

**POLICY STATEMENT: Health and Safety**  
Adopted by the Board of Directors 06/25/2015

It is the policy of Open Options UCP to establish standards for healthy, safe and clean environments and to make every reasonable effort to follow these standards in order to assure the health and safety of persons served, employees, visitors, and volunteers. The President/CEO and his/her designees are responsible for implementation and supervision of the Health and Safety Program. These standards shall include but are not limited to:

- a) Printed and/or posted fire/emergency evacuation procedures and, if required by local and municipal codes or the needs of persons served, evacuation routes shall be posted.
- b) Plans and procedures (and employee knowledge and adherence to same) covering fire, medical emergencies, bomb threats, power failure, natural disasters, violent and threatening situations, and other emergency situations, and procedures for evacuation when appropriate.
- c) Periodic testing / drills of emergency procedures.
- d) Safety orientation and training for employees to include where applicable first aid, CPR, medication administration, safe behavior support for persons with behaviors that threaten the health and safety of themselves or others, infection control/blood borne pathogens, and other health or safety topics.
- e) A system for reporting of, review of, and remedial action for all accidents, safety incidents, and other adverse events or allegations.
- f) On-site presence and maintenance of appropriate first aid equipment and supplies and fire extinguishers.
- g) Quarterly self-inspections of each facility by designated employees, and actions taken to remedy problems as identified.
- h) Periodic testing and maintenance of fire and intrusion alarm systems, and fire extinguishers.
- i) Transportation and Vehicle safety and presence of emergency equipment in vehicles.
- j) Procedures for health conditions which may be infectious.
- k) Education of persons served, employees and volunteers regarding prevention and control of infection, home sanitation practices, emergency procedures, health care practices, and dietary practices including menu planning and food preparation.

- l) Procedures for the safe administration of medications to persons served, including appropriate physician authorizations to be obtained prior to administration.

An employee committee may be established to assist and advise the organization's Health and Safety Program. In addition to the internal Health and Safety Program, comprehensive external inspections shall be arranged for all the facilities owned or leased by the organization, including at least one external inspection annually. Reports from these inspections shall be reviewed by the President/CEO and/or designees.

## HEALTHCARE MANAGEMENT

### PROCEDURES – Community Living Programs

**Purpose:** These procedures supplement other operating policies, procedures, and job descriptions. Where necessary, other operating procedures are referenced and should be consulted. Supporting the good health of persons served and preventing injury through coordination of professional health services and safety practices is our top priority. This priority requires the attention, cooperation, and coordination of all employees. The staff roles are:

**Quality Enhancement Coordinator** – Minimally, monthly oversight of all medical care including appointments, therapies & medications. The Quality Enhancement Coordinator reads and signs Community RN monthly reviews and ensures follow up on any concern areas, and; directly assists with healthcare coordination in the Health Services Coordinator's absence or for critical or chronic concerns.

**Health Services Coordinator & Manager** – The Health Services Coordinator is responsible for health care coordination and arranges care, documents concerns and treatments, oversees medication administration, completes follow-up of physician's orders, and keeps guardians informed. As the primary supervisor of direct support employees, the Manager ensures that all employees follow the doctor's orders for each person served.

**Community RN** – The RN conducts a monthly face-to-face assessment of each person served, monitors health conditions, reviews records, and provides consultation and direction to on-site supervisors and management. In addition, the RN provides employee training in health care as requested, and officially delegates nursing procedures.

## **Doctor's Visits**

**A. On-Site Physician Visits** - On site physician visits may occur for some persons served. When the physician conducts their monthly visits, the on-site supervisor may need to rearrange other daily routines to accommodate the visit. The physician will meet with persons served individually in an area that ensures privacy.

## **B. Community Physician Visits**

### **Prior to and During the Visits**

Prior to the visit, the Health Services Coordinator or Manager will initiate a Physician Appointment Form, and include information about the condition or symptoms that are occurring. The employee attending the appointment will assist the person served to share this form with the physician and ask them to document directly on the form.

During the visit, employees will:

- Communicate professionally and accurately with the physician and nurse.
- Make sure the Medical Book – including staff health care notes - are available. For psychiatrist appointments, also bring documentation of behavioral issues, if applicable. Refer to the staff health care notes (and/or behavior documentation) in order to respond accurately to questions about recent concerns with health (and/or behavior).
- Make every effort to accompany persons served during the visit so we can report any concerns and support the practitioner/physician during the visit (answering questions, interpreting the person served's comments, giving history, etc.) If the person served prefers for the visit to be private, employees should "check in" with the doctor after the appointment.
- Ask the doctor to complete the physician sections of the Physician Appointment Form. Some physicians use their own forms which are acceptable replacements to the Physician Appointment Form. Obtain electronic or written orders for any medication prescribed, even if the physician is calling it in to the pharmacy. Ask the doctor to review and sign the Physician Orders Sheet in the medical record.
- Document the visit and any verbal information shared in the Staff Health Care Notes.

### After the Visit

The Health Services Coordinator and Manager of the home are responsible for ensuring that the following takes place:

- Employees on duty will review the appointment form, physician order sheet, and any prescription forms received and ensure that changes in medications have been or will be faxed to the pharmacy prior to the end of the shift (or if the pharmacy is closed and not accepting faxes, at the beginning of the next shift.) Unless there are special circumstances and the RN is advised, orders must be implemented within 24 hours.
- At the time the written order is received in the home, if a new MAR is not already accompanying the medication, employees will update the MAR with any medication changes (including new meds, discontinued meds, or changes in dosage) and any prescribed treatments.
- The Physician Order Sheet and the Physician Appointment Form are filed in the Medical Book by the Health Services Coordinator.
- The Manager reviews the order sheet by the next business day.
- Lab work ordered at the time of the doctor's visit will be scheduled within the week unless otherwise noted.

### **C. Open Options UCP Community RN Monthly Health Assessment**

The RN will conduct site visits at least once a month to complete record reviews, 1:1 assessment of persons served using a standard form, and delegation of healthcare related tasks. The RN is also available to assess any acute illness or condition the consumers may develop and to give consultation to employees in treating the condition.

Whenever possible, routine visits will be set up by appointment with the on-site supervisor of the home. The RN should call the employee on duty to advise them of the visit before arriving and ideally, the on-site supervisor will be available during the RN visit. During the visit, employees should make sure that all needed records are available for review. When the RN does an assessment for an acute condition, employees should be present and/or available to discuss the concern, including current symptoms, treatments used, history, and refer to Staff Health Care Notes for information related to the condition. During the visit,

the RN will also access the Safety Book to review any event reports from the previous month.

At the end of the visit, employees will review any recommendations the RN has made and ask any remaining questions. The RN will document assessments on the assessment form and file it in the Medical Record Book. If not present during the visit, the RN monthly assessment must be reviewed by the on-site supervisor of the location and the Health Services Coordinator and any needed follow-up should be enacted within one working day. The Quality Enhancement Coordinator will incorporate the monthly nursing assessment in the monthly PCP review. The RN is responsible for reviewing documentation of follow-up on the next regular visit and will contact the Health Services Coordinator immediately if follow-up did not occur. If the RN believes follow-up is not occurring in a timely manner, he/she may also contact the Director of Quality Enhancement and Director of Community Living.

The RN may be contacted by Open Options UCP employees between monthly visits as needed for consultation, to report injury or illness, or to request assistance in training employees.

#### **D. Ongoing Observation and Documentation**

All employees are expected to consistently give attention to the health issues of persons served. If a person served complains of illness or “not feeling good,” or if an employee observes symptoms or unusual behavior indicating illness, the employee should assess through observation and questions. Employees may take vital signs, offer prn medication if warranted or call their supervisor or a medical professional if they are unsure in how to respond.

Any complaints of or signs of illness or injury must be documented in the Staff Health Care Notes. In addition to documenting the condition, employees are responsible for responding to the condition and seeking outside advice and/or professional medical attention. When specific situations occur, filing appropriate forms in the person served medical book is required. For example, seizures must be documented on a “Seizure Report Form,” weights are written on a “Monthly Weight Record,” etc.

The Staff Health Care Notes are the primary place for documentation of any person served health issues. Notes may also be made in the Communication Log– in some cases to alert other employees to a more specific entry in the Health Care Notes, as the primary documentation must be in the Staff Health Care Notes. Serious health concerns such as acute onset or persistence of symptoms over time and all injuries shall be documented on a Department of Mental Health Event Report.

