



REINTEGRATION SCATTERED SITE/MANNION PROGRAM RESIDENT HANDBOOK

updated 4/2023

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RESIDENT HANDBOOK

TABLE OF CONTENTS

Page 1	Table of Contents
Page 2-3	Patients Rights
Page 4-5	Resident Agreement/Contract
Page 6-7	Reintegration Guidelines for Living
Page 8	Reintegration Program Phases Pass
Page 9	Request & Curfew Policy Overnight
Page 10	Visitors / Child Policy
Page 11-13	Tobacco Fee Policy and Agreement
Page 14	Medication Policy
Page 15	Voc/Ed Agreement
Page 16	Naloxone/Narcan Training
Page 17	Telepractice Release
Page 18	Fairview Contact List
Page 19	What to Pack for your Stay
Page 20	Universal Precautions
Page 21-22	Health Care Resources- Broome County
Page 23-26	Safe Sleep for Babies

FAIRVIEW RECOVERY SERVICES INC.

PATIENT RIGHTS

(Updated April 2023)

815.5 PATIENT RIGHTS

(a) Each patient has the following rights:

- (1) to receive services responsive to individual needs in accordance with an individualized treatment/recovery plan, which the patient helps develop and periodically update;
- (2) to receive services from provider staff who are competent, respectful of patient dignity and personal integrity, and in sufficient numbers to deliver needed services consistent with the requirements of the provider's operating certificate;
- (3) to receive services in a therapeutic environment that is safe, sanitary, and free from the presence of addictive substances;
- (4) to know the name, position, and function of any person providing treatment to the patient, and to communicate with the provider director, medical director, board of directors, other responsible staff or the Commissioner;
- (5) to receive information concerning treatment, such as diagnosis, condition or prognosis in understandable terms, and to receive services requiring a medical order only after such order is executed by a medical provider working within their scope of practice;
- (6) to receive information about provider services available on site or through referral, and how to access such services;
- (7) to receive a prompt and reasonable response to requests for provider services, or a stated future time to receive such services in accordance with an individual treatment/recovery plan;
- (8) to be informed of and to understand the standards that apply to their conduct, to receive timely warnings for conduct that could lead to discharge and to receive incremental interventions that are strengthbased, person centered and trauma-informed for conduct contrary to program rules;
- (9) to receive in writing the reasons for a recommendation of discharge and to be informed of the process to appeal such discharge recommendation;
- (10) to voice a grievance, file a complaint, or recommend a change in procedure or service to provider staff and/or the Office, free from intimidation, reprisal or threat;
- (11) to examine, obtain a receipt, and receive an explanation of provider bills, charges, and payments, regardless of payment source;
- (12) to receive a copy of the patient's records for a reasonable fee;
- (13) to be free from physical, verbal or psychological abuse;
- (14) to be treated by provider staff who are not under the influence of substances that would impair their ability to perform the duties stated in their job description;
- (15) to be free from any staff or patient coercion, undue influence, intimate relationships and personal financial transactions
- (16) to be free from performing labor or personal services solely for provider or staff benefit, that are not consistent with treatment goals, and to receive compensation for any labor or employment services in accordance with applicable state and federal law; and
- (17) the following rights apply to patients who reside in an inpatient/residential setting:
 - (i) to practice religion in a reasonable manner not inconsistent with treatment/recovery plans or goals and/or have access to spiritual counseling if available;
 - (ii) to communicate with outside persons in accordance with the individualized treatment/recovery plan;
 - (iii) to communicate freely with the Office, public officials, clergy, attorneys and other persons identified by the patient;
 - (iv) to receive visitors at reasonable times in relative privacy in accordance with the individualized treatment/recovery plan;
 - (v) to be free from restraint or seclusion;

815.5 PATIENT RIGHTS Cont.

(vi) to have a reasonable degree of privacy in living quarters and a reasonable amount of safe personal storage space;

(vii) to retain ownership of personal belongings, to the extent such belongings are not contrary to program rules; and

(viii) to have a balanced and nutritious diet.

(18) participants referred to a faith-based provider have the right to be given a referral to a non-faith based provider.

(19) Patients have the right to placement in gender segregated settings based on their gender identity or expression.

(20) Patients have the right to culturally appropriate and affirming care and to be free from harassment and/or discrimination in accordance with the factors outlined in paragraph (21) of this subdivision.

(21) Prohibition against discrimination in admission. No individual that meets level of care criteria for admission shall be denied admission to any program based solely on the following factors, including but not limited to:

(i) prior treatment history;

(ii) referral source;

(iii) pregnancy;

(iv) history of contact with the criminal justice system;

(v) HIV status;

(vi) physical or mental disability;

(vii) lack of cooperation by significant others in the treatment process;

(viii) toxicology test results;

(ix) use of any substance, including but not limited to, benzodiazepines; or

(x) use of medications for substance use disorder prescribed and monitored by an appropriate practitioner;

(xi) actual or perceived gender or gender identity;

(xii) national origin;

(xiii) race or ethnicity;

(xiv) actual or perceived sexual orientation;

(xv) marital status;

(xvi) military status;

(xvii) familial status; or

(xviii) religion; or

(xix) age.

(22) Patients have the following rights with regard to access to medication for addiction treatment:

(1) Medication for Addiction Treatment (MAT) for Substance Use Disorder.

(i) Patients have the right to be offered or maintained on all forms of approved medication for substance use disorder treatment when admitted or seeking admission to any Office certified program, in accordance with guidance issued by the Office.

(ii) Patients have the right to be educated about all forms of FDA approved medications for the treatment of substance use disorders, including the benefits, risks and alternatives.

(23) Overdose Prevention Education. (i) Patients have the right to receive overdose prevention education and naloxone education and training, and a naloxone kit or prescription, in accordance with guidance issued by the Office.

Fairview Recovery Services, Inc. Reintegration Scattered Site Program Resident Contract

Fairview Recovery Services, Inc. is a private, nonprofit agency with the mission to improve the quality of life and health of persons diagnosed with and recovering from alcoholism, substance use disorder and other disabling conditions. Providing you with residential, rehabilitation and support services pursues this goal. The purpose of this contract is to outline what is expected of you and the role of staff to ensure that you have a safe, secure supportive setting in which to live and to work on your recovery/rehabilitation goals.

