



Connections Program Policy  
2017

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## **History of Connections**

Connections, formerly known as Connections of Moorhead, Inc., is a not-for-profit agency that started in 1972 under the name of Clay County Diversified Services Incorporated and was often referred to as the “DAC”. The organization was originally set up in the basement of a church, and taught vocational skills to adults with disabilities. A short time later, the organizations location was moved to the campus of Moorhead State University, where it was affiliated with the Special Education Department. Over the next several years the agency was housed at a number of different locations in Moorhead. In 1982 a new program called SILS (Semi-Independent Living Services) was added to the agency. The purpose of SILS is to provide support to adults with disabilities in gaining independence in their homes and communities. This was one of the first SILS programs in the state of Minnesota. In 1985, a grant was written called Project Succeed that essentially launched a new era in supported employment. The grant assisted clients in becoming integrated into community work places and provided supported employment. With the help of Project Succeed, the agency turned its focus from sheltered workshop employment to community based employment. In 1990, the agency changed its name to Clay County Diversified Services, Inc.(CCDSI). In 1998, CCDSI moved its offices to the Townsite Center where it remained until August of 2016 and eventually changed its name to Connections of Moorhead, Inc. In February 2015, Connections of Moorhead was approved to provide vocational services to people living in North Dakota. After renting for 43 years, the agency purchased a building for their administrative offices in West Fargo, North Dakota and changed their name to Connections.

Connections is governed by a volunteer Board of Directors which has developed personnel policies and procedures that offer the best services to its clientele. The Board regularly examines agency services to ensure that these services are fulfilling the company’s mission and values.

Within the agency there are two fundamental components; Community Services and Residential Services. Community Service is a service that provides the opportunity for clients to perform meaningful paid work in the community. Residential services include programs to assist clients to live in the community semi-independently or with 24 hour care. Both services are provided by determining the specific needs of each individual.

## **Mission Statement**

Connections actively supports people with disabilities in achieving personal satisfaction through advocacy and empowerment using a person-centered approach.

## **Values**

We value:

- Each person as an individual who deserves quality services.
- Honesty, trust and respect in all that we do.
- The opportunity to support those in need with compassion, understanding and sensitivity.
- The team work necessary from all those involved in providing services of the highest quality.
- The community we serve for the support and assistance necessary to serve with excellence.
- Growth and Innovation in the services provided so that we can meet the changing needs of our community.

### **Organizational Structure**

Connections' organizational structure currently consists of three programming areas. We are in the process of becoming an ARMHS provider, therefore ARMHS Services are included as well:

1. Day Services
  - a. Day services are supported by a team of coordinators who directly supervise the direct support professionals. The coordinators report directly to our Director of Day Services. The Director of Day Services reports directly to the Executive Director.
2. Adult Foster Care Services (Residential)
  - a. Adult Foster Care Services are supported by a team of supervisors, who are directly responsible for the supervision of all direct support professionals. Those supervisors are supported by a program coordinator and our program coordinators report directly to our Director of Residential Services. The Director of Residential Services reports directly to the Executive Director.
3. Semi-Independent Living Services (Residential)
  - a. SILS is supported a coordinator who directly supervises the direct support professionals. The coordinator reports directly to our Director of Residential Services. The Director of Residential Services reports directly to the Executive Director.
4. ARMHS
  - a. ARMHS' administrative duties are overseen by Connections' Executive Director. The Clinical Supervisor/MHP provides direct supervision to the Treatment Director. The MHP also provides clinical supervision to the MHRW. The Treatment Director provides operational supervision to the program and to the MHRW.

Connections' Director of Operations directly supervises the Training Coordinator, Transportation Coordinator and Administrative Assistant. The Transportation Coordinator

directly supervises the bus drivers. The Director of Operations reports directly to the Executive Director.

Connections' Director of Finance does not directly supervise any staff but reports directly to the Executive Director.

## **Scope of Service**

### **I. Individuals Served:**

Eligibility of the person to receive services is determined by the County in accordance with the eligibility criteria established by applicable Minnesota or North Dakota Rules and federally approved state waiver plan requirements.

Persons served must be 18 years of age or older and have a diagnosed disability or mental health condition.

### **II. Hours of Operation:**

Connections offer services offers services 365 days each year with the exception of the observed agency holidays for Community Services. The agency holidays include:

Monday	January 2, 2017
Friday	April 14, 2017
Monday	May 29, 2017
Tuesday	July 4, 2017
Monday	September 4, 2017
Thursday	November 23, 2017
Friday	November 24, 2017
Observed	Monday December 25, 2017
Observed	Tuesday December 26, 2017
Monday	January 1, 2018

In accordance with Minnesota Rules for Day Training and Habilitation, individuals served by Connections Community Services program cannot receive more than 251 days of service per calendar year.

Clay County is the lead county for authorization of services for people living in Minnesota. Payer sources in MN include Counties and the State of Minnesota. North Dakota payers are the State of North Dakota funded services.

Fees for service are found in the Client Bill of Rights which the client receives upon intake and annually thereafter with rates listed respectively to each program.

Referral sources include all service providers in the State of Minnesota and in the State of North Dakota.

### **III. Community Day Services:**

1. Employment Support Services/Enclave (ESS)
2. Supported Employment Services (SE)
3. Direct Hire Services (DH)
4. Day Program Services-Connections Adult Care Center

Community Services provided shall include but not be limited to:

- A. Supported employment models using a variety of community work sites
- B. Community recreation program using a variety of community recreation and leisure sites
- C. Appropriate support, supervision, and training to improve an individual's income level, employment status, or job advancement in accordance with the objectives specified in the IHP
- D. Individualized assessment in a manner consistent with 245D.
- E. Individualized job development and job placement
- F. On the job training in work and work related skills required to perform the job
- G. On-going supervision and monitoring of job performance
- H. On-going support services when necessary and available within the program's resources to assure job retention
- I. Training in related skills essential to obtaining and retaining employment such as self-care, communication, social appropriateness, problem solving, task completion, safety, use of community resources, use of break or lunch areas, and mobility training
- J. Adult Day Program Services in a manner consistent with 254A.
- K. Transportation to and from service sites when other forms of transportation are unavailable or inaccessible
- L. Adaptive equipment necessary to obtain and retain employment when the equipment is not otherwise available through the Division of Rehabilitation Services of the Minnesota Department of Jobs and Training or the medical assistance program
- M. Training to improve related individual skill areas as identified in the IHP
- N. Assistance and training with mobility, including communication, use of specialized transportation, and use of public transportation