Employees are also responsible for ensuring that persons served receive medication in accordance with their doctor's orders. *See Medication Administration Procedures.*

### **E. Medical Care Emergencies / Hospitalizations**

A medical care emergency is defined as a physical health condition that requires immediate action to prevent more serious injury or death. When it is believed that a medical emergency exists, employees shall follow the Emergency Procedures - Section F - of this manual.

## **HEALTH AND SAFETY PROGRAM**

### **PROCEDURES - All Programs**

Purpose of the Program – The purpose of the program is to ensure that the daily operations of the organization are conducted in healthy and safe environments and to ensure compliance with the standards set forth by the organization's policies and procedures. Through the Health and Safety Program, the organization maintains an organized plan to:

- a) Provide for annual external inspections of agency facilities by competent persons;
- b) Provide for self-inspections of the physical premises and agency vehicles on a regular basis by Open Options UCP employees to ensure prompt remedy of potentially hazardous conditions;
- c) Provide for periodic review of both compliance with and appropriateness of emergency plans and procedures;
- d) Ensure that employees receives appropriate safety orientation and training, including

- training in infection control, and that employees demonstrate ongoing safety awareness;
- e) Ensure that environmental health and safety incidents are reported and that such reports are reviewed for corrective action, and;
  - f) Protect the general health and safety of employees and persons served through conscientious efforts toward achievement of the above purposes.

The President/CEO shall designate employees to be responsible for implementation of health and safety procedures.

### External Inspections

There shall be comprehensive externally conducted inspections of the premises and operations of all facilities in the areas of environmental health and safety annually. This applies to each facility owned or leased by the organization.

The inspections shall cover the relevant areas delineated in the Commission for the Accreditation of Rehabilitation Facilities (CARF) standards, and shall be conducted by competent authorities as described in those same standards.

Designated employees shall ensure that:

- a) Inspection reports are delivered in writing;
- b) The reports are reviewed by the appropriate employees and/or the Safety Committee (described below);
- c) Corrective action prescribed by the report or by reviewing parties is taken promptly and appropriately documented.

### Internal Inspections

An inspection of every facility and "24-hour" service site shall be conducted every month by the Manager or designee by checking all conditions on the "Safety Checklist." Group homes and other settings with twenty-four hour staffing shall be inspected by the Safety Committee semi-annually. Individualized Supported Living sites (that do not have 24 our staff support) will be inspected twice annually by employees. The completed monthly checklists shall be

submitted to the Health and Safety Committee. A copy shall also be provided to the Quality Enhancement Coordinator for the site, and may be additionally provided to each Division Director.

At the time of semi-annual committee inspections the Committee Chairperson will review actions needed and corrective actions taken since the last internal inspection. The committee will review information from the internal monthly inspections and make recommendations as appropriate. Recommendations will be distributed in the minutes of the meetings and/or on checklists for actions needed. It will be the responsibility of the Quality Enhancement Coordinators to ensure that recommendations are addressed.

The self-inspection of agency vehicles will be conducted by employees and maintenance and shall ensure that the vehicle complies with not only internal standards, but that any state safety requirement violation is reported when observed.

### Health & Safety Committee

The Health & Safety Committee is commissioned by the President/CEO to assist the organization by implementing aspects of the Environmental Health and Safety Program. The committee is comprised of at least three appointed Open Options UCP employees. Other employees, persons served, Board Members and other community volunteers may also be recruited.

The Safety Committee shall meet at least four times per calendar year and complete the following duties:

- a) Review monthly internal inspection checklists;
- b) Conduct a semi-annual on-site inspection of all service sites with twenty-four hour staffing;
- c) Periodically review the emergency drill records of each 24 hour facility as part of the semi-annual inspection process;
- d) Review monthly vehicle inspection checklists;
- e) Review specific incident reports and analyze trends in overall incident reporting;
- f) Review the comprehensive external inspections and the follow-up action recommended by the Chairperson;
- g) Conduct a periodic review of the organization's Emergency Policies and Procedures when requested by the President/CEO;

- h) Review any additional inspections or any reports deemed necessary by the President/CEO to analyze the agency's effectiveness in meeting internal policies, CARF standards, and State of Missouri standards as applicable.

### Employee Orientation and Training

New employee orientation shall include training in safety practices, identifying and reporting safety issues/repair needs, emergency procedures, drills and evacuation procedures, infection control, and event reporting. Training may include written materials, oral presentation and video presentation applicable to the job duties and population served. Training will be documented in the personnel file of each employee.

Division Directors and Managers shall ensure that new employees read all emergency policies and procedures and infection control procedures and shall verbally review the sections of the Policy and Procedure Manual prior to the new employee working without direct supervision.

Employees shall be trained in First Aid, CPR, Medication Administration, and Infection Control Procedures (through the Occupational Exposure to Blood borne Pathogens course), and other safety and emergency procedures applicable to the population served. Annual performance reviews shall document the employee's adherence to certification requirements as well as the employee's demonstrated performance related to health and safety requirements.

The management team shall periodically review safety issues and concerns, including responsibilities in preparing for and responding to emergency situations.

### Event Reporting and Investigation

Event reports shall be completed and reviewed by employees as described in Emergency Procedures. It is the responsibility of the Quality Enhancement Coordinators to report significant health and safety incidents to the Safety Committee for committee review.

Event reports shall be summarized for periodic review and analysis of trends.

## **POLICY STATEMENT: Alcoholic Beverages – Person Served Use**

Adopted by the Board of Directors 06/25/2015

It is the policy of Open Options UCP to recognize that alcohol consumption is a natural social occurrence and the legal right of persons 21 years of age or older. It is normal for alcoholic beverages to be consumed in a person's own home within reasonable limits. For the health and safety of all stakeholders it is the responsibility of the Board of Directors and employees of the organization to set and observe certain limits. This policy applies to community living programs, as follows:

- a.** A person served must be 21 years of age or older to consume alcohol in an organization facility. No state, county, or organization funds will be used to purchase alcoholic beverages. In group homes and 24-hour supervision settings, persons served may not drink alcoholic beverages without an employee on duty in the house.
- b.** Persons served who are involved in an ongoing prescription medication program, and who express by word or action the desire to consume alcoholic beverages, should have a physician's written guidelines concerning alcohol use entered in their medical file.
- c.** When a person served's desire or practice of drinking is known, employees will provide counseling to guide persons served as to appropriate time, places, quantities to drink as well as safety issues. Persons served who habitually abuse alcohol should be referred for outside treatment. Employees have the right to limit alcoholic beverage intake for a person served who abuses alcohol. Specific information pertaining to the restriction are to be described in the individual's support plan.
- d.** A visitor must be 21 years of age or older to consume alcohol on the premises, and employees have the right to limit intake or visitation privileges of visitors who abuse alcohol.
- e.** Persons served, guardians, parents, and advocates will be informed of this policy at the time of admission to the community living program. Legal guardians who wish to prohibit their ward from drinking must submit a written statement to that effect to the organization.
- f.** Employees may not consume alcoholic beverages while serving in a direct support role with persons served under any circumstances.

## **ALCOHOLIC BEVERAGES AND CONTROLLED SUBSTANCES – PERSON SERVED USE**

### **PROCEDURES – Community Living Programs**

In keeping with the Policy of Open Options UCP, alcohol consumption for persons served over the age of 21 is recognized as a natural social occurrence, within the limits and guidelines established by the Policy. The following procedures shall apply:

- a) Persons served who have an ongoing prescription for medication and who express by word or action the desire to consume alcohol should have a physician's written guidelines concerning the use of alcohol. This shall be filed in the person served's medical file.
- b) Legal guardians who wish to prohibit their ward from drinking must submit a written statement to that effect to the organization. This shall be filed in the admission information section of the person served's case record.
- c) All ongoing restrictions or limitations regarding the use of alcohol shall be reviewed through the Human Rights Committee and upon consensus of the committee be documented.
- d) Through the process of the Person Centered Plan, the need for limitations and the role of employees in providing supports shall be documented. After consultation with the on-call person employees may limit alcoholic beverage intake for a person served who is abusing alcohol, and may limit visitation privileges for a visitor who is abusing alcohol and is intoxicated.
- e) In the event of excessive use of alcohol by a person served in conjunction with the support team, person served, and Support Coordinator, the Director of Community Living shall designate an appropriate course of follow-up action. Abuse of alcohol should result in referral to outside treatment resources.
- f) Illegal use of controlled substances shall be documented on an Event Report form and submitted to the Division Director. In conjunction with the support team, person served, and Support Coordinator, the Director of Community Living shall designate an appropriate course of follow-up action. Abuse of controlled substances should result in referral to outside treatment resources.