Client Expectations: As a resident of Fairview Recovery Services, Inc. Reintegration Scattered Site Program, I agree:

1. To treat all community members (other residence and staff) with dignity, and to respect their personal rights and property, their right to privacy and their right to receive support as a member of Fairview Recovery Services, Inc. community.
2. To be willing to live cooperatively, and respectfully with my apartment roommates.
3. To participate in the development and carrying out of the activities of my individualized recovery/treatment program to include:
 - Work towards maintaining sobriety and seeking clinical support when necessary.
 - Meeting with Fairview Recovery Services, Inc. staff on a regularly scheduled 1:1 basis to discuss my plan, services, progress, and changes in my plan, and any other concerns that need to be shared.
 - Being involved in a program of goal-oriented activities, therapy, treatment, and work readiness training (up to 20 hours a week).
 - Participate regularly in community meetings and case management groups.
 - Maintaining regular contact and keep scheduled appointments with my treatment counselor / case manager.
4. To assume responsibility for my health and hygiene and for the care and safe keeping of Fairview Recovery Services, Inc. property, personal property, and personal living areas to include:
 - Keeping myself in good health and maintaining good personal hygiene - seeking support as needed.
 - Maintain my apartment in a clean and orderly fashion.
 - Assuming responsibility of apartment keys by insuring against loaning or duplication, and promptly returning all issued keys upon request.
 - Assuming financial responsibility for lost or damaged Fairview Recovery Services, Inc. property at replacement value to be established by the Program Coordinator in conjunction with the Clinical Director.
5. To assume responsibility for fee payment from day of admission and for other financial responsibilities as described in the Financial Contract
6. Fairview Recovery Services, Inc. is not responsible for personal belongings. Fairview Recovery Services, Inc. is not responsible to replace lost or damaged personal property. Personal belongings left behind by a resident will be considered forfeited and will be disposed of at the discretion of Fairview Recovery Services, Inc. **after 30days**
7. To insure my physical and emotional well-being and that of the community members by:
 - Smoking is prohibited in all apartment bedrooms at all times.
 - Use of candles, is limited to designated areas of living room and kitchen.
 - Learning the fire evacuation plan.

- Storage and use of weapons in or around the apartment is strictly prohibited
- Not drinking, use of illegal substances, non-prescribed, and/ or other mood-altering substances is expected in accordance with my individualized service plan. I further understand that any use will result in a clinical evaluation to determine clinical interventions and/or appropriate level of care.
- Preparing and storing food in a responsible way that insures my safety and that of others, as well as Fairview Recovery Services, Inc. property and to consume food and beverages only in designated areas to insure a clean environment.
- Agreeing that the staff may enter my apartment without my prior permission to make routine maintenance checks and random searches and at any other time there is a concern for any health or safety issue or when there is a concern that I and not complying with the program expectations.
- I agree not to have any “pets” of any type, which are dependent upon me to sustain its life in my apartment. Pets include dogs, cats, birds, reptiles, fish, amphibious creatures, insects, small mammals, any and all creatures domesticated or wild.

Fairview Recovery Services, Inc. Responsibilities: Fairview Recovery Services, Inc. agrees to provide the following:

1. To provide you with the following services without regard to your sex, race, religion, national origin, gender identity, sexual preference, and mental, emotional, or physical condition:
 - a) Admission and Discharge planning
 - b) Training in activities of daily living.
 - c) Case management
 - d) Counseling focusing on relapse prevention and structured treatment environment, more independent living.
 - e) Crisis management (dealing with difficult situations through appropriate interventions and referrals to community agencies)
 - f) Room and Board
 - g) Socialization and Leisure Activities
 - h) Assistance with accessing Transportation
 - i) Developing appropriate behaviors through effective interventions.
2. To assist you in:
 - a) Identifying and defining your needs.
 - b) Developing and individualized service plan.
 - c) Identifying appropriate agencies and services to meet your needs
 - d) Recommending and or referring and coordinating services
 - e) Identifying and clarifying your satisfaction or dissatisfaction about the services you are receiving and helping you to find appropriate methods to express your views.
 - f) Supporting and reviewing progress and changing your service plan, as appropriate, through regularly scheduled meetings with your case manager and treatment counselors.
 - g) Dealing with difficult situations through crisis counseling or other appropriate interventions
3. To treat individuals with dignity; ensuring that your personal rights include, but are not limited to, the:
 - a) Right to reasonable privacy
 - b) Right to confidentiality
 - c) Right to access to your records as described in agency policies.
 - d) Right to receive visitors
 - e) Right to voice grievances or complaints about the programs, staff and facility, in an appropriate manner, without fear of reprisal
 - f) Right to exercise all other rights guaranteed to citizens of the community
4. To provide you with a clean, safe sober living environment

Guidelines for Living in the Fairview Recovery Services Inc. Reintegration Scattered Site Program

1. **No sexual activity is allowed in the apartments.** No X-rated movies or materials that is sexually explicit throughout the apartments. These are apartments of recovery, and these types of materials should not be present
2. **Verbal or physical threats or acts of violence are not acceptable.** Racial and sexual slurs, sexual harassment and vulgarity are not acceptable. Violation of these norms may lead to discharge.
3. **There is to be no yelling up or down the stairs in the apartment complexes for any reason.** Disruptive loud noise and music is not acceptable and may lead to discharge.
4. **Residents are responsible for supplying their own television / phone services.** It will be up to the residents to work out together a payment plan for these services.
5. **Residents are responsible for the cleanliness of the apartment hallways and outside area of their buildings.** Bicycles and/or other belongings are not allowed in the hallways of the building.
6. **Please be courteous and respectful** in all living areas that are shared.
7. **Residents are responsible to supervise children, friends, and family members during visitation.** Visitors are not to be left unattended in the apartment at any time, for any reason. Resident must be with visitors at all times.
8. **You have the right and responsibility to confront another resident on their old behaviors.** We are not here to judge one another, and everyone makes mistakes. It is your responsibility, based on the severity of the behavior, to inform staff.
9. **To maintain a safe, sober environment, staff reserves the right to conduct a toxicology screen and/or breathalyze individuals at any time.** Resident will be asked to self-admit before screen is conducted. Staff will act in a non-judgmental, non-punitive and non-confrontational manner during the process (in alignment with the FRS policy). However, failure to submit to either test may result in a recommendation for a higher level of care and/or administrative review and possible discharge from the program.
10. **NO playing cards unless approved by staff.** No betting, gambling, pools on sporting events etc. No scratch off lottery ticket. NO Gambling of any kind.
11. **The residents of Reintegration are not allowed to visit with FRS Residential Rehab patients unless during approved visits at the FRS Residential Rehab.**

Non-compliance with any of these guidelines for living may result in administrative review and possible discharge.

STAFF ARE MANDATED REPORTERS AND REPORT ANY ABUSE AND/OR NEGLECT AS REQUIRED BY LAW

Fairview Recovery Services will make a sincere effort to ensure a safe environment is provided and your views will be taken seriously.

-I am in receipt of a copy of the Reintegration Resident Agreement and Guidelines for Living. I have reviewed said agreement and guidelines and have had the opportunity to ask questions.

-I understand that I have entered this program voluntarily and may leave voluntarily, having given proper notice.

-I understand that if I am satisfied or not satisfied with something, I am encouraged to inform staff.

-I have also reviewed the following policies with my primary counselor, have had the opportunity to ask questions and have receive a copy, if requested. FRS Contraband, Search and Seizure P&P, FRS Grievance P&P, and FRS Incident Management P&P. I agree to follow these policies while I am a Client/Resident at Fairview Recovery Services Inc

- I understand that additions to, alterations or modifications of the rules, policies and procedures contained in this handbook may be made by Fairview Recovery Services at any time and for any reason. If this is occurs, I am obligated to insert those additions into the handbook to assure it is remaining current. I understand that I am to comply with and follow these additional, altered or modified rules.