- O. Assistance and training in communication and physical care to allow client to participate in community activities and supported employment activities that would be considered appropriate for non-disabled individuals or near the person's chronological age
- P. Development of opportunities to access and participate in the community through cooperative programming with community agencies, including generic service organizations, senior citizens centers, adult education programs, or mental health agencies
- Q. Individual or small group activities that provide opportunities for individuals receiving services to interact with other individuals who are not paid care givers to encourage friendship
- R. Specialized therapy and alternative devices designed to increase an individual's communication skills and independent functioning or decrease problem behaviors so the individual can participate to a greater degree in community and employment opportunities
- S. Training to recognize and nurture each person's interests and capabilities
- T. Training to improve individual skill areas identified in the IHP

#### **IV. Residential Services:**

- 1. Semi Independent Living Services (SILS)
- 2. Independent Living Services (ILS)
- 3. Supported Living Services (SLS)
- 4. Adult Foster Care (AFC)
- 5. In-Home Family Supports (IHS)
- 6. In-Home Respite Care
- 7. Out of Home Respite Care
- 8. Companion Services

SILS, ILS and SLS services provided shall include but not be limited to:

- A. Meal planning and preparation
- B. Shopping
- C. First Aid Training
- D. Money Management and budgeting
- E. Administration of medications
- F. Use of telephone and other public utilities
- G. Personal appearance and hygiene
- H. Apartment upkeep and home maintenance
- I. Use of community emergency resources
- J. Rights and responsibilities of community living
- K. Social recreation and transportation skills
- L. Appropriate social behavior

- M. Case management
- N. Crisis intervention
- O. Foster care requirements as directed

AFC services provided shall include but not be limited to:

Foster care that will be available to residents within the adult foster home include the provision of:

- A. lodging;
- B. food;
- C. protection;
- D. personal care;
- E. household and living skills assistance or training;
- F. opportunities to participate in community, recreation and religious activities, and events of the resident's choosing;
- G. opportunities for the resident to have contact with family and friends;
- H. assistance safeguarding cash resources, such as banking, reporting the resident's earnings to appropriate agencies, keeping records of financial information (checks issued and received), and accounting for the resident's funds controlled by the operator;
- I. supervision;
- J. transportation,
- K. assistance with the provision of other community, social, or health services as named in the resident's individual service plan, if any; and
- L. Medication assistance.

In-Home Family Supports services provided shall include but not limited to:

- A. Bed making and household chores
- B. Eating and the preparation of food
- C. Personal grooming and cleanliness
- D. Social and adaptive skills necessary to enable the individual to reside in a non-institutional setting

Examples of these services include:

- A. Communication
- B. Community participation and mobility
- C. Counseling
- D. Employment
- E. Health care
- F. Leisure and recreation
- G. Household chores



- H. Interpersonal skills
- I. Money management
- J. Personal assistance
- K. Reduction or elimination of maladaptive behavior
- L. Sensory and motor development
- M. Socialization
- N. Therapeutic activities, and training
- O. Supervision
- P. Monitoring in the areas of self-care

**Respite Care Services:**

Services provided to persons unable to care for themselves, furnished on a short-term basis because of the absence or need for relief of those persons normally providing the care.

This care may take place in and agency Adult Foster Care home for Out of Home Respite care.

**Companion Services:**

Services provided to persons how need companionship on a limited basis. There are no formal goals and the services can be provided in a person's home or in the community.

**V. Adult Rehabilitative Mental Health Services (ARMHS):**

A. ARMHS are a set of services that were developed to bring restorative, recovery-oriented interventions directly to individuals who have the capacity to benefit from them, whether in their homes or elsewhere in the community. ARMHS includes four components: basic living and social skills, community intervention, medication education, and transitioning to community living.

**1. Basic Living and Social Skills**

- Communicating opinions, thoughts and feelings, or key information with others
- Feeling confident in different social roles and settings
- Communicating about, or when in a stressful situation
- Discovering and using community resources to get needs met
- Getting outside help to deal with a difficult situation
- Preventing relapse
- Budgeting and shopping
- Developing a healthy lifestyle
- Learning to cook and eat a healthy diet
- Learning to get around the community

- Monitoring use and effectiveness of medications
- Managing the symptoms of mental illness
- Managing a household
- Finding and retaining a job
- Planning for employment
- Pursuing education
- Re-entering community living after treatment

## 2. Community Intervention

- Community intervention means a series of strategies aimed at reducing barriers to integration in the community, independent living, or securing community living when symptoms of the mental illness have become unmanageable. These strategies minimize the risk of a loss of community living which could result in the loss of a job, eviction, hospitalization, etc.
- Services would involve the ARMHS staff person, either with or without the individual present, to work with relatives, guardians, friends, employer, landlord, treatment provider(s), or other significant people in an effort to resolve a difficult situation. The identified resource person would be asked to make some change that would promote or stabilize the person's independent functioning.

## 3. Medication Education

- Medication education teaches individuals about mental illness and its symptoms. It also teaches people about the role of prescription medication and its effects, including side effects. Families and/or significant others may participate in medication education along with the client. Only a registered nurse, pharmacist, physician's assistant, or physician may provide this training. Medication education can be provided either one on one or in a group within a preferred community, home, or office setting.

## 4. Transition to Community Living

- Transitioning to community living services are provided to an individual who will be leaving a sub-acute level of care service, such as Assertive Community Treatment (ACT), a skilled nursing facility, an Intensive Residential Treatment Services (IRTS) program, or an acute care service such as a regional treatment center, or an inpatient hospital setting.
- These services provide a way for a rehabilitation services provider and the sub-acute or acute care provider to work with the person in a mutual manner. By

working together, discharge planning can promote successful entry or re-entry into community living.

- While closely tied, transitioning services do not duplicate discharge planning services expected of the sub-acute or acute care provider, nor are they provided concurrently or in conjunction with other ARMHS services. An individual may receive these services only when a facility cannot provide them or is not responsible for providing them.

### **ARMHS-Specific Documentation**

- All documentation will be completed according to requirements noted in MN Statute 256B.0623. For details and most up-to-date information, reference <https://www.revisor.mn.gov/statutes/?id=256B.0623>

### **ARMHS Clinical Supervision Plan**

*Clinical supervision may be provided by a full-time or part-time qualified professional employed by, or under contract with, the Connections. Clinical supervision may be provided by interactive videoconferencing according to procedures developed by the commissioner.*

### **Mental Health Professional/Clinical Supervisor:**

- Will meet with Treatment Director at least once a week to
  - review the information in the participant's file;
  - identify and plan provider entity staff training and personnel needs and issues;and
  - review and approve initial and updates of individual treatment plans.
- Will meet with Treatment Director at least once a month to
  - identify and plan for general needs of the population served;
  - identify and plan to address provider entity program needs and effectiveness;and
  - plan, implement, and evaluate provider entity quality improvement programs.
- Will meet with all ARMHS staff, individually or in small groups, once a month for
  - discussion of treatment topics of interest to the workers and practitioners;
  - discussion of treatment plans of participants, and approve by signature and document in the participant's file any resulting plan updates; and
  - discussion of progress notes from on-site service observation prepared by the mental health rehabilitation worker and mental health practitioner for accuracy and consistency with actual participant contact and the individual treatment plan and goals.