- g) Repeated abuse of alcohol or controlled substances may constitute grounds for discharge from the program.
- h) Employees on duty shall not consume alcohol while on site at a program location nor when they are responsible for providing any level of support to persons served. Other guidelines for consumption of alcohol in social settings related to work duties are contained in personnel policies.

**POLICY STATEMENT: Tobacco Use**

Adopted by the Board of Directors 06/25/2015

It is the policy of Open Options UCP to govern tobacco use for the following reasons:

- a) To protect the health and safety of persons served and employees.
- b) To allow persons served in residential settings smoking rights in their own home and assist non-smoking persons served in avoiding smoke exposure.
- c) To meet applicable state laws and municipal ordinances.

The consumption of tobacco by persons served in their home shall be governed by informed choice and may be limited if a person served demonstrates the inability to use tobacco safely and properly, is under the age of 18, and/or to safeguard the health and safety of other persons served and staff. Individual restrictions on the use of tobacco can only be done by consensus of the interdisciplinary support team and legal guardian.

Smoking by persons served in group homes is allowed only in areas of the facility designated in writing by the Division Director in conjunction with the Health and Safety Committee. Smoking by employees inside homes (organization facilities or private homes) is not permitted. Exterior smoking areas for group homes shall be designated and procedures regarding use of facility smoking areas shall ensure that smoking does not interfere with employees' completion of job duties. Smoking is prohibited in the administrative offices. Sale of tobacco products is prohibited in all organization facilities and program locations. This policy applies to individuals served by the organization, employees, and visitors to all locations of the organization.

## **TOBACCO USE AND SMOKING REGULATIONS**

### **PROCEDURE - All Programs**

In accordance with the organizations' policy on tobacco use, the consumption of tobacco by persons served in their own home shall be governed by informed choice and may be limited for the following reasons:

- a) If a person served demonstrates the inability to use tobacco safely and properly;
- b) If a person served is under the age of 18;
- c) To safeguard the health and safety of other persons served and employees,
- d) To comply with documented health needs or financial limitations for the individual who uses tobacco.

Individual restrictions on the use of tobacco can only be done by consensus of the individual's interdisciplinary support team and/or legal guardian.

Employees who smoke shall adhere to the following regulations:

- a) Employees shall not smoke in the group home or homes of persons served, even if the person served smokes.
- b) When employees and persons served are in transit in any vehicle (agency or employee vehicle), no smoking is allowed.
- c) In group homes, employees and visitors shall smoke only in designated outside areas and shall use the receptacle provided. In some cases a separate smoking area may be designated for persons served but employees are restricted to the area designated for employees.
- d) In the homes / apartments of persons served, the person served determines if / where visitors may smoke. Employees may smoke only in designated outdoor areas and in compliance with regulations of the landlord if any.
- e) Smoking materials shall be stored securely with other staff possessions while on duty.
- f) Employees are expected to meet their smoking needs without neglecting their duties. There are no guaranteed smoking breaks for employees. If the regular and ongoing needs of persons served will not accommodate smoking breaks the staffing profile will reflect that smoking is prohibited while on duty.
- g) The Health and Safety Committee will recommend and the Division Director shall designate smoking areas for group homes and the homes of persons served where we provide daily supports.

## **FOOD SERVICE AND SANITATION**

### **PROCEDURE – Community Living Programs**

In program locations owned or leased by the organization, the following procedures shall apply:

Food Served and Menus – The location supervisor (Manager or Lead) will ensure that a meal or food to prepare a meal is offered in the morning, noon, and evening, with provisions made for an evening snack for those residents who desire it. Menus shall be prepared with person served input whenever possible and shall be recorded and retained for review at least three months. Unless otherwise indicated in Individual Support Plans, meals will consist of a “regular diet” as defined by the Missouri Department of Mental Health Diet Manual Guide. Menus should be built to follow the United States Department of Agriculture Dietary Guidelines. The USDA Dietary Guidelines encompass two concepts:

- Maintaining calorie balance over time to achieve and sustain a healthy weight. This concept includes consuming only enough calories from foods and beverages to meet a person’s needs and by being physically active.
- Focusing on consuming nutrient-dense foods and beverages. A healthy eating pattern limits intake of sodium, solid fats, added sugars, and refined grains and emphasizes nutrient-dense foods and beverages such as vegetables, fruits, whole grains, fat-free or low-fat milk and milk products, seafood, lean meats and poultry, eggs, beans and peas, nuts and seeds.

If a physician or medical professional determines an individual requires a specific diet order, the diet order should have two parts, one for the diet prescription and one for the texture modification. If there is no texture order, a regular texture is assumed. Guidelines for the diet prescription and texture modification can be found in the Missouri Department of Mental Health Diet Manual Guide.

Food and drink shall be free from spoilage and prepared to preserve nutritive value. Manager or designee will ensure all food is stored properly and expired foods are disposed of by conducting daily checks of refrigerator and pantry. Milk provided shall be Grade A pasteurized, and meat must have been inspected by a government inspection source. Open Options UCP

employees cannot serve or offer persons served wild game or fish unless it is purchased commercially and subject to government inspection.

**Utensils and Equipment** - Utensils and equipment used for eating and drinking shall be maintained in good condition, free from chips and cracks, and thoroughly cleaned and sanitized after each use. Equipment used in food preparation - including slicers, can openers, and cutting surfaces - must be adequately cleaned as needed but at least once per day if used. Staff and consumers involved in food preparation shall thoroughly wash their hands before handling food.

**Storage and Refrigeration** - The following food storage principles adapted from the Food and Drug Administration are to be adhered to:

- Refrigerate or freeze perishables right away. Foods that require refrigeration should be put in the refrigerator as soon as you get them home. Stick to the "two-hour rule" for leaving items needing refrigeration out at room temperature. Never allow meat, poultry, seafood, eggs, or produce or other foods that require refrigeration to sit at room temperature for more than two hours—one hour if the air temperature is above 90° F. This also applies to items such as leftovers, "doggie bags," and take-out foods. Also, when putting food away, don't crowd the refrigerator or freezer so tightly that air can't circulate.
- Keep your appliances at the proper temperatures. Keep the refrigerator temperature at or below 40° F (4° C). The freezer temperature should be 0° F (-18° C). Check temperatures periodically. In facilities owned or leased by the organization an operable interior thermometer shall be maintained at all times in each refrigeration unit.
- Check storage directions on labels. Many items other than meats, vegetables, and dairy products need to be kept cold. If you've neglected to properly refrigerate something, it's usually best to throw it out.
- Use ready-to-eat foods as soon as possible. Refrigerated ready-to-eat foods such as luncheon meats should be used as soon as possible. The longer they're stored in the refrigerator, the more chance *Listeria*, a bacterium that causes foodborne illness, can grow, especially if the refrigerator temperature is above 40° F (4° C).

- Be alert for spoiled food. Anything that looks or smells suspicious should be thrown out. Mold is a sign of spoilage. It can grow even under refrigeration. Mold is not a major health threat, but it can make food unappetizing. The safest practice is to discard food that is moldy.
- Be aware that food can make you very sick even when it doesn't look, smell, or taste spoiled. That's because foodborne illnesses are caused by pathogenic bacteria, which are different from the spoilage bacteria that make foods "go bad." Many pathogenic organisms are present in raw or undercooked meat, poultry, seafood, milk, and eggs; unclean water; and on fruits and vegetables. Keeping these foods properly chilled will slow the growth of bacteria.
- Marinate food in the refrigerator. Bacteria can multiply rapidly in foods left to marinate at room temperature. Also, never reuse marinating liquid as a sauce unless you bring it to a rapid boil first.
- Clean the refrigerator regularly and wipe spills immediately. This helps reduce the growth of Listeria bacteria and prevents drips from thawing meat that can allow bacteria from one food to spread to another. Clean the fridge out frequently.
- Keep foods covered. Store refrigerated foods in covered containers or sealed storage bags, and check leftovers daily for spoilage. Store eggs in their carton in the refrigerator itself rather than on the door, where the temperature is warmer.
- Check expiration dates. A "use by" date means that the manufacturer recommends using the product by this date for the best flavor or quality. The date is not a food safety date. At some point after the use-by date, a product may change in taste, color, texture, or nutrient content, but, the product may be wholesome and safe long after that date. If you're not sure or if the food looks questionable, throw it out.
- Food that is properly frozen and cooked is safe. Food that is properly handled and stored in the freezer at 0° F (-18° C) will remain safe. While freezing does not kill most bacteria, it does stop bacteria from growing. Though food will be safe indefinitely at 0° F, quality will decrease the longer the food is in the freezer. Tenderness, flavor, aroma, juiciness, and color can all be affected. Leftovers should be stored in tight containers. With commercially frozen foods, it's

important to follow the cooking instructions on the package to assure safety.

