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ProAct, Inc
Adult Day Care Description
Program for Persons with

Traumatic Brain Injuries, Mental Illness and Related
Conditions for Dakota County

Scope of Program

ProAct's Adult Day Care service is designed to provide a full array of services to a diverse group of adults who are functionally impaired. Persons having substantial difficulty in carrying out one or more of the essential major activities of daily living, such as caring for oneself, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working; or having a disorder of thought or mood that significantly impairs judgment, behavior, capacity to recognize reality, or ability to cope with the ordinary demands of life, and requiring support to maintain independence in the community. Adult Day Care falls under the umbrella of Adult Day Services at ProAct. The Adult Day Services program consists of Adult Day Care, Supported Employment and Prevocational service.

Program Description

The services provided support the person's Individual Service Plan and are specifically designed for each person to assist them to obtain and maintain the highest possible level of independence, productivity, personal satisfaction and integration into the community. New services will be developed when needed. Service delivery is designed to capture the advantages of both community based and facility environments.

Individualized service planning begins with an **intake screening**. Before admitting a participant, ProAct shall conduct an intake screening to determine how or whether the center can serve the individual based on the center's license, the center's policies and services and the individual's needs and condition. If possible, the screening shall include an interview with the participant and with the participant's caregiver. ProAct shall notify the individual of the outcome no more than 5 working days after the screening process begins.

Initial Service Planning is completed immediately after admission. ProAct shall conduct a Needs Assessment and develop a Preliminary Service Plan for the participant in accordance to items A and B below. The Needs Assessment and Preliminary Service Plan will be completed within 30 days and placed in the participant's record.

- A. ProAct will assess the participant's needs for center services based on observation of the participant and information obtained from other sources, including any assessment performed within the prescribed time by a pre-admission screening team under Minnesota Statutes 256B0911. The needs assessment shall address:
 1. The participant's psychosocial status i.e. awareness level, personal care needs, need for privacy or socialization;
 2. The participant's functional status i.e. endurance and capability for ambulation, transfer, and managing activities of daily living; and
 3. The participant's physical status, to be determined by observation, from the intake screening interview and from the medical report received from the participant's physician.

- B. ProAct shall develop a preliminary service plan based on the assessment in item A and coordinated with other plans of services for the participant. The preliminary service plan will include the following information and specifications:
 1. Scheduled days of participant's attendance at the center;
 2. Transportation arrangements for getting the participant to and from the center;
 3. Participant's nutritional needs and, where applicable, dietary restrictions;
 4. Role of the participant's caregiver or caregivers in carrying out the service plan;
 5. Services and activities in which the participant will take part immediately upon admission.

Individual Plan of Care: Within 90 days of the participant's admission to ProAct, a written plan of care will be developed by ProAct staff together with the participant, the participant's caregiver, and other agencies and individual service providers. The plan of care will be dated and will include:

- A. An update of the preliminary service plan and additional services required by the participant.
- B. Short term and long term objectives for the participant stated in concrete, measurable and time specific outcomes;
- C. The staff members responsible for implementing the individual plan of care;
- D. The anticipated duration of the individual plan of care as written; and
- E. Provisions for quarterly review and quarterly revision of the individual plan of care.

In addition to the above, a functional assessment to identify cognitive, emotional, behavioral, and physical capabilities is completed. Areas assessed that are critically relevant may include: attention to task, thinking and judgment skills, memory and retention capacity, communication skills, ability to generalize, motor skills, learning style, interpersonal skills, transportation needs, general work ethics and work environment preference. Supplemental information is provided by the referral source. Prior education, training and work history are also considered as well as an individual's eligibility for state and federal income assistance, such as SSI/SSDI and Medicaid benefits in identifying life enhancement and financial goals. Based on individual preferences, this assessment may be conducted at ProAct's facility and in the community. The manner in which services are provided is based on that person's Individual Program Plan. An Individual Program Plan is completed within 90 days of entry into the program, and annually thereafter.

Integration is the key element of service design. ProAct believes that integration means more than providing or receiving services in a building where non-disabled persons receive or provide services. Integration requires a service delivery system which encourages real meaningful interaction between and among persons regardless of the existence or nonexistence of a disability, severity of disability, age, religion, sex, race or creed.

Location

ProAct Zumbrota's ADC Adult Day Care program will share the same address as some of ProAct's other programs at 224 Main St., Zumbrota, MN 55992

Facility based ADC Adult Day Care services are provided in an area physically separate from other ProAct programs. Community resources to be accessed by the ADC program are scattered throughout the local area.

Days and Hours of Operation

ProAct's ADC Adult Day Care program operates 252 days per year and is closed Saturdays, Sundays and holidays. The only exception is inclement weather conditions. If the local school district is closed due to snow, it is ProAct's policy to declare a snow day for all participants.

Hours of operation are from 8:30am to 3:30pm. With staff available from, at a minimum, 7:30 am to 3:30 pm. ADC participants will take breaks as necessary with at least one mid-morning snack break, and one mid-afternoon snack break. Lunch will be varied according to individual's needs but will not be less than 30 minutes in length.

Services

Services provided to persons will be based on their individual need in accordance with their authorization to receive services. Services are designed to meet the needs of any person meeting the state definition of Persons with Traumatic Brain Injury, Mental Illness, and related conditions which falls under the category of a functionally impaired adult, definition from Rule 223 Section 9555.960.

Levels of supervision and assistance will be reduced as the person's ability to exert control and choice over an activity increases. Each person's ability and increase in ability is documented in quarterly progress reports.

Special education, related services and vocational services otherwise available to a person through a local educational agency or program funded under Section 110 of the Rehabilitation Act, will not be provided as a substitute for those services.

Training tasks and materials to be used with or by persons receiving services are those which would be considered age appropriate for non-disabled individuals who are near or of the same chronological age as the person receiving the services. Skills will be taught in a way that increases the person's ability to function in a variety of settings and reflects how the skill will be used in natural environments.

Assessment

The first 90 days of the participant program will be an assessment period. During this time, certain forms and activities are completed in order to identify strengths, functional limitations and the needs of the person. An independent living skills assessment, described below, is completed during this period.

A planning conference will be scheduled to be held within 90 days of the person's starting date. The purpose of the conference is to review assessment data, identify personal and program needs and agree as a team on goals and objectives for the participant and who shall provide the services or training to reach those goals. Members of the interdisciplinary team are invited to attend this conference including the participant, their parents and legal guardians, the county case manager, residential staff, DRS or SSB counselor if there is one, staff members from the program preceding the ADC program and appropriate program staff.

Support Services to Enhance Self Sufficiency

Support Services are provided to all persons enrolled in the ADC program Adult Day Care. These services are provided when necessary and appropriate to assure self sufficiency, and will include community integration and a structured exercise program. Adult Day Care activities are designed to enable the individuals to increase and enhance independent living skills, communication, mobility, healthy relationships, increased leisure activities and physical conditioning.

Community Integration Services

ProAct will provide participants opportunities for integration into the community which are designed to increase the person's social and physical interaction with non-disabled persons who are not staff. Training methods, materials and content are age appropriate and emphasize capacity building, independence and integration. Skills being taught will assist the person to perform an activity of daily living that would have to be performed for the person if the person did not have the skill.

Persons will be introduced to resources available to them in the community including recreational, adult education, cultural, generic service organizations, mental health agency services and senior citizen centers. Information on and support in accessing community resources is provided. Services will be provided on an individual or small group basis, thereby providing greater opportunities for interaction and the development of friendships with non-disabled and disabled peers.

Structured Exercise Program

ProAct will offer a daily structured exercise program for participants whose physicians have authorized their participation. The program shall be developed in consultation with a registered physical therapist. A registered physical therapist shall provide consultation and review of the exercise program at least quarterly.

Independent Living Skills Assessment

This service is designed to assess a person's independent living skills and behaviors including personal care, community orientation, communication, mobility, problem solving, interpersonal skills, health and fitness and safety skills.

Consulting Services

Services of a registered nurse will be available to persons attending ProAct's ADC program on a monthly basis and when necessary and appropriate. Consultants hired by ProAct meet the licensing requirements applicable to the disciplines in which they are providing consulting services.

Transportation

Participants are transported as needed to ProAct Zumbrota and to community sites in the local area (Red Wing, Goodhue, Rochester), to name a few. The maximum transportation time for any participant being transported by a ProAct vehicle between the participant's home and the center shall be no longer than 90 minutes, one way.

Transportation between the participant's home and ProAct Zumbrota is provided by a variety of sources including ProAct, Hiawathaland Transit, and a variety of private transportation arrangements.

ProAct transportation consists of class B rated buses with wheelchair lifts, smaller buses also with wheelchair lifts, and both large 15 passenger vans and 7 passenger minivans. The type of transportation depends on the geographical area of the person's residence, physical limitations, and their ability to be alone in the community for any length of time.

ProAct buses operate under MN-DOT standards and are inspected according to MN-DOT regulations. Drivers follow MN-DOT standards for drug testing and licensing, and have all required trainings such as First Aid, CPR, VA etc.

The ProAct transportation services and designated coordinators have been commended by the Commission on Accreditation of Rehabilitation Facilities for the excellent transportation record and its transportation and safety policies and procedures.

Staff Members

ProAct strives to recruit and select those persons who are most experienced and capable of serving the participant's needs. Staff expertise is maintained and developed through initial and ongoing training.

The leadership of ProAct's ADC program is provided by the president, Steve Ditschler, who is responsible for managing the program goals and revenues, and ensuring the ADC program is fully integrated in the ProAct services for persons with disabilities as well as consistent with its mission.

Sally Ogren, Director of Programs and Services for Red Wing and Zumbrota, is responsible for program definition, implementation, budget and staffing.

The following positions will comprise the dedicated ADC Staff:

- a. ADC Designated Coordinator/Site Manager
- b. ADC Direct Service Professionals
- c. Nurse Consultant
- d. Physical Therapist Consultant

The position description for the ADC staff and support staff positions such as transportation coordination, accounting, human services and other administrative personnel that currently support other ProAct programs serve the ADC Adult Day Care program on an as-needed basis. Resumes and position descriptions of these individuals will be available upon request.

ADMISSION, EXCLUSION, SUSPENSION, DISCHARGE AND RE-ADMISSION

ADULT DAY SERVICES PROGRAM POLICIES AND PROCEDURES

SECTION 1-ADMISSION, EXCLUSION, SUSPENSION, DISCHARGE AND RE-ADMISSION

INQUIRY POLICY

It shall be the policy of ProAct, Inc. to respond to all Adult Day Services Program inquiries by following the established procedures.

INQUIRY PROCEDURES:

A program inquiry can be made by anyone interested in finding out about ProAct's services. At the time of initial contact, the Intake Coordinator will:

- Provide general information about ProAct's programs and services.
- Schedule tours, if applicable.
- Complete Program Inquiry and Referral Form.
- Update and maintain the form as necessary.
- Send an inquiry follow up letter to the inquirer or referral packet (as applicable) to the referral source.

Applicants that are referred will begin the referral process. *See referral policy/procedure.*

If a program referral is not made, the Intake Coordinator documents "Inquiry Only" and files form in the Inquiry Only Book.

New 11/2/98
Reviewed: 8/99, 01/01, 06/03, 09/04, 10/07
Revised: 07/02, 12/08

ADULT DAY SERVICES PROGRAM POLICIES AND PROCEDURES

SECTION 1-ADMISSION, EXCLUSION, SUSPENSION, DISCHARGE AND RE-ADMISSION

REFERRAL POLICY

It shall be the policy of ProAct, Inc. to respond to all Adult Day Services referrals by following the established procedures.

REFERRAL PROCEDURES:

A referral is generally made by the County Social Worker or Rehabilitation Counselor. Program referrals are reviewed by the Intake Coordinator who is available to assist with any program referral issues or questions.

A program referral for services shall be considered when the following information has been submitted to ProAct.

REFERRAL INFORMATION

1. Application for Services.
2. Letter of referral, request and statement of service needs.
3. Medical Report/Diagnosis (current within 1 year).
4. Psychological Report.
5. Psychiatric Report (if applicable)
6. Copy of current ISP, IEP, IHP and/or IWRP.
7. Program summary from last provider (if applicable).
8. State Identification / and Social Security Card or Birth Certificate, for Center-based or Community-based Group Work Site referrals.
9. Work or Vocational Evaluations (current within one year).
10. Funding source agreement(s) (School, County, DRS, SSB).
11. Social history (if applicable).
12. Specific work environment requested.

The Intake Coordinator thoroughly reviews all information submitted, and schedules the Admissions Committee Review meeting.

New 11/2/98
Reviewed: 8/99, 01/01, 06/03, 09/04, 10/07
Revised: 07/02, 12/08, 09/11

ADULT DAY SERVICES PROGRAM POLICIES AND PROCEDURES

SECTION 1-ADMISSION, EXCLUSION, SUSPENSION, DISCHARGE AND RE-ADMISSION

ADMISSION AND EXCLUSION POLICY

It shall be the policy of ProAct, Inc. to ensure the Adult Day Services criteria for admissions and exclusion, are consistent and in compliance with Minnesota statutes.

PROCEDURES:

INQUIRY

Each inquiry about services shall be responded to immediately by the Intake Coordinator, who is the initial point of contact. As a matter of course, general information about the organization and referral packet information shall be offered. The name and addresses of the inquirer and potential consumer shall be requested.

The Intake Coordinator shall provide program information and send information requested by the inquirer. A referral file shall be established on every person for who a referral packet has been requested.

ADMISSION CRITERIA

Admission criteria (for Persons with Brain Injury or related conditions Adult Day Care-Rule 223) is as follows:

1. ProAct's Adult Day Services Program serves the needs of persons age eighteen (18) and older who:
 - A. Have been diagnosed as a functionally impaired adult which means an adult having a condition that includes having substantial difficulty in carrying out one or more of the essential major activities of daily living, such as caring for oneself, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working or having a disorder of thought or mood that significantly impairs judgment, behavior, capacity to recognize reality, or ability to cope with the ordinary demands of life and requiring support to maintain independence in the community.
2. ProAct's Adult Day Services Program would not be able to serve the needs of persons who:
 - A. Have been diagnosed with a communicable disease requiring isolation, a history of violence to self or others, unmanageable incontinence or uncontrollable wandering.

REFERRAL

A referral is generally made by the case manager from the county of financial responsibility of the applicant. The Intake Coordinator shall be responsible for assisting the referral source in completing and submitting these materials. This information shall be forwarded to the Director of Program Services to be assigned to the ADS Coordinator. The ADS Coordinator shall be responsible for assisting the referral source and potential program consumer throughout the admissions and intake process. Once the intake process is completed, the ADS Coordinator or ADS Case Managers will be responsible for the case management, and for the schedule of the consumer.

The referral process is completed when the Admissions Committee has met and reviewed all requested referral information received by ProAct:

1. Application for Services.
2. Letter of referral from the county case manager requesting services and stating that services to be provided are not replacing services that are the statutory responsibility of the local education agency or that are otherwise available from a rehabilitation agency.

REFERRAL CONTINUED :

3. Copy of person's current Individual Service Plan.
4. Physical examination and psychological examination report current within one year of admission date.

5. Social history.
6. Residential and Day Program progress and assessment records.
7. Applicants who do not reside in an ICF-MR facility will require a Placement Agreement Form from the county of financial responsibility.
8. An Out-of-County Placement Approval must be secured for persons from counties other than the host county. The Program Director shall initiate the request on behalf of all persons applying for services.

ADMISSIONS COMMITTEE

The ADS Admissions Committee includes the Director of Program Services, ADS Coordinator, Intake Coordinator and other appropriate staff.

The Committee reviews all referral information to determine whether or not the needed services can be provided or developed. An Admissions Committee Review Form is completed by the Intake Coordinator and submitted for filing.

The Intake Coordinator will set up an intake screening meeting after the Admissions Committee has met. Before admitting a consumer, the ProAct staff will conduct an intake screening interview with the consumer and the consumer's caregiver.

1. Determination will be made as to how or whether ProAct can serve the individual, based on ProAct's license (Adult Day Care-Rule 223), policies, services and the consumer's needs and condition.
2. The consumer will be notified of the outcome no more the five (5) working days after the screening process begins.

After the intake screening, the decision of the Admissions Committee will be confirmed by letter. The Intake Coordinator shall summarize the determination in a letter. A copy of the determination summary is sent to the potential program consumer and the referral source. Letters of determination shall be co-signed by the Director of Program Services.

When services can be provided, a start date shall be recommended. The intake procedures and checklist shall be completed.

EXCLUSION

When services cannot be provided, the letter shall recommend alternative resources.

1. No person who meets the criteria in #1 shall be determined ineligible for the ADS Program on the basis on race creed, sex age, income, secondary disability, type of residential services, or hearing impairments, physical disabilities, toilet habits, behavioral disorders, communication skills or past failure to make progress.
2. Services required by the applicant and specified in their ISP can be provided or developed by the Program.
3. Acceptance of the applicant will not cause the Program to exceed licensed capacity.
4. Program has capacity to provide a staff to consumer ratio adequate for the applicants needs.
5. Host county concurs on admitting a person from a county other than the host county.

6. County generated service assessment needs to be reviewed prior to admission.

Approval for admission is made by the Admissions Committee. Notification of approval or denial of services will be provided within thirty (30) days after written request for services has been received.

NOTIFICATION OF APPLICATION STATUS

Applicants must be notified of the status of their application within 30 days after receipt of a written request for services.

NONDUPLICATION OF SERVICES

ProAct will not provide ADS services to those persons who qualify for the following:

1. For persons receiving “Special Education” and “related services as defined in the Education of the Handicapped Act; or
2. For persons that are eligible for vocational services provided under section 110 of the Rehabilitation Act.

WAITING LIST

When program enrollment equals the licensed maximum, persons accepted for services will be placed on a waiting list and notified when a vacancy occurs. A printed record of the waiting list shall be kept in the ADS files. The Intake Coordinator shall review this list with the Director of Program Services to insure its accuracy whenever there is a change to the list and no less frequently than semi-annually. Fiscal year summaries of ADS waiting lists shall be stored for four years.

ASSESSMENT

An assessment shall be conducted during the consumer’s intake and re-assessed (90) program days after start date. Certain forms and activities are completed in order to identify strengths, functional limitations and needs of the person.

PLANNING CONFERENCE

A planning conference is scheduled to be held within ninety (90) days of the person’s starting date. The purpose of the conference is to review assessment data, identify personal and program needs, and define the consumer’s goals and objectives and who shall provide services and training to reach those goals. All members of the interdisciplinary team are invited to attend this conference.

RECORDS

The outcome of the referral process shall be recorded on ProAct’s ADS Referral Outcome Form at the time of determination. ProAct will keep referral outcome documentation for four years. Current referral outcome data shall be kept on the Consumer Data Base computer. Referral outcome data from previous fiscal years shall be stored in the Intake Coordinator’s office.

Original 1/98

Revised: 4/92, 2/93

Reviewed and Revised: 5/94, 8/95, 4/97, 8/99, 01/01, 07/02, 09/04, 10/07, 12/08

Reviewed: 6/96, 06/03

ADULT DAY SERVICES PROGRAM POLICIES AND PROCEDURES

SECTION 1-ADMISSION, EXCLUSION, SUSPENSION, DISCHARGE AND RE-ADMISSION

SUSPENSION POLICY

It shall be the policy of ProAct's Adult Day Services Program to suspend a consumer only when the consumer's behavior prompting the suspension presented a clear and immediate danger, to self or others.

SUSPENSION PROCEDURES:

1. Suspension is a temporary discontinuation of service to a consumer that includes temporary removal of the consumer from the service site. The consumer must be included in the decision making process and all governing rules must be followed and ProAct staff have advocated for the best decision for the consumer. ProAct will suspend a consumer only when the person's behavior prompting the suspension is documented and presents a clear and immediate danger. Immediate Danger: "Immediate danger" results from severe assaultive or self injurious behavior that can be quantified according to intensity, rate or duration and that has one or more of the following characteristics:
 - A. Endangers the life, sensory abilities, limb mobility, or other major physical functioning of self or others;
 - B. Threatens physical aggression to self or others;
 - C. Poses an immediate threat to the physical safety of self or others in a way not specified in item A or B.
2. The individual will be suspended from the program until the team can meet to discuss the conditions for the consumer's return or termination. The case manager will initiate the process for the team to meet within 24 Hours of the incident.
3. Staff must notify the consumer, consumer's county case manager and legal representative in writing of the suspension within 24 hours of the suspension's effective date.
4. Within twenty-four (24) hours of each suspension, the ADS Coordinator or ADS Case Managers will:
 - A. Consult with the consumer's county case manager, legal representative and interdisciplinary team to establish program changes that will make future suspension unnecessary.
 - B. Document in the case file the behavior prompting the suspension including; frequency, intensity, duration of behavior, and events leading up to the behavior by filling out a "Suspension Documentation" form.
 - C. Document in the consumer's file the actions taken in response to the behavior including program changes and consultation with experts not employed by the provider to minimize or eliminate the need for suspension.

