The Commonwealth of Massachusetts
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TO:	**BSAS LICENSEES, PROVIDERS, AND STAKEHOLDERS**
FROM:	**DEIRDRE CALVERT, DIRECTOR, BUREAU OF SUBSTANCE ADDICTION SERVICES**
SUBJECT:	**UPDATES TO REGULATIONS RELATED TO SAFETY CHECKS 105 CMR 164.000 – LICENSURE OF SUBSTANCE USE DISORDER TREATMENT PROGRAMS**
DATE:	**NOVEMBER 11, 2022**

This document is intended to issue guidance to all providers licensed/approved by the Massachusetts Department of Public Health's (DPH) Bureau of Substance Addiction Services (BSAS) regarding compliance with new requirements and best practices for periodic safety checks and signs of life checks, as required by BSAS' regulation for *Licensure of Substance Use Disorder Treatment Programs*, 105 CMR 164.000.

BSAS recognizes that each situation has its unique facts and circumstances and encourages stakeholders with specific questions to contact your Regional License Inspector: https://www.mass.gov/service-details/information-for-licensed-substance-use-disorder-treatment-programs

BSAS encourages all providers to review the updated regulation in its entirety, which may be found at the following link: https://www.mass.gov/regulations/105-CMR-16400-licensure-of-substance-abuse-treatment-programs

Written Policies for Safety Checks (105 CMR 164.040(A)(13) and (28); 105 CMR 164.540(A)(5))

Amendments to 105 CMR 164.040(A)(13) and 105 CMR 164.540(A)(5) now require that programs develop specific policies to ensure patient safety, including adequate patient and resident oversight and periodic patient and resident safety checks.

Additionally, 105 CMR 164.040(A)(28) now requires programs to have policies regarding monitoring of safe sleep conditions in patient rooms as well as conducting periodic safety checks with parents and children, overnight and during any napping times. This guidance will assist programs with the development and implementation of these required policies and identify best practices regarding safety checks and signs of life checks.

Differentiating Safety Checks and Signs of Life Checks

The following describes the differences between safety checks and signs of life checks, and should be included in a program's policies on conducting such checks:

Safety Check – Inspection of the unit/environment that is done in a cursory manner, to assure the patient or resident is not in physical, emotional, or mental distress. This shall also include a review of the environment for potential health and safety hazards. Checks should be conducted in person, with direct visual observation of a patient or resident and the entirety of the program environment at set intervals of time.

Signs of Life Check – Inspection which seeks evidence that a person is alive and responsive. Signs of life can include but are not limited to:
- Patient/resident is awake and has the ability for interaction with others
- Patient/resident is arousable and responsive to stimuli (Verbal/audible/physical)
- Patient/resident breathing is not slowed or shallow
- While sleeping, patient/resident is not having difficulty breathing which could include sounds of choking, gurgling, or snoring noise.

Safety Check Program Policy Requirements

Safety check policies for all service settings should include the following:

- An explanation of how the service setting will conduct periodic safety checks that are consistent with principles of trauma-informed care and able to identify patient/resident signs of life through direct observation and/ or interaction. The program policy should identify how periodic rounds are conducted and the staff responsible.
  - This includes ambulatory settings such as Outpatient, Office Based Opioid Treatment, and Opioid Treatment Programs to ensure that the program can ensure patient safety while onsite or participating virtually by having procedures for observation and interaction. Observation procedures in these settings should ensure that there is the monitoring of areas not in plain views such as parking lots, waiting areas, and bathrooms.

- Identify the intervals of time for the periodic safety check in line with best practices for the program structure and service setting. The following service settings require the program's Medical Director to establish an individualized sign of life check protocol for each patient to be documented in the medical record:
  - 24-Hour Diversionary Withdrawal Management Treatment Services - 105 CMR 164.134(A)(3):
  - Clinical Stabilization Services - 105 CMR 164.153(A)(3)
  - Outpatient Withdrawal Management Treatment Services - 105 CMR 164.208(A)(3)

- A description of how the service setting documents the safety check of the patient/resident. Documentation should include the following items as appropriate based on program structure and service setting:
  - Patient/resident name

- Time interval of the safety check
- Clear documentation of the location of the patient/resident at the time interval of the check
- Interaction/behavioral level and /or Signs of life check of the patient/resident
- Documentation of locations checked for environmental rounds as well as any hazards noted
- Verification (initial/signature) check was completed by the staff

- A description of how the program provides orientation and supervision to staff, and a stated frequency of training sessions on the safety check policy for all staff working in the service setting. This should also include a description of how the program documents staff's development of knowledge and competency, and practice opportunities.

- Programs are also expected to incorporate quality assurance measures into the safety check that clearly identify the following:
  - Staff responsible for oversight of safety check rounds and documentation in service settings.
  - The program's procedure for audit and review of safety checks.