- Freezing does not reduce nutrients. There is little change in a food's protein value during freezing.
- Freezer burn does not mean food is unsafe. Freezer burn is a food-quality issue, not a food safety issue. It appears as grayish-brown leathery spots on frozen food. It can occur when food is not securely wrapped in air-tight packaging, and causes dry spots in foods.
- If you lose electricity, keep refrigerator and freezer doors closed as much as possible. Your refrigerator will keep food cold for about four hours if it's unopened. A full freezer will keep an adequate temperature for about 48 hours if the door remains closed. Once power is restored you will need to determine the safety of your food by doing the following:
  - If an appliance thermometer was kept in the freezer, check the temperature when the power comes back on. If the freezer thermometer reads 40°F or below, the food is safe and may be refrozen.
  - If a thermometer has not been kept in the freezer, check each package of food to determine its safety. You can't rely on appearance or odor. If the food still contains ice crystals or is 40 °F or below, it is safe to refreeze or cook.
  - Refrigerated food should be safe as long as the power was not out for more than four hours and the refrigerator door was kept shut. Discard any perishable food (such as meat, poultry, fish, eggs or leftovers) that has been above 40°F for two hours or more.

#### Tips for Non-Refrigerated Items:

- Check canned goods for damage. Can damage is shown by swelling, leakage, punctures, holes, fractures, extensive deep rusting, or crushing or denting severe enough to prevent normal stacking or opening with a manual, wheel-type can opener. Stickiness on the outside of cans may indicate a leak. Newly purchased cans that appear to be leaking should be returned to the store for a refund or exchange. Otherwise, throw the cans away.

▪Don't store food, such as potatoes and onions, under the sink. Leakage from the pipes can damage the food. Store potatoes and onions in a cool, dry place.

▪Keep food away from poisons. Don't store non-perishable foods near household cleaning products and chemicals.

## **HOUSEHOLD SECURITY AND SAFETY**

### **PROCEDURE – Community Living Programs**

Employees shall apply all reasonable safeguards to ensure the safety of the home and its contents. Employees shall provide instruction and modeling for the following:

- a) Security standards for all program locations should meet or exceed those for any private residence.
- b) Doors should remain locked after dark and any time the home is left unoccupied. Security (intrusion) systems should be engaged whenever appropriate.
- c) Service locations are not public-access property. All workmen, deliveries, and visitors must be promptly greeted to determine the nature of their business. Only the following parties have legal access during reasonable hours to facilities:
  - Employees of the applicable DMH Regional Office
  - Support Coordinators of persons served of the home
  - Administrative employees of the Open Options UCP Board of Directors
  - Members of the Board and employees of EITAS – Developmental Disabilities Services of Jackson County Board (for group homes owned by EITAS)

In most cases these parties will announce their visit in advance or be accompanied by an administrative employee. If not, employees may request to see identification or consult an administrative employee.

The Manager is responsible for establishing rules, routines, and training procedures for basic security measures and for person served training.

**In Locations without 24 hour support**, including Supported Living arrangements and the homes of people receiving Community Integration Services, employees will provide routine instruction and reminders regarding the above household security topics. Lifestyle choices which present risk to household security will be addressed through the individualized Person

Centered Plan.

## **HOUSEHOLD CLEANLINESS AND MAINTENANCE**

### **PROCEDURE – Community Living Programs**

An important outcome of our services is the opportunity for individuals served to live in comfortable, well-maintained environments. In keeping with this goal, all employees should strive to teach and model appropriate housekeeping habits. The following procedures shall apply:

- Persons served are expected to participate in the care and upkeep of their home according to their individual abilities. Whenever reasonable and appropriate, employees will provide instruction in basic housekeeping tasks. This instruction may take the form of informal individual coaching, or it may be formalized in the person-centered plan. Household tasks should be apportioned in a manner that gives consideration to both personal preferences of individuals in the home and fairness among all members of the household.
- In 24-hour locations, employees will conduct daily checks of basic housekeeping to ensure that a uniform standard of cleanliness is met. If persons served are unable or unwilling to perform the housekeeping tasks needed to meet the standard, employees will complete the required tasks.
- Additional household cleaning tasks will be scheduled at reasonable intervals to ensure the upkeep and cleanliness of each home. Employees and persons served are expected to participate in regular, thorough cleaning of the home. Employees will conduct regular checks to ensure that tasks are completed and that set standards and criteria are met. Standard criteria will be outlined in a checklist format.
- Whenever a maintenance or repair need is identified, employees will report the issue to the supervisor of the location. The supervisor will report immediate or significant repair needs using the Maintenance Tracking Spreadsheet.

- Routine, ongoing maintenance as well as acute issues will be reported to the administrative office as they arise using the Maintenance Tracking Spreadsheet.
- Whenever a maintenance or repair need is identified for adaptive equipment and/or medical equipment, and the needed maintenance/repair is to be completed by a designated person/organization outside of Open Options UCP, the Manager will schedule this repair in a timely manner. Specific maintenance and repair schedules for adaptive equipment and/or medical equipment will be specifically delineated in Person Centered Plan.
- The Director of Quality Enhancement will track repair needs that are not addressed internally. In ISL locations, the Manager or designee will make the initial request to the landlord and note requests on the monthly maintenance report. If requests go unaddressed, the Director of Quality Enhancement will send written description of concern(s) to ISL landlords.
- In Supported Living locations, housekeeping checks will be done at least monthly unless otherwise specified in the person-centered plan. For individuals in Community Integration, the Individual Support Plan will stipulate if this service is provided.
- Household cleaning tasks will be scheduled at reasonable intervals to ensure the upkeep and cleanliness of each home. Employees and persons served are expected to participate in regular, thorough cleaning of the home. Employees will conduct regular checks to ensure that tasks are completed and that set standards and criteria are met. Employees will document checks on the appropriate forms.
- Maintenance issues will be reported to the property manager or landlord in a prompt manner. The person served should be involved in this process as much as possible, but employees may need to assist with the report. Employees will advocate for the person served as is reasonable and necessary. If repairs are necessary due to person served abuse of the property, employees should consult with the Division Director to determine if repairs can be handled internally and/or to evaluate the person served's ability to pay for repairs or a portion thereof. Any unresolved issues should be brought to the attention of the Director of Community Living for tracking, reporting and outlining

possible courses of action.

## **INFECTION CONTROL**

### **PROCEDURE - All Programs**

Standard Precautions, also known as Universal Precautions for Infection Control - Spread of infectious diseases, including AIDS and Hepatitis B, can be controlled by minimizing exposure to or contact with blood and other body fluids. More information is contained in the Occupational Exposure to Blood-borne Pathogens Manual. The following standard procedures apply at all times:

- a) Disposable gloves shall be stocked and worn when exposure to any blood or body fluids is anticipated. This includes administering first aid, assisting with blood glucose testing, assisting with toileting accidents, assisting with personal care tasks, or housekeeping tasks when bodily fluids are present. Used gloves should be placed in a plastic-trash-bag-lined container so that they are not handled again, and hands should be thoroughly washed after removing gloves. Gloves shall never be re-used.
- b) Hands shall be washed with soap and water before contact with food and before and after incidental contact with any bodily fluids.
- c) Needles, lancets, and syringes shall be handled with great caution. Only disposable products shall be used, and the consumers shall handle these products as independently as possible. Only commercially manufactured puncture-proof containers will be used to store used lancets/syringes. When half to three-quarters full, containers shall be disposed (quarterly or more often if needed) via a commercial "contaminated waste" service. All sharps containers must be placed on a shelf that is below eye level to prevent accidental injury.
- d) When blood glucose testing is done, the table top shall first be covered with wax paper or plastic wrap to prevent spills from reaching the table surface. The covering shall then be removed and disposed of by the person served.
- e) Blood spills shall be cleaned up promptly with a disinfectant solution - either with a solution of one part household bleach to ten parts water, or with an approved commercial hospital disinfectant.
- f) Whenever reasonable, employees shall encourage persons served to perform first aid in such a manner that minimizes employee physical contact with wounds or body fluids. Disposable gloves must still be worn in these circumstances in case the individual requires assistance.