Cont.

5. When a temporary service suspension occurs and ProAct decides to terminate the services, ProAct will provide written notice (60) day prior to the actual date services are terminated. Written notice will be given to the

consumer, legal representative if applicable, and the county case manager. (See Discharge Policy and Procedure)

RECORDS

A written summary of each suspension will be completed and submitted to the Director of Program Services, Program coordinator and Case Manager within twenty-four (24) hours of the suspension. The summary shall include: 1) reasons for suspension, and 2) action(s) taken before suspension. Suspension documentation will be kept in the case file and in the Suspension file for four years.

Original: 1/98

Revised: 11/98, 8/99, 9/99, 07/02, 09/04, 10/07, 12/08, 2/3/14

Reviewed: 01/01, 06/03

ADULT DAY SERVICES POLICIES AND PROCEDURES

SECTION 1-ADMISSION, EXCLUSION, SUSPENSION, DISCHARGE AND RE-ADMISSION

DISCHARGE POLICY

It shall be policy of ProAct to determine the conditions in which a consumer may be discharged from the Adult Day Services Program.

DISCHARGE PROCEDURES

1. A consumer shall be discharged from ProAct's Adult Day Services Program when one or more of the following conditions is met:
 - A. The consumer, consumer's case manager or the consumer's legal representative requests that the consumer be discharged and that the consumer has participated in the decision making process.
 - B. The consumer's county case manager has arranged for their participation in a service that better meets the needs identified in the ISP or has determined through the procedures specified in MN Statutes 9525.0075 that the service is no longer needed.
 - C. The person is not in attendance for a program month. (See Re-Admission Procedure)
 - D. ProAct has appropriately documented that the person's behavior constitutes an immediate danger to others or themselves.

NOTICE OF PROPOSED DISCHARGE

Prior to termination discussions, ProAct shall document the actions taken to minimize or eliminate the need for termination. This includes reviewing the environment, pursuing temporary funding to assist with alternative service delivery strategies, and utilizing the community crisis support services.

In the event the Interdisciplinary Team (the consumer is a part of this team) determines that termination is advisable, the following steps must be taken:

1. Written notice of a proposed discharge shall be provided to the consumer or consumer's county case manager and legal guardian at least sixty (60) days before the proposed discharge date. The notice shall include the following:
 - A. The reason for the discharge and the date of intended discharge.
 - B. Resources and services recommended to meet the consumer's needs.
 - C. Notice of the consumer's right to appeal the action and seek a temporary order staying the termination.
 - D. The consumer, legal representative, or case manager may contact the Ombudsman's office, legal advocacy, or ARC Minnesota to assist them with an appeal hearing.
 - E. Notice that services shall be continued if an appeal is filed before the intended discharge.

NOTICE OF PROPOSED DISCHARGE (continued)

2. Notice of a proposed discharge shall be provided in writing to the ADS Case Manager, ADS Coordinator or Director of Program Services by the consumer's county case manager and/or legal guardian at least 2 weeks before the proposed discharge and will include the following:
 - A. Reasons for and projected date of intended discharge.

DISCHARGE

1. When a person is discharged, ProAct shall document the following:
 - A. ProAct and the Interdisciplinary Team shall document the consumer's specific needs for residential and/or day habilitation services, level of suspension, health services, and behavior management services. The consumer will be encouraged to participate in this process.
 - B. The procedure agreed upon by ProAct and host county in the contract and the third-party agreement have been followed.
 - C. Meetings with the consumer's county case manager, legal representative and interdisciplinary team and developed services in an attempt to meet the person's needs.
 - D. The programs and any program modifications attempted, including dates of implementation.
 - E. The names of experts, not employed by ProAct, who were consulted to determine other possible alternatives documented as attempted or any other community resources used to develop a program to meet the person's needs.
 - F. Any additional resources sought and unavailable.
 - G. Meeting minutes of the interdisciplinary team related to the discharge decision.
 - H. ProAct will continue to provide services until other services can be arranged.
 - I. The proposed discharge date.

RECORDS

A written summary of each discharge will be completed and submitted to the Director of Program Services with twenty-four (24) hours of the discharge. The summary shall include: A written summary of each discharge will be completed and submitted to the Director of Program Services within twenty-four (24) hours of the discharge. The summary shall include: 1) reasons for suspension and 2) action(s) taken in the case file and in a discharge file for four years.

Original: 1/98

Reviewed and Revised: 11/98, 8/99, 7/02, 10/07, 12/08

Reviewed: 01/01, 06/03, 09/04

ADULT DAY SERVICES PROGRAM POLICIES AND PROCEDURES

SECTION 1-ADMISSION, EXCLUSION, SUSPENSION, DISCHARGE AND RE-ADMISSION

RE-ADMISSION POLICIES

It is the policy of ProAct to accept all previous consumers for re-admission. Each consumer must be eligible under the Admission Criteria.

RE-ADMISSION PROCEDURES:

1. When at capacity, a consumer that has requested discharge and has made a decision to return to ProAct, shall be placed on the bottom of the waiting list. He/She shall be notified as soon as a position is available.
2. When at capacity, a consumer that has been discharged for medical or leave of absence status, will be placed at the top of the current waiting list.
3. Consumers that are out-of-county will be placed immediately under the host county consumers.

Original: 1/98

Reviewed and Revised: 5/99, 07/02, 10/07, 12/08

Reviewed: 8/99, 01/01, 06/03, 09/04

ADULT DAY SERVICES PROGRAM POLICIES AND PROCEDURES

SECTION 1-ADMISSION, EXCLUSION, SUSPENSION, DISCHARGE AND RE-ADMISSION

ORIENTATION/INTAKE POLICY

It is the policy of ProAct to establish intake and orientation for all consumers entering program/services. Orientation shall be provided by the Intake Coordinator at the time of the intake meeting.

ORIENTATION PROCEDURE:

The Intake Coordinator will assure consumers are adequately oriented as follows:

- A. Tour/orientation to the environment.
- B. Introductions to appropriate staff.
- C. Initial Risk Management Plan reviewed and signed.
- D. Vulnerable Adult orientation reviewed and signed within the first 24 hours of start date.
- E. Data Privacy (located in consumer's information manual) reviewed.
- F. Consumer's information manual reviewed and signed.
- G. Rights and Responsibilities (located in consumer's information manual) reviewed.
- H. Affirmative Action reviewed.
- I. Dress Code, Program and Holiday schedule reviewed.
- J. Safety procedures reviewed and signed.
- K. Obtain required signatures.

INTAKE PROCEDURE:

An Intake Meeting is scheduled by the Intake Coordinator within 24 hours of admission.

The Intake Coordinator will assist the consumer and team in completion of the required forms at the Intake Meeting. The Intake Coordinator will complete the items listed on the specific program's Intake Orientation Review Checklist. The completed paperwork will be filed in the individual's case file. A 30-45 day review meeting is scheduled and the Risk Management and Plan will be reviewed and signed. Any revisions will be made at that time.

When demand for services exceeds organizational capacity to serve, the person's name will be placed on a "Waiting List" and notified when a vacancy occurs. A record of the person(s) waiting shall be maintained and updated by the Intake Coordinator. The Intake Coordinator shall review the list with the Director of Program Services to insure its accuracy whenever there is a change to the list, and/or at least monthly.

Original: 1/98

Reviewed and Revised: 6/98, 11/98, 8/99, 07/02, 10/07, 12/08

Reviewed: 01/01, 06/03, 09/04

ADULT DAY SERVICES PROGRAM POLICIES AND PROCEDURES

SECTION 1-ADMISSION, EXCLUSION, SUSPENSION, DISCHARGE AND RE-ADMISSION

PROVIDING SERVICES TO IDENTIFIED CRIMINAL OFFENDERS POLICY

It is the policy of ProAct to provide services to referrals identified as criminal offenders. ProAct complies with all the regulations of the criminal justice system in providing these services.

PROVIDING SERVICES TO CRIMINAL OFFENDERS PROCEDURE:

ProAct has no formal program for criminal offenders. When receiving a referral who has a disability and who is also a criminal offender, it is the policy of ProAct to inform the individual that ProAct complies with all the regulations of the criminal justice system in providing services.

A history of the person's criminal background is discussed with the individual and the referral source. Staff may check public records for further information. This information is used in the development of the plan as it relates to the preferences, interests and needs of the individual. Services are coordinated with other systems, as needed and/or required.

The person receiving services will be informed as to how information will be used. A consent for release of confidential information will be explained to the person in terms that he/she can understand.

The privacy rights notice will contain the following:

- The purpose and intended use of the requested data.
- Whether the individual may refuse or is legally required to supply the information.
- Any known consequences for supplying or refusing to supply the data.
- The duration of the release and the right to revoke at any time.

New: 11/00

Approved: 12/00

Reviewed and Revised: 07/02, 06/03, 10/07, 12/08

Reviewed 09/04

APPENDIX

Program Inquiry Form

Referral Checklist Form

Admissions Committee Review Form

Sample Determination Letter

Application for Services

Annual Physical Examination Form

Dietary Consideration

Authorization for Medication Administration

ADS Intake, Orientation and Review Checklist

Suspension Documentation Form

CASE FILING

ADULT DAY SERVICES PROGRAM POLICIES AND PROCEDURES

SECTION 2-CASE FILING

ACCESS TO INDIVIDUAL RECORDS POLICY

It shall be the policy of ProAct to assure persons presently or previously served by ProAct upon request, review public and private data in their individual case record.

ACCESS TO INDIVIDUAL RECORD PROCEDURE:

1. A written request to review the case record must be presented to their assigned Case Manager or Job Development Specialist at least 24 hours in advance of the review. If there is no assigned staff person, the request may be submitted to the Director of Program Services.
2. Cases may be reviewed at ProAct, however, no case record, or parts thereof shall be removed from the organization site.
3. The person requesting copies of any case record materials is responsible for the copying cost.
4. A staff person shall be present while the case is being reviewed.
5. Persons presently or previously served must sign an "Authorization for Release of Information" if they are accompanied by another person during the review of case record information.
6. Consumers under guardianships must have a written release by the guardian to review their individual case record.

Reviewed: 06/98, 01/01, 06/03, 09/04, 10/07

Reviewed/Revised: 06/99, 07/02, 12/08

ADULT DAY SERVICES PROGRAM POLICIES AND PROCEDURES

SECTION 2-CASE FILING

CASE RECORD SECURITY POLICY

It shall be the policy of ProAct that a singular case file shall be established and maintained for each person served. This case file shall contain current required and relevant data particular to that individual.

CONSUMER CASE FILE PROCEDURES:

ProAct will maintain individual consumer records which contain medical/health reports, assessment, legal, ISP, and consumer support plan.

The information listed above will be kept in the consumer case file for the two year licensing cycle period of time. After the licensing review, the information may be space filed.

Raw data sheets that are summarized on a summery report (Example: Quarterly report) may be discarded after the licensing review.

Consumers currently receiving services must have records retained for a seven year period of time.

Consumers that have been terminated from services must have records retained for a three year period of time following the termination.

CASE RECORD SECURITY

Security procedures consistent with the potential sensitivity of the data shall be applied to every case file.

Case files shall be stored in locked file cabinets when not in immediate use. No case file may be checked out overnight. Case files cannot be removed from the property.

Case files may be checked out by authorized staff for use within the facility. Authorized staff include staff responsible for the provision, management, support or coordination of services, or the Director of Program Services or Company President.

Access to individual case records complies with applicable data privacy, access, and licensing laws and regulations. When an authorized person who is not a staff member requests review of a case file, that case file shall be checked out by an authorized staff member. The case file shall remain within view of the authorized staff member until it is returned to the locked case file cabinet.

The Information Specialist is responsible for maintaining the integrity of the case file security system and reporting problems or concerns.

Original: 1/98

Revised: 11/98

Reviewed and Revised: 08/99, 01/01, 07/02, 06/03, 09/04

Reviewed: 10/07, 01/09

APPENDIX

Adult Day Services Program File Checklist

Consumer Change of Status Form

CONSUMER ATTENDANCE DOCUMENTATION

ADULT DAY SERVICES PROGRAM POLICIES AND PROCEDURES

SECTION 3-CONSUMER ATTENDANCE

CONSUMER ATTENDANCE DOCUMENTATION POLICY

It shall be the policy of ProAct for attendance purposes, to document the type and duration of services provided and work completed by the program consumer.

PROCEDURE:

ATTENDANCE CRITERIA

The following criteria has been developed to provide you guidelines for acceptable attendance:

1. Participates 5 days per week, (exceptions must be approved by the Interdisciplinary Team).
2. Vacations must be scheduled in advance. That approval must come from the ADS Coordinator and ADS Case Manager.
3. If you need to schedule appointments, it is recommended that you schedule times early morning or late afternoon so you're program day is not disrupted.
4. If you are sick, you must call your ADS Coordinator or ADS Case Manager by 8:30 a.m. If no call is received, it will result in unexcused time.
5. Unexcused absence is when you are absent and ADS Coordinator or ADS Case Manager has not been informed or the reason for the absence is not acceptable. When unexcused absences occur, the Interdisciplinary Team will work together to develop a program to solve the problem. Excessive unexcused absences may result in discharge from your program.
6. If absent 3 or more days, a doctor's "Release to Participate or Work" must be brought in indicating the reason fore absence and any restrictions. This release must be received before or on the same day you return to work.

RECORDING AND SUBMITTING DATA

The record of attendance shall be maintained for each person served via the Crosse-Over Design Consumer Payroll System.

At the onset of each day, assigned staff shall enter set-up data for each consumer. Data on consumers whose home base is the facility shall be entered on computer disc. Data on consumers whose home base is a community Group Work Site shall have their data entered on a Payroll Data sheet. Beginning and end time of each service shall be recorded by the staff person responsible for provision of that service.

Services shall be documented on the day they are provided. Documentation shall be submitted to the payroll clerk every Monday for the previous week and the day after the last day of the pay period. The Case Manager shall be responsible for insuring the accuracy and timely submittal of program service data. Reconciliation of discrepancies in service data is the responsibility of Case Manager.

RECORDING AND SUBMITTING DATA (Continued)

Transportation service shall be recorded by staff providing transportation, and submitted to the Transportation Coordinator. Documentation of transportation shall be submitted to the Payroll Clerk every Monday for the previous week and the day after the last day of pay period. The Transportation Coordinator shall be responsible for insuring the accuracy and timely submittal of transportation data. Reconciliation of discrepancies in transportation data is the responsibility of the Transportation Coordinator.

Payroll/attendance data shall be kept for seven years. It shall be destroyed on the first week of the month following the seven year anniversary. A record of data destroyed shall be maintained.

Original 1/98

Reviewed: 01/01, 06/03, 10/07

Reviewed and Revised: 08/99, 07/02, 09/04, 12/08

ASSESSMENT

ADULT DAY SERVICES PROGRAM POLICIES AND PROCEDURES

SECTION 4-ASSESSMENT/RISK MANAGEMENT PLAN

ASSESSMENT/RISK MANAGEMENT PLAN POLICY

It shall be policy of ProAct to provide an individual assessment-according to the guidelines of Rule #223-for each person served in the Adult Day Services program. (30-45 day Assessment is now optional as this information should be included in Risk Management Plan)

ASSESSMENT PROCEDURES:

The first ninety (90) days of the consumer program is an assessment period. Assessments shall be completed annually thereafter, prior to development of the annual plan of care and within 90 days of the annual review. Assessments shall be conducted on an individual basis using the standardized assessment form. Assessments shall be coordinated by ADS Coordinator and staff in consultation with other program staff and consultants.

Assessment and Risk Management information is gathered from vocational and non-vocational services areas. The assessment categories are Vocational and the Risk Management categories include: Self Care, Community Orientation, Mobility, Social Skills and Communication, Vulnerable Adult and Therapeutic Needs and Adaptations.

The Vocational component of the assessment is designed to assess a person's work skills and behaviors including; quality, work tolerance, productivity, work habits, and work behaviors. Real jobs, both at the facility and in the community are used in the assessment process.

The Risk Management Plan includes the following:

- The Self Care component includes eating and drinking, personal
- The Community Orientation component emphasizes safety. Areas covered include familiarization, resources, independence, leisure and financial.
- The Mobility component includes ambulation, community safety, individualized transportation and public transportation.
- The Vulnerable Adult component of the assessment includes medical, personal care, mobility/community and social skills.
- Therapeutic needs and adaptations pertinent to service delivery are assessed in accordance with requests from the County Social Worker.

The assessment is documented using the ProAct Adult Day Services Program Assessment Form and Risk Management Plan forms and are accompanied by a narrative report. The narrative must include: 1) a summary of the person's progress or lack thereof; 2) observational data stated in behavioral terms; and 3) program recommendations.

ASSESSMENT PROCEDURES (Continued)

A planning conference is held within ninety (90) days of the person's starting date. The purpose of the conference is to review assessment data, identify personal and program needs and agree as a team on goal and objectives for the consumer and who shall provide identified services or training. Interdisciplinary team members are invited to attend this conference including the consumer, their parents and legal guardian, the county case manager, residential staff, RSB or SSB counselor if there is one, staff from the previous program and program staff.

Original: 1/98

Reviewed and Revised: 08/99, 01/01, 07/02, 06/03, 12/08

Reviewed 09/04, 10/07

SERVICES

ADULT DAY SERVICES PROGRAM POLICIES AND PROCEDURES

SECTION 5-SERVICES

SERVICE COORDINATION/CONTINUITY OF CARE POLICY

It shall be the policy of ProAct that consumers will receive the supports they want and need. Such supports will be integrated into a common plan through concurrent planning and frequent contact among all support providers.

PURPOSE

To provide general guidelines and principles for safeguarding the consumer's right to receive coordinated services that:

1. Better identify and describe the strengths and needs of the consumer.
2. Enhance relationships between the consumer and other members of the team.
3. Serve as a guiding tool in the provision of services.
4. Clearly define expectations of providers and other team members.

RESPONSIBILITY

1. The ADS Coordinator/ADS Case Manager is responsible for taking the action necessary to facilitate coordinated services.
2. The consumer, together with the interdisciplinary team (IDT), will identify needed services and supports.

PROCEDURE

1. ProAct will provide outcome-based services in response to the consumer's identified needs as specified in the individual service plan (ISP).
2. Services will be based on the needs and preferences of the consumer and the consumer's personal goals and be consistent with the principles of least restrictive environment and self-determination.
3. Support providers for a consumer shall be a member of their interdisciplinary team (IDT). The IDT shall consist of the consumer, the parent(s) or family, legal representative, the case manager, and other persons serving or otherwise designated by the consumer.
 - A. The legal representative will consent to 'release of information' forms which facilitate communication between IDT members.
 - B. Contacts between members occur as often as needed to promote the safety and success of supports provided.
 - C. Progress reports are sent to team members as designated in the annual plan.
 - D. Services within individual programs will be coordinated by a designated coordinator (DC).

PROCEDURE (continued)

4. **Augmentative Services:** The following services must be offered to every consumer:
 - A. Case Management services.
 - B. **Adult Day Service**
 1. The designated coordinator will ensure that the Company cooperates with the day program in conducting a joint assessment and writing a Risk Management Plan before a consumer is admitted.
 2. The designated coordinator will coordinate day program drop off in the afternoon to ensure that staff are always present at the home when the consumer arrives if the consumer requires supervision.
 3. The designated coordinator will establish a contact with the day program and a schedule of telephone calls to exchange information on an as needed basis. The designated coordinator will report incidents, accidents, medication changes, appointments and other significant and relevant events to the day program on the following business day.
 4. The designated coordinator will ensure that morning staff communicate essential information to the day program. A communication log will be established if necessary.