**I agree to follow said agreements and guidelines while I am a Resident at Fairview Recovery Services Inc. Reintegration Program.
(These policies and agreements are a part of the Reintegration Resident Handbook)**

Reintegration Scattered Site Phases

The clinical staff of Fairview Recovery Services, Inc. has designed these phases to assist the newly admitted client with an opportunity to connect with his/her peers, clinical staff and community supports. The first phase will provide clinical staff with an evaluation period to assess the client's appropriateness for continued Reintegration stay. To accomplish these goals, the following guidelines are in effect:

Phase I – Orientation Phase

30 day orientation, may be extended if warranted

10:00PM - 5:30AM Curfew 7 days a week

No overnight guests allowed (children are an exception with prior approval from Reintegration Case Manager)

Must complete self-help meeting journals

2 one-on-ones with case manager weekly; 1 in apartment, 1 in office

Weekly "pop-in" by case manager

Phase II

11:30PM - 5:30AM curfew 7 days a week

2 weekend passes per month

Weekly one-on-one with case manager in apartment

Phase III – Discharge Phase

Discharge planning

11:30PM - 5:30AM curfew 7 days a week

Increased weekend passes

Staff will conduct curfew checks on any phase

Case managers reserve the right to move client's back to an earlier phase if needed

**Non-compliance with these guidelines will be addressed as a clinical issue and may jeopardize residency at Fairview Recovery Services, Inc.
If you have any questions about the above guidelines, please talk to your Case Manager.**

REINTEGRATION SCATTERED SITE

PASS REQUEST

In keeping with the philosophy of Reintegration programming the following resident's pass and curfew policy has been designed. Our goal is to help residents build their individual internal accountability.

1. Prior to submitting a pass request, you must have prior approval from any legal involvement; Parole, Probation, Drug Court, etc.
2. Pass requests must be approved by your Case Manager or Program Coordinator PRIOR to departure.
3. Residents may receive weekend passes according to the Phase assignment.
4. Upon approval, residents must provide the following information:
 - a. Destination and address.
 - b. Contact name and phone number (CM must have a release on file for contact).
 - c. Date leaving.
 - d. Date returning.

If an emergency arises and you are unable to return as scheduled, you **MUST** contact on-call staff. Staff reserves the right to urine drug screen and breathalyze you upon return. This may include reporting to the Addiction Stabilization Center (A.S.C.) Case managers reserve the right to adjust the pass request policy as deemed necessary.

CURFEW

Fairviews Reintegration program curfew is as followed:

Phase 1: 10pm-5:30am / **Phase 2 & 3:** 11:30pm-5:30am.

1. Residents must observe curfew as stated above.
2. If you determine that you are in a situation that warrants a time extension you will need to follow the procedure stated above.
3. If you plan on attending a special event which will prevent you from returning at curfew; you will need to discuss this with your Case Manager or Program Coordinator PRIOR to the event.

Non-compliance with this pass request policy may result in administrative discharge.

Visitors/Overnight Visitor Policy

1. Visitors will only visit during non-curfew hours as stated on the Reintegration Phase Policy. Visitors, unless otherwise approved by FRS staff will leave FRS property by my designated curfew time.
2. Overnight visitor(s) whether children or adults are allowed via mutual agreement between my roommate and me, with PRIOR Reintegration staff approval.
3. Overnight visitor is limited to weekends ONLY, rather than weekdays, due to the potential impact that it may have on me and my roommate(s) recovery.
4. Visitors will visit in common areas only. Bedrooms are not common areas. Overnight visitors may not sleep in bedroom. The living room must be used for this purpose.
5. All visitors will be alcohol/drug free.
6. Fairview employees or other clients are not to be responsible for my visitor at any time.
7. Visitors determined by Fairview staff to be inappropriate will not be allowed in my residence.
8. There will not be visitors in my residence when I am not at home.
9. No one but me will have keys to my residence and making copies is prohibited.

Overnight Visitor Policy- CHILD

1. Clients can not have weekday overnight visits with their children, unless approved by Reintegration staff in an emergency situation.
2. Reintegration staff will determine when clients children are allowed to stay for an overnight at the apartment as part of the transition into the program.
3. Client will assume full responsibility for child(ren).
4. Client will be in supervision of child(ren) at all times.
5. The child(ren) is not the responsibility of other clients/ roommate or Fairview Recovery Services, Inc.
6. An emergency childcare plan will be put into place BEFORE a child visits (each child will have a separate plan)
7. Child(ren) visits will not conflict with any of the clients Reintegration program obligations; CCU commitment, treatment schedule, etc.

POLICY AND PROCEDURE – TOBACCO FREE

PROCEDURE FOR: Addressing tobacco use at Fairview Recovery Services, Inc. programs.

PURPOSE: To reduce addiction, illness and death caused by tobacco products.

Policy Statement:

Fairview Recovery Services, Inc. provides a therapeutic environment that assists individuals with substance use disorder with living independent, healthy, and productive lives by providing a continuum of individualized care and services through patient centered treatment planning by our dedicated staff.

In 1988 the U.S. Public Health Services, under Surgeon General C. Everett Koop, published the report, The Health Consequences of Smoking: Nicotine Addiction. In this report Dr. Koop states, “Smoking is the chief avoidable cause of death in our society.” He indicates that nicotine is the substance in tobacco that causes addiction. Nicotine is a mood altering, psychoactive substance that is highly addictive. Since 1980, DSM (Diagnostic and Statistical Manual of Mental Disorders) has listed both nicotine withdrawal and nicotine dependence as diagnosable conditions.

These facts about tobacco/nicotine impact Fairview Recovery Services programs in several ways. First, Fairview Recovery Services is aware that many of our clients have a history of tobacco use and others began using tobacco while in our care or through relapse. Second, Fairview Recovery Services recognizes that tobacco smoke at this facility is a dangerous pollutant which harms non-smokers and smokers alike. Third, Fairview Recovery Services recognizes that nicotine in tobacco is a psychoactive, mood altering, addictive substance.

Objectives:

1. To provide a healthy environment for staff, clients, volunteers, workfare participants, and visitors; one that is free from tobacco smoke pollution and cues to use tobacco products.
2. To establish a tobacco free program including tobacco free grounds.
3. To provide quality, comprehensive crisis, residential, and educational services to the clients at Fairview Recovery Services.
4. To provide tobacco/ nicotine dependence recovery assistance/options to staff.
5. To integrate tobacco/nicotine dependence within the care offered to the clients of Fairview Recovery Services programs through assessment, education, prevention, and treatment.

1. Establish a Tobacco-Free Facility

- A. All clients will be informed of this policy as part of the admission process and will sign a written contract at that time.

- B. Effective 6-1-2008, all prospective employees will be notified of this policy in employment announcements, during their first interview, prior to hire, and during orientation.
- C. Referral sources will be notified of this policy by 6-1-2008 and will continue to be notified on an ongoing basis thereafter.
- D. All current staff, volunteers, and workfare participants will receive a copy of the final policy. All new staff and volunteers will be notified of this policy at orientation.