To minimize exposure, all body fluids must be treated as if they were infectious, even if the individual does not appear to be “high risk.” It is impossible to identify infectious fluids by sight.

If an exposure occurs, employees shall immediately wash the area that contacted body fluids and report the exposure to the supervisor. Employees may be referred to the occupational clinic for follow-up.

Additional guidelines and precautions as prescribed by the doctor, health department, or other regulatory body shall be implemented when an infectious individual is identified.

General Care for Contagious Illness If any person served begins to demonstrate signs/symptoms of an illness that employees suspect may be a contagious or infectious disease, the Community RN should be consulted. Following visit or consultation with the doctor (if any), the attending employee and/or Community RN will detail in writing the prescribed procedures and precautions to be implemented. The doctor’s orders will be followed exactly and followed until the doctor certifies that the condition is no longer contagious or infectious. The doctor may order that participation in routine program activities be temporarily discontinued and isolation and bed rest shall go into effect.

General public health alerts (such as notices about flu outbreaks) should be observed and may prompt temporary procedures.

Guidelines for Human Immunodeficiency Virus (HIV) Infection and AIDS/HIV Open Options UCP shall follow guidelines published by the Missouri State Department of Mental Health, including the following areas:

- a) Criteria for serologic screening and antibody testing, including informed consent procedures.
- b) Confidentiality of test results.
- c) Counseling of infected individuals.
- d) Reporting of positive tests as required by law

It is not the policy of Open Options UCP to conduct or request routine HIV testing of individuals receiving our services, consequently it is extremely important that Standard Precautions (Universal Precautions for Infection Control) be followed at ALL TIMES.

## **ILLNESS OF A PERSON SERVED**

### **PROCEDURE – Community Living Programs**

The Community RN should be contacted as soon as practical in the event of any illness (excluding common cold, indigestion, or minor aches or pains.) Reporting employees shall be prepared to discuss all symptoms, medications, and vital signs to aid the Community RN in determining the level of intervention needed. The Community RN will prescribe intervention and instruct employees as to how symptoms should be monitored and documented. He/she shall also consult as often as necessary with employees until the illness has passed.

In order to ensure accurate communication regarding the progress of an ill resident, employees on duty will:

- a) Enter information in "staff health care notes" page of the person served medical file,
- b) Enter all treatments or medications administered per procedures of this manual,
- c) Enter a note in the location's communication log if applicable, or leave written communication for employees on next shift, indicating that the person served was ill, and refer reader to other documentation,
- d) During the course of the illness, employees will make daily contact with the person served, documenting symptoms displayed and progress, including body temperature, under Staff Health Care Notes. Consultation with the Community RN and/or attending physician will continue until the illness has passed.

In program locations in which persons served do not receive "24-hour" oversight, persons served will receive training in common illnesses, their symptoms and treatments. When an illness or injury occurs, the person served will be expected to report the problem as soon as possible to an employee. If the assigned employee is not available, the person served should notify the on-call person.

## **HOSPITALIZATION OF A PERSON SERVED**

### **PROCEDURE – Community Living programs**

At the time of admission to a hospital, the employee accompanying the person served shall provide hospital personnel with all necessary information directly from the Person Served Record, as follows:

- a) Personal data as requested

- b) Name and address of primary care physician and date last seen.
- c) Information regarding functional limitations and special characteristics of the person, such as eating and hygiene skills, ability to verbalize own needs, and special behavioral considerations (including specific information about Prader-Willi Syndrome if applicable.)
- d) Contact information for both the Health Services Coordinator and on-call person.
- e) The name, address, and telephone number of the Support Coordinator.

Immediately following admission, employees shall notify the Health Services Coordinator, Community RN and Division Director (or on-call person). The individual's parent, guardian, Support Coordinator, and the DMH Regional Office shall also be notified immediately after admission to the hospital. The employee involved with the admission shall complete an Event Report describing the circumstances of admission.

During the hospital stay, the Health Services Coordinator, Manager or a designated employee shall make daily contact with the person served or the floor nurse in charge. Every effort shall be made to communicate with the doctor(s) regularly. The purpose of these contacts is to learn of the individual's progress, be available to intervene on any special problems, and be available to begin discharge planning.

Discharge planning must involve the person served, the physician, family members, the Community RN, the Health Services Coordinator, Manager, the Support Coordinator, and other employees of the DMH Regional Office as required in a joint effort to ensure a timely and smooth release to the individual's home. Many times there will be aftercare considerations, including medication, monitoring of special conditions, and appropriate resumption of normal activities. If there is any question of the home's capability of responding to these aftercare considerations and needs, a meeting (or telephone communication) of all involved parties shall be held. The goal of the meeting will be to determine the exact nature of the needs and how Open Options UCP employees or other parties can meet these needs. The group may decide that an extended convalescence is necessary before return to the home. All personal and telephone contacts regarding discharge shall be specifically entered in the Staff Health Care Notes of the person served's medical file. Internal procedures of the DMH Regional Office may dictate the Department of Mental Health's role in discharge planning.

Psychiatric Hospitalizations (The following procedures apply in addition to all other procedures in this section, but are specific to psychiatric treatment)

The need for psychiatric hospitalization is determined by the person served's physician (psychiatrist). If a situation arises where the person served's behavior indicates the need to

seek hospitalization (suicide threats or attempts, explosive or unpredictable behavior that would place the individual or others at risk of harm), the Division Director or on-call person will be contacted and informed of the circumstances. The Division Director or on-call person will make a judgment as to the level of intervention needed, and if hospitalization is indicated, he/she shall determine the location and the assistance required to safely transport the person served to the hospital. The Division Director or on-call person will inform the person served's psychiatrist of preceding events and circumstances, and the attending employee will provide the hospital admission office with information regarding:

- a) Current medications
- b) Precipitating events/issues
- c) Specific event triggering the admission decision
- d) Prader-Willi Syndrome & recommended daily caloric intake (if applicable)
- e) All other pertinent factors

During the hospital stay, a designated employee shall make daily contact with the person served or the floor nurse in charge. Every effort shall be made to communicate with the doctor(s) regularly. The purpose of these contacts is to learn of the person served's progress, be available to intervene on any special problems, and be available to begin discharge planning.

Discharge Planning: Employees will request participation in the hospital unit's staffing in order to utilize information and techniques into the existing home program. This also provides the opportunity for Open Options UCP employees to address any remaining concerns regarding reintegration to the home. Prior to discharge, Open Options UCP must receive a full post-discharge report and assessment of the stay.

Following any and all hospital treatment, (including Emergency Room Treatment without admission), the following information must be gathered at time of discharge and filed in the person served's record. Open Options UCP employees shall not accept the discharge of a person served for return to the home without receiving prior to, or simultaneously with the discharge, a written record of the treatment received which should contain the following information (information included will vary per institution):

- a) Dates of hospital treatment
- b) Name, address, and telephone number of responsible physician
- c) Conditions treated
- d) Vital signs on day of discharge
- e) Medication instructions

- f) Special conditions to monitor and what to observe
- g) Dietary considerations
- h) Level of normal activity to be resumed
- i) Need for home health care
- j) Necessary follow-up visit to doctor
- k) Name and signature of person giving information

**POLICY STATEMENT: Sexuality**

Adopted by the Board of Directors 06/25/2015

It is the policy of Open Options UCP to provide or assist people in maintaining a lifestyle and home which are as nearly typical for this community as possible, including the maintenance of an environment which supports and encourages responsible sexuality for residents. The organization accepts all citizens of this community, including the people we serve, as developing individuals which includes recognition of their status as sexual human beings. The organization further recognizes that persons receiving services bring with them their own values, beliefs, and attitudes regarding sexuality. Sexuality is defined in this context as the integration of the physical, emotional, intellectual, and social aspects of an individual's personality which express maleness or femaleness.