5. The following services may be required in order to provide optimal care for people receiving services:
 - A. Audiology and speech pathology services.
 - B. Dental services.
 - C. Dietary services.
 - D. **Medical services: emergency, inpatient and outpatient**
 1. The Health Services Coordinator will ensure that all medical appointments are identified, made, documented, and attended in a timely manner.
 2. Staff will ensure that medication and treatment changes are implemented according to procedures established in the Health Care Procedures Manual (HSC).
 3. The HSC will review the documentation of all appointments and medication changes and call the medical provider to resolve any issues.
 - E. Occupational and physical therapies.
 - F. Pharmacy services.
 - G. **Psychological services.**
 1. The designated coordinator will coordinate services with the psychologists or therapists assigned to the consumer.
 2. The designated coordinator will ensure that all relevant information is communicated to the psychologist or therapist, including but not limited to behavior changes and hospitalizations.
 - H. Recreational services.
 - I. Respite care services.
 - J. **Advocacy services.**
 1. The designated coordinator will ensure that advocates selected and approved by the consumer, legal representative or case manager receive requested information and are kept informed of relevant developments.
 2. The designated coordinator will ensure that all staff work cooperatively with the advocates to resolve any issues.
 - K. Other: as required or desired by persons receiving services.

6. **Program Continuity**
 - A. Every effort will be made to ensure consistency in staff at each service location. In addition, all staff working at a service location will be trained to implement each consumer's program and Risk Management Plan.
 - B. To the greatest extent possible the IDT membership will remain stable over time.
 - C. When this is not possible, the following procedures will be followed:
 1. Consumers may be transferred from room to room or another program when they choose to transfer and all people involved are in agreement.

PROCEDURE (continued)

2. Moves may occur when it is determined by the IDT to be in the consumer's best interest.
3. Consumers may be transferred only when seven days written notice is provided to at least the consumer, case manager and legal representative which includes:
 - a) Date of transfer.
 - b) Rationale for transfer.
 - c) Notice of the right to contest transfer, and
 - d) Address and telephone number of the area Ombudsman.
4. Notice may be shortened and consumers transferred immediately when:
 - a) There is an emergency or to protect the health, safety and welfare of the consumers.
 - b) All consumers involved are in agreement.
7. Belief: Services must support the health and safety as well as the dignity, rights, and individual needs of people served.

Outcome: People serviced have the best health and services possible from providers they have chosen. Supports that facilitate an active life in the community are easily accessed.

8. ProAct and other service providers will meet with the consumer, the consumer's legal representative, case manager, and other members of the IDT at least annually to define expectations and responsibilities for coordination of services.
9. Guidelines:

A. ANNUAL REVIEWS

1. Annual reviews will be scheduled 6-8 weeks ahead of time.
2. Consumers and all team members will be consulted about who attends, when and where the meeting will be held, and will be flexible and considerate of others time and privacy needs. Participation of direct service staff who knows the consumer the best will be encouraged.
3. The following information will be mailed to team members prior to the meeting to be reviewed. This includes the consumer, legal representative and case manager.
 - Assessment information requested by the case manager.
 - Progress/accomplishments of past year.
 - Proposed Risk Management Plan.
 - Nursing/health information.
 - Other relevant information.
4. Discussion at the meeting will be respectful, positive, functional, and productive.
5. Delicate issues will be discussed only by those who need to know.
6. There will be no surprises to the consumer or anyone else. Critical issues will not be saved for discussion at the annual review meeting.

B. MEDICAL CONCERNS

- The residential provider is responsible for:
 1. Informing ProAct of any consumer appointments which affect their work schedule at the time the appointment is made.
 2. Transporting the consumer to and from appointments.
 3. Informing ProAct of any medication changes or medical issues in a timely fashion.
 4. Providing an emergency contact number to ProAct.
- In the event a consumer become ill, the provider in charge is responsible for reporting the illness:
 1. In the case of an ill consumer at ProAct, program staff will notify the residential provider that the consumer is ill. The consumer will remain at ProAct until staffing can be arranged at their home.
 2. The residential provider and ProAct will work together to make arrangements for transportation home.
 3. The residential provider is responsible for ensuring staff is available for emergencies.
- In the event a consumer has a medical emergency at the ProAct, ProAct will respond immediately including emergency transportation to the emergency room/hospital/urgent care or call for emergency transportation. ProAct staff will alert residential staff of the emergency and remain with the consumer until the residential provider can assume responsibility.

C. BEHAVIORAL

- All providers involved with the consumer will work cooperatively in the development, implementation, and monitoring of all behavioral programs to most effectively meet the needs of the consumer.
 1. Consistent approaches will be used as determined by the IDT.
 2. All providers involved with the consumer will provide current information to each other regarding any pertinent events/data that affect the consumer and success of the program.
 3. The behavior program will outline differences in approaches due to varied settings.
 4. In the event a controlled procedure is used, the provider of services will inform the other service providers and IDT of the event.

D . TRANSPORTATION

1. ProAct is responsible for arranging or providing the transportation to their program or consumer's job.
2. Van assistants will be provided if directed by the Individual Service Plan.

D. TRANSPORTATION (continued)

3. All efforts will be made to coordinate rides that best meet the needs of the consumer serviced. At no time will rides exceed one hour per one way trip.
4. Both ProAct and residential staff will assist consumers when entering or exiting the vehicle.
5. Supervision will be passed off from one provider to the other by visual awareness of the other provider's presence.

E. DAYS OF OPERATION

- ProAct will provide an annual calendar of days in operation by October 31st to the residential provider, consumer and their family as applicable. A one month notice will be provided for changes to the published schedule.

F. INCLEMENT WEATHER

- ProAct retains the right to close when the weather presents hazardous conditions that endanger the health and safety of the consumer.
 1. The IDT will determine the guidelines for participation based upon an individual's needs including: medical condition, mobility, distance from the program, and ability to dress appropriately.
 2. ProAct's decision to close, start late, or cease operations early will be based on location, road conditions, travel advisories and transportation equipment.
 3. ProAct will contact the residential provider/family as applicable when closing early to ensure supervision upon the consumer's arrival home.
 4. The residential provider must ensure staff is available in the event of an emergency.
 5. ProAct will furnish closure, scheduling and transportation guidelines to the consumers they serve, the residence or family.

G. SUSPENSION/TERMINATION

- In the event a consumer presents behavior causing immediate and serious danger to the health and safety of the individual or others, they may be suspended by the program. (Refer to Suspension Policy in Section I.)

H. OUTCOME MEASUREMENT SYSTEM

- Each license holder will measure the effectiveness of its services, including regular evaluation of consumer satisfaction. This will occur at least one time per year.
 1. Each program will determine areas to measure effectiveness and consumer satisfaction.
 2. Results of information will be provided to the consumer, legal representative and case manager.

New 10/29/98
Reviewed and Revised: 08/99, 01/01, 07/02, 06/03, 09/04, 12/08
Reviewed: 10/07

ADULT DAY SERVICES PROGRAM POLICIES AND PROCEDURES

SECTION 5-SERVICES

SERVICE POLICY

It shall be the policy of ProAct to design services to meet each individuals needs in the Adult Day Services Program.

SERVICE PROCEDURES:

OVERVIEW

1. Services shall be designed to respond to a diverse group of adults and be provided on the basis of individual need, in accordance with their authorization to receive services.
 - A. Adult Day Care: A long term Adult Day Care Program licensed by the state of MN under Rule 223 (Adult Day Care) providing life skills classes and leisure related activities. ProAct is licensed to provide ADC for up to 15 consumers a day. Adult day care is available to persons who are 18 years of age or older. It encompasses both health and social services needed to ensure the optimal functioning of the consumer. Services may be furnished two or more hours per day, one or more days per week, on a regularly scheduled basis. Physical, occupational, and speech therapy may be provided in addition to day care.
 - B. Pre-Vocational Service: Pre-Vocational services are designed to prepare individuals for paid and unpaid employment but are not job-task oriented. Services include teaching concepts such as compliance, attendance, task completion, problem solving, and safety. Pre-Vocational services are provided to persons who are not expected to be able to join the general work force or participate in transitional sheltered workshop services within one year (excluding supported employment programs). Individuals may be compensated at a rate not to exceed 50 percent of the minimum wage. The waiver does not directly pay any compensation to a recipient. Compensation may be provided by the Pre-Vocational services vendor or other source. All Pre-Vocational services are included in the individual's plan of care and reflect goals directed at assisting the person toward greater independence.
 - C. Supported Employment: Supported employment services consist of paid employment for persons whom competitive employment at or above the minimum wage is unlikely and who because of their cognitive and/or physical limitations, require intensive ongoing support to perform in a work setting. Waiver funds may not be used to provide or subsidize compensation to the recipient or replace or duplicate funding available from any other source. Services may include: individualized assessment; individual and group counseling; job development; job placement activities which produce and appropriate job match for the individual and the employer; on-the-job training for work and related work skills required for job performance; ongoing supervision and monitoring of the person's performance; long-term support services to assure job retention; training in related skills essential to obtaining and retaining employment such as the effective use of community resources; training in use of break and lunch areas; and, transportation between the individual's home and work place when other forms of transportation are unavailable or inaccessible.
2. Persons served shall be treated with dignity and respect.
3. Consumers shall direct the service delivery program to their fullest ability.
4. Integration shall be inherent in service design and delivery.

OVERVIEW (continued)

5. Levels of supervision and assistance shall be reduced as the person's ability to exert control and choice increases.
6. Individual ability and increase in ability shall be documented in quarterly progress reports.
7. Special education and related services and vocational services otherwise available to a person through a local educational agency or program funded under section 110 of the Rehabilitation Act shall not be provided as a substitute for those services.
8. Training tasks and materials shall be age appropriate.
9. Skills shall be taught in a way that enhances the ability to function in a variety of settings and reflects how the skill will be used in natural environments.
10. Equipment, supplies and material needed to carry out individual objectives, to ensure that health, safety, nutrition, training and habilitation needs shall be provided, accessible and in good repair. Staff shall work with state rehabilitation agencies and other sources to facilitate the provision of needed items.

VOCATIONAL AND VOCATIONALLY RELATED SERVICES

1. Services shall be provided in accordance with the ISP.
2. Services shall be provided for the purpose of increasing integration into the community, increasing productivity, increasing income level, and improving employment status or job advancement.
3. Supported employment shall be offered as a first choice for anyone is unable to work competitively. If support employment is not feasible, documentation will indicate why it was not provided.
4. Vocational Services shall include:
 - A. Job Seeking Skills Training to develop or maintain self confidence and independence and acquire the skills necessary to secure desired employment.
 - B. Job Training in specific job duties.
 - C. Community Based Supported Employment performing a wide range of duties in integrated settings.
 - D. Industrial Supported Employment performing packaging, pricing and assembly functions for a variety of manufacturers.

COMMUNITY INTEGRATION/INDEPENDENT LIVING SERVICES

1. Staff shall provide opportunities for integration into the community which are designed to increase social and physical interactions with non-disabled persons who are not staff.
2. Skills which assist each person to perform activities of daily living that would have to be performed for the person if the person did not have the skill shall be taught.

COMMUNITY INTEGRATION/INDEPENDENT LIVING SERVICES (continued)

3. Persons shall be introduced to diverse community resources.
4. Services shall be provided on an individual or small group basis.

ACTIVITIES OF DAILY LIVING

1. Training which enhance managing activities of daily living skills such as dressing, grooming, and eating, and in developing or maintaining the skills necessary to manage their activities on their own, and increased community integration shall be offered on the basis of identified service needs.
2. Courses which may be offered include:
 - A) Relaxation
 - B) Leisure-Time Activities
 - C) Staying Healthy
 - D) Good Work Habits/Courtesy
 - E) Social Skills
 - F) Feelings
 - G) Exercise/Fitness
 - H) Effective Communication
 - I) Eating Healthy
 - J) Cultural Awareness
 - K) Clothes For All Seasons & Occasions
 - L) Basic Money Skills
 - M) Personal Safety
 - N) Liking Myself
 - O) Computer Classes
 - P) Looking My Best
 - Q) Summer Safety
 - R) Courtesy To Others
 - S) Winter Safety
 - T) Structured Exercise
3. Focus Skill Areas include:
 - A) Social Skills: Promotion of interpersonal, emotional, and cognitive growth.
 - B) Communication Skills: Encourages full use and development of communication skills. Augmented communication systems may be developed utilizing music.
 - C) Self Care: Reinforces self-care techniques.
 - D) Mobility: Facilitates maintenance or development of physical capability through stretching and exercising. This is offered through a structured exercise program, which will be overseen by a Physical Therapist.
 - E) Relaxation: Provides structured quiet time in which to learn appropriate avenues to release anger, frustration, etc. Drawing to music may be included.

CONSULTANT SERVICES

1. Consultants must meet the licensing requirements applicable to the disciplines in which they are providing consulting services.
2. Consultants must be appropriate for the persons served.
3. Consultants may be used to assure quality of service and compliance with applicable rules, regulations and recommendations.

TRANSPORTATION

1. Transportation to and from service sites shall be provided when other forms of transportation are unavailable
2. Services shall be provided to increase independence in travel as determined on individual plans.

Original: 1/98
Reviewed: 01/01, 06/03, 10/07
Reviewed and Revised: 08/99, 07/02, 09/04, 12/08

ADULT DAY SERVICES PROGRAM POLICIES AND PROCEDURES

SECTION 5-SERVICES

INDIVIDUALIZED PROGRAMMING POLICY

It shall be the policy of ProAct to assure that each person served in the Adult Day Services Program will receive individualized programming. (utilizing person centered planning.)

INDIVIDUALIZED PROGRAMMING PROCEDURE:

1. Annually, the ADS Coordinator/ADS Case Manager will review and list the outcomes for each consumer.
 - A. A schedule of classes will be developed from the goal areas.
 - B. An in-house facility and community Group Work Site work schedule will be derived from the outcome of the goals as well as the consumer's request for work time and classes of choice.
2. Classes will run on a semester basis:

Fall/Winter	October-March
Spring/Summer	April-September
3. The ADS Coordinator will generate a list of tentative classes and class descriptions two months before the new semester begins.
4. A copy of the tentative class schedule and class descriptions will be circulated to all ADS Program Staff.
5. Each ADS Program Staff will meet for a two week period with each consumer to plan their respective schedule.
6. The respective schedules will be turned into the Adult Day Services Coordinator. The ADS Coordinator will hold a meeting with all Program Staff to finalize the schedule.
7. When a class does not fill due to lack of interest or need, an alternative class will be developed.
8. The finalized schedule will be generated by the ADS Coordinator, who will turn in the final draft to the Director of Programs Services to review. The ADS Coordinator will then pass out to all ADS Program Staff and the Transportation Coordinator.

Original - 1/98

Reviewed and Revised: 08/99, 01/01, 07/02, 06/30, 12/08

Reviewed 09/04, 10/07

REPORTING

SECTION 6-REPORTING

QUARTERLY AND ANNUAL REPORTING POLICY

It shall be the policy of ProAct to provide reports on services provided and delivered for each person served in the Adult Day Services Program on a quarterly and annual basis.

QUARTERLY AND ANNUAL REPORTING PROCEDURE:

ProAct reports on services provided and data pertinent to the services delivered for each person receiving services on a quarterly and annual basis. The assigned ADS Program Staff is responsible for assuring the accurate and timely completion of quarterly and annual reports.

The Individual Plan of Care will present all areas to be reviewed based on the current annual plan. All sections of the review must be completed.

Quarterly/Annual data is reviewed with the consumer. A copy of the Report is sent to the county case manager and the residential care giver.

Annual reports are reviewed with the consumer and copies sent to key interdisciplinary team members including the county case manager and residential care giver.

Reports are reviewed by the Director of Program Services or the ADS Program Coordinator.

Original: 1/98

Reviewed: 01/01, 06/03, 09/04, 10/07

Reviewed and Revised: 08/99, 07/02, 12/08

APPENDIX

Individual Service Plan Computer Program Instructions

Individual Program Plan

Quarterly Review

Annual Review

STAFF

ADULT DAY SERVICES PROGRAM POLICIES AND PROCEDURES

SECTION 7-STAFF

STAFF ORIENTATION POLICY

It shall be the policy of ProAct that new ADS employees will be provided a minimum of thirty hours of orientation training.

PROCEDURE:

STAFF TRAINING AND DOCUMENTATION

Responsibility for acquiring and maintaining necessary level of training lies with staff in consultation with their supervisor. The Training Specialist is responsible for setting-up training schedules.

All staff training must be documented in each employee's personnel file. Staff is responsible for insuring that the information on their file is accurate and current.

Training must meet the requirements in parts 9555.9690, subpart 4; AND the employee has completed the cardiopulmonary resuscitation and airway obstruction treatment training required in part 9555.9690 subpart 2, item C.

ORIENTATION FOR NEW EMPLOYEES

Orientation is required by Rule 223 for all new ADS employees ProAct shall provide all center ADS staff with 20 hours of orientation to the center within the employee's first 40 hours of employment at the center. At least four hours of supervised orientation must be provided before employees work directly with center consumers. The orientation must include training related to the kinds of functional impairments of current center consumers, the protection and abuse reporting requirements of parts 9555.8000 to 9555.8500, and the safety requirements and procedures in part 9555.9720.

1. An explanation and discussion of the provider's written policies, procedures, and practices including the goals and philosophy of services delivery, and health, safety and emergency information.
2. An overview of the specific job the employee will perform including, the direct service staff, information that familiarizes them with the goals and objectives of persons with whom they will be required to work on a regular basis, the person's history to present and future training and habilitation programs.
3. An explanation of the relevance of Reporting Maltreatment of Vulnerable Adults and the Minnesota Government Data Practices Act, for service delivery.

ONGOING STAFF TRAINING

Staff who provide direct services to consumers served under Rule 223 must complete ongoing training minimum of eight hours of in service training annually. Training shall be scheduled so that it does not interfere with providing the number of contracted service days. Training content shall address:

1. Care of center consumers.

ONGOING STAFF TRAINING (Continued)

2. Development, implementation and evaluation of Individual Plan of Care including data collection and analysis..
3. Provision of medication assistance.
4. Analysis of challenging behavior and positive techniques for achieving behavioral change.
5. Review of parts 9555.8000 to 9555.8500, 9555.9600 to 9555.9730, and Minnesota Statutes, section 626.557.
6. Legal rights of consumers.
7. Strategies for training and teaching communication and social skills
8. Training appropriate to the needs of persons served including using alternative communication devices and sign language, assessing equipment needs, lifting and positioning of persons.
9. Vulnerable adult training.

Original 1//98

Reviewed and Revised: 08/99, 07/02, 12/08

Reviewed: 01/01, 06/03, 09/04, 10/07

ADULT DAY SERVICES PROGRAM POLICIES AND PROCEDURES

SECTION 7-STAFF

CRIMINAL BACKGROUND CHECK POLICY

It shall be the policy of ProAct that all staff will complete the paperwork necessary for a criminal background check to be conducted.

PROCEDURE:

A criminal background check as provided for in Minnesota Statutes 245A.04, subdivision 3 must be completed on staff members who have direct contact with persons receiving services. Staff is required to complete all necessary paperwork involved for the criminal background check. Staff hired to provide services to program consumers in the Adult Day Services Program will be hired contingent on the outcome of their criminal background check. A criminal background check will be completed on volunteers unless they are directly supervised by staff who have been checked.

Original 1/98

Reviewed: 01/01, 06/03, 09/04, 10/07

Reviewed and Revised: 08/99, 07/02, 12/08

ADULT DAY SERVICES PROGRAM POLICIES AND PROCEDURES

SECTION 7-STAFF

STAFF COVERAGE POLICY

It shall be the policy of ProAct that assure adequate staff coverage.

PROCEDURE:

1. In the temporary absence of the Director of Program Services, the ADS Coordinator shall be the designated person to supervise the program.
2. There shall be three (3) full-time staff to cover fifteen (15) consumers daily. Whenever the number of consumers is more than five (5), there will be two (2) staff present. It should be noted that the staff to consumer ratio will be either 1:5 or 1:8.
3. Substitute staff coverage will be arranged by the Employment Site Manager to assure adequate coverage is always in place.
4. Staff must notify their immediate supervisor when taking leave time. The immediate supervisor will coordinate with the Employment Site Manager for staff coverage.

New 2/98

Reviewed and Revised: 08/99, 07/02, 09/04, 12/08

Reviewed: 01/01, 06/03, 10/07

HEALTH AND MEDICAL

ADULT DAY SERVICES PROGRAM MEDICAL TREATMENT PROCEDURES

SECTION 8-HEALTH AND MEDICAL

FIRST AID AND CPR TRAINING POLICY

It is the policy of ProAct that all staff providing direct care services will be current with CPR and First Aid Certification.

PROCEDURE:

Staff members who are in positions with the potential to be in a situation of total responsibility for consumers shall be trained in Standard First Aid and CPR. This requirement shall be included in the Position Description, signed by the employee and filed in individual personnel files.

A list of employees certified in Standard First Aid and CPR with expiration dates shall be maintained by the Training Coordinator. Copies of certification cards issued to trained employees shall be kept in individual personnel files.