2. Provide Tobacco/Nicotine Dependence Education and Recovery options for staff

- A. All employees will be offered an in-service on the medical complications of tobacco use and nicotine dependence.
- B. All clinical staff will be offered training on how to identify nicotine dependence. This will include training on assessing, education, treatment planning, and on-going care for nicotine dependence.
- C. All employees will not exhibit any tobacco products including paraphernalia (lighters, tobacco brand specific products, promotional clothing, and rolling papers).
- D. All employees who currently use tobacco products will be encouraged to discontinue use and offered the following:
 - Pamphlets, brochures and other reading materials to assist and educate them on the effects of using tobacco/nicotine products.
 - Over-the-counter nicotine replacement when not able to obtain through insurance.
 - Counseling through EAP referral.
 - New York State Tobacco Free Quit Line

3. Provide tobacco/nicotine prevention, education and nicotine replacement treatment for clients

- A. During all intakes and reviews, the clinical staff will assess clients for tobacco/nicotine dependence using the Fagerstrom Test for Nicotine Dependence and document their level of dependence.
- B. All clients, regardless of the tobacco history, will be offered an educational seminar on the effects of tobacco use.
- C. During the admission process, all clients will sign an agreement stating that they have been informed of the tobacco free policy and understand its guidelines. All clients in residence on 6-1-08 will also sign the agreement.
- D. Clinical staff will assist the clients in obtaining Nicotine Replacement Therapy upon request.
- E. While at the program, clients will not exhibit any tobacco/nicotine products including paraphernalia, lighters, rolling papers, promotional clothing and other tobacco/nicotine brand specific items. If clients are found to have any of these items, the items will be confiscated and destroyed.
- F. All clients who are identified as needing tobacco cessation will have this area addressed in their service plan.

MONITORING AND COMPLIANCE:

1. All employees, clients, volunteers, workfare participants and visitors are expected to adhere to this policy.
2. All employees are expected to be familiar with this policy and are responsible for monitoring compliance.
3. Employees who violate this policy will be subject to the same disciplinary procedures used for any other policy violation related to work performance.
4. Violation of this policy by clients will be addressed as a treatment issue first, and as disciplinary issue if violations persist. The clinical staff will address non-compliance with the client. Repeated violations may result in termination guided by the way staff deals with other addictions.
5. Visitors who violate this policy will be informed of the policy and asked to comply. A visitor who persists in violating this policy will be asked to leave.
6. Workfare participants and volunteers who violate this policy will be reminded of the policy and asked to comply. A workfare participant or volunteer who persists in violating the policy will be relieved of duty until that workfare participant or volunteer agrees to comply.

DEFINITIONS: Tobacco-Free -When tobacco use is not permitted in any form indoors or on the grounds, the facility is tobacco-free. Tobacco-free programs understand that any use of tobacco products is incongruent with a lifestyle free of addictive drugs and recognize the need to assist clients, employees and volunteers at the facility in addressing their own tobacco use behavior.

To support a tobacco free environment, I agree to the following:

- I will not use any type of tobacco products while on the Fairview Recovery Services premises. I understand this includes the residential rehabilitation campus, stabilization center, supportive living apartments, parking lots, vehicles, and Voices Recovery Center.
- As a tobacco user I understand treatment goals specific to nicotine dependence will be included in my treatment plan.
- I agree I will not bring tobacco products or paraphernalia including lighters, snuff, chewing tobacco, cigars, cigarettes, etc. to any Fairview Recovery Services site understanding that staff will confiscate and destroy them.
- In the event that I violate such policy I understand that my case will be reviewed with possible revisions to my treatment plan. I understand that if I am found to be smoking in any of Fairview Recovery Services facilities I may be discharged from that program.
- In an effort to support peers who have also agreed to this initiative, I agree to take measures to remove the odor or evidence of smoking from my person before I enter any of Fairview Recovery Services facilities (i.e. washing hands).
 - As a non-smoker as part of the Fairview Recovery Services admission process I have been informed of this policy.

MEDICATION POLICY REINTEGRATION-SCATTERED SITE

Objective: To provide a uniform procedure for the handling of all medications in the Reintegration Scatter Site Residence.

Policy: It is the policy of Fairview Recovery Services, Inc. Reintegration-Scattered Site program to provide a supportive alcohol and drug-free environment. Therefore, alcohol and/or mood altering drugs are not allowed on the premises. We recognize that there is an individualized need for certain residents to take medications for both their physical and mental health needs. Given this, the only acceptable mood altering drugs that are allowed on the premises are those medications that are prescribed by a physician.

Procedure:

On admission to Reintegration Scattered Site Program, residents will review all the medications that have been prescribed to them with their Case Manager. Residents must demonstrate the ability to manage their medication on their own prior to admission. Residents will demonstrate this ability to the Case Manager by being able to answer the following questions:

- Name(s) of the medication(s) that they take;
- Time(s) at which they are to take their medication(s);
- The prescribed dose(s) (i.e., number of pills and dosage amount) of their medication(s);
- Whether they are experiencing any side effects from their medication(s);
- Whether, as provided, the medication is a different shape, size, color, or texture than usual.

Residents must inform staff when any of the following situations occur:

- Changes in the prescription
- Beginning a new medication
- Prescriptions are refilled
- Experiencing adverse reactions or side effects to medications
- Questions regarding medication

The Reintegration Scattered Site staff reserves the right to meet with the client and count the quantity of medication with the resident present at any time to ensure that no medications are being abused.

Any issues of non-compliance with medications will be managed as a therapeutic issue with the provider. Ongoing issues of non-compliance may ultimately result in discharge and a referral to an alternative level of care.

Medication procedure for the disposal of medications in Reintegration Scattered Site:

All medications of residents who are lost to contact are held for a minimum of 30 days after the residents' date of discharge. After this date, the program coordinator and one other staff member will empty all medication bottles and peel all labels from each bottle. The labels will be shredded, and the medications will be destroyed in a medication disposal bag with two staff members present and this will be documented on the medication sheet in the case record. This is the same procedure for those medications that have been discontinued by medical professionals while a resident is active in Reintegration Program. This is completed every 30 days by the program coordinator.



REINTEGRATION VOLUNTEER & VOC/ED AGREEMENT

As a resident of FRS Reintegration Program, I agree to the following guidelines:

- 1. I agree to attend and participate in the vocational/educational institution chosen in conjunction with my vocational/educational plan through Career Choices Unlimited (CCU).*
- 2. I agree to be involved in approx. 20 hours of work ready activities (volunteer or Workfare per week), unless otherwise negotiated through Reintegration staff, CCU staff and, if applicable, the Department of Social Services (DSS). The volunteer/Workfare component must take place at an FRS approved site.*

Volunteer site chosen: _____

Volunteer sites being considered: _____

- 3. I understand and agree that the Reintegration requirements (i.e., house group, meetings, one-on-ones) cannot be compromised due to volunteer or Workfare placement.*
- 4. I agree to contact both Reintegration and CCU Case Managers if there are problems or changes of any nature at my address, educational institution, volunteer and/or Workfare site.*
- 5. Consideration of any Educational Program, such as college or vocational, would need to be discussed and approved by staff. Course load cannot exceed part time (6 credits). Clients must be in Reintegration, MRT or S+C in order to be eligible for attending college or vocational classes. Any questions or issues can be discussed with the CCU Coordinator.*

FAIRVIEW RECOVERY SERVICES, INC.