The organization supports these aspects of the individual's personality through reasonable efforts to provide the following:

- personal privacy within one's residence;
- structured activities under organization sponsorship which provide interaction and learning opportunities for appropriate and typical social behaviors, and;
- access to age-appropriate and developmentally appropriate sexual information, materials, and training, within the process of the person-centered plan.

In cooperation with support team members, including parents and/or guardians, the organization will provide information and appropriate materials to persons served who express by word or action a need for such support.

When additional intervention is indicated, and through the mechanism of the individual's Plan, persons served will be referred to appropriate agencies (e.g. MOCSA or Planned Parenthood.)

The organization does not support the irresponsible expression of sexuality and will respond to instances of inappropriate sexual expression through supportive and positive procedures, which when appropriate these procedures may include the solicitation of services from other community resources.

Where disagreements exist between legitimate persons served (e.g. parents/guardians or persons directly receiving services) and employees regarding this policy statement and/or related procedures, it is the policy of this organization for the Board of Directors or its designated members to mediate such disagreements. Persons served, parents, guardians, and/or advocates will be informed of this policy at the time of admission to the Community Living program. Nothing contained herein should be interpreted or construed to sanction or condone improper sexual conduct.

## **SEXUALITY**

### **PROCEDURE – Community Living programs**

The personal values and preferences of the individual person served, including his/her cultural, religious and moral values, shall be included in consideration of issues regarding relationships and sexuality for each individual.

When requested by an individual and or his/her support team and identified in the Individual Support Plan, the organization will provide informal training and counseling to persons served regarding appropriate and typical social behaviors, as well as encouragement to develop relationships. Areas of needed training or education may be identified through a formal or informal assessment of the person served's knowledge base on sexuality.

A curriculum for training will be utilized as needed through the implementation of the individual's Person Centered Plan. Training may include, but is not limited to: materials and information regarding dating and relationships, "safe sex," birth control, sexually transmitted diseases, consent issues, sexual assaults, etc. The organization will refer persons served to appropriate agencies (e.g., MOCSA, Planned Parenthood, physicians, etc.) if the need is indicated.

## SEIZURE CARE

### PROCEDURE - ALL Programs

“Seizures” are characterized by convulsions of the body's muscles, partial or total loss of consciousness, mental confusion, and/or disturbances of bodily functions including control of bowels. “Epilepsy” is a common neurological condition and medical family name for over 20 different types of seizure disorders. In a person with epilepsy, there are sometimes brief, temporary changes in the brain's chemical-electrical system. These brief malfunctions mean that more than the usual amount of electrical energy passes between cells. The sudden overload may stay in just one small area of the brain or it may swamp the whole system. When this happens, the brain cannot work properly for a time, so it loses control over some muscles of the body, and/or consciousness, senses, and thoughts.

Seizure activity can also be caused by an imbalance of electrolytes in the body. Individuals with a history of electrolyte imbalance will often be prescribed with a “fluid restriction” to limit the amount of fluids (water/beverages) consumed daily. If excessive fluids are consumed, this can cause an individual to have seizure activity. If an individual with a fluid restriction begins to demonstrate any of the three types of seizures listed below, staff must consult with the physician immediately, or transport the individual to the emergency room if the physician is not available, unless other directions are indicated in the Person Centered Plan.

Since many persons served have epilepsy, it is the responsibility of employees on duty to:

- a) Be aware of which persons served have a seizure disorder or electrolyte imbalance by history,
- b) Be knowledgeable of the type, standard appearance and symptoms, and frequency of the persons' seizures,
- c) Know the Person Centered Plan in regard to seizure care,
- d) Know first aid and standard seizure care.

The medical records of persons served indicate who has a history of seizures. For those persons served, the Person Centered Plan addresses their seizure care.

#### Types of Seizures (Three most common)

- a) Generalized tonic-clonic - Also called “Grand Mal”  
Appearance - Sudden cry, fall, rigidity, followed by muscle jerks and movement, shallow

breathing, or temporarily suspended breathing, bluish skin, possible loss of bladder or bowel control. Usually lasts less than five minutes, after which normal breathing starts again. There may be some confusion and fatigue, followed by return to full consciousness.

FIRST AID AND CARE IS NEEDED for Grand Mal seizures-

b) Absence - Also called "Petit Mal"

Appearance - A blank stare lasting only a few seconds - may be accompanied by rapid blinking, some chewing movements of the mouth. Person having the seizure is unaware of what's going on during it, but quickly returns to full awareness once it has stopped.

First aid is NOT generally needed for Petit Mal seizures.

c) Simple Partial - Also called "Jacksonian"

Appearance - Jerking begins in fingers or toes and can't be stopped by person, but person stays awake and aware. Jerking may proceed to involve hand, then arm, and sometimes spreads to whole body and becomes a convulsive seizure.

First aid is NOT needed for Jacksonian seizures UNLESS the seizure becomes convulsive - see section below.

### Seizure Care and First Aid

#### WHAT TO DO:

- a) Push away or move all nearby objects and hazards.
- b) Place something soft (folded jacket or towel, etc.) under head.
- c) Take steps to keep airway clear -- turn person onto side, or turn head to the side.
- d) If breathing stops, give artificial respiration.
- e) Provide emotional support and reassurance after the seizure.
- f) CALL 911 UNDER CIRCUMSTANCES DICTATED BY THE PERSON CENTERED PLAN **AND/OR IF...**

- a seizure lasts longer than 5 minutes,
- seizure subsides and is immediately followed by another,
- if breathing distress necessitates artificial respiration,
- if water / liquid / vomit is inhaled,
- the person served has not had seizures by history.

- g) Call the Community RN if you have any doubt about the need for care or symptoms exhibited.

h) Document the seizure (see below).

**WHAT NOT TO DO:**

- a) Do not force a blunt object in mouth or between teeth
- b) Do not try to hold tongue (it can't be swallowed)
- c) Do not give liquids during or just after seizure
- d) Do not restrain
- e) Do not use artificial respiration unless breathing is absent

**Reporting and Documentation**

- a) Always report the seizure to the Community RN about the symptoms exhibited or need for follow-up care. If instructed by the RN or other designee, complete an Event Report.
- b) In Community Living programs, record the seizure on the “Seizure Report Form” as soon after the seizure ends as possible to ensure accurate reporting of details. If the person served has not had a seizure in the recent past and/or a “report form” is not in the file, use only the event report.
- c) Complete an entry in the person served’s Health Care Notes describing care delivered during and after the seizure.
- d) If the seizure is an unusual occurrence (i.e., the person has not had seizures before, the seizure is unusual in duration or frequency, or it is suspected that the seizure is related to excessive fluid intake/electrolyte imbalance) employees shall seek immediate medical treatment and complete and submit an event report.

**SWIMMING**

**PROCEDURE – Community Living programs**

If a person served desires to participate in swimming as exercise or recreation, the Manager will obtain information from reliable sources (parent, guardian, Support Coordinator, or other members of the support team) regarding the person served’s swimming ability and general water safety skills. The support team and/or guardian will reach a consensus as to the level of supervision required for each individual. If swimming is identified as an outcome or action in the Person-Centered Plan, the level of support and supervision needed, will be included in the Plan. The following regulations shall apply in all organization sponsored or supervised outings,

unless deemed unnecessary in writing (for example, in the content of the authorized person centered plan) by the person served's support team and/or guardian:

- a. Residents may not swim unless there is an employed "lifeguard" on duty or the accompanying employee has a current (issued in last three years) Red Cross Certificate in Advanced Life Saving (or other comparable training if approved by the Director of Community Living.)
- b. Staff to person served ratio shall be at least one to five, with employees in or at the edge of the swimming area at all times (this applies even when there is a lifeguard on duty.)
- c. It is the responsibility of employees to determine if a greater number of employees are needed based upon the skills of the persons served participating. Factors to be considered include:
  - Experience, skills and formal training in the water
  - Caution in or fear of the water
  - Physical health and strength
  - Seizure activity

Persons served with seizure activity must consult with their physician as to the advisability of wearing a life preserver at all times while swimming. It is the responsibility of employees to enforce the physician's directions in this matter or remove the involved person served from the activity.

## **VISITORS**

### **PROCEDURE – Community Living programs**

It is the policy of Open Options UCP to honor the rights of persons served within the organization. This includes the right to maintain relationships and receive visitors in one's home. All individuals served at Open Options UCP may entertain guests of their choice, without prior notice and may entertain in public areas of the home or in their private bedroom.