- Will be available for urgent consultation as the individual participant needs or the situation necessitates.

**Treatment Director:**

- Mental health practitioners must receive ongoing continuing education training as required by their professional license; or if the practitioner is not licensed, the practitioner must receive ongoing continuing education training of at least 30 hours every two years in areas of mental illness and mental health services.
- Treatment Director will meet with Mental Health Professional/Clinical Supervisor at least once a week to
  - review the information in the participant's file;
  - identify and plan provider entity staff training and personnel needs and issues; and
  - review and approve initial and updates of individual treatment plans.
- Treatment Director will meet at least monthly with Mental Health Professional/Clinical Supervisor to
  - identify and plan for general needs of the participant population served;
  - identify and plan to address provider entity program needs and effectiveness; and
  - plan, implement, and evaluate provider entity quality improvement programs.
- Treatment Director will meet with all ARMHS staff once a week, individually or in small groups, for
  - review of progress notes of onsite visits to ensure they are accurate and consistent with the purpose of the visit and goals of the treatment plan;
  - discussion of barriers that staff and the participants that they work with are experiencing;
  - determining that treatment is implemented correctly; overseeing changes in treatment strategies and revisions in treatment plans; conveying instructions and methods of treatment as appropriate;
  - model service practices which: respect the participant, include the participant in planning and implementation of the individual treatment plan, recognize the participant's strengths, collaborate and coordinate with other involved parties and providers;
  - ensure that mental health practitioners and mental health rehabilitation workers are able to effectively communicate with the participants, significant others, and providers; and
  - overseeing (a) records of observations, (b) charting evaluations, and (c) actions that correct the work of mental health practitioners and rehabilitation workers.

Treatment Director/Lead Mental Health Practitioner will have immediate availability by phone or in person for consultation to the mental health rehabilitation services worker during service provision.

**Mental Health Practitioner/s:**

- Mental health practitioners must receive ongoing continuing education training as required by their professional license; or if the practitioner is not licensed, the practitioner must receive ongoing continuing education training of at least 30 hours every two years in areas of mental illness and mental health services.
- Mental Health Practitioners will meet with Clinical Supervisor and Treatment Director as listed above.

**Mental Health Rehabilitation Worker/s:**

- Mental health rehabilitation workers must have documented training of 30 hours in mandated topics prior to being able to meet individually with a participant. These topics are listed in MN Statute 256B.0623. If an applicant can provide CEUs related to the mandated topics, these would count towards the required hours.
- Mental health rehabilitation workers must receive ongoing continuing education training of at least 30 hours every two years in areas of mental illness and mental health services and other areas specific to the population being served.
- Direct on-site observation while providing ARMHS services as follows:
  - While delivering direct services to participants, a newly-hired mental health rehabilitation worker must be directly observed delivering services to participants by a mental health practitioner or mental health professional for at least six hours per 40 hours worked during the first 160 hours that the mental health rehabilitation worker works.
  - The mental health rehabilitation worker must receive ongoing on-site direct service observation by a mental health professional or mental health practitioner for at least six hours for every six months of employment
- Mental Health Rehabilitation Workers will meet with Clinical Supervisor and Treatment Director as listed above.

**Documentation of Supervision Meetings will include:**

- Type of meeting (group or individual);
- Date of meeting;
- Length of meeting;
- General content of meeting; and
- Signatures of staff person both providing and receiving supervision.

Scanned copy of document will be kept in Personnel Files.

### **ARMHS Relapse Prevention Planning**

#### **1. Describe how you will assist the participant in developing a Relapse Prevention Plan and practice relapse prevention skills.**

- a. The participant's progress through the treatment process, as documented in the FA and ITP, will determine when Relapse Prevention Planning will begin.
  - i. Items to be included in Relapse Prevention Plan:
    - a. Wellness planning
    - b. Identifying triggers
    - c. Identifying early warning signs
    - d. Identifying what to do if things begin to break down
    - e. Crisis planning
    - f. List of resources for both crisis and non-crisis needs.
- b. Practicing skills will occur in the form of role-play and scenario examples. Practitioner will ask participant how they would handle a given scenario and will offer guidance when needed.

#### **2. Describe your procedure for documenting the plan and how the plan was developed.**

- a. When the Relapse Prevention Planning process begins, the participant will be given a 3-ring binder, which will serve as their tool-kit.
- b. The plan will initially be a working-document located in a 3-ring binder. Formal questions and a planning process will be included, as will blank paper for note-taking and elaboration. The participant will take the binder home with them after each applicable session to allow them to review/process the information.
- c. Once the participant and practitioner agree that the document is thorough and complete, a finalized copy will be placed in the participant's file. The participant will keep the 3-ring binder and all of the contents as their Relapse Prevention Plan.
- d. When the Relapse Prevention Plan is worked on during a session, it will be noted in the Progress Note.

### **Admission Criteria Policy**

#### **I. Policy**

It is the policy of this DHS licensed provider, Connections, to promote continuity of care by ensuring that admission and service initiation is consistent with a person's service recipient rights under section [245D.04](#) and this licensed program's knowledge, skill, and ability to meet the service and support needs of persons served by this program.

## II. Procedures

A. Pre-admission - Before admitting a person to the program, the program must provide the following information to the person or the person's legal representative:

1. Identifies the criteria to be applied in determining whether the program can develop services to meet the needs specified in the person's coordinated service and support plan.
2. A copy of the fact sheet the program received from a law enforcement authority or corrections agent for a person who is a registered predatory offender currently being served by the program when the fact sheet includes a risk level classification for the offender. The fact sheet received by the program should not be altered when it being provided and should contain the following information: (1) name and physical description of the offender; (2) the offender's conviction history, including the dates of conviction; (3) the risk level classification assigned to the offender under section 244.052, if any; and (4) the profile of likely victims. If a person is being admitted to the program who is a registered predatory offender and the program has received a fact sheet, a copy of the fact sheet must be provided to all persons currently served by the program, or their legal representative.