4/91

4/92

Board Approved 5/93

Reviewed 5/94, 8/95, 6/96, 01/01, 11/03, 09/04, 01/05, 10/07, 01/09

Reviewed and Revised 6/97, 8/99, 07/02

ADULT DAY SERVICES PROGRAM MEDICAL TREATMENT PROCEDURES

SECTION 8-HEALTH AND MEDICAL

INFECTION CONTROL POLICY

It is the policy of ProAct to insure that staff and consumers are provided with a sanitary and comfortable working environment and to help prevent the development and transmission of infection and communicable disease.

INFECTION CONTROL PROCEDURES:

1. Staff shall furnish evidence that at the time of their DTH employment that in the judgment of a physician they are free of medical conditions which could adversely affect the health and well-being of consumers and staff. The documentation shall be based on an examination which is current within 12 months prior or two months following to the first day of DTH employment. ProAct shall cover the cost of the basic examination unless there is insurance coverage.
2. Appropriate hygiene, quality housekeeping and maintenance practices shall be carried out routinely.
3. Personnel and consumers with symptoms of communicable disease, or open wounds may not be permitted to work until receipt of physicians notice stating it is safe for them to return to work.
4. Open wounds shall be reported to the consumer's social worker, residence or legal guardian and the Health Consultant.
5. Potentially contracted communicable diseases shall be reported to the residence and the consumer's social worker. Confirmed contraction of a communicable disease shall be immediately reported to the Commissioner of Health.
6. A physician's report specifying measures to be taken shall be required prior to the return of consumer who has contracted a communicable disease. Work restrictions shall be followed.
7. The Director of Program Services shall be notified of any incident of communicable or infectious disease.
8. Consumer residences shall be notified of known contact with staff or consumers found to have an infectious or communicable disease.
9. The Safety Committee shall function as the Infection Control Committee. The committee shall regularly review related policies and monitor compliance.

Board approved 4/92

Reviewed 5/94, 6/95, 6/96, 8/99, 01/01, 11/03, 09/04, 01/05, 10/07, 01/09

Reviewed and Revised 6/97, 07/02

ADULT DAY SERVICES PROGRAM MEDICAL TREATMENT PROCEDURES

SECTION 8-HEALTH AND MEDICAL

MEDICATION ADMINISTRATION/MEDICAL TREATMENT POLICY

It is the policy of ProAct to administer all medications according to public health policy, the Minnesota Board of Pharmacy, and CFR.483.460, 483.450. Unlicensed staff must receive medication administration training prior to administering medication. Any medication error will be promptly reported and the appropriate remediation specific to the medication will be implemented. Individuals who have been assessed by the Interdisciplinary Team as being capable of self-administering medications shall be taught those skills necessary for independent medication management.

GENERAL GUIDELINES

1. The licensed nurse and staff who have completed an approved training course in Medication Administration may administer medications. This includes the successful performance of an observed simulated skill demonstration that is documented and signed by the observer. The licensed nurse will sign off and document each route of medication administration the individual has successfully demonstrated. The checklist will include the "5 Rights"-Right route, right dose, right person, right medication and right time.
2. Medication Administration Reviews will be done by the licensed nurse annually.
3. All medications administered to individuals must be ordered by a Health Care Professional licensed to prescribe.
4. All medication orders shall be written on the physician's order form, or the Medical/Dental/Psychotropic Referral form and signed by MD.
5. Fax orders with MD signature may be accepted by unlicensed personnel.
6. Only a licensed nurse may accept a verbal or telephone order from the prescriber. The prescriber will sign all telephone orders within a reasonable time period.
7. All medication orders are valid for one year unless specifically identified by the prescriber or other criteria.
8. All medication and medical supplies shall be locked and the keys kept secured at all times.
9. All medication errors shall be recorded and reported to the RN consultant.
10. An Authorization of Medication or Medical Treatment form signed by a parent or guardian and a physician's order authorizing ProAct staff to perform the treatment shall be in the case file before a medication can be administered. A signed physician order must be in the case file before a medication can be administered.
11. Release forms and physician's orders shall be updated at least annually or when the medications or medical treatment change are discontinued.

GENERAL GUIDELINES (continued)

12. All medications shall be in a current prescription bottle or in an envelope with consumer's name, medication name, route, time to be administered, dose, residence, residential staff name and date on label. The bottle or envelope shall not be reused. A new container is required when the supply has been exhausted.
13. Serious or adverse medication reactions shall be reported to the physician and ProAct RN Consultant immediately.
14. The physician or nurse shall determine specific times that medications are administered, in conjunction with staff or as recommended by PDR, pharmacist, or physician.
15. PRN medications shall be given in accordance with the physician's orders. The reasons for giving any PRN medication shall be documented in the progress notes.
16. It is the responsibility of the person administering medications to be familiar with the condition of the individual, i.e. allergies, ability to swallow, etc.
17. The person administering medications has the responsibility to know the medication's intended use, reactions, side effects, warnings and directions.
18. Individuals served, and/or parent or guardians, are provided education resources and advocacy (training) regarding medications, and are actively involved in decision making related to the use of medications.
19. Medications shall not be administered by a person who has not set them up.
20. All containers shall be kept tightly closed. Changes in color, order or consistency or any discrepancy in the medications shall be reported to the pharmacist. Do not administer if any discrepancy is noted.
21. Medications which have been prepared and not administered are to be destroyed by staff and documented on the Medication Accountability System (MAS).
22. Never leave medications unattended.
23. Administer medications to only one individual at a time.
24. At the annual meeting, the medications that are to be administered in the program will be reviewed. The consumer and guardian will be asked if they require additional information regarding these medications. At the request of the consumer or guardian, the program staff will contact the nurse to provide this information.
25. Subcutaneous injections, vaginal, or rectal medications will not be routinely administered by unlicensed staff. The registered nurse may evaluate to determine if unlicensed staff can safely administer medications using these routes. In order to administer subcutaneous injections, vaginal, or rectal medications, the unlicensed staff must receive special training, follow written policies and procedures, and demonstrate their proficiency in the procedure to the nurse.

PHARMACY GUIDELINES

1. Medications or treatments shall be used only for the individual for whom it was ordered.
2. Information contained on prescription medication labels shall be based on currently accepted professional principles or practices, including accessory or cautionary instructions and expiration date, if applicable.

PHARMACY GUIDELINES (continued)

3. Over the counter medications shall be labeled as per the Food and Drug Administration's criteria.
4. No staff shall affix any modification label to any drug container.
5. Any drug container having a detached, soiled, damaged, or missing label shall be returned to the consumer's residence and a new supply requested from the pharmacy.
6. All discontinued or outdated medications shall be sent home.
7. An adequate supply of prescription or OTC medications shall be available at ProAct.
8. Any sample medication will be labeled with the consumer's name and will be accompanied by a physician's order.

DOCUMENTATION GUIDELINES

1. Orders for medications/treatments shall be transcribed as per procedure:
 - A. Stat medication orders shall be transcribed within the hour.
2. Each individual shall have his/her own Medication Administration Record (MAR) on which each dose of medication that is administered is recorded with staff's initials after it has been given.
3. PRN medications shall be documented on the MAR and documentation will be made in the individual's chart regarding reason why PRN was administered and the effect of the medication.
4. Whenever a medication is begun or discontinued or a dosage changed, documentation shall be made in the chart.
5. All side effects or adverse effects of medications shall be documented in medical history and diagnostic record.
6. Times of medication or treatment administrations shall be determined by the prescriber or after consultation with the RN Consultant and/or pharmacist.

SCHEDULED MEDICATIONS – CONTROLLED SUBSTANCES

1. Shall be re-ordered from the Residence by written format.
2. Consulting RN shall determine the frequency for counting/reconciling the amount of Scheduled III-V meds remaining at ProAct.
3. All discrepancies in Controlled Substances MUST be reported to the RN Consultant immediately.
4. No Schedule I prescription medication will be administered in the facility.
5. Schedule II medications shall be kept under double lock and key and be counted/recorded daily by two staff.
6. Destruction of Scheduled Medications:

- A. ProAct shall return any outdated or contaminated Scheduled Medications to the residence for destruction by the RN Consultant or designee.

SCHEDULED MEDICATIONS – CONTROLLED SUBSTANCES (continued)

7. All receipts and disposition of all Controlled Substances must be maintained for each individual.

MEDICATION ADMINISTRATION ON THERAPEUTIC LEAVE

1. Whenever an individual needs to receive medications when not under the direct care of ProAct, the medications are packaged and labeled according to labeling guidelines.

SELF-ADMINISTERED MEDICATIONS

Any consumer entering ProAct will have been assessed for self-medication administration programming by the residential RN prior to admission.

MEDICATION/TREATMENT ERRORS

1. Medication/treatment errors shall be reported to the RN Consultant, the house supervisor and MD as indicated.
2. A faxed copy of a completed medication error will be faxed to the Residence or mailed.
3. In the event of overdose or an individual receiving the incorrect medication, staff is to call Poison Control immediately and follow their directives.
4. ProAct will notify immediately, the individual's residence, the supervisor, DTH nurse consultant, or poison control as appropriate.

Original 4/91
Revised 3/92
Board Approved 5/93
Reviewed and Revised 5/94, 6/95, 6/97, 07/02, 11/03, 01/09

Reviewed 6/96, 8/99, 01/01, 09/04, 01/05, 10/07

NAME _____ PLACE OF WORK _____

Competency for medication administration means that all areas on this check off list are successfully completed.

PASS: YES _____ NO _____ COMMENTS _____

RN EVALUATOR _____ DATE _____

MEDICATION ADMINISTRATION CHECKLIST

GENERAL

* _____ 1. Identified the "Rights" of Medication administration

_____ Right person	_____ Right route
_____ Right date	_____ Right dose
_____ Right time	_____ Right medication

_____ 2. Checked expiration date(s).

_____ 3. Knows abbreviations or appropriate action to take when uncertain of abbreviation.

_____ 4. After administration of medications:

_____ Cleaned/replaced equipment
_____ Disposed of waste/gloves appropriately
_____ Charted med administered correctly according to policy

_____ 5. Stated the purpose, side effects, and warnings of the prescribed medication(s) or able to demonstrate competency to research the information.

* _____ 6. Prepared accurate dose of liquid medication.

Liquid medications were poured correctly:

_____ Shook properly if indicated.
_____ Removed cap and placed cap top side down.
_____ Have med cup at eye level on a firm surface.
_____ Poured away from label.
_____ Wiped lip of bottle with clean wipe.

_____ 7. Washed hands appropriately.

_____ 8. Wore gloves when appropriate.

*Automatic Failure

PASS _____ NOT PASS _____ COMMENTS _____

ADULT DAY SERVICES PROGRAM MEDICAL TREATMENT PROCEDURES

SECTION 8-HEALTH AND MEDICAL

CHOKING INCIDENT PROCEDURE

1. In the event of a choking incident, staff will administer the Heimlich maneuver as staff have been taught in CPR training.
2. At the onset of a choking incident, another staff will call 911.
3. Emergency responders will assess the affected consumer for further choking rescue, and transport to ER.
4. If the consumer has recovered from the choking incident and the Heimlich maneuver by the time the first responders arrive, they (the first responders) will be asked to assess the consumer as to whether or not to transport to the ER to rule out any complications from the incident.
5. An incident report will be written.
6. The residential care provider and the ProAct nurse consultant will be notified of any choking incident immediately.

New: 11/30/06
Reviewed: 10/07, 01/09

ADULT DAY SERVICES PROGRAM MEDICAL TREATMENT PROCEDURES

SECTION 8-HEALTH AND MEDICAL

BLOOD PRESSURE BY AUSCULTATION PROCEDURE

1. Wash hands.
2. Assemble equipment: stethoscope, sphygmomanometer cuff, one medium sized cuff will be used for the assessment.
3. Explain to the consumer what is to be done.
4. Assist consumer to comfortable sitting position, with arm slightly flexed, forearm supported at heart level, and palm turned up.
5. Expose consumers' upper arm fully.
6. Palpate brachial artery (on lower medial side of biceps muscle). Position cuff 2.5 cm (1 inch) above site of brachial pulsation.
7. Center arrows marked on cuff along brachial artery.
8. Be sure that cuff is fully deflated. Wrap cuff evenly and snugly around upper arm.
9. Be sure that manometer is positioned at eye level.
10. If you do not know consumer's normal systolic pressure, palpate radial artery and inflate cuff to 30mm Hg. above pressure at which radial pulsation disappears. Deflate cuff and wait 30 seconds.
11. Place stethoscope ear piece in yours ears and be sure sounds are clear, not muffled.
12. Relocate brachial artery and place diaphragm (or bell) of stethoscope over it.
13. Close valve of pressure bulb clockwise until tight.
14. Inflate cuff to 30 mm above consumers' normal systolic level.
15. Slowly release valve-allowing needle to fall 2-3mm per second.
16. Note point on manometer at which clear sound is heard.
17. Continue to deflate cuff gradually, noting point at which sound becomes muffled or dampened.
18. Continue cuff deflation and note point at which sound disappears.
19. Deflate cuff rapidly and remove it from consumers' arm unless you need to repeat measurement.
20. It repeating procedure, wait 30 seconds.

ADULT DAY SERVICES PROGRAM MEDICAL TREATMENT PROCEDURES

BLOOD PRESSURE BY AUSCULTATION PROCEDURES (continued)

21. Fold and store cuff properly.
22. Assist consumer to position he/she prefers and cover his/her arm.
23. Record findings on medical record.

OMRON WRIST BLOOD PRESSURE WITH ADVANCED POSITIONING SENSOR PROCEDURE

1. Refer to the Instruction Manual in the nurse's office to install batteries, set selections, troubleshoot, and care and maintenance of unit.
2. Assemble equipment.
3. Explain to consumer what is to be done.
4. Wrap the cuff snugly on the consumer's wrist with the consumer's thumb facing upward.
5. Cover the wrist cuff by leaving clearance of ½ inch (the clearance almost equal to the width of an index finger) between the edge of the wrist cuff and the bottom of the palm.
6. Pull the wrist cuff upward holding the edge of the wrist cuff so that it can be snugly wrapped.
7. Push the Start/Stop button. The position sensor is displayed. Hold the elbow firmly to avoid body movement. Tell the consumer to remain still and not to talk during the measurement.
8. Adjust the height of the consumer's wrist by using the elbow as an axis so the arrow mark can be aligned with the heart mark.
9. When the wrist reaches the level of the heart, the monitor beeps and the heart mark darkens instantly. Hold the arm at that position and do not move until measurement results are displayed.
10. Record results.
11. Push the Start/Stop button to turn off power.

Original 4/91

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Board Approved 5/93

Reviewed and Revised 4/94, 6/95, 6/97, 07/02, 11/06

Reviewed 6/96, 8/99, 01/01, 11/03, 09/04, 01/05, 10/07, 01/09

ADULT DAY SERVICES PROGRAM MEDICAL TREATMENT PROCEDURES

SECTION 8-HEALTH AND MEDICAL

COMMUNICABLE DISEASES RESTRICTION GUIDELINE PROCEDURE

MINOR COMMUNICABLE DISEASES:

1. Athlete's Foot (Tinea Pedis)
 - A) Early Symptoms: Peeling, cracked skin between toes, itching.
 - B) Attendance Restriction: Exclusion from showers, swimming, and going without shoes.
2. Common Cold
 - A) Early Symptoms: Watery eyes, runny nose, slight fever, sneezing, general malaise.
 - B) Attendance Restriction: Restrict during acute states as needed, if fever is present, or if person cannot take care of discharges in sanitary manner.
3. Head Lice (Pediculosis)
 - A) Early Symptoms: Itchy scalp, small light gray insects, eggs or nits at base of hairs.
 - B) Attendance Restriction: Until head lice are removed.
4. Impetigo
 - A) Early Symptoms: Blistered lesions, may be crusted with pus. Found on skin surfaces, usually on face.
 - B) Attendance Restriction: Until all lesions are healed.
5. Pin Worm Infection
 - A) Early Symptoms: Anal area itching, restlessness and irritability.
 - B) Attendance Restriction: As determined by a physician.
6. Pink Eye (Conjunctivitis)
 - A) Early Symptoms: Redness and swelling of eye membranes with burning, itching, light sensitivity and discharge.
 - B) Attendance Restriction: Until all symptoms have been absent for 24 hours.
7. Scabies
 - A) Early Symptoms: Itchy skin, rash or small red bumps. Prone to protected parts of body such as between fingers, under arms, etc. Usually would not appear on face.
 - B) Attendance Restriction: Until determined by physician and at least 24 hours after treatment begins.
8. Scalp Ring Worm
 - A) Early Symptoms: Round, scaly patches with short, broken off hairs.
 - B) Attendance Restriction: Until determined by physician.

ADULT DAY SERVICES PROGRAM MEDICAL TREATMENT PROCEDURES

COMMUNICABLE DISEASES RESTRICTION GUIDELINE PROCEDURE (continued)

MINOR COMMUNICABLE DISEASES (continued)

9. Body Ring Worm
 - A) Early Symptoms: Circular red patches
 - B) Attendance Restriction: Until treatment is started.
10. Trench Mouth
 - A) Early Symptoms: Pain, especially on swallowing, swollen gums with bleeding ulcers.
 - B) Attendance Restriction: Until determined by a physician or dentist.
11. Whooping Cough (Pertussis)
 - A) Early Symptoms: Cold symptoms which gradually become worse in 1-2 weeks. Incubation period is 7-21 days.
 - B) Attendance Restriction: Minimum of 5 weeks from onset.
12. Shingles (Zoster)
 - A) Early Symptoms: Severe pain and numbness along certain nerve pathways, commonly around the midline (trunk) or on the face. Ten to 14 days later, clusters of blisters appear in crops, usually on one side of the body and closer together than in chickenpox.
 - B) Attendance Restriction: If lesions can be covered by clothing or a bandage, no exclusion is needed. If lesions cannot be covered, people should be excluded until the sores have crusted.
13. Diarrhea
 - A) Attendance Restriction: On recommendation of physician.
14. Chicken Pox/Shingles
 - A) Early Symptoms: Slight fever, general malaise, rash with scabs appearing after 3-4 days. Incubation period is 2-3 weeks.
 - B) Attendance Restriction: Minimum of 7 days and vesicles are dry.

MAJOR COMMUNICABLE DISEASES

Major communicable diseases generally require specific treatment and activity restrictions as directed by a physician. General guidelines are noted below. Physician orders will supersede any of the following recommendations. Any incident of the following needs to be communicated to Commissioner of Health.

1. German Measles (Rubella)
 - A) Early Symptoms: Inflamed eyes, enlarged lymph nodes, rash low grade fever. Incubation period is 14-21 days.
 - B) Attendance Restriction: At least 3 days after rash appears.
2. Measles (Rubeola)
 - A) Early Symptoms: Fever, inflammation of mucous membranes in eyes, nose and throat, eruption in mouth, rash. Incubation period is 10-15 days.
 - B) Attendance Restriction: At least 7 days after rash appears.

ADULT DAY SERVICES PROGRAM MEDICAL TREATMENT PROCEDURES

COMMUNICABLE DISEASES RESTRICTION GUIDELINE PROCEDURE (continued)

MAJOR COMMUNICABLE DISEASES (continued)

3. Meningitis
 - A) Early Symptoms: Fever, headache, nausea, vomiting. Incubation period is 2-10 days.
 - B) Attendance Restriction: At least 7 days.
4. Mumps
 - A) Early Symptoms: Fever, swelling and tenderness of glands located on each side of neck below ears. Incubation period is 12-26 days.
 - B) Attendance Restriction: Until temperature is normal and swelling has disappeared.
5. Roseola Infantum
 - A) Early Symptoms: Sudden high fever, slight red throat, after 3-4 days fever leaves and rash appears. Incubation period is not specifically known-may be 5-7 days.
 - B) Attendance Restriction: During time of high fever and rash. Rash must be gone before readmittance.
6. Scarlet Fever (Scarlatina)
 - A) Early Symptoms: Irritability, fever, sore throat, vomiting. Followed by the bright red spots and rash usually in neck, check, back areas.
 - B) Attendance Restriction: 7 days after onset of illness or until physician gives permission.
7. Strep Throat
 - A) Early Symptoms: Fever, sore throat. Incubation period 2-5 days.
 - B) Attendance Restriction: 24 hours following the initiation of antibiotic treatment.
8. Hepatitis A
 - A) Early Symptoms: Fever, nausea, vomiting, headache, jaundice. Incubation period is 10-40 days.
 - B) Attendance Restriction: At least 7 days or until clinically well, as determined by a physician.
9. Hepatitis B
 - A) Early Symptoms: Nausea, vomiting, headache, may be jaundiced. May appear flu-like or be asymptomatic.
 - B) Attendance Restriction: During the time of active infection or as determined by physician.
 - C) Hepatitis B Carrier Policies:
 - 1) Screening for Hepatitis B will take place for high risk consumers as determined by nurse consultant or physician.
 - 2) If a consumer is identified as a Hepatitis B carrier, all consumers in the facility will be screened to assess their Hepatitis B status.
 - 3) Immunization is recommended for consumers living with a Hepatitis B carrier. Such immunization must be ordered by the physician.
 - 4) Immunization is recommended for staff who are working with Hepatitis B carriers. Staff should seek the advise of their physician.
 - 5) Strict adherence to the regular infection control guidelines is required.
 - 6) Nurse consultant will discuss with the physician and/or the Minnesota Department of Health the need for any additional infection control procedures. If required, these procedures will be documented in the consumer's health care plan. Staff will be instructed in these procedures.