Patrick Haley, LMSW
Executive Director

FAIRVIEW RESIDENTIAL REHABILITATION
SERVICES
NEW OUTLOOK HOUSE RESIDENTIAL
REHABILITATION SERVICES
REINTEGRATION
CAREER CHOICES UNLIMITED
HEALTH HOME CARE MANAGEMENT

5 Merrick Street
Binghamton, NY 13904
Phone (607) 722-8987
FAX (607) 722-4777

ADDICTION STABILIZATION CENTER
247 Court Street
Binghamton, NY 13901
Phone (607) 722-4080
FAX (607) 723-1858

VOICES RECOVERY CENTER
340 Prospect Street
Binghamton, NY 13905
(607) 821- 7811

Naloxone / NARCAN TRAINING

Fairview Recovery Services Inc. is registered to operate an Opioid Overdose Provention Program. Fairview Recovery Services (FRS) will provide individual and small groups Naloxone/ NARCAN Training per requested.

Patients should see their assigned Counselor to set up a trainging with a FRS naloxone/ NARCAN trainer.

NARCAN Training is also offered at Southern Tier AIDS Program (STAP) on Mondays, Tuesdays, Thursdays and Fridays and offered at VOICES Recovery Center intermittently.

Signature: _____

Witness: _____

Date: ____ / ____ / ____

Revoked On:

Staff Initials:

NEW YORK STATE
OFFICE OF ADDICTION SERVICES AND SUPPORTS

CONSENT TO THE USE OF TELEPRACTICE IN
THE PROVISION OF ADDICTIONS
TREATMENT

Patient's Last Name	First Name	M.I.
CASE No.		
FACILITY		UNIT

INSTRUCTIONS: GIVE COPY OF FORM TO PATIENT. Keep an original of this consent

TELEPRACTICE INFORMED CONSENT

PURPOSE OR NEED FOR CONSENT: To permit the Substance Use Disorder (SUD) treatment to be provided via Telepractice as specified in OASAS Part 830 Regulations.

EXTENT OR NATURE OF INFORMATION

I _____ provided information and understand the following regarding services delivered via Telepractice:

I. Description:

Telepractice is the delivery of Substance Use Disorder (SUD) treatment services provided by an OASAS certified program who is approved for the provision of Telepractice via Audio/Visual and when approved Telephonic mediums. Telepractice is a method of obtaining treatment and recovery support when in-person methods are not available and is subject to the same regulatory and clinical standards as in-person services. When applicable, reimbursable through both Medicaid and Commercial Insurance Plans.

II. Confidentiality:

Telepractice is subject to the confidentiality requirements of 42 CFR Section and HIPAA for the protection of individual's privacy and confidentiality while providing services via Telepractice. Telepractice should be delivered using telecommunication technology that is compliant with confidentiality standards of state and federal law. Provider using Telepractice will make every reasonable effort to decrease the risks associated with the use of Telepractice. I further understand that my confidential information will not be redisclosed without my consent.

III. Patient Rights:

Telepractice is also subject to the requirements of the OASAS Part 815 Patient Rights Regulations. Concerns regarding my treatment can be sent to PatientAdvocacy@oasas.ny.gov I understand that I can decline services via Telepractice at any time.

I, the undersigned, have read the above and authorize the staff of **Fairview Recovery Services Inc.**, to provide my SUD treatment services via Telepractice. I understand that this consent may be withdrawn by me in writing at any time except to the extent that action has been taken in reliance upon it, and that in any event this consent expires automatically as follows:

_____	_____
(Signature of Patient)	(Signature of Parent/Guardian, when required)
_____	_____
(Print Name of Patient)	(Print Name of Parent/Guardian)
_____	_____
(Date)	(Date)

Describe authority to sign on behalf of Patient:



Fairview Recovery Services

Patrick Haley, LMSW, Executive Director

www.frsinc.org

Administration
Rehabilitation Services
Reintegration Services
Shelter + Care
Housing + Care
Health Home
Career Choices
Unlimited

5 Merrick Street
Binghamton, NY 13904
607.722.8987
Fax: 607.352.4777
fairview@frsinc.org

(607) 722-8987

Fairview Staff Contact Information:

Reintegration Coordinator- ext. 233

Reintegration Case Managers - ext. 228 or 238

On Call (after hours, weekends, holidays)- ext. 5 or 6

Career Choices Unlimited Coordinator- Alan Taylor ext. 247

Clinical Director- Heather Orner ext. 232

Executive Director- Patrick Haley ext. 224

Addiction Stabilization Center- 607-722-4080

Voices Recovery Center- 607-821-7811

VOICES Recovery Center

340 Prospect Street
Binghamton, NY 13905
607-821-7811

Addiction Stabilization Center

247 Court Street
Binghamton, NY 13901
607-722-4080
Fax: 607-723-1858

NYS Justice Center contact information:

NYS Justice Center for the Protection of People with Special Needs

161 Delaware Avenue

Delmar, New York 12054-1310

General Phone: 518-549-0200

Patient Advocacy: 855-373-2122

Email for general inquiries: webmaster@justicecenter.ny.gov



Reintegration Scattered Site Program

What to Pack for Your Stay

For your convenience, please use this checklist as you prepare for your stay at our facility.

Please bring only items identified on the list below.

Upon Admission all Clients are expected to bring:

- Linens • Towels • Personal Hygiene & Cleaning Supplies

***** 3 BAG LIMIT PER CLIENT *****

Clothing:

The amount of clothing is to not exceed 2 bags. Please have weather appropriate clothing and plan to switch out clothing as the seasons change. Items FRS suggests having is as follows:

- Shirts/Blouses
- Pairs Jeans/Pants/Skirts in Combination
- Underwear/Socks/Bras
- Pajamas/Robe/Slippers
- Outer Set (coat/jacket, gloves, hat, boots)
- Sneakers

Toiletries:

- Shampoo
- Deodorant
- Soap
- Toothbrush
- Toothpaste
- Washcloths
- Towels

Bedding:

- (Full-Size Bed in most apartments)
- Sheets/Pillowcases
- Pillows
- Blanket
- Comforter

Other:

- Notebook, Stationary, Stamps, Pens
- Appropriate Books, Novels and Magazines
- Family Photo
- Laundry detergent
- Basic household cleaning supplies; dish detergent, bathroom cleaner, kitchen cleaner, etc.

****No air conditioners or space heaters allowed in the apartment****

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**FAIRVIEW RECOVERY SERVICES PROVIDES:  
BASIC HOUSEHOLD ITEMS AND FURNITURE.**

**REINTEGRATION IS A TEMPORARY LIVING SITUATION.  
CLIENTS ARE NOT PERMITTED TO BRING IN:  
FURNITURE AND/OR HOUSEHOLD ITEMS.**

**ONLY THE ABOVE ITEMS ARE PERMITTED  
TO BE BROUGHT INTO THE APARTMENTS.**



# Universal Precautions

## FOR PREVENTION OF HIV AND HBV IN A HEALTH CARE SETTING

Universal Precautions apply to:

- Blood
- Semen
- Vaginal Secretions
- Cerebrospinal fluid (spinal cord)
- Synovial fluid (joint)
- Pleural fluid (lung)
- Pericardial fluid (heart)
- Peritoneal fluid (stomach)
- Amniotic fluid
- Breast milk

“Body fluids” for which Universal Precautions do not apply: (unless there is visible blood). Use gloves if possible but hand washing with soap and water is recommended:

- Urine
- Feces
- Tears
- Sweat
- Vomitus
- Sputum
- Nasal secretions
- Saliva – except in dentistry or when saliva contains blood.