B. Service initiation

1. Service recipient rights

Upon service initiation, the program will provide each person or each person's legal representative with a written notice that identifies the service recipient rights under 245D.04, and an explanation of those rights within five working days of service initiation and annually thereafter. Reasonable accommodations will be made to provide this information in other formats or languages as needed to facilitate understanding of the rights by the person and the person's legal representative, if any. The program will maintain documentation of the person's or the person's legal representative's receipt of a copy and an explanation of the rights.

2. Availability of program policies and procedures

The program must inform the person, or the person's legal representative, and case manager of the policies and procedures affecting a person's rights under section 245D.04, and provide copies of the following policies and procedures, within five working days of service initiation:

- Grievance policy and procedure.
- Service suspension and termination policy and procedure.
- Emergency use of manual restraints policy and procedure.
- Data privacy.

3. Handling property and funds

The program will obtain written authorization from the person or the person's legal representative and the case manager whenever the program will assist a person with the safekeeping of funds or other property. Authorization must be obtained within five working days of service initiation and renewed annually thereafter. At the time initial authorization is obtained, the program will ask the person or the person's legal representative and the case manager how often they want to receive a statement that itemizes receipts and disbursements of funds or other property. The program will document the preference. The program will document changes to these preferences when they are requested.

### C. Refusal to admit a person

1. Refusal to admit a person to the program must be based on an evaluation of the person's assessed needs and the licensed provider's lack of capacity to meet the needs of the person.
2. This licensed program must not refuse to admit a person based solely on:
  - a. the type of residential services the person is receiving
  - b. person's severity of disability;
  - c. orthopedic or neurological handicaps;
  - d. sight or hearing impairments;
  - e. lack of communication skills;
  - f. physical disabilities;
  - g. toilet habits;
  - h. behavioral disorders; or
  - i. past failure to make progress.
3. Documentation of the basis of refusal must be provided to the person or the person's legal representative and case manager upon request.

Legal Authority: MS §§ [245D.11](#), subd. 4; [245D.04](#), subd.2,(4) to (7), and 3, (8)

### **Awaiting Services**

Individuals awaiting services will be put on an admissions list in the order of referral. The individual will be assigned to the appropriate program list. Individuals, who are currently receiving services and are transitioning to a new program area, will remain in the current program of service and be added to the admissions list of the desired program. Those who have lost employment for reasons beyond their control and are in need of services to secure new employment (direct hire, supported employment) will have priority over those who are not currently admitted to the program, not currently receiving services, and those who are transitioning to the new program area. If an individual chooses to end their employment with or without notice, or is terminated due to reasons within their control, they will not have special priority above others on the waiting list.



## **V. Ineligibility**

A person would be deemed ineligible for services if they were under the age of eighteen years, and do not have a diagnosis related to developmental disabilities or mental health. A person would be ineligible for services if they did not qualify for county funds or state funds and would be unwilling to self-pay. Persons with a criminal history will be reviewed internally at Connections and a determination will be made with regard to the health and safety of participants currently being served. A person who is currently receiving services and incurs criminal charges may be deemed no longer eligible for services after an internal review is conducted by management at Connections.

## **Referral Sources**

Licensed DT&H providers in Clay County:

- Heartland Industries  
2510 16<sup>th</sup> Ave. South  
218-299-5600
- Productive Alternatives

Licensed Supported Employment providers in Clay County:

- Heartland Industries  
2510 16<sup>th</sup> Ave. South  
218-299-5600
- Productive Alternatives

## **HEALTH AND SAFETY**

### **TOXIC OR HAZARDOUS SUBSTANCES AND DANGEROUS ITEMS POLICY**

#### **I. Policy**

To maintain a safe environment for persons receiving services by developing procedures to handle toxic or hazardous substances and dangerous items.

## **II. Procedure**

### **A. Toxic and/or Hazardous Substances**

1. All toxic and/or hazardous substance containers must be labeled with the name of the hazardous substance, the appropriate hazard warning, the name and address of the chemical manufacturer, importer or other responsible party.
2. Information data sheets covering toxic and/or hazardous effect properties of toxic and/or hazardous substances and other harmful physical agents to which persons served and/or staff persons may be exposed will be obtained from the manufacturer and will be available in the work area. The safety data sheets will be updated as needed and kept on file.
3. Toxic and/or hazardous materials will be stored in a secured area when not in use. These storage areas will not be accessible to persons served except when persons served are engaged in activities requiring their use and/or as required in the individuals' ISP.
4. Toxic and/or hazardous materials will be disposed of as directed by the Minnesota Department of Health or the guidelines provided by the county of residence and handled as per guidelines provided by Occupational safety and Hazard Association. A Material Safety Data Sheet will be completed listing each hazardous substance.

### **B. Dangerous Items**

#### **1. Sharps**

- a. All needles, lancets, moonsets or other medical equipment used to pierce or cut the skin must be disposed of in a container that is:
  - 1) Closable, puncture resistant, leak proof on sides and bottom labeled or color-coded.
  - 2) Stored in a locked cabinet if there is risk that a consumer may tamper with the container.
  - 3) Maintained upright at all times.
  - 4) Replaced routinely and not allowed to overflow.
2. Other dangerous items
  - a. All other dangerous items, sharp knives, scissors, etc. will be stored safely when not in use and will be accessible to consumers as needed to engage in activities requiring their use and/or as required in the consumers' ISP.

## **Universal Precautions and Sanitary Practices Policy**

### **I. Policy**

It is the policy of this DHS licensed provider (program) to follow universal precautions and sanitary practices, including hand washing, for infection prevention and control, and to prevent communicable diseases.

### **II. Procedures**

- A. Universal precautions, sanitary practices, and prevention

Universal precautions apply to the following infectious materials: blood; bodily fluids visibly contaminated by blood; semen; and vaginal secretions. All staff are required to follow universal precautions and sanitary practices, including:

1. Use of proper hand washing procedure
  2. Use of gloves in contact with infectious materials.
  3. Use of a gown or apron when clothing may become soiled with infectious materials
  4. Use of a mask and eye protection, if splashing is possible
  5. Use of gloves and disinfecting solution when cleaning a contaminated surface
  6. Proper disposal of sharps
  7. Use of gloves and proper bagging procedures when handling and washing contaminated laundry
- B. Control of communicable diseases ([Reportable Infectious Diseases: Reportable Diseases A-Z - Minnesota Dept. of Health](http://www.health.state.mn.us))(<http://www.health.state.mn.us>)
1. Staff will report any signs of possible infections or symptoms of communicable diseases that a person receiving services is experiencing to Director of Operations.
  2. When a person receiving services has been exposed to a diagnosed communicable disease, staff will promptly report to other licensed providers and residential settings.
  3. Staff diagnosed with a communicable disease, may return to work upon direction of a health care professional.

