

CONNECTIONS OF MOORHEAD

Program Policies



LEARNING OBJECTIVES

- ▶ To gain a general understanding of the Program Policies of Connections
- ▶ To understand the expectations of staff in regards to situations involving the program participants

PROGRAM POLICIES: WHAT IS COVERED?

- ▶ Scope of Service
- ▶ Health and Safety
- ▶ Emergency Situations
- ▶ Sanitary Practices
- ▶ Safe Transportation
- ▶ Record Keeping
- ▶ Incident Response and Reporting
- ▶ Maltreatment
- ▶ Medication Administration
- ▶ Psychotropic Medication Monitoring
- ▶ Positive Behavior Support and Emergency Use of Controlled Procedure
- ▶ Data Privacy
- ▶ Complaint Procedure (Grievance)
- ▶ Financial
- ▶ Continuity and Quality

EMERGENCY SITUATIONS

- ▶ The Disaster Action Plan will be determined by the Agency's Executive Director and/or Director of Client Services. Clay County is the "Incident Commander" and activates all providers when it is time to execute the Action Plan.
- ▶ Foster home residents should remain at the foster home until receiving further instruction from your supervisor.
- ▶ Individuals at Community Services placements should remain at the job site until arrangements are made for them to return to their homes.
- ▶ If Connections facility requires evacuation, persons served will be transferred to a destination as designated by the Incident Commander (Laurie Young, Clay County Social Services) until arrangements can be made for them to return to their homes (Community Services), to the appropriate caregiver, or to a shelter while still receiving care from Connections.

EMERGENCY SITUATIONS

- ▶ Disaster Supply kits will be stocked at each Adult Foster Care home and called a “To Go Bin”.
- ▶ Connections will work with the participants of the SILS program to maintain their “To Go Bags” to ensure there are prepared to leave their home on short notice should evacuation be necessary.
- ▶ Remain calm, follow the advice of emergency officials, turn on your radio every hour to listen for new information, remain at the meeting place unless directed to leave by Connections supervisor or Public Health or Government Official.

INCIDENT RESPONSE & REPORTING

- ▶ All incidents will be reported to the consumer's legal representative, other licensed caregiver, if any, and case manager within 24 hours of the occurrence, or within 24 hours of receipt of the information unless the incident has been reported by another license holder.
- ▶ Information on all incidents will be recorded on this program's incident report form and according to this program's record keeping system requirements.
- ▶ When the incident involves more than one consumer, personally identifiable information about any other consumer must not be disclosed when making the report to each consumer's legal representative, other licensed caregiver, if any, and case manager unless this program has the consent of a consumer or a consumer's legal representative.

PHYSICAL AGGRESSION AMONG CONSUMERS & RESPONSE REPORTING

- ▶ Summon additional staff if possible and intervene to stop the incident.
- ▶ If injury to a consumer has occurred or there is an eminent possibility of injury to the consumers, and there is not a controlled procedure program plan in place for the individual, immediately implement approved therapeutic intervention procedures according to the policy on emergency use of controlled procedures.
- ▶ Implement behavior management plans for consumers who have them.
- ▶ Use the least intrusive methods possible to de-escalate the situation (ex. Continued verbal redirection or physical prompting).
- ▶ After the situation is brought under control, check the individuals for physical injury and provide necessary treatment.
- ▶ Document the event as directed by agency policy.

MALTREATMENT OF VULNERABLE ADULTS REPORTING

- ▶ As a mandated reporter, if you know or suspect that a vulnerable adult has been maltreated, you must report it immediately (within 24 hours).
- ▶ You can report to the Common Entry Point 218-299-5200
- ▶ Or, you can report internally to your supervisor, if your supervisor is involved in the maltreatment, you must report to the Director of Client Services
- ▶ When an internal report is received, the supervisor must decide if it will be forwarded to the Common Entry Point. The supervisor must also provide a Written Notice to the Reporter of the action that was taken.
- ▶ An Internal Review will be conducted by the supervisor or Director of Client Services.

MEDICATION ADMINISTRATION

- ▶ Every staff person must complete the agency Medication Administration training prior to administering medication to program participants.
- ▶ The training will include successful performance of an observed simulated skill demonstration.
- ▶ Staff persons who administer medications must always sign the Medication Administration Record
- ▶ All medications should remain locked until administration time
- ▶ Medication treatment errors should be recorded on a Medication Variance sheet and turned into supervisor immediately.

POSITIVE BEHAVIOR SUPPORT AND EMERGENCY USE OF CONTROLLED PROCEDURES

- ▶ Connections encourages the use of positive approaches as an alternative to aversive or deprivation procedures and requires the documentation of the positive approaches that have been tried and proven to be unsuccessful prior to implementation of controlled procedures.
- ▶ “Positive Behavior Support” is proactive, involving teaching alternative skills and adapting the environment. Positive Behavior Support reflects person-centered values that honor the dignity and preferences of the individual. Positive Behavior Support holds a broad view of intervention success that includes (a) increases in the use of alternative skills, (b) decreases in the incidence of challenging behavior, and (c) improvement in quality of life.
- ▶ “Aversive procedure” means the planned application of an aversive stimulus (1) contingent upon the occurrence of a behavior identified in the individual program plan for reduction or elimination; or (2) in an emergency situation governed by Minnesota Rules, part 9525.2770.