Universal blood and body fluid precautions:

- Consider all Patients as potentially infectious
- Use appropriate barrier precautions routinely.

Reasons for precautions:

- Prevent spread of infection from Patient to Patient
- Protect Patient from infection carried by health care worker
- Protect health care worker from infection by Patient

Hands should be washed before and after assisting others in personal, sick or injury care.

Gloves should be worn if there is a likelihood of exposure to blood and certain body fluids. Hands should be washed before and after wearing gloves.

Cuts, scratches and other skin breaks should be covered and gloves are to be worn.

Mask and eye protection are needed if splashing is likely to occur.

Spills of blood or bodily fluid must be cleaned up promptly. Wear utility-type gloves for clean up.

Household bleach solution – freshly made – (1 part bleach to 9 parts water) is the best disinfectant for clean-ups. Leave solution on for 20 minutes.

For venipuncture – use only disposable vacutainers and multiple draw needles. Do not recap needles. Wear gloves for all venipunctures.

Discard entire vacutainer and needle assembly immediately into a puncture proof hazard container.

Universal precautions are used to prevent transmission of blood-borne infectious agents – particularly HIV and HBV (Hepatitis B).

Please use these precautions routinely. “Take no risk”.

Recopied from:  
Montgomery County Health Department  
Division of Communicable Disease and  
Epidemiology  
2000 Dennis Avenue  
Silver Spring, Maryland 20902

# Health Care Resources - Broome County

## Broome County Health Department

|                                |                                                                |                                                                                                     |                |
|--------------------------------|----------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|----------------|
| <b>Cancer Services Program</b> | 225 Front St, Binghamton<br>Mon-Fri 8am-4pm                    | Provides screening for breast, cervical and colorectal cancer to uninsured, underinsured 40—64 yrs. | 1-877-276-1019 |
| <b>Immunization Clinic</b>     | 225 Front St, Binghamton<br>Call for an appointment            | Provides immunizations for all ages.                                                                | 778-2839       |
| <b>STD Clinic</b>              | 225 Front St. Binghamton<br>Tue 9am-4pm<br>Weds by appointment | Testing, treatment and prevention of sexually-transmitted diseases.                                 | 778-2839       |

### Walk-in Clinics

|                                                                                   |                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                          |
|-----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Dr Garabed A. Fattal<br/>Community<br/>Free Clinic<br/><i>Walk in only</i></b> | 225 Front St, Binghamton<br>Thursday 4:30pm Registration<br>5-8pm Clinic                                                                                                                                                                                             | Provides basic primary health care services, physical exams, and short-term treatment of non-emergency conditions for adults (18-64 yrs) with <b><i>no insurance</i></b> and <b><i>not eligible</i></b> for Medicaid or Medicare and <b><i>not eligible</i></b> for services at Veterans Center.<br><b><i>Picture ID is required</i></b> |
| <b>Endwell Family Physicians</b>                                                  | 415 Hooper Rd, Endwell.....754-4433.....8am-8pm weekdays and 8am—2pm weekends                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                          |
| <b>Lourdes Walk-In Clinics<br/>(4 sites)</b>                                      | 276 Robinson St, <b>Binghamton</b> .....771-7234.....8am-8pm daily<br>415 E Main St, <b>Endicott</b> .....786-1801.....9am-8pm daily<br>500 5th Ave, <b>Owego</b> .....972-2335.....8am-8pm daily<br>3101 Shippens Rd, <b>Vestal</b> .....251-2180.....8am-8pm daily |                                                                                                                                                                                                                                                                                                                                          |
| <b>UHS<br/>(United Medical Associates)<br/>Walk-in Clinics<br/>(3 sites)</b>      | 1302 E Main St, <b>Endicott</b> .....754-7171.....8am-8pm daily<br>4417 Vestal Parkway East, <b>Vestal</b> .....729-2144.....8am-8pm daily<br>91 Chenango Bridge Rd, <b>Chenango Brg</b> .....648-4151.....8am-8pm daily                                             |                                                                                                                                                                                                                                                                                                                                          |

### Health-Related Information

|                                            |                                          |                                                                                        |
|--------------------------------------------|------------------------------------------|----------------------------------------------------------------------------------------|
| <b>Nurse Direct - UHS</b><br>7am-9pm daily | <b>763-5555</b><br><b>1-800-295-8088</b> | Talk directly to a registered nurse about health issues and get help finding a doctor. |
|--------------------------------------------|------------------------------------------|----------------------------------------------------------------------------------------|

### Lourdes Clinics - By appointment

|                                                                                 |                                                                            |                                                                                                                                                                                                                        |
|---------------------------------------------------------------------------------|----------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>DeMarillac Maternity<br/>Program - Lourdes</b>                               | 303 Main St, Binghamton<br><b>584-4549</b><br><i>Call for appointment.</i> | Prenatal care clinic. Prenatal care and nutrition program assists women unable to pay for pregnancy care.                                                                                                              |
| <b>DePaul Pediatric Clinic<br/>Lourdes</b><br>8am-5pm Mon-Thu<br>9am-4:30pm Fri | 303 Main St, Binghamton<br><b>729-8687</b><br><i>Call for appointment.</i> | Provides medical care for infant/children (birth-18 yrs.) of mother who received prenatal/delivery services from DeMarillac Maternity Program or if pediatrician services have not been available. <b>NO WALK-INS.</b> |

### Physician Referral (Help finding a doctor)

|                                    |                                                             |                                          |                                                  |
|------------------------------------|-------------------------------------------------------------|------------------------------------------|--------------------------------------------------|
| <b>Medical Society</b><br>772-8493 | <b>Lourdes Hospital</b><br>1-877-9LOURDES<br>1-877-956-8733 | <b>UHS</b><br>763-5555<br>1-800-295-8088 | <a href="http://www.mssny.org">www.mssny.org</a> |
|------------------------------------|-------------------------------------------------------------|------------------------------------------|--------------------------------------------------|

### Family Planning of the Southern Tier

|                                                      |                                       |                                                                                                                            |
|------------------------------------------------------|---------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| <b>Family Planning of South<br/>Central New York</b> | 117 Hawley St, Binghamton<br>723-8306 | Offers birth control, pregnancy testing, gynecological exams and health care services at lower cost. For women of any age. |
|------------------------------------------------------|---------------------------------------|----------------------------------------------------------------------------------------------------------------------------|

### Veterans Health Care - By appointment

|                        |                                         |                                                                                                                  |
|------------------------|-----------------------------------------|------------------------------------------------------------------------------------------------------------------|
| <b>Veterans Clinic</b> | 425 Robinson St, Binghamton<br>772-9100 | To provide physical and mental health services to veterans (men and women) with 2+ years of active duty service. |
|------------------------|-----------------------------------------|------------------------------------------------------------------------------------------------------------------|

## Medical Equipment Loan Closet

**Sarah Jane Johnson Church**, 308 Main St, Johnson City  
8:30am-1:00pm Mon-Fri 607-797-3938

**Ross Memorial Church**, 6 Morris Ave, Binghamton  
9am-1pm Tue-Thu; or by appointment 607-723-6653

## Hospital Patient Financial Advocate Programs

Many hospitals have programs to help people who are uninsured or underinsured pay for health care provided in their facility.