Legal Authority: MS §§ [245D.11](#), subd. 2 (1) and [245D.06](#), subd 2 (5)

## **DISASTER ACTION PLAN**

The Disaster Action Plan will be determined by the agency's Executive Director and/or Director of Operations. When the event has been declared hazardous, the Incident Commander of Clay County will contact Connections. At this time the plan will be set in motion by the phone tree. Staff have been trained on how the communication system will work, who they will take directions from, and their responsibilities in the process. A Meeting Place will be predetermined for each site and individual. If the meeting place is compromised, the Director of Operations will provide instructions for relocation.

- Foster home residents should remain at the foster home until receiving further instruction
- 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 at 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.

- Information about how to reach responsible caregivers and if there is an alternate designated person who can pick up individuals in the case of an emergency should be updated annually and maintained on site and in the Connections Administrative Office by the appropriate supervisor.
- An “Acting in the Event of an Emergency” consent form signed by the individual or their guardian should be updated annually and in file

**Disaster supply kit:**

- Persons receiving Community Services will rely on the job site for disaster supplies and will follow the businesses safety/emergency protocol.
- Foster home facilities will have a disaster supplies on hand: The supplies should include the following:

**Bin Items**

1. Battery radio-NOAH weather-disaster radio
2. Duct Tape
3. Permanent Markers
4. Waterproof wrist bracelets-one for each resident
5. Manual food processor (if applicable for residents)
6. Attends (If applicable for residents)
7. Box of vinyl gloves
8. Self-powered flashlight
9. Water –3- 5- 16oz bottles per person

**Backpack Items (backpacks stored in bin)**

1. Clothing – One change of clothes including socks and undergarments
2. Maxi Pads – These can be used both as a bandage and sanitary item
3. Small Blanket
4. 2 large, black trash bags – These can be used as a poncho or to store soiled clothing
5. Important Documents – Including: copy of ID, insurance card, social security card (placed in a Large zip locked bag)
6. Toiletries (placed in a large zip locked bag)  
soap, toilet paper, hand sanitizer, toothbrush, toothpaste, deodorant, washcloth, towel
7. Energy or granola bar/small snack item – Be aware to watch for allergen information
8. Wipes
9. Vinyl or rubber gloves (1-2 pairs)
10. Seasonal items (Hat, gloves/mittens, sunscreen, hand and feet warmers)

**As you leave take:**

1. Medications
2. Adaptive Equipment (if easily accessible)
3. Checkbook or petty cash
4. Cell phone, if you have one
5. 1<sup>st</sup> Aid Kit

**Communication preparedness:**

- A list of emergency contacts for all persons served should be updated annually, maintained by the respective Program Coordinator and distributed to all necessary sites and staff.
- In the case of emergency, guardians and families of persons served shall be notified of their location via phone. All guardians have given permission to Connections to move the individual should a hazardous event warrant it. All re-location of persons served will be communicated to Clay County Social Services.
- All staff will be accountable for knowing the emergency contact numbers.
- All guardians/family members should be advised how to contact Connections in the event of a disaster.

**If a hazardous event occurs:**

- The central office of Connections is designated as the command center. The Executive Director will contact the Director of Residential Services and the Director of Day Services who will proceed with the disaster notification plan. The plan consists of a phone tree which designates who will call who to inform the staff of the emergency and the actions they will need to follow.
- If the central office is not available, the Commander designates a command center and maintains the communication line.
- The Commander will:
  - Coordinate activities to keep persons served and staff safe
  - Plan for resources needed at Connections sites
- The Commander should delegate the following responsibilities to available staff:
  - The **safety person** will be in charge of keeping the situation as safe as possible.
  - The **liaison person** will coordinate with other agencies as needed.
  - The **communication person** will communicate with staff and families as possible.
  - The **documentation support person** will document the time and resources used by Connections during a disaster. This person will maintain a log of what was happening and decisions that were made.
- For staff:
  - Remain calm and be patient.

- Communicate with Command Center. Where you are, who you are with and what the needs are. If you unable to communicate with Central office, Connections staff will make every effort to get to you through public officials.
- Follow the advice of local emergency officials.
- Check clients and workers for injuries, provide first aid and call for medical assistance as needed.
- Check for fire hazards, damaged utilities (water heater, gas leaks). If you smell gas or suspect a leak, get everyone outside quickly.
- In the case of a chemical spill or threat, stay inside, close the doors, go to an interior room without windows if possible and seal cracks around the door and vents.
- 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.
- Connections will make every effort to relieve staff and resolve the crisis as quickly as possible. However, staff is mandated to supervise clients until other arrangements can be made. Staff who leave without authorization will be considered abandoning their position.

## **EMERGENCY REPOSENSE, REPORTING & REVIEW POLICY**

### **I. Policy**

It is the policy of this DHS licensed provider (program) to effectively respond to, report, and review all emergencies to ensure the safety of person receiving services and to promote the continuity of services until the emergencies are resolved.

“Emergency” means any event that affects the ordinary daily operation of the program including, but not limited to:

- Fires, severe weather, natural disasters, power failures, or other events that threaten the immediate health and safety of a person receiving services; and
- That require calling 911, emergency evacuation, moving to an emergency shelter, or temporary closure or relations of the program to another facility or service site for more than 24 hours.

## **FIRE RESPONSE AND REPORTING**

### **II. Policy**

Additional information on safety in fires is available online at: <http://www.ready.gov/fires>. In the event of a fire emergency, staff will take the following actions (each site has their own evacuation procedures):

#### **A. Evacuation**

1. Evacuate all individuals in the immediate area of the fire to the designated meeting place following the emergency evacuation plan and procedures.
  - a. Account for each person.
  - b. Close doors against smoke and heat as you go.
  - c. Test a closed door before opening by feeling near the top.
  - d. If the door is hot, use an alternative exit.
  - e. If a room is smoke-filled, keep closed to the floor to breathe more easily.
- f. Activate the building fire alarm, if it has not been automatically activated, or implement the warning system for the program.
- g. Remain calm and keep everyone together.

#### B. Putting out the fire

Use a fire extinguisher as needed, if trained, and only after all others have been evacuated to the designated meeting place. Do not otherwise attempt to extinguish the fire.

#### C. Call the Fire Department

1. Call 911 and provide the following information:
  - a. caller's name;
  - b. address of fire;
  - c. type of fire, if known; and
  - d. extent of fire, if known.