It is expected that visitors will conduct themselves with common courtesy of all of the persons served and employees in the home. This includes speaking kindly, and being considerate that

noise level and their actions may affect others in the home. Guests will be held to the general policies of the Open Options UCP locations, including refraining from illegal activity, no possession of firearms or other weapons, smoking restricted to designated areas, cooperation with alcohol consumption guidelines, and the prohibition of outside food and drink in the homes where people with eating disorders are served.

Individuals that live at each location may come to a shared group agreement that sets further guidelines for visitors. Through a house meeting, persons served may reach a consensus that they want specific visitor hours noted or other guidelines that can be posted at their specific home.

If visitors are family members, employees will not assume the family member is meeting the needs of the person served. Employees should provide support as usual, or communicate about who will be responsible. Employees will assist persons served to speak with guests that do not follow guidelines for the home they are visiting and remind them of expectations. Continued disregard for these guidelines will be addressed with the person served and their guest to reach an agreement for future visits.

If a particular relationship is viewed as detrimental by the support team, restrictions may be placed on visits in general or limitations on the particulars of the visit - such as where, when, how often, and how long. Any such limitations shall be clearly outlined in the individual's Person Centered Plan and shall be regularly reviewed (at least annually) by the individual's support team (to assess its continued appropriateness) and the Human Rights Committee (to ensure due process is in place).

Without express, advance approval from the Division Director, former employees of Open Options UCP are not allowed to visit individuals residing in an Open Options UCP facility, or accompany individuals served on community outings. Each visit must be approved in advance unless otherwise stipulated in the person centered plans.

Visitors who are persons served by Open Options UCP (supported at another location) must be considered in the staffing ratio and additional staffing may be necessary to accommodate the visit.

Employees are not allowed to have visitors at their place of employment without prior authorization of their Division Director. Visitors may not bring pets into the home without prior authorization of the Division Director.

## **VACATION AND EVENT PLANNING**

### **PROCEDURE – Community Living programs**

It is the policy of Open Options UCP to recognize that persons served may wish to participate on events and recreational trips outside of the greater Kansas City area. Open Options UCP is supportive of persons served being able to participate in out of town events, trips, and vacations. Prior to the scheduled event, the Division Director and Director of Community Living must obtain and review the following information:

- A full itinerary for the trip: includes date and time of departure, travel arrangements, date and time of arrival, activities/events scheduled, date and time of return trip start and estimated time of arrival home.
  
- Staffing ratio: a breakdown of the employees who are attending the event and how the indicated staffing ratio(s) of person(s) served are going to be adhered to throughout the duration of the trip. If staffing support or ratio(s) are to be altered from what is indicated in support plan(s), a Person Centered Support Plan Addendum must be completed and approved by the support team(s) prior to the trip indicating the altered supports to be provided during the trip. All planning and staffing arrangements are focused on ensuring the health and safety of persons served so they can enjoy the vacation/trip while also being supported with the appropriate level of support and supervision.
  
- Employee training: for each employee participating in the trip, he/she must receive documented training on the Person Centered Support Plans of each person served attending the trip. This training would also include training on any other relevant documents, including Positive Behavior Support Plans or Addendums.
  
- An itemized description of all trip expenses: includes all trip-related expenses and how these expenses are to be paid for. This itemized description would include things such as the

following: travel expenses (transportation secured and/or estimated mileage expenses), meals, lodging, and other miscellaneous expenses. For each person served, the total cost must be calculated and these funds are to be secured prior to the trip. Most typically, these funds will be obtained from each individual's NAFS funds. When possible, Open Options UCP may supplement the cost of the trip if persons served are unable to secure full funding and restricted funds are available.

- A plan to ensure the safe and accurate administration of all medications for persons served attending the trip. See Section H. Medication Administration: Medication Administration Outside of the Home or Program Procedure.

- Guardian notification and approval: for each person served who is scheduled to participate in the trip, his/her guardian (if applicable) must be given the full itinerary for the trip (including a breakdown of cost for his/her ward). Written guardian consent must be obtained prior to the trip.

## **PETS**

### **PROCEDURE – Community Living Programs**

Pets are not allowed in facilities owned or leased by the organization.

For persons served in Individualized Supported Living arrangements in households of 2 or 3 residents, pet ownership should be discussed by the person centered planning team. The Division Director, or his/her designee, will consult with the applicable landlord and with employees who will be supporting and monitoring the person served's ability to care for the pet. If applicable, the Division Director will also determine whether there are roommate concerns regarding the issue of pets in the home. The deliberation of the team will center on:

- a) Health/safety issues which may present barriers to pet ownership (such as allergies).
- b) Lease agreements.
- c) Costs and affordability of the pet and pet care.
- d) Demonstrated level of responsibility of the individual.
- e) Past history of pet ownership (successes/failures).

f) Roommate/housemate preferences.

If the team concurs with the person served's request for a pet it will be addressed in the Person Centered Plan.

If the team denies the person served's request for a pet, this determination and its corresponding support documentation will be reviewed by the Human Rights Committee to ensure due process. The individual may choose to file a grievance if he/she disagrees with the decision (See Rights of Persons Served – Person Served Grievances Procedures – All Programs).

## **WEATHER EXTREMES - COLD AND HOT WEATHER**

### **PROCEDURE – Community Living Programs**

Employees are responsible for guiding and instructing persons served in selecting clothing appropriate to occasion and weather conditions, and limiting exposure to weather extremes. When hot and cold weather conditions pose a physical danger, employees shall make every effort to ensure persons served take reasonable precautions.

#### **Cold Weather**

When the wind-chill drops below thirty degrees employees will review and prompt persons served to wear appropriate clothing including winter coat, gloves/mittens warm hat, thick socks, and appropriate shoes or boots.

When the wind chill factor drops below zero, exposure should be limited and persons served should not wait outside or walk to work or bus stop. Employees shall advise persons served to make appropriate transportation arrangements if possible and provide necessary assistance. Employees shall never leave persons served unattended in any vehicles for any period of time.

#### **Hot Weather**

“Heat Alerts” are issued by the National Weather Service when the heat index rises over 100 degrees. Exposure to, or exertion in, extremely hot weather can lead to heat cramps, heat exhaustion and heat stroke. During heat alerts, employees shall review and prompt persons served to follow these guidelines:

a) Persons served should stay out of sunlight during peak exposure hours (10 am to 2 pm) and

- avoid exertion outside.
- b) Fluid intake should increase, especially water and sport drinks (unless medically contraindicated),
  - c) Sunscreens should be used for all sunlight exposure.
  - d) Persons served should wear loose fitting, light weight clothing.
  - e) Persons served who take major tranquilizers, mood altering drugs, and anticholinergic drugs should be made aware of and observed for any possible reactions to heat and sun exposure, including photosensitivity.
  - f) Persons served shall not be left unattended in employee or agency vehicles for any period of time,
  - g) Persons served who exhibit any of the following symptoms are possibly suffering from heat cramps, heat exhaustion, or heat stroke. These conditions may need medical attention. The Community RN or the person served's physician should be contacted immediately and the person served should remain in a cool area:
    - Clamminess/coolness of skin lethargy
    - Lack of perspiration (hot, dry skin)
    - Nausea, muscle cramps, or dry heaves
    - Lowered blood pressure
    - Rapid pulse
    - Muscle cramps or twitching
    - Mental confusion, faintness, giddiness
    - Abnormal thirst
    - Slight fever

## **WATER TEMPERATURE SAFETY**

### **PROCEDURE – Community Living Programs**

A scald is a burn from a hot liquid or steam. These burns can cause serious injuries. The risk of injury is increased with persons with disabilities because some individuals are unable to physically respond quickly to hot temperature threats. Common threats of scalding are bath or shower water and sink faucets. Water temperatures over 130 degrees can cause serious scalding burns in a matter of seconds.

Persons served shall receive training and observation for use of water faucets. The safe and appropriate manner in which to turn on water faucets is the following:

For faucets with two (hot and cold) control knobs, first turn on the cold water knob. Second, turn on the hot water knob slowly, testing the water (by quick touch) to see if it has reached the desired temperature. After the water has run for several seconds, re-test the water temperature, then make adjustments and re-test to reach the desired temperature.