**Lourdes Hospital**  
584-5522

**UHS**  
Wilson 763-6127  
BGH 762-3300

**Guthrie Healthcare**  
**Robert Packer Hospital, Sayre, PA**  
1-570-887-2051

## New York State Health Insurance Marketplace/Medical Insurance 1-855-355-5777

**HIICAP Action for Older Persons**  
  
722-1251

Provides unbiased health insurance counseling to mid-life-plus adults through trained peer volunteer counselors. Assists in understanding health insurance policies, claims, and practices. Free, confidential appointments. Educational materials available on health insurance needs and options, advance directives, long-term care, and related issues.

**Fidelis Care NY 1-888-343-3547**

Facilitated health insurance enrollment.

**New York State of Health**  
1-855-355-5777

NY State of Health is an organized marketplace developed by New York State to help people shop for and enroll in health insurance coverage. Individuals, families and small businesses can use the Marketplace to help them compare insurance options, calculate costs and select coverage online, in-person or over the phone.

**Medicaid**  
**Broome County Social Services 778-1100 or 778-2737**  
**Mother's & Babies Perinatal Network 1-800-231-0744 or 772-0517**

Benefit program to assist low-income individuals and families with medical expenses. Provides comprehensive health and dental services including doctor's visits, in-patient hospital care, emergency services, prescription drugs, medical transportation, and other services needed to keep income-eligible individuals and families healthy. If ineligible for regular Medicaid, ask about "spend-down" Medicaid.

**Medicaid Transportation 1-855-852-3294**

To order Medicaid Transportation

**Medicare**  
U.S. Social Security 1-800-633-4227

Federal medical "insurance" for individuals 65+ yrs and younger people with disabilities, permanent kidney failure, or ALS

**Mothers & Babies Perinatal Network 1-800-231-0744**

Facilitated health insurance enrollment.

## Prenatal Care Assistance

**Lourdes Hospital 798-8058**

**UHS 763-5142**

## Prescription Assistance

Most drug companies offer free or low-cost prescription medicines to people who cannot afford them.

**Rural Health Network**  
May assist with applying for low cost and/or no cost prescription medication for chronic conditions.  
(No immediate prescription assistance)  
**1-888-603-5973**

**Lourdes Hope Dispensary**  
may assist with prescription needs.  
Call for details and eligibility.  
9am-5pm Mon-Fri  
**584-9376**

- **Doctor samples**
- **Doctor referral to PPA - Partnership for Prescription Assistance Program 1-888-477-2669**
- **Hospital Patient Financial Advocate**

## Dental Care - By appointment only

**SUNY Broome Community College Dental Clinic**  
778-5015

Provides dental examinations and cleanings by dental hygiene students. X-rays as needed. Adults \$30. Child/Senior 65+ \$20. Medicaid patient no cost.  
Mon-Thu 8:15am-11:30am  
1:15pm-4:30pm

*By appointment only*

**Dentists accepting Medicaid**

**Binghamton Dental 722-5555**  
186 Robinson St, Binghamton  
**Lourdes Center Oral Health 584-4545**  
219 Front St. Binghamton  
**Tier Family Dental 778-1400**  
37 Riverside Dr, Binghamton  
**UHS Dental Center 762-2005**  
10-42 Mitchell Ave, Binghamton  
**Wilson Dental 217-7123**  
289 Chenango St, Binghamton

*By appointment only*

**Lourdes Hospital**  
584-4545

Provides dental services, including routine cleanings, urgent care, fluoride treatments, fillings, extractions, x-rays for children (birth-18 yrs) and pregnant women on Medicaid. Other families may apply after being formally denied by Medicaid dental.

*By appointment only*

**UHS**  
762-2005

Offers preventive dental care, cleaning, education; diagnosis/treatment of dental problems/disease; fluoride treatments; sealant applications; minor emergency exams; referrals to specialist. All ages. Accepts Medicaid or self-pay.  
8am-4pm Mon-Fri

*By appointment only*



**www.helpme211.org**  
**2-1-1 or 1-800-901-2180**

9/6/18

# Vital<sup>CDC</sup>signs™

**3,500**

There are about 3,500 sleep-related deaths among US babies each year.

**1 in 5**

22% of mothers reported not placing their baby on his or her back to sleep, as recommended.

**2 in 5**

39% of mothers reported using soft bedding (not recommended) when placing babies to sleep.



## Safe Sleep for Babies

### Eliminating hazards

There have been dramatic improvements in reducing baby deaths during sleep since the 1990s, when recommendations were introduced to place babies on their back for sleep. However, since the late 1990s, declines have slowed. Other recommended safe sleep practices today include eliminating hazards, such as keeping blankets, pillows, bumper pads, and soft toys out of the sleep area. Recommendations also include room sharing but not bed sharing. These practices can help lower the risk of sleep-related infant deaths, including sudden infant death syndrome (SIDS), accidental suffocation, and deaths from unknown causes. Not all caregivers follow these recommendations. Healthcare providers can counsel caregivers on safe sleep practices during pregnancy and baby care visits.

### Healthcare providers can:

- Advise caregivers to place babies on their back for every sleep. Keep soft bedding such as blankets, pillows, bumper pads, and soft toys out of their baby's sleep area, and room share but not bed share with babies.
- Ask caregivers about how they place the baby to sleep, challenges to following recommendations, and help them find solutions.
- Model safe sleep practices in hospitals.
- Follow the latest recommendations from the American Academy of Pediatrics for safe sleep.  
<http://bit.ly/2mwoaGV>



Want to learn more?

Visit: [www.cdc.gov/vitalsigns](http://www.cdc.gov/vitalsigns)



**Centers for Disease  
Control and Prevention**  
National Center for Chronic  
Disease Prevention and  
Health Promotion

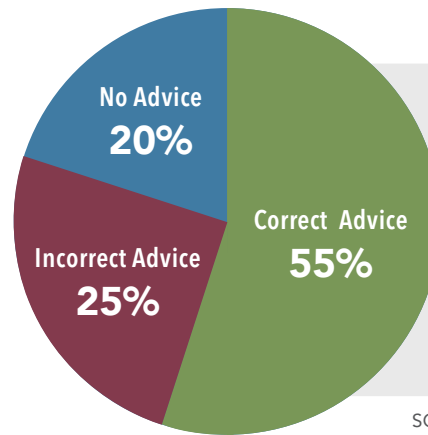
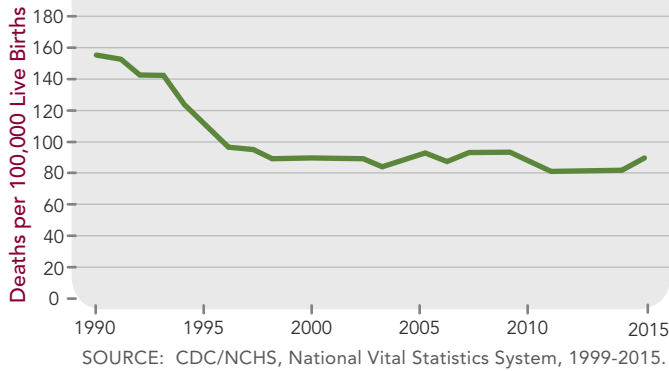