#### D. Designated Meeting Place

1. Wait at the designated meeting place (specific to each site) for the fire department and provide specific information to them when they arrive. Provide emergency first aid as required until emergency personnel arrive.
2. Everyone should remain outside at the designated meeting place until given permission to reenter by fire officials. If remaining outside jeopardizes the health and/or safety of individuals, everyone should go to a predetermined place of safety or into a program vehicle at a remote location.
3. Once the fire is out the program coordinator or designee will consult with the fire department to determine if the building is habitable.
  - a. If yes, staff and persons served will return to the building and staff will assure consumers stay away from any potentially unsafe area.
  - b. If no, the supervisor or designee will direct staff and persons served to a temporary shelter.

#### E. Notification

1. After ensuring everyone's immediate safety, the program coordinator or designee will complete the following steps:
  - a. Report the fire to program administration, including the program director and the appropriate manager/designee.

- b. Arrange for the completion of an incident report by the staff person who was in charge at the time of the fire.
2. The program administrator or designee will report the fire within 24 hours to:
  - a. the parents or legal representative, if any
  - b. other licensed caregivers, if any
  - c. county case managers

## **2. Fire Drills**

Connections will hold regular unannounced emergency evacuation drills with the following conditions:

- A. Clear evacuation plans are posted throughout the facility showing routes of evacuation.
- B. Drills will be held at least quarterly in the agency office space, at the job sites, and in the foster homes and will be unannounced.
- C. Drills will be conducted at varied times, under varied conditions, and will use all possible exits.
- D. During drills persons served must be evacuated to a designated meeting place.
- E. Following each evacuation drill, a report will be completed noting:
  1. any problems noted and corrective action
  2. personnel present
  3. responses from persons served
- F. The supervisor will be responsible for reviewing each report and maintain a complete file of the drills.

## **3. Staff Training**

- A. All staff persons will be trained in fire evacuation procedures and the location and use of extinguishers.
- B. The fire evacuation plans and procedures shall be reviewed by all staff persons at least quarterly.
- C. Training will be provided to insure that staff are trained in the evacuation of clients with physical disabilities.

## **EMERGENCY EVACUATION RESPONSE AND REPORTING**

### **I. Policy**

To develop procedures to respond to threats or emergencies, e.g., bomb threats, gas leaks, or other threats or emergencies that may jeopardize the immediate safety of persons receiving services and to ensure that all staff and persons being served are trained on what actions to take in the event of such threats.

### **II. Procedures**

In the event that a threat is received or an emergency occurs that requires evacuation, staff will immediately evacuate persons served to the designated meeting place posted in the



emergency evacuation plan. If remaining outside jeopardizes the safety of persons served, staff will assist the individuals into a vehicle, removing them to a remote location if necessary. Additional information on emergency evacuation is available online at:

<http://www.ready.gov/evacuating-yourself-and-your-family>.

A. Evacuation

1. Evacuate all individuals in the immediate area to safety and account for their well-being of all people receiving services.
2. Inform people why they are leaving the program and what is being done to keep them safe.
3. The staff person in charge will contact 911 and notify them of the threat or emergency and provide the following information:
  - a. caller's name;
  - b. location/address;
  - c. any other information
4. Follow directions given by the 911 personnel and administrative staff in relation to the threat or emergency.
5. Evacuate all others to the designated meeting place posted in the emergency evacuation plan and account for each person as you go.
6. If time allows, evacuate with medication and medical supplies, medical and program information, clothing, grooming supplies, other necessary personal items, and emergency contact names and information.

B. Designated Meeting Place

1. Wait at the designated meeting place for the law enforcement agency or fire department and provide specific information to them when they arrive.
2. Everyone should remain outside at the designated meeting place until given permission to reenter by law enforcement or fire department officials. If remaining outside jeopardizes the health and/or safety of individuals, everyone should go to a predetermined place of safety or into the vehicle at a remote location.
3. Once the law enforcement agency or fire department has completed a search of the area the supervisor or designee will consult with law enforcement agency or fire department to determine if it is safe to reenter the building.
  - a. If yes, staff and persons served will return to the building.
  - b. If no, the supervisor or designee will direct staff and consumers to go to or remain at the temporary shelter.

C. Notification

1. After ensuring everyone's immediate safety the staff person in charge will contact the supervisor/designee.
2. The program coordinator or designee will complete the following steps:

- a. Report the threat or emergency to program administration, including the program director.
- b. Arrange for the completion of an incident report by the staff person who was in charge at the time of the threat or emergency.
3. The program administrator or designee will report the threat or emergency within 24 hours to:
  - a. the parents or legal representative, if any
  - b. other licensed caregivers, if any
  - c. county case managers

### **III. Emergency Evacuation Drills**

In order to be prepared for a possible need for emergency evacuation, the program will hold regular unannounced evacuation drills in coordination with fire and severe weather drills.

The following conditions must be met:

- A. Clear evacuation plans will be posted throughout the facility showing routes of evacuation.
- B. Drills will be held at least quarterly, coordinated with other emergency evacuation drills and will be unannounced.
- C. Drills will be conducted at varied times, under varied conditions, and will use all possible exits.
- D. During drills individuals must be evacuated to a designated meeting place.
- E. Following each evacuation drill, a report will be completed noting:
  1. any problems noted and corrective action taken
  2. personnel present
  3. responses of the persons served
- F. The supervisor will be responsible for reviewing each report and maintaining a complete file of all drills.

### **IV. Staff Training**

- A. All staff persons will be trained in bomb threat evacuation procedures.
- B. The emergency evacuation plans and procedures shall be reviewed by all staff persons at least quarterly.
- C. Training will be provided to ensure that staff is trained in the evacuation of persons served with physical disabilities.

## **SEVERE WEATHER EMERGENCY RESPONSE AND REPORTING**

### **I. Policy**

To develop procedures to respond to severe weather conditions and to ensure that all staff and persons served are trained on what actions to take in the event of severe weather.

### **II. Definition**

- A. Warning: Issued by National Weather Service local offices indicating that a particular

weather hazard is either imminent or has been reported. A warning indicates the need to take action to protect life and property, i.e., seek immediate shelter. The type of hazard is reflected in the type of warning (e.g., tornado warning, blizzard warning).

- B. Watch: Issued by National Weather Service local offices indicating that a particular hazard is possible, i.e., that conditions are more favorable than usual for its occurrence. A watch is a recommendation for planning, preparation, and increased awareness (i.e., to be alert for changing weather, listen for further information, and think about what to do if the danger materializes).
- C. Advisory: Issued by National Weather Service local offices indicating that situations that may cause some inconvenience or difficulty to travelers or people who must be outdoors.

### **III. Procedures**

Whenever there is the threat of severe inclement weather, the following steps will be taken to ensure the safety of all individuals.