ADULT DAY SERVICES PROGRAM MEDICAL TREATMENT PROCEDURES

COMMUNICABLE DISEASES RESTRICTION GUIDELINE PROCEDURE (continued)

MAJOR COMMUNICABLE DISEASES (continued)

- D) COMMUNICABLE DISEASES RESTRICTION GUIDELINE PROCEDURES
10. Herpes (oral or genital)
- A) Early Symptoms: Open lesions, generally appearing on mouth or genitals.
 - B) Attendance Restriction: As determined by nurse consultant or physician based on the consumer's ability to demonstrate responsible behavior. When a consumer is known to have an open lesion, restriction of physical contact, including sexual contact will be required.
 - C) Strict adherence to the regular infection control guidelines.
 - D) Nurse consultant will discuss with the physician and/or the Minnesota Department of Health the need of any additional infection control procedures. If required, these procedures will be documented in the consumer's health care plan. Staff will be instructed in these procedures.
11. AIDS (Acquired Immune Deficiency Syndrome)
- A) County policies will be followed with regard to placement of individuals with AIDS.
 - B) Based on current data, regular infection control guidelines are adequate in preventing the transmission of AIDS in anything other than intimate sexual contact involving the exchange of body fluids.
 - C) Since information on the control and prevention of AIDS is rapidly changing, the physician and the Minnesota Department of Health should be contacted for further information as needed.

Original 3/91
Revised 3/92, 07/02
Board Approved 5/93
Reviewed 5/94, 6/95, 6/96, 6/97, 8/99, 01/01, 11/03, 09/04, 01/05
10/07, 01/09

ADULT DAY SERVICES PROGRAM MEDICAL TREATMENT PROCEDURES

SECTION 8-HEALTH AND MEDICAL

TOILETING W/DISPOSABLE UNDERGARMENT IN THE RESTROOM PROCEDURE

CHANGING SURFACE

The changing surface, if seated for diapering, will be the toilet seat. The seat will be wheelchair height. Disinfect the toilet seat after use by using a solution of 1 part chlorine bleach to 10 parts water prepared fresh daily.

TOILETING WITH DISPOSABLE UNDERGARMENT PROCEDURE

1. Shut the door to hallway after staff has brought consumer into the bathroom. Explain what is to be done.
2. Assemble supplies:

disposable undergarment	clean clothes
washcloth	bucket of warm water
paper towels	two plastic bags
disposable gloves	
3. Lock wheelchair into place and assist consumer to toilet.
4. Put on gloves.
5. Remove soiled disposable undergarment, if consumer was wearing one, and fold inward.
6. Wash genital area with moistened paper towel, cleansing from front to back and taking care to cleanse creases. Pat dry with paper towel.
7. Observe consumer's skin for signs of rash. Report any disorder to the health consultant and the residential provider.
8. Put on clean disposable undergarment, and if necessary, clean clothes.
9. Assist consumer back to wheelchair when appropriate.
10. Place soiled disposable undergarment in a plastic bag, seal, and dispose promptly. Place soiled wardrobe into a red plastic bag, seal and return it to residence.
11. Remove and dispose of gloves. Follow handwashing procedure.
12. Wash hands before touching consumer's hands or face.
13. Report any abnormality in stools to the health consultant and the residential provider.

Board Approved 8/92, 5/93

Reviewed and Revised 5/94, 07/02

Reviewed 6/95, 6/96, 6/97, 8/99, 01/01, 11/03, 09/04, 01/05, 10/07, 01/09

ADULT DAY SERVICES PROGRAM MEDICAL TREATMENT PROCEDURES

SECTION 8-HEALTH AND MEDICAL

CHANGING DISPOSABLE UNDERGARMENT IN THE SICKROOM PROCEDURES

CHANGING SURFACE

Use the sick room bed, covered completely with heavy vinyl and a disposable sheet as the changing surface. Keep surface at wheel chair height to allow for easy transfer. Disinfect the surface after each use using a chlorine bleach solution of 1 part bleach to 10 parts water prepared fresh daily.

CHANGING DISPOSABLE UNDERGARMENT PROCEDURE

1. Provide privacy for the consumer by closing the door to hallway. Explain what is to be done.
2. Assemble supplies:

disposable undergarment	clean clothes
washcloth or wet wipes	bucket of warm water
paper towels	three red plastic bags
disposable gloves	changing pad
3. Assist consumer to the bed. Never turn your back or step away from a person on the bed.
4. Put on gloves.
5. Remove soiled disposable undergarment and fold inward.
6. Wash genital area with moistened paper towel, cleansing from front to back and taking care to clean creases and pat dry with clean paper towel.
7. Put on clean disposable undergarment. Put on clean clothes if necessary.
8. Assist consumer back into wheel chair when appropriate.
9. Dispose of soiled disposable undergarment, changing pad and disposable sheet in the plastic bag. Seal soiled wardrobe in a red plastic bag, label and return to residence.
10. Place soiled washcloth in labeled red plastic bag or immediately launder soiled washcloth in ProAct's Washer.
11. Remove and dispense of gloves. Wash your hands before touching their hands or face. Follow hand washing procedure.
12. Report any signs of skin disorders or abnormality in stools to the Health Consultant and the residential provider.

Board Approved 8/92, 5/93

Reviewed and Revised 5/94, 07/02

Reviewed 6/95, 6/96, 6/97, 8/99, 01/01, 11/03, 09/04, 01/05, 10/07, 01/09

ADULT DAY SERVICES PROGRAM MEDICAL TREATMENT PROCEDURES

SECTION 8-HEALTH AND MEDICAL

DNR/DNI POLICY

It shall be the policy of ProAct to in the event ProAct accepts a consumer with DNR/DNI orders (Do Not Resuscitate/Do Not Intubate), protocol as identified in the procedure will be adhered to.

PROCEDURES:

1. The consumer's place of residence will assume the responsibility for obtaining required orders, determining protocol, and notification procedures.
2. Representatives from ProAct individual programs will meet with consumer's caregiver, legal representative and health professionals as indicated to determine the following information:
 - A. Specific DNR/DNI protocol.
 - I. A ProAct Protocol form will be completed prior to consumer starting and placed in the consumer's caserecord file.
 - B. Guidelines for isolating the deceased consumer.
 - II. When a consumer expires, the body will be isolated at the area where consumer expired.
 - III. A staff will stay with the deceased consumer until removal by mortician.
 - IV. Appropriate privacy will be afforded to the deceased consumer by keeping other consumers and staff in separate rooms, apart from the deceased consumer.
 - V. A sheet will be used to cover the deceased consumer until the arrival of name mortician.
 - C. Instructions for notifying the consumer's caregiver.
 - I. A ProAct DNR/DNI Consumer Death Notification form will be completed after the death of the consumer. The form includes: consumer name, time of death, time body was picked up by mortician, time of notification to family, guardian, residence, physician, coroner, mortician, social worker and nurse consultant. The form will need to be signed by the mortician, staff, and a witness.
 - D. Instructions for notifying the coroner's office.
 - I. A ProAct DNR/DNI Consumer Death Information form will be completed prior to consumer starting and place in the consumer's caserecord file. The form will include name and phone numbers of: corner, family, guardian, residence, physician, mortician, social worker, and nurse consultant.
 - E. Information regarding mortuary arrangements.
3. The above information will be located in the consumer's medical records and staff will be informed of DNR/DNI protocol.

4. In the event of consumer death due to DNR/DNI. Program staff will be responsible for completing the following forms within 24 hours.
 - A. DNR/DNI Consumer Death Notification form.
 - B. Death and Serious Injury Report form. This is sent to DHS (DTH/ADS consumers only) and Office of Ombudsman.

New: October 1999
Reviewed: 01/01, 11/03, 09/04, 11/05, 10/07, 01/09
Reviewed and Revised: 07/02

ADULT DAY SERVICES PROGRAM MEDICAL TREATMENT PROCEDURES

SECTION 8-HEALTH AND MEDICAL

EMERGENCY ROOM SERVICES PROCEDURES

1. Unless otherwise requested by the guardian or program consumer's physician and agreed to by ProAct, emergency room services will be provided by the nearest hospital or:

TWIN CITIES OCCUPATIONAL
HEALTH & REHABILITATION
2520 PILOT KNOB ROAD
MENDOTA HEIGHTS, MN 55120
(651) 224-8264

OR

FAIRVIEW RIDGES HOSPITAL
201 EAST NICOLLET AVENUE
BURNSVILLE, MN 55337
(952) 892-2000

2. Emergency room services may be used for:
- A) Treatment of an injured or ill consumer.
 - B) Observation and assessment of injuries or illness.
3. An ambulance will be used to transfer consumers to the emergency room in a life threatening situation. In a non-life threatening emergency they may be transported by a passenger vehicle or ambulance. A passenger vehicle may be used if it will not aggravate the injury.
4. Emergency Room Treatment:
- A) Permission for emergency treatment in the emergency room will fall under the Good Samaritan Principle. Medical personnel assisting a consumer have the right to make medical decisions about treatment and have access to any relevant information. Staff may release medical and personal information without written permission.
- B) Once medical treatment has begun, phone calls to the following should be made as soon as possible:
- 1) Guardian/Parent
 - 2) Social Worker
 - 3) Group Home
 - 4) Director of Program Services
 - 5) Health Consultant
- C) It is not the responsibility of the group home nurse, parents (non guardians) or social workers to determine if emergency services are necessary. The decision will be made by ProAct staff along with Nurse Consultant input if circumstances permit time.
5. Reporting Procedure for a Serious Injury:
- A) Any injury which requires hospitalization as an inpatient which occurs while the consumer is receiving DTH services shall be reported in writing within 24 hours to:
 - 1) Consumer's care giver
 - 2) Consumer's legal representative
 - 3) County Case Manager
 - 4) Ombudsman (651) 757-1800
 - 5) Health Consultant

ADULT DAY SERVICES PROGRAM MEDICAL TREATMENT PROCEDURES

EMERGENCY ROOM SERVICES PROCEDURES (continued)

- B) Staff shall complete the supervisor's report of injury and a State of Minnesota First Report of Injury form.

Reviewed 11/93
Board Approved 11/93
Reviewed and Revised 5/94, 07/02, 01/09
Reviewed 6/95, 6/96, 6/97, 8/99, 01/01, 11/03, 09/04, 01/05, 10/07

ADULT DAY SERVICES PROGRAM MEDICAL TREATMENT PROCEDURES

SECTION 8-HEALTH AND MEDICAL

GASTROSTOMY PROCEDURES

Gastrostomy is a catheter through the abdomen into the stomach for the purpose of feeding. It is used to provide complete nutrition when a person is unable to swallow for a long period of time. Necessary training and documentation shall be completed prior to administration of this medical treatment.

FEEDING

1. Gather all equipment. Feeding solution should be at room temperature unless otherwise indicated.
2. Explain what is to be done.
3. Wash hands.
4. Put on gloves.
5. Position consumer in an upright position.
6. Check feeding solution's expiration date.
7. Review physician's order.
8. Remove clamp from tube.
 - A) If using syringe method, attach syringe with feeding solution, injecting solution slowly.
 - B) If using bag method, elevate bag to the height necessary to deliver the feeding in 10-20 minutes.
9. Flush tubing with water as specified by physician when feeding is finished.
10. Clamp the gastrostomy tube securely.
11. Consumer should remain in an upright position for about 15-30 minutes after the meal.
12. Chart time, and amount of solution and water given. Chart any intolerance of the feeding and report immediately to the health consultant or physician.
13. At least once a week, chart skin condition around gastrostomy site. Report changes in skin condition to the health consultant and residential care provider or physician.

ADULT DAY SERVICES PROGRAM MEDICAL TREATMENT PROCEDURES

GASTROSTOMY PROCEDURES (continued)

DRESSING CHANGE

1. Assemble equipment.
2. Explain what is to be done.
3. Wash hands.
4. Put on gloves.
5. Remove old dressing, placing in appropriate plastic bag.
6. Cleanse gastrostomy site with soap and water, unless another solution has been ordered by the physician.
7. Pat dry.
8. Observe skin condition.
9. Apply any topical treatment that may be prescribed by the physician.
10. Apply new drain sponge and secure with tape unless other adhesive is ordered by physician.
11. Remove gloves and secure in appropriate plastic bag.
12. Wash hands.
13. Chart dressing change. Chart skin condition and report any changes in condition to the health consultant and physician, or residential care provider.

CLEANING EQUIPMENT

1. Wash equipment in hot sudsy water.
2. Rinse thoroughly.
3. Spray with solution of 1:10 bleach to water.
4. Let stand ten minutes.
5. Rinse with clear water.
6. Air dry.
7. Store in an individual marked container.

Board Approved 5/93

Reviewed and Revised 5/94, 07/02

Reviewed 6/95, 6/96, 6/97, 8/99, 01/01, 01/05, 10/07, 01/09

ADULT DAY SERVICES PROGRAM MEDICAL TREATMENT PROCEDURES

SECTION 8-HEALTH AND MEDICAL

HAND WASHING PROCEDURE

1. Hands shall be washed each time staff come in contact with:
 - A) A person who is ill.
 - B) Blood or infectious materials.
 - C) An object that is potentially contaminated.

2. This includes, but is not limited to the following times:
 - A) Before and after removal of gloves or other protective equipment.
 - B) Before and after medication administration.
 - C) After going to the bathroom.
 - D) After toileting or diapering a consumer.
 - E) After contact with an ill consumer or objects that the consumer has touched.
 - F) Before meal preparation and eating.
 - G) After any contact with blood, semen, vaginal secretions, or any body fluid visibly contaminated with blood.

3. Supplies needed for hand washing:
 - A) Hot and cold running water.
 - B) Disposable paper towels.
 - C) Soap (antibacterial soap is recommended).
 - D) Wastebasket with trash liner.
 - E) Hand lotion.

4. Standard hand washing procedure:
 - A) Turn on and adjust water temperature.
 - B) Wet hands and place soap on hands.
 - C) Work up a lather by rubbing hands rapidly together.
 - D) Rinse hands.
 - E) Repeat process.
 - F) Dry hands thoroughly using a paper towel.
 - G) Use a dry, clean paper towel to turn off the running water so that hands do not touch the water controls.
 - H) Dispose of paper towels in wastebasket as used.
 - I) Dry, rough hands may carry infection. Use hand lotion after drying hands as indicated.

5. If hand washing must be done in an area that does not have running water, ISA gel may be used.
 - A) Place small amount in palm of hand.
 - B) Massage, covering hands completely.
 - C) Rub lightly until dry, do not rinse.
 - D) Wash hands with water and soap after every 8-10 applications of ISA gel.
 - E) IF ISA gel is used after exposure to blood or infectious materials, hands must be washed as soon as possible.

Revised 4/92

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ADULT DAY SERVICES PROGRAM MEDICAL TREATMENT PROCEDURES

SECTION 8-HEALTH AND MEDICAL

HEALTH AND MEDICAL PROCEDURES REVIEW POLICY

It is the policy of ProAct all health and medical procedures shall be reviewed by a designated Health Consultant on an annual basis.

PROCEDURES:

1. ProAct shall consult with the Health Consultant about new health and medical procedures prior to their implementation.
2. The Health Care Consultant shall document the review using the Health and Medical Procedures Review Form. A copy of the most recent review shall be kept in the Appendix.

Board Approved 5/93
Reviewed 5/94, 6/95
Reviewed 6/96, 6/97, 8/99, 01/01, 11/03, 09/04, 01/05, 10/07, 01/09
Reviewed and Revised: 07/02

ADULT DAY SERVICES PROGRAM MEDICAL TREATMENT PROCEDURES

SECTION 8-HEALTH AND MEDICAL

HEALTH RECORD POLICY

It is the policy of ProAct to assure medical records are obtained and maintained.

PROCEDURES:

DOCUMENTATION

1. All consumer medical/health records shall be audited by the Health Consultant to insure records are complete.
2. All health/medical case files entries shall be legible, dated, and authenticated by the signature of the individual making the entry.
3. Entries shall be made in ink.
4. Medical symbols and abbreviations shall be used in entries only if they are listed on the Medical Abbreviations legend.

HEALTH/MEDICAL FORMS USED IN THE DTH PROGRAM.

ACCIDENT REPORT
AUTHORIZATION FOR MEDICATION ADMINISTRATION
CONSUMER ILLNESS REPORT
CONSUMER SEIZURE REPORT
ANNUAL PHYSICAL EXAMINATION
HEALTH/MEDICATIONS CONCERNS
INCIDENT REPORT
MEDICATION ADMINISTRATION CHART
MEDICATION ADMINISTRATION FORM
MEDICAL TREATMENT ADMINISTRATION FORM
MEDICATION/TREATMENT ERROR REPORT
MONTHLY MEDICAL REVIEW SUMMARY
PERSONAL DATA SHEET FORMS
INFECTIOUS/COMMUNICABLE DISEASES REPORT
MEDICAL DATA SHEET

LOCATION OF MEDICAL RECORDS

Medical reports shall be stored in individual case files. Files are stored in compliance with the Case File Security Policy.

Original 3/91
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Reviewed 6/95, 6/96, 01/01, 11/03, 09/04, 01/05, 10/07, 01/09

ADULT DAY SERVICES PROGRAM MEDICAL TREATMENT PROCEDURES

SECTION 8-HEALTH AND MEDICAL

ILLNESS PROCEDURES POLICY

It is the policy of ProAct to assure staff observe consumers for signs and symptoms of illness.

PROCEDURES:

OBSERVATION: SIGNS AND SYMPTOMS OF ILLNESS

Staff shall observe consumers daily upon arrival for the obvious presence of illness or communicable disease. Symptoms of illness can include but are not limited to:

- Fever, temperature above 98.6 F. ProAct will use the reading of 98.6 F as “normal”. Any reading above this will be considered a fever. If a consumer normally and consistently runs above 98.6 F, ProAct will require a signed statement from the consumer’s physician stating this. ProAct will then be able to assess the consumer for illness based on other symptoms.
- Chills, pain, body aches,
- Nausea, vomiting or diarrhea,
- Rash, open wounds, or exudate which have not been evaluated by a doctor,
- Excessive coughing, sneezing, nasal, oral, ear or eye drainage, particularly if consumer can not perform proper disposal of body fluids,
- Seizures beyond a consumers accepted pattern as determined by a doctor, or any seizure activity compromising consumer safety or comfort,
- Any behavior inconsistent with consumer, peer or staff safety,

If any question of illness arises, a nurse or doctor will make the final recommendation for a consumer to return to residence.

ISOLATION, PREVENTION OF CONTAMINATION

1. The consumer shall rest in the sick room.
2. The following procedures shall be used to reduce the possibility of spread of infection:
 - A) If the bed or lounge chair is used, it shall be covered with a disposable sheet or sheet that shall be laundered immediately after use.
 - B) If a pillow is used, it shall be covered with a disposable pillow case or one that shall be laundered immediate after use.
 - C) If the mattress and pillow is covered with a rubberized pad, it shall be laundered immediately after use. If the mattress and pillow are covered with plastic, they shall be washed with a disinfectant immediately after use.
3. The staff shall follow hand washing procedures and glove use prior to and after any physical contact with the consumer.

NOTIFICATION AND DOCUMENTATION

1. Staff shall immediately notify the consumer’s care giver and arrange for immediate transfer of the consumer.

2. Complete an illness report. A copy shall be sent to the residential care giver. The original shall be kept in the case file.
3. If the illness is severe (requiring Emergency Room treatment or hospitalization) the consumer's legal guardian and the Commissioner of Health will be notified by phone or in writing within 24 hours.
4. In the event the illness is determined to be a communicable disease as diagnosed by the consumer's physician, notification procedures will be followed.

