



**HEALTHY LIVING: SELF-MANAGEMENT PROGRAMS  
WORKSHOP LOCATION/SITE INFORMATION FORM**

**Dates for Workshop** start \_\_\_\_ / \_\_\_\_ / \_\_\_\_ end \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Name of Workshop Site** \_\_\_\_\_

**Meeting Room Name/Number** \_\_\_\_\_

**Address of Site** \_\_\_\_\_

**City** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**Phone Number of Site** (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Primary Contact at Site Name** \_\_\_\_\_

**Primary Contact Direct Phone** (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Primary Contact Email** \_\_\_\_\_

**Sponsoring Agency Name:** \_\_\_\_\_

**Point of Contact at Agency Name:** \_\_\_\_\_

**Phone Number:** (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Other Information (as applicable)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Workshop Information/Instructions for Location/Site Usage (if applicable)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## EMERGENCY/ CRISIS SITUATIONS POLICIES AND PROCEDURES

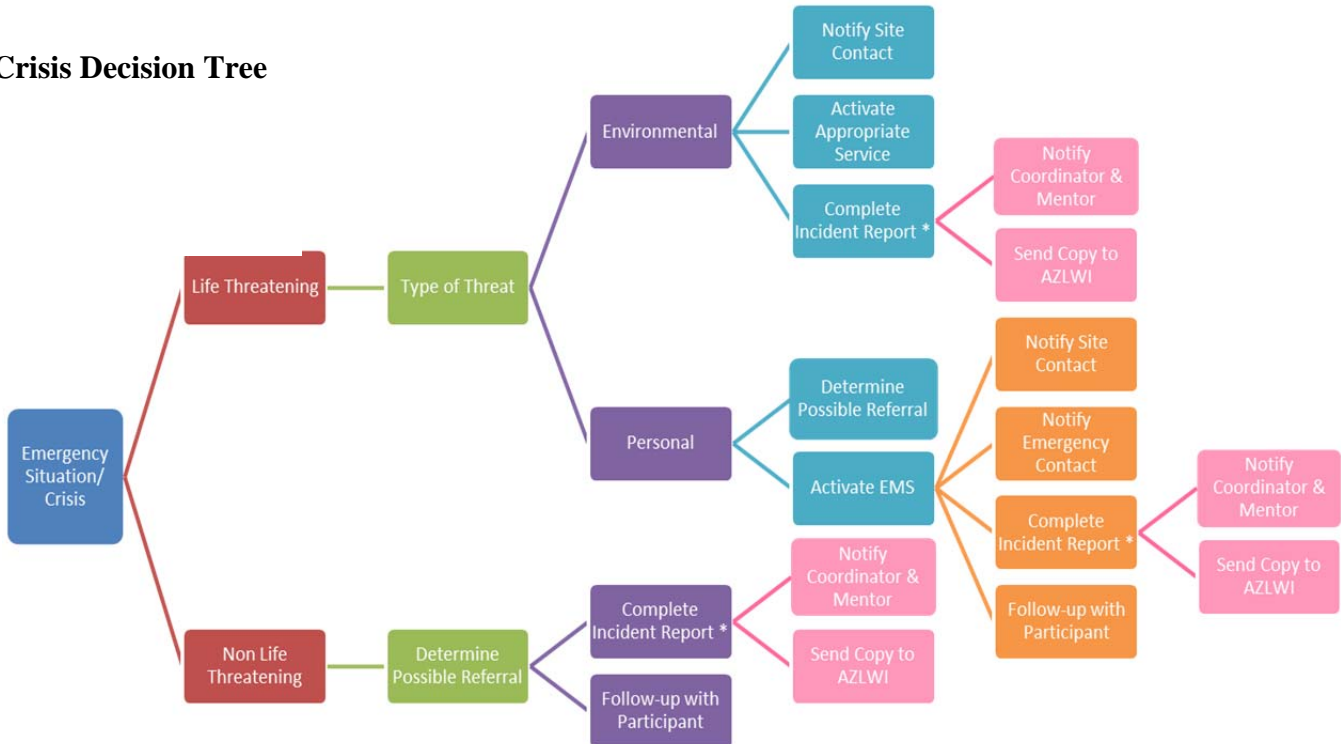
### Purpose

The purpose of this policy is to ensure quick resolution of emergencies in efforts to minimize any damages or consequences (i.e., acute medical, social, physical or emotional distress) during a CDMSP training or workshop.

### Steps

1. Assess the situation or crisis.
2. Utilize site crisis plan if available. If no specific crisis plan is given for site, use emergency contact information and/or resource guide to secure assistance with class participant.
3. Complete Incident Report as soon as possible.
4. Please return the completed form to your Agency Coordinator within *24 hours*. Your Coordinator will complete the Agency's required paperwork and notify the AZLWI.
5. Notify the Mentor for your region. Contact information below.

### Crisis Decision Tree



### People to Contact Following an Emergency

- **Agency Coordinator**      **Name:** \_\_\_\_\_      **Phone:** \_\_\_\_\_
- **AZ Living Well Institute**      **Name:** \_\_\_\_\_      **Phone:** \_\_\_\_\_

### Examples Situations:

- Susan, a CDSMP class participant, shares during her action plan how she was not able to complete her goals because of some family issues she experienced during the week. After the Lay Leader asked a few more questions, Susan started crying expressing her concern for her safety because of physical abuse in her home. The Lay Leader expressed empathy and concern for Susan's safety and directed her to call the National Domestic Violence Hotline (from their list of resources) and asked if she had any other family that she could stay with in the meantime.
- Zack, a CDSMP class participant, always shares with the group during a brainstorm activity how drinking and alcohol are his top ways to cope with problems, distress, and any personal issue he is dealing with. After the second session, the Lay Leader could tell his comments were starting to make some of the other class participants feel uncomfortable. Therefore, the Lay Leader pulled Zack aside after the second session to talk to him about his comments, how his comments are changing the course atmosphere for others in the class, and shared with him concern for his well-being. The Lay Leader then shared with Zack contact information for the Substance Abuse and Mental Health Services Administration and encouraged him to reach out to them.
- Environmental Emergencies
  - Fire
  - Carbon Monoxide
  - Chemical Spill
  - Safety Threat
- Personal Emergencies
  - Suspected Heart Attack or Stroke
  - Loss of Consciousness (fainting)
  - Seizure



**INCIDENT REPORT**  
For Healthy Living Workshop

Date of Incident: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time of Incident \_\_\_\_:\_\_\_\_ am pm

Workshop Location: \_\_\_\_\_ Room Number: \_\_\_\_\_

Workshop Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Workshop Time \_\_\_\_:\_\_\_\_ am pm

Sponsoring Agency: \_\_\_\_\_

Reporting Facilitator:

Name: \_\_\_\_\_ Phone Number (\_\_\_\_)\_\_\_\_-\_\_\_\_\_

Other Method of Contact \_\_\_\_\_

Co – Facilitator:

Name: \_\_\_\_\_ Phone Number (\_\_\_\_)\_\_\_\_-\_\_\_\_\_

Other Method of Contact \_\_\_\_\_

**Detailed description of incident and actions taken**

**Witnesses**

Name \_\_\_\_\_ Phone \_\_\_\_\_

**Please return this form to:**

**Arizona Living Well Institute**  
2066 W. Apache Trail, Suite 116, Apache Junction, AZ 85120  
Phone: 480-982-3118, Toll Free: 877-982-3118, Fax: 480-288-8261  
Email: [info@azlwi.org](mailto:info@azlwi.org)