#### **A. Monitoring Weather Conditions**

1. The staff person in charge is responsible for monitoring the status of the weather and determining what steps need to be taken to insure the safety of the persons served.
2. The following considerations will be taken into account when severe inclement weather conditions arise:
  - a. When the weather conditions indicate the possibility of a severe inclement weather situation, the staff person in charge will make sure the radio is tuned to a local station for weather reports. Each AFC program site will be equipped with a NOAA radio.
  - b. The whereabouts of all persons served and staff will be accounted for.
  - c. For tornado watches, staff will check the flashlight and have it readily available. The tornado plan must also be reviewed (site specific). Staff and persons served should remain in close proximity to safe shelter.
  - d. When a weather watch is issued, staff must be aware that conditions may change and necessitate the cancellation of community activities and the closing of DT & H programs.
- 1) The supervisor/designee should be prepared to modify the schedule on short notice to ensure adequate staffing to meet the needs of the program. The supervisor or designee will be responsible for deciding whether to postpone an activity or not.

#### **B. Seeking Emergency Shelter**

In the event of a tornado warning or other severe weather condition that may force people to seek emergency shelter, staff will immediately:

1. Move all individuals to the designated emergency shelter area in the building. This area is posted on the emergency evacuation plan (for AFC, ESS sites are according to the designated location within the business). All staff will be informed of the location of the designated emergency shelter area. The locations should be in an area without windows,

and on a lower level whenever possible. The designated Tornado Area/Emergency Shelter for the program in this building is in the Conference room of the Connections office.

2. If the emergency shelter area is an inside hallway, Connections staff will make sure that individuals are against the wall and seated on the floor, if possible. The brakes on wheelchairs are to be engaged.
3. Shut all adjacent doors for protection.
4. If staff and persons served are not in the program facility at the time emergency shelter must be sought staff will seek the most appropriate safe shelter available in the area.
5. Remain calm and protect the persons served at all times.
6. Listen to the radio for updates and remain in the emergency shelter area until the warning is lifted.

#### C. Evacuation

1. In the event that weather conditions force evacuation, the staff person in charge will remain tuned into the radio and follow evacuation procedures outlined there.
2. The staff person in charge will ensure all persons served are safely removed from the service site to a pre-designated alternative service or a designated emergency shelter in the community.

#### D. Traveling During Severe Weather

1. If staff and persons served are traveling at the time emergency shelter must be sought:
  - a. staff will stop the vehicle and pull over to the side of the road
  - b. staff will remain calm and protect persons served at all times.
  - c. in the event of a tornado warning, move the individuals to the lowest ground area nearby and have them lay low and watch for the severe weather to pass over before going back into the vehicle
  - d. Otherwise remain in the vehicle until the warning is lifted

#### 2. Emergency Equipment

All vehicles providing transportation to individuals of the program must be equipped with the following for winter travel:

- a. blankets;
- b. first-aid kit; and a
- c. cellular phone when traveling outside of the local community.

#### E. Notification

1. Once everyone is safely evacuated from the facility the program coordinator or designee will complete the following steps:
  - a. Report the fire to program administration, including the program director.
  - b. Arrange for the completion of an incident report by the staff person who was in charge at the time of the fire.
2. The program administrator or designee will report the fire within 24 hours to:

- a. the parents or legal representative, if any
- b. other licensed caregivers, if any
- c. county case managers

### **III. Severe Weather Evacuation Drills**

In order to be prepared for the possibility of a real severe weather emergency, the program will hold regular unannounced emergency evacuation drills. The following conditions must be met:

- A. Clear evacuation plans will be posted throughout the facility showing routes of evacuation.
- B. Drills will be held at least quarterly, coordinated with other emergency evacuation drills and will be unannounced.
- C. Drills will be conducted at varied times, under varied conditions, and will use all possible exits.
- D. During drills persons served must be evacuated to a designated meeting place.
- E. Following each evacuation drill, a report will be completed noting:
  1. any problems noted and corrective action taken
  2. personnel present
  3. responses of persons served
- F. The supervisor will be responsible for reviewing each report and maintaining a complete file of all drills.

### **IV. Staff Training**

- A. All staff persons will be trained in severe weather evacuation procedures and the location and use of any related emergency equipment.
- B. The emergency evacuation plans and procedures shall be reviewed by all staff persons at least quarterly.
- C. Training will be provided to insure that staff is trained in the evacuation of clients with physical disabilities.

### **PANDEMIC FLU**

In the event of a pandemic influenza, Connections will take the following steps to protect the health and safety of their employees and the persons served. It is anticipated that during a pandemic flu, Connections may face the following challenges:

- individuals in foster care.
  - individuals who are unable to work at job sites which could affect that business's productivity.
  - support staff which would jeopardize the supervision and productivity of persons served at various job sites.
  - administrative staff which could jeopardize the day to day operations.
1. A pandemic coordinator will be designated.

- This person will maintain a file on information about pandemics and management in the workplace.
  - The pandemic coordinator will also encourage flu vaccines for all employees.
  - It is the role of the coordinator to trigger the crisis plan if a pandemic outbreak occurs and to determine when the crisis plan is no longer needed after a pandemic is over (based on recommendations of local public health officials).
  - It is also the role of the pandemic coordinator to communicate the management plan with staff.
  - The coordinator will secure equipment as needed and as available to protect staff and workers from further exposure (tissues, masks, gloves, water sources etc).
2. In the event of a pandemic outbreak, the following emergency communication plan will be implemented. The emergency communication plan will be reviewed periodically.
    - Pandemic coordinator will communicate with public health officials regarding specific recommendations in managing the crisis. The Pandemic coordinator will also communicate with the executive director and the board regarding these recommendations.
    - All staff will be informed of outbreak and advised of precautions (decreased physical contact with others, increased hand washing precautions, early detection and isolation of people with flu symptoms) and other recommendations of public health officials. Staff will be encouraged to communicate with their primary care provider for personal concerns.
    - All persons served and their guardians will be informed that infection control precautions will be strictly enforced. Guardians will be encouraged to communicate with the primary care provider for specific health care services.
    - Connections staff will follow guidelines at the various job sites regarding infection control and special needs in a pandemic. If no such guidelines exist, staff will try to fulfill the obligation of workers as long as there is no specific concern about increased risk at a specific work site. It is expected that Connections staff will be informed if there is an exposure from a work site (non-Connections employee). If Connections is not given that information, Connections will determine on a case by case basis if the work site will be maintained or discontinued based on degree of risk.
    - Staff will be informed of illness status of other workers and persons served as recommended by public health. It is anticipated that HIPAA guidelines may be relaxed during a pandemic crisis. Connections will follow recommendations for communications as determined by the current laws in place at the time of such a crisis.
  3. A person served by Community Services who is exposed or comes down with a pandemic flu can resume work duties if a physician has cleared them to return to work. Exposed staff and workers will be screened as recommended by public health officials.
  4. Foster home residents who are affected by a pandemic flu will be isolated as recommended by a primary care provider or public health official. Staff will take necessary precautions to

protect themselves. Connections will provide equipment as recommended for such efforts including respiratory masks, gloves, and other equipment that is recommended and/or available. Exposed staff and workers will be screened as recommended by public health officials.