RETURN TO THE FACILITY AFTER ILLNESS

1. Upon the consumer's return to the facility after an illness was detected by the facility, the nurse must be contacted by the facility staff to insure attendance restrictions were met. (Attendance restrictions are in the Infection Control section). A consumer may return to work after being afebrile for 24 hours without use of antipyretics (fever reducing medications).
2. In the event attendance restrictions were not met, the consumer will not be allowed to attend work.
3. Return to the facility shall be documented on the illness report form.

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Reviewed and Revised 6/97, 6/98, 10/99, 07/02

ADULT DAY SERVICES PROGRAM MEDICAL TREATMENT PROCEDURES

SECTION 8-HEALTH AND MEDICAL

IMMUNIZATION AND SCREENING PROCEDURE

Consumers/employees, their guardian and/or their residence must provide a report at the onset of their participation in the program, from their physician. The report must include tuberculin screening results and communicable disease information.

New medical reports on consumers/employees shall be provided annually.

Staff with occupational exposure will be offered Hepatitis B immunizations.

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ADULT DAY SERVICES PROGRAM MEDICAL TREATMENT PROCEDURES

SECTION 8-HEALTH AND MEDICAL

IN CASE OF CONSUMER DEATH PROCEDURES

1. Immediate actions:
 - A) Call the Paramedics/Ambulance.
 - B) Isolate the deceased in conveniently secluded area and keep others out of the area.
 - C) Contact the consumer's place of residence.
 - D) Paramedics will notify the coroner's office.
 - E) The DTH administrator will notify the parents or guardian.

2. Within 24 hours of the death, written reports will be submitted to the following persons by the assigned Case Manager:
 - A) Consumer's care giver.
 - B) Consumer's legal representative.
 - C) Department of Human Services Licensing Division (651) 296-3971
 - D) Consumer's County Case Manager.
 - E) Host County/Director of Community Services.
 - F) Office of the Ombudsman (651) 757-1800

3. Outside of the facility: Carry out above guidelines as dictated by circumstance.

4. Deaths occurring while not under the care of ProAct, such as at the residence, shall be reported by that responsible party.

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ADULT DAY SERVICES PROGRAM MEDICAL TREATMENT PROCEDURES

SECTION 8-HEALTH AND MEDICAL

INFECTION PROCEDURES

07.9.16.1 SIGNS AND SYMPTOMS

1. Reddened area.
2. Swelling.
3. Temperature-local and/or systemic
4. Puss.
5. Pain.
6. Red streak following vein.
7. Swollen lymph nodes.

07.9.16.2 TREATMENT

1. Cleanse with warm water, soap.
2. Bandage if necessary.
3. Seek medical treatment if needed.
4. Antibiotics per Doctor's order.
5. Hot pack per Doctor's order.

07.9.16.3 ISOLATION

1. Isolate in sick room if indicated.
2. Consumer may be returned to residence if indicated.

3/91

4/92

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ADULT DAY SERVICES PROGRAM MEDICAL TREATMENT PROCEDURES

SECTION 8-HEALTH AND MEDICAL

MEDICAL APPOINTMENTS PROCEDURES

Consumers and their residential care provider(s) shall be encouraged to minimize disruption in the delivery of Day Training and Habilitation services by scheduling medical appointments at the beginning or end of the program day.

When possible and appropriate, ProAct Day Training and Habilitation Staff may accompany consumers and residential staff to medical and psychological appointments conducted during the normal program day.

Residential care provider(s) shall assume supervisory responsibility during medical appointment visits.

The residential care provider(s) is responsible for transportation for consumers to and from medical appointments. When requested and possible, ProAct staff may assist in transporting consumers to the appointment location.

Residential care provider(s) shall provide follow-up reporting within twenty-four hours following the examination.

Revised 4/92, 07/02

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ADULT DAY SERVICES PROGRAM MEDICAL TREATMENT PROCEDURES

SECTION 8-HEALTH AND MEDICAL

MEDICAL TREATMENT PROCEDURE

DEFINITION

A treatment prescribed by a physician. Medical procedures include: tube feedings, dressing changes, stoma care, chest physiotherapy, skin care and other physician prescribed treatments.

EVALUATION OF PRESCRIBED MEDICAL TREATMENTS

1. All medical treatments prescribed by a physician shall be evaluated by the nurse consultant to determine if the procedure can be safely performed by DTH staff.
2. The following factors shall be considered:
 - A) Invasiveness
 - B) Risk factors if treatment is performed incorrectly.
 - C) General difficulty and over-all risks.
 - D) Amount of training required and number of staff requiring training.
 - E) Training resources available.
 - F) Consumers behaviors which may compromise adequate performance of the procedure.
 - G) Degree of skilled assessment required.
 - H) Staff level and skill required to perform procedures.
 - I) Direct and indirect supervision time required by Health Consultant.
 - J) Recommendation for implementation/non-implementation.
3. The Health Consultant may obtain recommendations from her/his supervisor, the prescribing physician, Board of Nursing, and/or nursing literature to assist in making this evaluation.
4. A written evaluation will be submitted by the Health Consultant to the Director of Program Services or designate for review and final determination regarding implementation.

ADULT DAY SERVICES PROGRAM MEDICAL TREATMENT PROCEDURES

MEDICAL TREATMENT PROCEDURES (continued)

AUTHORIZATION TO ADMINISTER MEDICAL TREATMENT

For each Medical Treatment approved for implementation at ProAct, the Health Consultant shall request a physician's order. The order must include the statement: "This procedure may be performed by ProAct DTH staff." It must also include the name and number of the person to contact regarding the medical treatment.

ADMINISTRATION OF MEDICAL TREATMENT

1. Persons qualified to perform medical treatment:
 - A) Physicians and licensed nurses.
 - B) Persons trained by a registered nurse, residential care provider or family member to provide the specified medical treatment and demonstrated competency. A record of training shall be placed in the personnel file.
2. Self Administration of Medical Treatment.
 - A) Criteria for self administration of medical treatment and securing of the physician's orders for self administration are the responsibility of the residential care giver.
 - B) The residential care giver is responsible for insuring provision of training to the consumer and for providing on-going supervision to the consumer in performing medical treatments.
 - C) ProAct DTH staff will comply with the program established by the residential care giver.
 - D) Staff shall notify the residence if there is indication that the consumer is not adequately performing the medical procedure.
3. Assignment of staff administering medical treatment.
 - A) A record of staff qualified to perform a medical treatment shall be kept in the Medical Treatment Book.
 - B) Only staff trained in the medical procedure shall be assigned responsibility for implementing the procedure.
 - C) Administration of the treatment shall be assigned to one person, with designated backup staff.
 - D) The Health Consultant shall assign staff to perform medical treatments.
4. Supervision of medical treatment administration.
 - A) The Health Consultant shall provide on-going supervision and monitoring of the performance of medical treatments provided by ProAct staff.
 - B) Supervision may include: direct observation, monitoring of treatment error reports, and/or periodic review of the treatment procedure.

ADULT DAY SERVICES PROGRAM MEDICAL TREATMENT PROCEDURES

MEDICAL TREATMENT PROCEDURES (continued)

ADMINISTRATION OF MEDICAL TREATMENT (continued)

- C) The Health Consultant shall be responsible for determining whether or not medical treatment is being performed safely.
- D) The Health Consultant shall recommend to the DTH Program Director measures to assure consistently safe implementation of medical procedures.

5. Documentation of Medical Treatment Administration

- A) A copy of the physician's order shall be kept in the case file and the Medical Treatment Book. It shall be reviewed prior to each administration of the treatment.
- B) Treatment will be at the time and in the manner directed by the physician on the medical treatment order.
- C) Treatment errors will be reported according to the Medication/Treatment Error Procedure.
- D) Medical treatment, including errors shall be documented on the Medical Treatment Administration Form.
- E) If treatment is refused, staff shall write R for Refused after their initials. The residential care giver shall be notified prior to the end of the working day.
- F) Treatment can be held if instruction to do so is given by the physician. When treatment is held, staff shall write H for Held after their initials. When treatment is discontinued staff shall write the date and name of person giving the instruction after their initials.

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ADULT DAY SERVICES PROGRAM MEDICAL TREATMENT PROCEDURES

SECTION 8-HEALTH AND MEDICAL

MEDICATION PROCEDURE

LABELING OF MEDICATIONS

1. All medications administered must have a pharmacy label, or manufacturer's label, or be in an appropriately labeled envelope/container.
2. The pharmacy label shall state:
 - A) The prescription number.
 - B) Name of the drug.
 - C) Strength, dosage and quantity of drug.
 - D) Expiration date if applicable.
 - E) Directions for use.
 - F) Consumer's name.
 - G) Physician's name.
 - H) Date of original issue or most recent refill date.
 - I) Name and address of vendor pharmacy.
 - J) Auxiliary labels as required by law.
 - K) Manufacturer's name.
3. The medication envelope/container will state:
 - A) Name of consumer.
 - B) Name of the medication.
 - C) Dosage.
 - D) Route of administration if other than oral.
 - E) Date and time to be given.
 - F) Any special instructions for administration.
 - G) Date of packaging and initials of packager.
4. Over the counter medications purchased by ProAct will be issued from containers bearing the manufacturer's label.
 - The manufacturer's label with expiration date.
 - The consumer's name will be handwritten on the container.
 - If directions for use differ from the manufacturer's direction, these will be handwritten on the container.
5. Labeling of all medications.
 - A) Medications ordered specifically for a consumer will be clearly marked with the consumer's name and must be used only by the consumer for whom it is issued.
 - B) Any drug container having a detached, soiled or damaged label shall be returned to the consumer's residence for re-labeling per pharmacy.

ADULT DAY SERVICES PROGRAM MEDICAL TREATMENT PROCEDURES

MEDICATION PROCEDURES (continued)

LABELING OF MEDICATIONS (continued)

- C) Residential staff shall verify administration information if the label is incomplete or the directions for administration are unclear prior to administering the medication per pharmacy.
- D) Medications having a specific expiration date shall not be used after such date.
- E) The Health Care Consultant shall conduct a periodical review to insure that labeling criteria is met.

MEDICATION SECURITY

- 1. All medication administered by staff shall be kept in a locked cabinet.
- 2. Medications requiring refrigeration shall be kept in a locked box inside the general use refrigerator or a locked refrigerator.
- 3. Medications which are self-administered by consumers will be stored on their person or in a locked area, depending on individual circumstances.
- 4. All other medications are kept under lock and key at all times except when authorized persons are in attendance.
- 5. Medication keys will be kept in the upper right hand drawer of the nurses desk in the Sick Room.

MEDICATION STORAGE

- 1. All medications will be stored in an area that has proper control of sanitation, light, temperature, moisture, and ventilation.
- 2. The medication storage area is located in the Sick Room.
- 3. Alternative security or storage of consumer medication must be approved by the Health Care Consultant (ie. enclaves) and noted on their medication sheet.

MEDICATIONS RECEIVED AT THE DAY PROGRAM

- 1. The medication label will be checked to insure it includes the following information:
 - Name of drug
 - Strength of drug
 - Quantity
 - Directions for use
 - Expiration date of all time-dated drugs
 - Name of Individual
- 2. Each label will be checked against the Monthly Medication Sheet to make sure that they correlate. Any discrepancies must be clarified with the nurse or the pharmacist.

ADULT DAY SERVICES PROGRAM MEDICAL TREATMENT PROCEDURES

MEDICATION PROCEDURES (continued)

MEDICATIONS RECEIVED AT THE DAY PROGRAM (continued)

3. The medication name, dosage and quantity of medication received will be documented in the individual's record. This documentation may be made on the back side of the medication sheet.
4. The medications will be placed in the medication storage area.

MEDICATIONS TRANSFERRED AND ADMINISTERED OFF-SITE

1. Medications to be administered off site at a specific time will be sent in envelopes (one envelope for each time). Topical or liquid medication supplies will be sent with the consumer in their original containers.
2. The envelope will be labeled with the following information.
 - Person's name
 - Name of medication and strength
 - Amount
 - Route
 - Date and time to be given
 - Any special directions for administration
 - Sign medication envelopes
3. Prescription medications ordered to be administered on an "as needed" basis or PRN will sent in their original containers. These medications will be signed out by staff both when leaving and returning to the day program.
4. The PRN Medication Sign Out sheet will be used to document the following (see example at the end of this section):
 - Date and time the medication was removed and returned to the day program
 - Name of the medication
 - Quantity of the medication taken and returned
 - Initials of the individual's taking and returning the medication supply
 - Any medication used while off-site
5. All medications administered off-site will be documented on the Monthly Medication Sheet upon return to the program.

MEDICATION DESTRUCTION

1. All medications that are contaminated, discontinued or expired should be returned to the consumer's place of residence to be destroyed.
 - A) They will be placed in an envelope with the consumer's name, name of medication and the words, "to be destroyed" written on the envelope. An explanatory note will be placed in the envelope if indicated.
 - B) The individual's place of residence will be contacted to pick up the medications.
 - C) Medication not picked up within 30 days will be destroyed.

ADULT DAY SERVICES PROGRAM MEDICAL TREATMENT PROCEDURES

MEDICATION PROCEDURES (continued)

MEDICATION DESTRUCTION (continued)

1. Medication supplies of individuals no longer receiving services at the day program will be stored for 30 days.
 - A) An attempt will be made to contact the individual's place of residence to determine whether the medication will be picked up or destroyed.
 - B) Medications that are not claimed within 30 days will be destroyed.
2. To destroy a medication:
 - A) Leave the medication in its original container, or place the medication into a sealable plastic bag or plastic container. If the medication is a tablet or capsule, crush it or add water to dissolve it.
 - B) All any material that mixes with the medication and makes it less appealing to discourage ingestion (coffee grounds, salt, flour, etc.)
 - C) Remove and destroy all personal information from the medication container by removing the label or using a permanent marker.
 - D) Seal the bag or container and put it in a garbage receptacle that is not accessible to the consumer's.
 - E) Document the medication destroyed, amount, date, prescription number, name of the witness, and your signature.
3. Documentation of medications returned to the individual's place of residence or destroyed at the day program will be made on the consumer's medication sheet.

REFERENCE LIBRARY

1. The Physician's Desk Reference or Nurse Drug Handbook will be used as a reference manual.
2. If a medication is not listed in the drug reference manual, information about the medication may be secured from the pharmacist or health consultant.

AUTHORIZATION FOR MEDICATION ADMINISTRATION

1. Authorization from a parent or guardian must be in the case file and with the medication to be administered. Authorization must be obtained at intake and updated annually or when the medications change. The Authorization for Medication Administration form shall be used. Medications will not be administered until signed authorization is in consumer file.
2. Non-medicated, preventative topical solutions such as hand lotion, sunscreen, and insect repellent may be administered without guardian consent and at the discretion of staff.
3. Authorization for the facility to administer stock supply of over-the-counter medication will be included on the authorization form.

ADULT DAY SERVICES PROGRAM MEDICAL TREATMENT PROCEDURES

MEDICATION PROCEDURES (continued)

RECORDS OF INFORMATION ABOUT MEDICATIONS

1. The Authorization for Medication Administration shall be used to:
 - A) Authorize administration of medication.
 - B) Document information about medications the consumer is to receive at the DTH program.
 - C) Document discontinuation of medication.
2. The Medication Administration form shall be used to record the administration of medication.
 - A) Entries shall be made in ink. Ditto marks, erasures, white-out or pencil are not permitted.
 - B) All sections of the form shall be completed.
 - C) Medication dose, frequency, strength, route and time of administration shall be recorded on the form.
 - D) Staff shall initial the form each time they administer medication.
 - E) All staff administering medication shall sign and initial the form.
 - F) The Day Training and Habilitation Center will document annually that all medications prescribed to the person receiving services have been reviewed by a physician or qualified professional licensed to prescribe medications. This review may be documented in one of the following ways:
 1. By obtaining a copy of the annual physical examination which lists the current medication regime.
 2. By obtaining a list of the current medications with a statement from the residential provider, family member, or legal representative that a physician or a qualified professional licensed to prescribe medications has reviewed the medications. (An example of this form can be found in this section.)
 - G) The following codes shall be used in conjunction with staff initials.
 1. S-Self administered
 2. H-Medication held. Contact nurse, MD, or parents if you believe there is a reason to hold medication.
 3. R-Consumer refused. Notify residence.
 4. X-Medication error.
 5. A-Consumer absent.
 6. J-Administered on job site.
 7. /-No Program Day.
 - H) To begin a new medication the health consultant or, in her absence, the Lead Case Manager shall:
 1. Complete the form.
 2. Draw an arrow to the starting date/time.
 3. Write in start date and initial.
 4. Inform other staff.

ADULT DAY SERVICES PROGRAM MEDICAL TREATMENT PROCEDURES

MEDICATION PROCEDURES (continued)

RECORDS OF INFORMATION ABOUT MEDICATIONS (continued)

- D) To discontinue a medication the health consultant or, in her absence, the Lead Program Specialist shall:
 - 1. Draw a line through the remaining days.
 - 2. Write D/C and name of person giving instruction, initial.
 - 3. Seal remaining medication, consumer's name, and the words "to be destroyed".
 - 4. Returning remaining medications to consumer's residence.
- 3. The PRN Medications form shall be used each time a procedure is performed. All sections shall be completed.

COMMUNICATION CONCERNING MEDICATIONS

- 1. Telephone conversations shall be documented in the case file.
- 2. Written communication occur using a Health/Medical Concerns form, a letter, or a consumer's communication book. A copy shall be placed in the case file.

MEDICATION ADMINISTRATION REQUIREMENTS AND RESTRICTIONS

- 1. Persons qualified to administer medications.
 - A) Physicians, licensed nurses, certified health care professionals.
 - B) Persons who have completed training on medication and medication administration and who demonstrate competency.
 - C) Consumers whose residence has determined that self administration is appropriate and if required, obtained a physician's order for self administration.
- 2. An authorization to administer medications shall be on file.
- 3. Medications shall be in a properly labeled container.
- 4. Administration shall be in compliance with instructions.
- 5. A copy of the physician order shall be kept in the Medication Administration book.
- 6. Injections, vaginal or rectal medication shall not be administered by staff. These medications may be self-administered or administered by a licensed nurse.
- 7. If medications are returned to the consumers residence, residence will be notified ahead of time via telephone call. The medications will be given to the driver of the consumers van and in turn given to residential contact.

ADULT DAY SERVICES PROGRAM MEDICAL TREATMENT PROCEDURES

MEDICATION PROCEDURES (continued)

SELF ADMINISTRATION OF MEDICATION

1. Criteria for self administration of medication and securing of the physician's orders for self administration are the responsibility of the residential care giver. ProAct will comply with the established program.
2. When a consumer is in a training program for self administration and the residential care giver requests ProAct staff to supervise administration of medications, ProAct staff will observe the consumer take his/her medication and will document this on the Medication/Administration Form.
3. If staff observe any indication a consumer is not acting responsible in self-administration of medications, the residential care giver shall be notified within 24 hours by telephone or in writing. Observations and actions shall be documented in the case file.

PRN MEDICATION ADMINISTRATION

1. PRN medications are those which are administered on an as-needed basis. Over the counter and prescription medications may be classified as PRN medications.
2. PRN medication shall be given in accordance with specific instructions provided. A doctor's signature for PRN medications is required as well as, signed consent from the Guardian.
3. Prior to administering PRN medication, the residential care giver shall be contacted to insure adequate time has elapsed since the last dose was administered. If staff cannot make contact, a minimum of 4 hours must elapse between pick-up/start time and administration of PRN medication. Specific medication instructions shall be reviewed.
4. PRN medication administration shall be documented.
5. Residence shall be informed of PRN medications administered.

MEDICATION ADMINISTRATION

1. The administration of medications to a consumer shall be the assigned responsibility of medication certified staff. (The person dispensing the meds, should be the only one to administer them.) A skill assessment must be completed prior to staff members administering medications without supervision. Staff members are only required to have an observed skill assessment for the medication administration skills required for their job. For example, if a staff member administers oral medications only, medication administration skills such as administering ear drops would not be required. Staff members are not required to complete a skill assessment for a consumer who self-administers his or her own medications.

The skill assessment is completed by the nurse and must document:

- A) The skill(s) observed, for example, administration of oral medications, eye drops, ear drops, etc.
- B) A determination of competency.
- C) The date and signature of the person observing the skill(s).

The skill assessment will be permanently maintained in the staff member's file.