POSITIVE BEHAVIOR SUPPORT AND EMERGENCY USE OF CONTROLLED PROCEDURES

- ▶ “Controlled procedure” means an aversive or deprivation procedure that is permitted by parts 9525.2700 to 9525.2810 and is implemented under the standards established by those parts. Controlled procedures are listed in part 9525.2740.
- ▶ “Deprivation procedure” means the removal of a positive re-enforcer following a response resulting in, or intended to result in, a decrease in the frequency, duration, or intensity of that response. Often times the positive re-enforcer available is goods, services, or activities to which the consumer is normally entitled. The removal is often in the form of a delay or postponement of the positive re-enforcer.
- ▶ “Emergency use” means using a controlled procedure without first meeting the requirements in parts 9525.2750, 9525.2760, and 9525.2780 when it can be documented that immediate intervention is necessary to protect the person receiving services or other individuals from physical injury or to prevent severe property damage which is an immediate threat to the physical safety of the persons served or others.

POSITIVE BEHAVIOR SUPPORT AND EMERGENCY USE OF CONTROLLED PROCEDURES

- ▶ “Manual restraint” means physical intervention intended to hold a consumer immobile or limit an individual’s movement by using body contact as the only source of physical restraint. The term does not mean physical contact used to: (1) facilitate an individual’s completion of a task or response when the individual does not resist or the individual’s resistance is minimal in intensity and duration; (2) escort or carry an individual to safety when the individual is in danger; or (3) conduct necessary medical examinations or treatments.
- ▶ “Mechanical restraint” means the use of devices such as mittens, straps, restraint chairs, or papoose boards to limit an individual’s movement or hold an individual immobile as an intervention precipitated by their behavior. The term does not apply to mechanical restraint used to treat an individual’s medical needs, to protect an individual known to be at risk of injury resulting from lack of coordination or frequent loss of consciousness, or to position an individual with physical disabilities in a manner specified in the individual’s program plan. The term does apply to, and parts 9525.2700 to 9525.2810 do govern, mechanical restraint when it is used to prevent injury with individuals who engage in behaviors, such as head-banging, gouging, or other actions resulting in tissue damage, that have caused or could cause medical problems resulting from the self-injury.

POSITIVE BEHAVIOR SUPPORT AND EMERGENCY USE OF CONTROLLED PROCEDURES

- ▶ “Seclusion” means the placement of an individual alone in a room from which egress is:
 - ▶ non-contingent on the individual’s behavior; or
 - ▶ prohibited by a mechanism such as a lock or by a device or object positioned to hold the door closed or otherwise prevent the individual from leaving the room.
- ▶ “Time out” or “time out from positive re-enforcement” means removing an individual from the opportunity to gain positive re-enforcement and is employed when an individual demonstrates a behavior identified in the individual program plan for reduction or elimination. Return of the individual to normal activities from the time out situation is contingent upon the individual’s demonstrating more appropriate behavior. Time out periods are usually brief, lasting only several minutes. Time out procedures governed by parts 9525.2700 to 9525.2810 are:
 - ▶ “exclusionary time out”, which means removing an individual from an on-going activity to a location where the individual cannot observe the on-going activity; and
 - ▶ “room time out”, which means removing an individual from an on-going activity to an unlocked room. The individual may be prevented from leaving a time out room by staff members but not by mechanical restraint or by the use of devices or objects positioned to hold the door closed.

POSITIVE BEHAVIOR SUPPORT AND EMERGENCY USE OF CONTROLLED PROCEDURES

- ▶ Emergency use of controlled procedures must meet the following conditions:
 - ▶ Immediate intervention is needed to protect the individual or others from physical injury or to prevent severe property damage that is an immediate threat to the physical safety of the individual or others.
 - ▶ The individual program plan of the person served demonstrating the behavior does not include provisions for the use of the controlled procedure.
 - ▶ The procedure used is the least intrusive intervention possible to react effectively to the emergency situation.
 - ▶ **The use of room time out in an emergency is NOT allowed**

POSITIVE BEHAVIOR SUPPORT AND EMERGENCY USE OF CONTROLLED PROCEDURES

- ▶ All staff must be trained in Therapeutic Intervention to implement any controlled procedure
- ▶ Documentation: staff must complete an incident report and an EUCP report and submit to their supervisor immediately.
- ▶ Controlled procedures which Connections authorizes use of include:
 - ▶ The Come Along procedure
 - ▶ The Two Person Come Along
 - ▶ The Basket Hold
- ▶ Controlled procedures which are never authorized for use:
 - ▶ Exclusionary Time Out
 - ▶ Prone restraint

PROGRAM POLICIES POST-TEST

1. What is the best thing you can do when faced with an emergency situation?
2. When filing an incident report, how much time do you have to get it in to your supervisor to remain in compliance with the statute?
3. When more than one participant is involved in the incident, is it ok to use other participants names in the incident report?
4. What immediate action should be taken when physical aggression between participants occurs?
5. Who must be certified in Medication Administration in order to administer medications to the participants?

PROGRAM POLICIES POST-TEST CONT'D

6. What is the record called where staff document when a med has been administered?
7. What are three benefits of using Positive Behavior Supports?
8. It is ok to use a time out if someone is being physically aggressive towards others. True or False?
9. When is an emergency use of a controlled procedure necessary?
10. What are the two types of controlled procedures that Connections prohibits?
11. What are the three types of controlled procedures that Connections authorizes use of?