As a Peer Recovery Support Specialist, I will:

- 5) Report as required, and to my HRN supervisor, when a child(ren), elder(s), intellectual and developmental disabled person(s), or similar person(s) unable to self-protect is endangered (*directly or indirectly*) by/as a participant, their support network, or any other agency during the course of my peer recovery support duties.
- 6) Report as required, and to my HRN supervisor, when a threat or a plan is made known that would cause serious injury or possible death to self or others through the course of my peer recovery support duties.
- 7) Determine to my limited training, and during the course of my PRSS duties if:
 - (a) A deadly threat occurs that is **(i) eminent and specific to a person(s)** (*"Duty to Warn"*) **or** **(ii) eminent and clear to public safety** (*"Duty to Protect"*), to which I will immediately notify law enforcement/emergency responders and person(s)/ group / location at risk directly (*if such contact is possible*) as required by law.
 - (b) Evidence is made known of **substantial risk of physical harm** to participant and/or others due to their mental illness that requires "judicial hospitalization" (*in accordance with ORC 5122.10*) and refer the situation to appropriate persons including my HRN supervisor.
 - (c) Participant demonstrates danger from **overdosing** or **drug-related recklessness** (*in accordance with ORC 5199 sections*) and report this to my HRN supervisor.

I hereby attest that I have read, understand, and will adhere to the HRN PRSS Public Safety and Mandated Reporting Guidelines, as described above.

PRINT NAME: _____ DATE: _____

SIGNATURE: _____ (*Digital Signatures accepted from authorized email addresses*)