ADULT DAY SERVICES PROGRAM MEDICAL TREATMENT PROCEDURES

MEDICATION PROCEDURES (continued)

MEDICATION ADMINISTRATION (continued)

2. Staff who may administer medications must be at least 18 years of age and have received training on medication administration procedures, information on medications, monitoring side effects of medications, use of a drug reference manual, and other relevant topics. Staff must also demonstrate proficiency to a nurse for each route of medication to be administered. Documentation of this education and observed skill assessment will be located in the employee file. Staff is prohibited of abusing prescription medication while directly responsible for consumers served by the program.
3. Administration of medication shall be assigned by the consumer's Case Manager.
4. Staff may be denied the responsibility of medication administration if they demonstrate repeated inability to correctly administer medications. (See explanation of Medication Errors listed at the end of these procedures).
5. Staff administering medications are responsible for knowing:
 - A) The medication's intended use.
 - B) Possible reactions or side effects.
 - C) Warnings or directions of a specific nature concerning the medication.
 - D) The condition of the consumer.

The Authorization for Medication and the Medications Administration Chart shall be reviewed prior to each administration of medication.

Medication shall be administered according to instructions.

Medications shall never be left unattended.

All medications administered, including mistakes, shall be charted after they are administered.

The medications chart shall be filed in the case record monthly.

Medication errors shall be reported according to procedures.

Problems with administering medications at the assigned time due to scheduling should be discussed with the residence and the resolution documented.

Medications shall be administered directly to the consumer.

Medications shall be administered to one consumer at a time.

Staff administering the medication has the following responsibilities:

- A) Administer the correct dose.
- B) Administer the correct medication.
- C) Administer to the correct consumer.
- D) Administer using the correct route.
- E) Administer at the correct time/date.
- F) Chart administration correctly.
- G) Store medication safely.

ADULT DAY SERVICES PROGRAM MEDICAL TREATMENT PROCEDURES

MEDICATION PROCEDURES (continued)

MEDICATION ADMINISTRATION (continued)

Medications may be administered up to 1/2 hour before or 1/2 hour after prescribed time.

Staff shall take the following steps in administering oral medications:

- A) Wash your hands.
- B) Gather needed supplies.
- C) Remove the person's medication(s) from the medication storage area.
- D) Check the label on the bottle or card and select the medication to be administered.
- E) Compare the Monthly Medication Sheet with the label to make sure they correlate. If there is a discrepancy, call the nurse before giving the medication.
- F) Observe the person to see if there is anything that needs to be reported to the nurse or doctor before giving the medication.
- G) Do not touch the medication with your hands.
- H) Follow the instructions listed below for each type of oral medication to be given.

To give tablets or pills:

- Check the label. Pour the correct number of pills or tablets into the lid of the medication container, pour the pills into the medication cup and put the lid back on the bottle.
- When removing medication from a blister pack, hold the medication cup under the correct blister and punch the medication directly into the cup. Document date, time and initials next to the blister that the medication was removed from.
- Check the label.
- Identify the person and give the medication with a full glass of water (unless another liquid is specified).
- Watch the person swallow the medication.

If more than one oral medication is to be given to the person:

- Read the label and select the other medication to be given.
- Compare the label against the medication sheet.
- Check the label and pour the correct number of pills into the lid of the medication container, then into a medication cup and put the lid back in the bottle.
- When removing medication from a blister pack, hold the medication cup under the correct blister and punch the medication directly into the cup. Document date, time and initials next to the blister that the medication was removed from.
- Check the label.
- Repeat this procedure for each oral medication to be administered.
- Identify the person and give the medication with a full glass of water or other liquid.
- Watch the person swallow the medication.

ADULT DAY SERVICES PROGRAM MEDICAL TREATMENT PROCEDURES

MEDICATION PROCEDURES (continued)

MEDICATION ADMINISTRATION (continued)

To give lozenges:

- Check the label and unwrap the lozenge (if necessary) and put it in a medication cup.
- Identify the person and tell them to place the lozenge on their tongue.
- Tell the person to keep the lozenge in their mouth until it is completely dissolved.
- Do not give water with lozenges or immediately after.

To give sublingual tablets:

- Check the label and pour the correct number of tablets into the lid of the medication bottle, then pour the tablets into a medication cup and replace the lid on the bottle.
- When removing medication from a blister pack, hold the medication cup under the correct blister and punch the medication directly into the cup. Document date, time and initials next to the blister that the medication was removed from.
- Check the label.
- Identify the person and tell them what you are going to do.
- Using a glove, place the tablet under the person's tongue to dissolve.
- Tell the person not to chew the tablet.
- Do not give water with sublingual medications.

To give liquid medication:

- Check the label on the bottle, and then turn the label away from you.
- At eye level, carefully pour the correct amount of the liquid medication into a graduated plastic medication cup or into a medication spoon.
- Check the label and put the lid back on the bottle.
- Give the liquid medication.
- Water is not given with some liquid medications. Check directions on the bottle.
- If a medication spoon has been used, wash it with soap and warm water.

- I) Throw away used disposable supplies.
- J) Put the person's medications back in the medication storage area.
- K) Make sure the storage area is secure.
- L) Wash your hands.
- M) Chart the medication administered on the Monthly Medication Sheet.

Staff shall take the following steps for administering skin medications:

- A) Wash your hands.
- B) Gather needed supplies.

ADULT DAY SERVICES PROGRAM MEDICAL TREATMENT PROCEDURES

MEDICATION PROCEDURES (continued)

MEDICATION ADMINISTRATION (continued)

18. Staff shall take the following steps for administering skin medications: (continued)

- C) Wash your hands.
- D) Gather needed supplies.
- E) Check the label and remove the medication from the medication storage area.
- F) Compare the label with the Monthly Medication Sheet to make sure they correlate. If there is a discrepancy, contact the nurse before the giving the medication.
- G) When indicated, wash the area to which medication is to be applied with soap and warm water. Dry the area if indicated.
- H) Check the label and apply the medication to a Q-tip, tongue blade, gauze square or to disposable gloves, whichever is most appropriate. Never use bare hands to apply topical medications.
- I) Close the medication container and put back in the person's medication supply.
- J) Apply the medication.
- K) Throw away used disposable supplies.
- L) Put back other supplies.
- M) Return supplies to the medication storage area and make sure it is secure.
- N) Wash your hands.
- O) Chart the medication on the Monthly Medication Sheet.

Staff shall take the following steps for administering eye drops:

- A) Wash your hands.
- B) Gather needed supplies.
- C) Check the label and remove the medication from the storage area.
- D) Compare the label with the Monthly Medication Sheet to make sure they correlate. If there is a discrepancy, contact the nurse before giving the medication.
- E) Identify the person and explain what is to be done.
- F) Have the person sit or lie down.
- G) Observe affected eye(s) for any unusual condition, which should be reported to the nurse or doctor prior to medication instillation.

ADULT DAY SERVICES PROGRAM MEDICAL TREATMENT PROCEDURES

MEDICATION PROCEDURES (continued)

MEDICATION ADMINISTRATION (continued)

19. Staff shall take the following steps for administering eye drops: (continued)

- H) Position the person with head back and looking up.
- I) Put on gloves.
- J) When indicated, cleanse eye with clean tissue, wiping from the inner corner outward once. If drops are to be instilled into both eyes, a clean tissue is used for each eye.
- K) Check the label and open the bottle.
- L) To administer eye drops:
 - Separate lids by raising upper lid with forefinger and lower lid with thumb.
 - Approach the eye with the dropper from below the eye, outside of the person's field of vision.
 - Do not allow the dropper to touch the eye.
 - Apply drop(s) gently near the center of the lower lid, not allowing drop(s) to fall more than one inch before striking eye.
 - Ask the person to keep eyes gently closed for a few minutes.
- M) Close the medication container.
- N) Wipe off excess medication from the eye with a clean tissue, using a separate clean tissue for each eye if the medication is administered to both eyes.
- O) Throw away disposable supplies.
- P) Return medication to the storage area and make sure the area is secure.
- Q) Wash your hands.
- R) Chart the medication on the Monthly Medication Sheet.

Staff shall take the following steps for administering eye ointment:

- A) Wash your hands.
- B) Gather needed supplies.
- C) Check the label and remove the medication from the storage area.
- D) Compare the label with the Monthly Medication Sheet to make sure they correlate. If there is a discrepancy, contact the nurse before giving the medication.
- E) Identify the person and explain what is to be done.

ADULT DAY SERVICES PROGRAM MEDICAL TREATMENT PROCEDURES

MEDICATION PROCEDURES (continued)

MEDICATION ADMINISTRATION (continued)

20. Staff shall take the following steps for administering eye ointment: (continued)

- F) Have the person sit or lie down.
- G) Observe affected eye(s) for any unusual condition, which should be reported to the nurse or doctor prior to medication application.
- H) Position the person with head back and looking up.
- I) Put on gloves.
- J) When indicated, cleanse eye with clean tissue, wiping from the inner corner outward once. If drops are to be instilled into both eyes, a clean tissue is used for each eye.
- K) Check the label and remove the cap.
- L) To administer eye ointment:
 - Retract lower lid.
 - Approach the eye from below, outside the person's field of vision.
 - Apply ointment in a thin layer along the inside of the lower lid, not allowing the medication container to touch the eye.
- M) Position the person comfortably and ask him/her to keep eyes closed gently for a few minutes.
- N) Replace the cap on the medication and put it back in the storage area.
- O) Throw away disposable supplies.
- P) Make sure the storage area is secure.
- Q) Wash your hands.
- R) Chart the medication on the Monthly Medication Sheet.

Staff shall take the following steps for administering ear drops:

- A) Wash your hands.
- B) Gather needed supplies.
- C) Check the label and remove the medication from the storage area.
- D) Compare the label with the Monthly Medication Sheet to make sure they correlate. If there is a discrepancy, contact the nurse before giving the medication.
- E) Identify the person and explain what is to be done.

ADULT DAY SERVICES PROGRAM MEDICAL TREATMENT PROCEDURES

MEDICATION PROCEDURES (continued)

MEDICATION ADMINISTRATION (continued)

21. Staff shall take the following steps for administering ear drops: (continued)

F) Position the person:

- If lying in bed, put bed flat and turn head to opposite side.
- If sitting in chair, tilt head sideways until ear is as horizontal as possible.

G) Put on gloves.

H) Clean entry to ear canal with a clean tissue or cotton ball when indicated.

I) Observe the affected ear for any unusual condition which should be reported to the nurse or doctor prior to ear drop instillation.

J) Check the label and draw up the ordered amount of medication into the dropper, if applicable.

K) Administer the ear drops by pulling the ear gently backward and upward and instilling the number of drops ordered into the ear canal. Do not contaminate the dropper by touching any part of the ear.

L) Have the person remain in the required position for five minutes.

M) If drops are ordered for both ears, wait at least five minutes before putting drops in the second ear, repeating the procedure.

N) Replace cap and put the medication back in the storage area.

O) Make sure the storage area is secure.

P) Throw away used disposable supplies.

Q) Wash your hands.

R) Chart the medication on the Monthly Medication Sheet.

MEDICATION/TREATMENT ERRORS

1. Medication errors include:

A) Medication administered to wrong consumer.

B) Wrong route used.

C) Wrong dose given.

D) Wrong time or date administered.

ADULT DAY SERVICES PROGRAM MEDICAL TREATMENT PROCEDURES

MEDICATION PROCEDURES (continued)

MEDICATION/TREATMENT ERRORS

1. Medication errors include: (continued)
 - E) Medication administered to wrong consumer.
 - F) Wrong medication given.
 - G) Medication not administered.
2. A treatment is any medical procedure ordered by a physician (ie. dressing change, wound cleaning, pulse to be taken, tube feeding). A treatment error includes:
 - A) Treatment not given.
 - B) Treatment performed incorrectly resulting in possible detriment to the consumer.
 - C) All staff are responsible for detection of medication or treatment errors.
3. If a medication or treatment is not documented for a previous dose; attempts shall be made by staff discovering the error to contact the staff responsible for the medication or treatment administration to ascertain if the medication/treatment was given.
4. The residential care giver, parents, health consultant or consumer's physician will be notified of all errors. Notification shall be made by telephone on the date the error is discovered.
5. Direct service staff and the DTH Program Director shall be notified of all errors.
6. Medication/Treatment Error Report shall be completed. Upon review by the Health Consultant, the report shall be filed with the Medication Administration Form and subsequently transferred to the case file. A copy shall be sent to the consumer's residence.
7. The Health Consultant shall determine and recommend action to reduce or alleviate further occurrences by using the "Medication Error Evaluation and Protocol" sheet.

In an effort to deal with medication errors in the most fair and uniform manner, the following system will be instigated beginning October 1, 1999. Each medication error will be scored by the type of error. Each error has its own point value. Disciplinary action will incorporate educational review. Discipline will be assessed according to the number of points accumulated.

1 through 10	Written counseling session with R.N., Nurse Consultant, Hiring Supervisor or Health Services Supervisor. All reports to be sent to Health Service Supervisor for review
11 through 20	Counseling session with the hiring supervisor and R.N., written action plan and goals, plus review of medication class or test at personal expense at the next available class when appropriate. Failure to do so can lead up to suspension and or termination of medication passing privilege.
21 through 25	Along with counseling session, a colleague will be assigned to check the staff's medication administration for up to 3 working days, review of goals and written action plan.

ADULT DAY SERVICES PROGRAM MEDICAL TREATMENT PROCEDURES

MEDICATION PROCEDURES (continued)

MEDICATION/TREATMENT ERRORS

26 or more Suspension of medication passing privileges or termination at the discretion of the Health Service Supervisor and the hiring supervisor.

REVIEW

Medication procedures, treatment procedures, Physician's orders, individual Medical Release Forms, medication and Medications Administration Charts will be reviewed monthly by the Health Consultant. A summary of the review and recommendations will be sent to the Director of Program Services.

Original 2/92
Board Approved 5/93
Reviewed and Revised 5/94, 8/99, 10/99, 07/02, 01/09
Reviewed 6/95, 6/96, 6/97, 01/01, 11/03, 09/04, 01/05, 10/07

ADULT DAY SERVICES PROGRAM MEDICAL TREATMENT PROCEDURES

SECTION 8-HEALTH AND MEDICAL

POLICY ON USE OF PSYCHOTROPIC MEDICATIONS

It is the policy of ProAct to comply with the procedures on the use of psychotropic medications.

I. USE OF PSYCHOTROPIC MEDICATION CRITERIA

- A. Psychotropic medications include all medications prescribed for the purpose of altering an individual's behavior and medications prescribed for treatment of a diagnosed mental illness.
- B. Psychotropic medication refers to the following categories of medications:
 - Antipsychotic (neuroleptic)
 - Antianxiety
 - Antidepressant
 - Antimania
 - Stimulant
 - Sedative/hypnotic
 - any other medication prescribed for purposes of altering behavior
- C. Psychotropic medications will be administered at ProAct as part of an individual treatment plan.
- D. Psychotropic medications will not be used at ProAct:
 - for disciplinary purposes.
 - for convenience of staff.
 - as a substitute for behavior/therapeutic program.
 - in quantities that interfere with daily living activities.
- E. Regular communication and collaboration between all members of the interdisciplinary team is required to insure appropriate and effective use of psychotropic medications.
- F. Recognition of both the benefits of psychotropic medications and the possible risks inherent in the administration of these medications, requires specific evaluative procedures to be followed to insure psychotropic medications are appropriate and effective. These procedures are specified in the psychotropic medication monitoring checklist regulations.
 - 1. The responsibility for compliance to the psychotropic medication use checklist will be assumed by the residential license holder when the individual lives in a licensed site.
 - 2. When the individual does not live in a licensed site, the County Case Manager may choose to assign responsibility for psychotropic medication monitoring. The Psychotropic Medication Use Checklist specifies procedures which must be followed in the event responsibility for psychotropic medication monitoring is assigned. (A copy of the Psychotropic Medication Use Checklist is included in the appendix section.)

ADULT DAY SERVICES PROGRAM MEDICAL TREATMENT PROCEDURES

II. PSYCHOTROPIC MEDICATION MONITORING PROCEDURES

As a member of the interdisciplinary team, ProAct will:

1. Assist in the process of identifying target behaviors for which a psychotropic medication is prescribed.
 2. Provide input for programming to address target behaviors in collaboration with other team members.
 3. Follow the specified behavior program plan, or an adaption of the plan, when requested to do so.
 4. Collect requested data as appropriate for monitoring and evaluating behavior.
 5. Communicate to the individual's place of residence:
 - changes in the individual's behavioral status.
 - reports of observed effects of psychotropic medications on the individual's adaptive behaviors.
 - reports of noted or suspected psychotropic medication side effects.
 - the Health/Medications Concerns form may be used to communicate this information.
- B. All administration and documentation of psychotropic medication will follow general medication administration procedures in this manual.
- C. All pro re nata (PRN) use of psychotropic medications administered at the Day Training and Habilitation Center must have the following:
1. Written behavioral criteria
 2. Written procedural criteria
 3. The criteria must be approved by the Interdisciplinary Team (IDT)
- D. This information should be provided to the Day Training and Habilitation Center by the individual's place of residence. The Pro re nata (PRN) "as needed" Behavioral and Procedural Criteria form may be used to document this information.
- E. The following must be documented when a PRN psychotropic medication is used:
1. Precipitating factors and events
 2. Behavior outcomes
- F. PRN psychotropic medications must be reviewed for effectiveness:
1. At a frequency determined by IDT
 2. The frequency must be determined in the Behavior Support Plan
 3. The review will be the responsibility of the individual's place of residence

III. PROCEDURE FOR GIVING A PRN PSYCHOTROPIC MEDICATION

- A. Follow the protocol for PRN medication use described in the individual's record. (Protocol may include behavioral interventions to try before giving the medication and/or who should be notified about PRN medication use.)

- B. Check the behavioral criteria for PRN medication use listed on the medication sheet. If the behavioral criteria is not met, the PRN medication cannot be given.
- C. Chart the PRN medication given and the time of the medication sheet.
- D. Notify the individual's place of residence of PRN medication use. Follow any additional notification criteria identified in the individual's protocol.
- E. Communicate to the individual's place of residence:
 - Precipitating factors and events,
 - The behavior exhibited,
 - Any side effects of the medication noted, and
 - The behavioral outcome.

The Psychotropic PRN Use form or the Health/Medications Concerns form may be used to communicate this information to the individual's place of residence.

- F. Call the nurse or your supervisor to clarify any questions you have about PRN psychotropic medication use.

New 3/98

Reviewed: 8/99, 01/01, 11/03, 09/04, 01/05, 10/07, 01/09

Reviewed and Revised: 07/02, 11/06

ADULT DAY SERVICES PROGRAM MEDICAL TREATMENT PROCEDURES

SECTION 8-HEALTH AND MEDICAL

NURSE CONSULTATION POLICY

It is the policy of ProAct to assure that the Registered Nurse will provide consultation.

PROCEDURE:

The Registered Nurse will provide consultation, review records monthly, and provide the following health services:

1. Monitoring consumer's health status.
2. Provide health education and counseling for consumers.
3. Maintain a list of health resources.
4. Develop and update policies and monitor procedures for consumers, self administration of medication and for training unlicensed personnel who provide medication assistance.
5. To supervise staff distribution and assistance with medication.

New: 2/98

Reviewed: 8/99, 01/01, 06/03, 09/04, 10/07, 01/09

Reviewed and Revised: 07/02

ADULT DAY SERVICES PROGRAM MEDICAL TREATMENT PROCEDURES

SECTION 8-HEALTH AND MEDICAL

PHYSICAL THERAPIST POLICY

It is the policy of ProAct to provide a registered Physical Therapist for the Adult Day Service Program

PROCEDURE:

1. The Physical Therapist will provide consultation.
2. The Physical Therapist will review the structured exercise program at least quarterly.

New: 2/98

Reviewed: 08/99, 01/01, 06/03, 09/04

Reviewed and Revised: 07/02

ADULT DAY SERVICES PROGRAM MEDICAL TREATMENT PROCEDURES

SECTION 8-HEALTH AND MEDICAL

SICK ROOM PROCEDURE

A rest area will be provided for use by consumers. Persons at the facility will have access to the sick room.

1. A bed shall be kept in the sick room.
2. The sick room shall have a door which closes to isolate it from the program area.
3. Bedding shall be changed and laundered or disposed of immediately after use by the staff person attending to the consumer.
4. Staff shall assist consumers onto the bed as necessary. Staff placing a consumer in sick room should complete the sick room schedule located on nurse's desk.
5. The door to the room shall be left open unless staff deem it appropriate to the needs of the consumer.
6. The consumer shall be checked every ten minutes for the duration of the time they are in the rest area.