**PROBLEM:**

**Every year, there are thousands of sleep-related deaths among babies.**

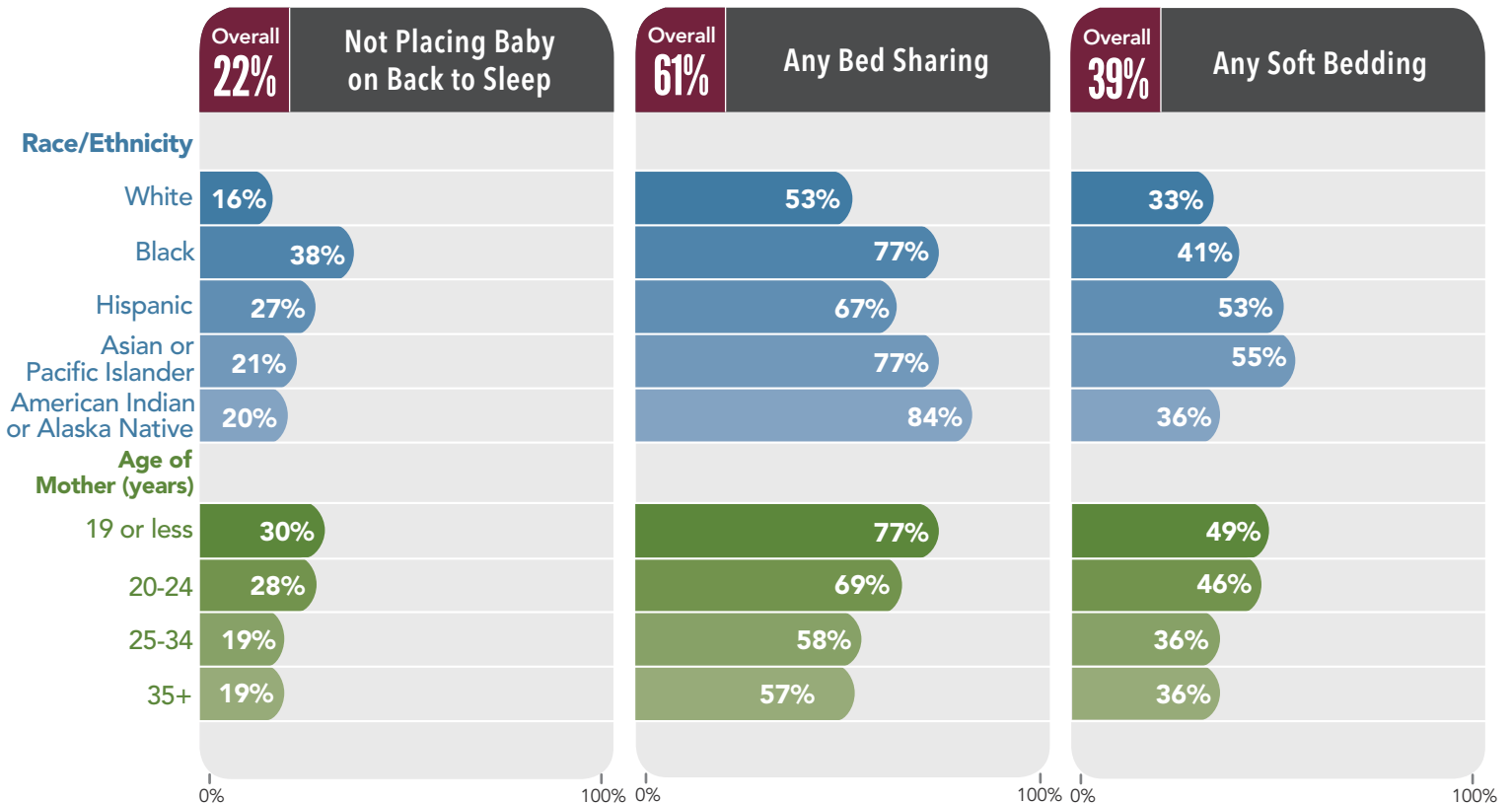
**The decline in sleep-related infant deaths has slowed since the late 1990s.**



Nearly half of caregivers did not receive correct advice on safe sleep practices from healthcare providers. Caregivers who received correct advice were less likely to place their babies to sleep on their stomach or side.

SOURCE: Pediatrics, September 2017.

**UNSAFE SLEEP PRACTICES WITH BABIES ARE COMMON.**



SOURCE: Pregnancy Risk Assessment Monitoring System (PRAMS), 2015.

# 4 TIPS

FOR PARENTS AND  
CAREGIVERS TO HELP  
BABY SLEEP SAFELY



Place your baby on his or her back for all sleep times - naps and at night.



Use a firm sleep surface, such as a mattress in a safety-approved crib.



Keep soft bedding such as blankets, pillows, bumper pads, and soft toys out of baby's sleep area.



Have baby share your room, not your bed.

# WHAT CAN BE DONE

## THE FEDERAL GOVERNMENT IS:

- Promoting safe sleep recommendations from the American Academy of Pediatrics.  
<http://bit.ly/2mwoaGV>
- Monitoring the use of safe sleep practices.
- Supporting educational campaigns, such as the Safe to Sleep® campaign.  
<http://bit.ly/2AZh9Bn>
- Supporting research to better understand sleep-related deaths and strategies to improve safe sleep practices.

## HEALTHCARE PROVIDERS CAN:

- Advise caregivers to place babies on their back for every sleep. Keep soft bedding such as blankets, pillows, bumper pads, and soft toys out of their baby's sleep area, and room share but not bed share with babies.
- Ask caregivers about how they place their baby to sleep, challenges to following recommendations, and help them find solutions.
- Model safe sleep practices in hospitals.
- Follow the latest recommendations from the American Academy of Pediatrics for safe sleep.



## STATE AND LOCAL HEALTH DEPARTMENTS ARE:

- Improving safe sleep practices in child-care and hospital settings by training providers.
- Using the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) and other programs that serve mothers and babies to deliver culturally appropriate messaging about safe sleep for babies.
- Monitoring and evaluating safe sleep campaigns and programs.

## CAREGIVERS CAN:

- Place babies on their back for every sleep.
- Room share, but not bed share with babies.
- Keep soft bedding such as blankets, pillows, bumper pads, and soft toys out of their baby's sleep area.
- Learn about safe sleep practices for your baby and talk to your healthcare provider.  
<http://bit.ly/1LVisPW>



[www.cdc.gov/vitalsigns/safesleep](http://www.cdc.gov/vitalsigns/safesleep)  
[www.cdc.gov/mmwr](http://www.cdc.gov/mmwr)

### For more information, please contact

Telephone: 1-800-CDC-INFO (232-4636)  
TTY: 1-888-232-6348 | Web: [www.cdc.gov](http://www.cdc.gov)

Centers for Disease Control and Prevention  
1600 Clifton Road NE, Atlanta, GA 30333

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