For faucets with a single control knob, first turn the knob to the cold setting, and then turn on the water. Gradually move the knob setting to release warm (not hot) water. Test the water (by quick touch) and retest after the water has run for several seconds. The make adjustments and re-test to reach the desired temperature.

In group homes and person served's homes locations, persons served skills in setting water temperatures shall be assessed annually using the Water Temperature Evaluation. Abilities and needs will be noted in the Person Centered Plan. For Community Integration persons served, persons served will be assessed until they reach criteria, and any further needs for training or monitoring will be included in the Person Centered Plan, unless the person served lives in the natural family home or receives residential supports from an external organization.

In any location where 24 Hour supports are provided, the water heater thermostat shall be set to heat water to a temperature of 110 - 115 degrees (if possible based on segregation of water service). In group homes, water temperatures at all faucets throughout the home shall be tested monthly with a bi-metallic stemmed thermometer. If any tests result in a temperature of over 115 degrees, the water heater temperature must be adjusted immediately.

Thermometers used for testing water temperature are to be calibrated monthly prior to the monthly water temperature check. Thermometers are calibrated by using the ice water method:

- 1) Fill a large glass with finely crushed ice.
- 2) Add clean tap water to the top of the ice and stir well.
- 3) Immerse the thermometer stem a minimum of 2 inches into the mixture, touching neither the sides nor the bottom of the glass.
- 4) Wait a minimum of 30 seconds before adjusting. (For ease in handling, the stem of the food thermometer can be placed through the clip section of the stem sheath and, holding the sheath horizontally, lowered into the water.)

- 5) Without removing the stem from the ice, hold the adjusting nut under the head of the thermometer with a suitable tool and turn the head so the pointer reads 32 °F.

Any Open Options UCP employee may complete a water temperature check. The check is completed by doing the following:

- 1) Turn on the hot water fully and let it run for at least 60 seconds.
- 2) Place the thermometer under the running water for at least 60 seconds.
- 3) Read the thermometer. Record the reading on the Monthly Maintenance Report.

If when tested, a location's water temperature is found to be either above or below the range of 110-115 degrees, only the Division Director or designee may adjust the water heater temperature. Once the water temperature has been adjusted, the temperature will be re-checked on a daily basis for 14 consecutive days. These temperatures are recorded on the Water Temperature Safety Log.

For persons served who require assistance in setting the water temperature, employees will follow the above guidelines for setting the temperature. Employees will test the water temperature manually (by touch) before person served comes into contact with water and periodically while water is used to monitor for temperature fluctuations.

## **VEHICLES - DRIVING & MAINTENANCE**

### **PROCEDURE - All Programs**

Employee Classifications - Employees are classified according to expected driving duties:

- a. Employees Required to Drive – Most positions with Open Options UCP require the ability to drive to perform the duties.
- b. Company Vehicles Only – When an employee is assigned to a location where Open Options UCP provides a vehicle, the job requirement is to hold a valid driver's license and demonstrate a safe driving record (verified upon employment and annually thereafter.) For company vehicles only, employees are not required to use or have a personal vehicle or show proof of insurance.

c. Company & Personal Vehicles – In order for an employee to drive his/her personal vehicle while performing job duties, the employee must meet the valid license and safe record requirements plus provide proof of personal insurance. This applies whether or not persons served are transported. Insurance will be checked upon hire or transfer into positions, and upon random selection monthly. The following classifications of employees and departments generally must meet these requirements:

- community integration
- supported living services
- SeniorLink and Family Support care managers
- Management
- Community Living (where vehicles are provided) who
  - Have regularly assisted with program needs by driving one's own vehicle, or
  - Employees who wish to do fill-in work at supported living locations.

At the time of hire, each employee assigned to drive on behalf of the organization shall present a valid driver's license. The license shall be photocopied with one copy placed in the employee's personnel file and the information contained on the license shall be forwarded to the insurance company. Human Resources then obtains and verifies the driving record of the employee.

Driver Qualification - Utilizing criteria supplied by the insurance company, the organization shall make a determination as to whether employees may transport individuals served, based on driving records. Employees may not drive on behalf of the organization until the record check is completed.

If the insurance company in conjunction with Open Options UCP determines that the employee is an unacceptable driver, the employee's employment status shall be reviewed and the employee may be subject to reassignment or termination.

All employees are expected to drive agency vehicles and personal vehicles in the line of duty in a safe, prudent manner, conforming to all laws, local ordinances, and rules of common courtesy.

Employees using their personal vehicle in the line of duty must have current registration, insurance, and have a vehicle in safe working condition.

Training - All drivers must have training in CPR and First Aid. For any vehicles which transport persons served who are non-ambulatory, and are equipped with a lift, all drivers of the vehicles must have participated in an in-service regarding the operation of the vehicle including the lift and safety restraining devices; movement of passengers in and out of the vehicle; and emergency procedures and road accidents.

Safety Equipment, Conduct & Inspections - Agency vehicles will be equipped with a first-aid kit and an operable fire extinguisher, mileage sheets, accident information, organization insurance card, and reflective road hazard sign. Employees shall enter the purpose of the trip and mileage at the beginning and conclusion of each trip in an agency vehicle.

State vehicle safety inspections shall be performed as required by law on agency vehicles. Monthly inspections of the vehicles shall be conducted by employees and reported to the administrative office on the monthly vehicle report form, and periodic inspections shall be conducted by maintenance. All employees are required to report maintenance issues to their supervisor. All inspections, maintenance needs, incidents and accidents will be reported to the Vice President/CFO, and Director of Community Living within 24 hours of occurrence.

#### Vehicle Usage Guidelines

- a. All employees are expected to adhere to all state motor vehicle laws and ensure vehicles are being driven in a safe, responsible, legal manner.
- b. Employees and persons served in any agency or staff-owned vehicle are expected to wear seat belts at all times that the vehicle is in motion.
- c. Employees and persons served shall conduct themselves in a safe manner during all transportation. Horseplay, physical aggression, arguing or other behavior which could be distracting to the driver are not permitted during transportation. Drivers are not allowed to use a cellular phone or any other electronic devices for any purpose (talk, text, data) while in transit. If the driver receives an emergency phone call, he/she will

pull the vehicle over to a safe location before taking the call. If there is any type of distraction or disruptive behavior in the vehicle, the driver should pull off the road, stop the vehicle in a safe place, and assess the situation before proceeding.

- d. When transporting person served in a van or any vehicle with a high clearance from the ground, the driver will exit the vehicle upon arriving at the destination and will be available to physically assist persons served as they exit from the vehicle.
- e. Smoking in vehicles is strictly prohibited.
- f. Food and beverages are not to be opened or consumed in vehicles.
- g. Agency vehicles are expected to be returned and parked at their respective group living locations by 9:00p.m. each evening.

Persons Served Unattended – Employees shall NEVER leave a person served unattended in any agency or staff-owned vehicle with the vehicle engine running or with keys in the vehicle. Persons served may be left unattended in a vehicle ONLY if it is outlined in the person centered plan – if in doubt, do not leave persons served unattended in the vehicle for any length of time.

Traffic Violations - All violations (including parking tickets) are the responsibility of the driver and shall be reported immediately to the employee's supervisor and the Division Director. Failure to report accidents, including incidental damage to the vehicle, or ticketed violations within two hours of the incident is subject to disciplinary action including termination of employment. See also Vehicle Accident Procedures in the Emergency Procedures section of this manual.

Any employee ticketed and convicted for moving traffic violations while driving an agency vehicle or personal vehicle in the line of duty will be subject to disciplinary action. In addition, employees may also be subject to disciplinary action for failing to drive safely as indicated by GPS data generated from agency vehicles even though no ticket or violation was received.

In the event of receipt of an electronic ticket for an agency vehicle or a violation indicated by

GPS tracking equipment, effort will be made to identify the employee responsible based on the date/time/location of the event. The employee driver responsible for a ticket must submit payment for the ticket to the agency in a timely manner. Documentation of this infraction will also be added to the employee's driving record on file. The employee may be required to receive additional training on safe driving before he/she can drive an agency vehicle again.

Personal use of agency vehicles is strictly prohibited.

## **FIREWORKS – USE & POSSESSION**

### **PROCEDURE - All Programs**

The use and possession of fireworks is prohibited on any property owned or leased by the organization. Persons served under the supervision of employees on duty are prohibited from igniting or possessing fireworks of any kind.