Reviewed 4/92

Board Approved 5/93

Reviewed 5/94, 6/95, 6/96, 6/97, 01/01, 11/03, 09/04, 01/05, 10/07, 01/09

Reviewed/Revised: 8/99, 07/02

ADULT DAY SERVICES PROGRAM MEDICAL TREATMENT PROCEDURES

SECTION 8-HEALTH AND MEDICAL

STORING PERSONAL HEALTH AND HYGIENE ITEMS PROCEDURE

Personal items shall be stored in a clean, dry place such as a drawer, box or bag that can be closed. Storage shall be clearly identified by the name of the consumer and kept in a safe and convenient location.

Reviewed 4/92

Board Approved 5/93

Reviewed 5/94, 6/95, 6/96, 6/97, 8/99, 01/01, 11/03, 09/04, 01/05, 10/07, 01/09

Reviewed and Revised: 07/02

ADULT DAY SERVICES PROGRAM MEDICAL TREATMENT PROCEDURES

SECTION 8-HEALTH AND MEDICAL

TAKING TEMPERATURE AND CARE OF THERMOMETER PROCEDURE

TEMPERATURE TAKING AND CARE OF THERMOMETERS

1. Digital Oral Measurement

- A) Do not take oral temperatures of consumers who are unconscious, having a seizure, or in shock.
- B) Always take oral temperature before giving food, fluids and before smoking.
- C) Explain to consumer what is to be done.
- D) Place probe cover over sensor tip.
- E) Insert sensor tip under tongue, holding with tongue, then close mouth. Approximately one minute is suitable measuring time.
- F) The average “normal” human body temperature typically varies between 96.3 degrees and 99.9 degrees depending on the individual and the time of day. A temperature of 98.6 is considered an average body temperature.
- G) Remove sensor probe cover and dispose cover.
- H) Wipe sensor tip with isopropyl alcohol. Take care not to wet the window, on and off switch, or battery cover.
- I) Record results.

2. Digital Axillary Measurement

- A) Explain to consumer what is to be done.
- B) Before measurement, wipe perspiration from underarm.
- C) Place probe cover on sensor tip.
- D) Close the arm for about 5 minutes before measurement.
- E) Place the sensor tip under arm and close the arm tightly.
- F) About 3 minutes is a suitable measuring time.
- G) Remove sensor probe cover and dispose cover.
- H) Record results.
- I) Notify residence and health consultant of abnormalities.

3. Braun ThermScan (Ear)

- A) Always make sure a new, clean lens filter is in place to help ensure an accurate reading.
- B) Press the /mem button.
- C) Perform an ear tug to straighten the ear canal. This gives the thermometer a clear view of eardrum.
- D) Pull the ear up and back.
- E) While tugging the ear, fit the probe snugly into the ear canal as far as possible and press the activation button. Release it, when you hear the Temp Beep.

Revised 4/92, 07/02

Board Approved 5/93

Reviewed 5/94, 6/95, 6/96, 6/97, 8/99, 01/01, 11/03, 09/04, 01/05, 10/07, 01/09

ADULT DAY SERVICES PROGRAM MEDICAL TREATMENT PROCEDURES

SECTION 8-HEALTH AND MEDICAL

USE OF GLOVE PROCEDURE

1. Gloves shall be used whenever there is contact with blood, body fluid visibly contaminated with blood, semen, or vaginal secretions. Fresh gloves must be used for each staff involved and for each procedure. Gloves shall be worn when:
 - A) Brushing or flossing a consumer's teeth.
 - B) Cleaning any container used for treatment of any body area.
 - C) Removing and disposing of any type of covering for a wound.
 - D) Cleaning up blood or any body fluids. This includes bloody drainage from nosebleeds, wounds, or menstrual periods, semen, urine, vomitus, saliva, nasal secretions, etc.
 - E) Administering first aid treatment to a cut or wound.
 - F) Handling contaminated laundry.
 - G) Admin. of vaginal or rectal medications. (restrict. proc.)
 - H) Assisting with menstrual hygiene.
 - I) Completing physical inspections of the genital area.
 - J) Completing medical procedures in which there may be contact with blood or body fluids.

2. It is recommended that gloves be worn in the absence of blood in the following situations:
 - A) Cleaning up vomit, feces, or urine.
 - B) Diapering a consumer.
 - C) Cleaning equipment used for treatment of any body area.
 - D) Disposing of tissues contaminated with thick mucus or pus draining from the eye or nose.

3. Procedure for glove use:
 - A) Prior to putting on gloves, gather needed materials.
 - B) Remove gloves from container touching only the wrist edge of the glove.
 - C) Place glove on hand minimizing contact with finger and palm area.
 - D) Should task interruption occur, gloves must be discarded and new ones used.
 - E) Remove gloves when leaving the work area or if task is interrupted.
 - F) Remove gloves pulling wrist area over fingertips to avoid contact with potential contaminated areas.
 - G) Discard disposable gloves in appropriate plastic-lined wastebaskets.
 - H) Wash hands thoroughly after gloves are removed.

Revised 4/92, 07/02

Board Approved 5/93

Reviewed 5/94, 6/95, 6/96, 6/97, 8/99, 01/01, 11/03, 09/04, 01/05, 10/07, 01/09

ADULT DAY SERVICES PROGRAM MEDICAL TREATMENT PROCEDURES

SECTION 8-HEALTH AND MEDICAL

WASHING SOILED CLOTHING AND LINENS PROCEDURE

1. All laundry contaminated with blood, body fluids, visibly contaminated with blood, semen, and vaginal secretions shall be handled with gloves.
2. Laundry shall be handled as little as possible and with a minimum of agitation to prevent exposure to the person handling the laundry.
3. Laundry soiled with blood or body fluids visibly contaminated with blood, semen, and vaginal secretions shall be bagged at the location where it was used.
4. All contaminated laundry that can not be laundered immediately shall be placed in a labeled and secured red plastic bag. (All laundry that can be laundered will be washed before 2:00 p.m.)
5. Contaminated laundry washing procedures:
 - A) Use gloves when handling unwashed contaminated laundry.
 - B) Wash contaminated laundry separate from other laundry.
 - C) Pre-soak in cold water if needed for stain removal.
 - D) Use a cold water cycle for a least 10 minutes with detergent.
 - E) One-half cup chlorine bleach may be added per load of laundry.
 - F) Dry clothes in dryer when clothing manufacturer's recommendations permit.
6. General laundry washing procedures:
 - A) Wash clothing only if the person receiving services has soiled clothing and temporary replacements are available. Clothing should be returned to the residence for laundering if clothing was unable to get washed before 2:00 p.m. that day.
 - B) Soak clothing in a disinfecting solution for a minimum of 10 minutes prior to going through the laundry cycle.
 - C) Complete cleaning process using regular laundry cycle, warm water & recommend amount of detergent.
 - D) Dry laundry according to manufacturer's label.

Reviewed/Revised: 4/92, 8/99, 07/02

Board Approved 5/93

Reviewed 5/94, 6/95, 6/96, 6/97, 01/01, 11/03, 09/04, 01/05, 10/07, 01/09

ADULT DAY SERVICES PROGRAM MEDICAL TREATMENT PROCEDURES

SECTION 8-HEALTH AND MEDICAL

NOTIFICATION OF EXPOSURE PROCEDURE

1. Written notification to the caregiver of consumer exposure to a communicable disease is required. Notification will occur when the following criteria are met:
 - A) The facility has knowledge that a consumer, staff, or volunteer, has been diagnosed by an MD as having a communicable disease.
 - B) There is risk of transmission of the disease to the consumer by direct contact.
2. Notification will occur in the form of a letter to the consumer's caregiver.
3. If exposure to blood borne disease occurs requiring immediate care/treatment, the report must be made as soon as possible via telephone if necessary, following by a written report.
4. In general, exposure to cold symptoms or flu symptoms will not be reported, unless recommended otherwise by the health department.
5. Notification of exposure will occur as soon as possible. Whenever possible the letter will be sent with the consumer to their place of residence the same day knowledge of exposure occurs.
6. It will be the responsibility of facility staff to send a notification of exposure to the consumer's place of residence.
7. Documentation that notification of exposure has been sent can be found on a monthly medical report.

The following is a list of "Notification of Exposure" letters sent to care providers. Copies of each letter are attached on the following pages.

NOTIFICATION OF EXPOSURE TO:

Head Lice	Roseola
Impetigo	Shingles (Zoster)
Pinworms	Strep Throat/Scarlet Fever
Influenza	Giardiasis
Conjunctivitis (Pink Eye)	Hepatitis A
Scabies	Hepatitis A-Immune Globulin not recommended
Ringworm	Hepatitis A-Immune Globulin injection recommended
Chicken Pox	Hepatitis B-Potential Exposure
German Measles (Rubella)	AIDS-Potential Exposure
Measles (Rubella)	
Meningococcal Disease	
Mumps	

Board approved 5/93

Reviewed 5/94, 6/95, 6/96, 6/97, 8/99, 01/01, 11/03, 09/04, 01/05, 10/07

Reviewed and Revised: 07/02, 01/09

APPENDIX

Accident Report

Authorization for Medication Administration

Authorization for Medication Administration-Psychotropic Information

Client Seizure Report

Death and Serious Injury Report Forms

DNR/DNI Consumer Death Information Instruction Form

DNR/DNI Consumer Death Notification Form

DNR/DNI Protocol Form

Emergency Medical Release Form

Health and Medical Procedures Review Form

Health/Medications Concerns

Illness Report

Incident Report Form

Infectious/Communicable Disease Report

Infection Control Supplies Form

Medical Abbreviations

Medication Administration Chart

Medication Profile

Medication/Treatment Error Report

Medication Error Evaluation and Protocol Sheet

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Medication Error Evaluation Tally Sheet

Monthly Medical Review Summary

Observed Skill Assessment

PRN Medication Sign-Out Sheet

Psychopharmacologic Medication List

Psychotropic Medication Use Checklist (PMUC)

Psychotropic PRN Use Form

Surveillance Report for Compliance with Infection Control Procedure

Symptoms of Illness

DRINKING WATER AVAILABILITY

ADULT DAY SERVICES PROGRAM POLICIES AND PROCEDURES

SECTION 9-DRINKING WATER AVAILABILITY

AVAILABILITY OF DRINKING WATER POLICY

It shall be the policy of ProAct to provide and have available drinking water for all persons served in the Adult Day Services Program.

AVAILABILITY OF DRINKING WATER PROCEDURE:

For those unable to request or obtain drinking water independently, it will be provided according to the individual's needs, but no less than every four hours. Water will be provided through the use of a drinking fountain accessible to everyone or in single service containers, depending upon the consumer's need.

Original: 1/98

Reviewed: 08/99, 01/01, 06/03, 09/04, 10/07

Reviewed and Revised: 07/02, 12/08

MEAL PREPARATION AND SERVING

ADULT DAY SERVICES PROGRAM POLICIES AND PROCEDURES

SECTION 10-MEAL PREPARATION AND SERVING

MEAL PREPARATION AND SERVING POLICY

It is the policy of ProAct to provide meal preparation and serving assistance for individuals served in the Adult Day Services Program.

Procedure:

ProAct staff will not prepare food for service to persons served by the Adult Day Services Program.

ProAct will provide refrigeration and storage space for persons bringing their lunch. The refrigerator and designated storage space shall remain under the supervision of staff. The refrigerator shall remain at a temperature of at least 40 degrees Fahrenheit.

Staff will provide assistance during lunch and break times to consumers as consistent with their needs and Individual Program Plan.

During lunch and break times, consumers in the Adult Day Services Program shall have access to their food and beverage items at their discretion.

Original: 1/98

Reviewed: 08/99, 01/01, 06/03, 09/04, 10/07

Reviewed and Revised: 07/02, 12/08

CONSUMER ACCESS TO TELEPHONE

ADULT DAY SERVICES PROGRAM POLICIES AND PROCEDURES

SECTION 11-CONSUMER ACCESS TO TELEPHONE

CONSUMER ACCESS TO TELEPHONE POLICY

It is the policy of ProAct to provide a telephone (no-coin operated) for all individuals served in the Adult Day Services Program.

Procedure:

Consumers shall have access to a non-coin operated telephone during service hours. Staff will provide assistance when needed. The telephone is located in a room which is not locked during services hours. Consumers may use the telephone during their break and lunch periods.

The telephone may be used at any time during an emergency situation. Emergency telephone numbers are posted by the telephone.

Original: 1/98

Reviewed: 01/01, 06/03, 09/04, 10/07

Reviewed and Revised: 08/99, 07/02, 12/08

MANUAL ACCESS

ADULT DAY SERVICES PROGRAM POLICIES AND PROCEDURES

SECTION 12-MANUAL ACCESS

MANUAL ACCESS POLICY

It is the policy of ProAct to provide and maintain agency program and policy manual as well as employee and consumer handbooks and a safety manual.

Procedure:

1. ProAct maintains the following manuals:
 - A) Organizational Policies and Procedures
 - B) General Program Policies and Procedures
 - C) Vocational and Employment Program Policies and Procedures
 - D) Day Training and Habilitation Program Policies and Procedures
 - E) Adult Day Services Program Policies and Procedures
 - F) Safety Procedures
2. Manuals can be reviewed on site, upon request, by representatives of the Department of Human Services, Department of Jobs and Training, Department of Health, Dakota County, persons served by ProAct and their guardian or care giver.
3. Requests for copies of specific policies or procedures may be made to the President or Director of Program Services. The requester is responsible for the cost of reproducing any document.

Original: 1/98

Reviewed: 08/99, 01/01, 06/03, 10/07

Reviewed and Revised: 07/02, 09/04, 12/08

VARIANCE

ADULT DAY SERVICES PROGRAM POLICIES AND PROCEDURES

SECTION 13-VARIANCE NOTIFICATION

VARIANCE POLICY

It is the policy of ProAct to provide a variance for any individual who requires the need in the Adult Day Services Program.

Procedure:

Written notice shall be sent to the legal representative and case manager of all persons receiving Adult Day Care services describing the variance granted by the commissioner of any deficiency noted by the commissioner if a provision or problems license has been received within 10 days of such action.

Original: 1/98

Reviewed: 08/99, 01/01, 06/03, 10/07

Reviewed and Revised: 07/02, 09/04, 12/08

SAFETY

ADULT DAY SERVICES PROGRAM POLICIES AND PROCEDURES

SECTION 14-SAFETY

UNIVERSAL PRECAUTIONS POLICY

It is the policy of ProAct that all Adult Day Services staff will observe universal precaution procedures.

UNIVERSAL PRECAUTIONS PROCEDURE:

1. Universal Precautions shall be used to reduce the occurrence of blood-borne transmission.
2. All human blood and certain body fluids shall be treated as if they are known to be infectious with HIV, HBV and other blood-borne pathogens.
3. Universal Precautions applies to the following infectious materials: blood; bodily fluids visibly contaminated with blood; semen; and vaginal secretions. It also includes synovial fluid, pleura fluid, peritoneal fluids, pericardial fluid, amniotic fluid, and body tissues, through exposure to these at the facility is unlikely.
4. Universal Precautions do not apply to feces, nasal secretions, sputum, sweat, tears, urine, vomit or saliva, unless they are contaminated with visible blood.
5. Universal precautions require:
 - A) Hand washing (see procedures)
 - B) Use of gloves when in contact with blood or other infectious materials (see procedures).
 - C) Use of other personal protective equipment as determined necessary.
 - D) Bagging contaminated laundry (see procedures).
 - E) Cleaning and disinfecting procedures for contaminated surfaces.
 - F) Disposal of sharps, without recapping, into a special container.
 - G) Specimens of blood or other potentially infectious materials shall be handles with gloves, placed in a container which prevents leakage during storage and transport, and labeled with the consumer's name and type of specimen.

Original: 1/98

Reviewed: 08/99, 01/01, 06/03, 09/04, 10/07

Reviewed and Revised: 07/02, 12/08

ADULT DAY SERVICES PROGRAM POLICIES AND PROCEDURES

SECTION 14-SAFETY

CLEANING POLICY

It is the policy of ProAct that all Adult Day Services staff will insure that the facility environment is maintained in a clean and sanitary manner.

CLEANING PROCEDURE:

Objects or surfaces in the environment may be a source of disease transmission.

1. Objects or surfaces contaminated with blood or any body fluids (including vomit, feces, semen, vaginal secretions, and urine) must be cleaned immediately after contamination following one of the procedures listed below.
2. Utility gloves are recommended for use in cleaning procedures. Clean gloves after use by following hard surface cleaning procedures.
3. Hard surface cleaning procedure for blood and body fluids:
 - A) Place gloves on both hands.
 - B) Remove excess fluids with paper towels.
 - C) Clean area with detergent and warm water.
 - D) Wash down or spray area with a freshly prepared solution of 10 parts water to 1 part chlorine bleach.
 - E) Do not rinse.
 - F) Allow to air dry for 30 minutes.
 - G) Then wash area with water.
4. Food contact surface area cleaning procedure for blood and body fluids:
 - A) Place gloves on both hands.
 - B) Remove excess fluids with paper towels.
 - C) Clean area with detergent and warm water.
 - D) Wash down or spray area with a freshly prepared solution of 10 parts water to 1 part chlorine bleach.
 - E) Allow to air dry for 30 minutes.
 - F) Then wash area with water.
5. Fabrics or carpeted surfaces contaminated with blood or body fluids should be laundered or dry cleaned whenever possible. If this is not possible, the following procedure shall be used:
 - A) Place gloves on both hands.
 - B) Remove excess fluids with paper towels.
 - C) Clean area with soap and cold water.
 - D) A fabric or carpet cleaning product may be used.
 - E) Spray with Lysol following cleaning.

ADULT DAY SERVICES PROGRAM POLICIES AND PROCEDURES

SAFETY (continued)

CLEANING PROCEDURES (continued)

6. Procedure for cleaning glass thermometers:
 - A) Wash thermometer in cool soapy water.
 - B) Soak thermometer in alcohol for 30 minutes.
 - C) Let thermometer air dry.
 - D) Replace in clean container.
 - E) Store rectal and oral thermometers separately in labeled containers.

7. Procedure for cleaning up broken glassware contaminated with blood:
 - A) Do not use hands to pick up contaminated broken glass.
 - B) Use mechanical device to pick up glass, and dispose of glass immediately.

8. Waste basket procedures:
 - A) All waste baskets shall be lined with plastic bags and shall be emptied regularly and not allowed to overflow.
 - (B) Infectious material such as paper toweling used for blood clean up, dressings, gloves, and menstrual supplies shall be placed in a red plastic bag, tied securely, checked for leakage and placed in a plastic lined waste basket.

9. Procedures for cleaning medical equipment will be determined via a health professional's recommendations or per manufacturer's instructions. These procedures will include cleaning and decontaminating instructions and a schedule for cleaning.

Original: 1/98

Reviewed: 08/99, 01/01, 06/03, 09/04, 10/07

Reviewed and Revised: 07/02, 12/08

MISCELLANEOUS

ADULT DAY SERVICES PROGRAM POLICIES AND PROCEDURES

SECTION 15-MISCELLANEOUS

Insurance Policy

It is the policy of ProAct to provide required insurance.

PROCEDURE:

Commercial property coverage, commercial general liability coverage, commercial crime coverage, commercial inland marine coverage, commercial auto coverage, employee benefits coverage, professional liability coverage, sexual/physical abuse, excess liability coverage, directors & officers liability, workers compensation, unemployment insurance.

New : 9/11

ADULT DAY SERVICES PROGRAM POLICIES AND PROCEDURES

SECTION 15-MISCELLANEOUS

PET POLICY

It is the policy of ProAct to not have a pet program in the center. However, pets can visit the center occasionally.

PROCEDURE:

1. Prospective consumers will be notified that a pet may be present in the center.
2. All dogs and cats brought into the center must have current rabies shots and tags.
3. Pets and pet cages are excluded from food storage, food preparation and serving areas.
4. A record of annual examinations for communicable diseases and parasites by a licensed Veterinarian is maintained for all pets that regularly visit the center.
5. Permission must be obtained from the ADS Coordinator and/or the Director of Program Services prior to bringing pets to the program center.

New: 2/98

Reviewed: 08/99, 01/01, 06/03, 10/07

Reviewed and Revised: 07/02, 09/04, 12/08

(PLEASE SEE GENERAL PROGRAM POLICY/PROCEDURE BOOK FOR THE FOLLOWING LISTED PROCEDURES)

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SAFETY

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(POLICY/PROCEDURES ARE LOCATED IN THE BOARD OF DIRECTORS MANUAL AND
THE ADMINISTRATION MANUAL)