5. Staff who are diagnosed with the pandemic flu will be given mandatory sick leave and receive sick leave benefits as defined by the personnel policies of Connections. If the need for an extended leave exceeds the current sick leave policy or the employee is not covered by the current sick leave policy, the employee will be offered an extended leave of absence without pay but with the opportunity to return to their current job pending an opening and a clearance from their health care provider. Exposed staff will be screened as recommended by public health officials.
6. It is anticipated that a degree of fear will be prevalent in both staff and persons served if such a crisis exists. Connections will make a good faith effort to reasonably protect the spread of illness and to offer emotional support to both staff and persons served.

Each AFC home and Vocational site has a Flu Kit accessible to them. This flu kit includes:

- Paper Masks
- Paper Gowns
- Clorox Wipes
- Gloves (S,M,L,XL)
- Zorbital
- Commercial grade Lysol
- Hand sanitizer
- Bio Hazard Bags

## **MISSING PERSON RESPONSE AND REPORTING**

### **I. Policy**

Whenever a person receiving services is determined to be missing or has an unauthorized absence, an immediate effort will be made to locate that person.

### **II. Procedure**

- A. When a person is determined to be missing or has an unauthorized absence, the following steps are to be taken:
  1. If the person has a specific plan outlined in his/her Individual Service Plan (ISP) to address strategies in the event of “elopement”, or “unauthorized absence”, that procedure should be implemented unless special circumstances warrant otherwise.
  2. An immediate and thorough search of the facility should be completed.

3. When two staff persons are available, the immediate area outside the facility and surrounding neighborhood should be searched. One staff person must always stay with the remaining individuals.
- B. When the person is found or located, return the person to the service site, or make necessary arrangements for the person to be returned to the service site.
- C. If the search of the facility and neighborhood is unsuccessful, contact law enforcement authorities and contact the supervisor/designee and arrange for additional staff.
- D. When the authorities are contacted, they should be given the following information:
  1. Caller's name.
  2. Purpose of call.
  3. Address of individual.
  4. Description of individual, including: name, age, sex, race, height, weight, color of hair, eye color, etc.
  5. Description of clothing being worn.
  6. Any distinguishing characteristics, i.e., limp, scars, or peculiarities.
  7. Last seen; when and where.
  8. Functional abilities, survival skills, communication, tendencies, possible places to check.
  9. Relevant medical information.
  10. Each site is encouraged to have maps of the local area available to assist searchers.
- E. A current photo will be kept in each individual's file and made available to authorities.
- F. Once the authorities are notified, the following people must be notified.
  1. Contacts within the program:
    - a. The supervisor.
    - b. The director of the program.
  2. Persons who must be notified within 24 hours:
    - a. The parent or legal representative, if any.
    - b. Other licensed caregivers.
- c. The case manager (either directly or by the county emergency telephone number).
- G. The program coordinator of the person served will assume responsibility for coordinating efforts with all others involved. The search effort will continue until the individual's whereabouts is determined, or the program director or legal representative calls off the search. After the search is over, all the people who were notified (program director, supervisor, family, police, county, etc.) will be contacted and informed of the results.
- H. An incident report (General Event Report on Therap) will be completed by the staff person(s) responsible at the time of the disappearance. The incident will also be documented in the individual's record. The supervisor and the program manager will review the incident report. Any necessary corrective actions will be implemented.



## **RELOCATION OF SERVICES FOR MORE THAN 24 HOURS RESPONSE AND REPORTING**

### **I. Policy**

To establish practices for dealing with situations involving relocation of services of more than 24 hours. The relocation of services for more than 24 hours may be due to many reasons, not limited to, fire, arson, tornado, roof collapsing, furnace malfunction (including carbon monoxide) that has caused mandatory evacuation of the premises by an inspector, flooding, mold after flooding, gas explosion within the block, other physical plant disaster.

### **II. Purpose**

To ensure that all staff are trained on what actions to take in the event services need to be relocated.

### **III. Procedure**

- A. Follow the applicable emergency policy and procedures for the given event.
  1. Evacuate to designated meeting space as needed according to policy procedures.
  2. Inform people why the program is closing and relocating to keep them safe. Move consumers to temporary emergency shelter as needed and available.
  3. Contact appropriate authorities as needed.
  4. Contact designated program coordinator and program director.
- B. Staff person in charge must ensure each individual in their care at the time of the event is accounted for and is being supervised during the evacuation or move to temporary emergency shelter. If additional staff is needed to ensure the health and safety of persons served during this process, contact the program coordinator or program director immediately.
- C. If time and conditions allow, staff will collect the facility or program emergency information file. This file will contain the following information:
  1. Names and phone numbers of emergency contacts for program management and the program nurse.
  2. Individual emergency contact cards for persons served with the names and phone numbers of emergency contacts (legal representative, county case manager, family, physician or other health care provider), medical/diagnosis information, list of current medications.
- D. If time and conditions allow, staff will gather or pack essential items, such as medications, medication administration records, personal belongings, other pertinent documentation or consumer records as identified by the program.
- E. The program director or program coordinator will:
  1. Contact and work with local authorities to secure the property.
  2. Contact and work with program staff, the county social service agency, and other caregivers to meet immediate health and safety needs of individual consumers.
  3. Make arrangements for alternative services as needed.

4. Contact DHS and county licensing to request licensing requirement variances as needed to meet temporary program needs of consumers.
5. Notify all employees of the relocation and to inform them of when and where to report to work or any need to adjust work schedules during the relocation.

#### **IV. Notification and Reporting**

The program director or program coordinator will ensure that notification and reporting occurs.

- A. Within 24 hours report the incident to:
  1. the consumer's legal representative,
  2. other licensed caregivers, if any;
  3. the county case manager.
- B. Within 24 hours report any consumer death or serious injury that occurred to DHS Licensing and the Ombudsman.
- C. The staff person who was in charge at the time of the event will complete the necessary incident reports (General Event Report on Therap).

#### **ADDITIONAL SAFETY PROCEDURES**

1. First aid and CPR
  - a. Training
    - 1) A staff person trained in first aid will be available on site whenever a person receiving services is present and staff are required to provide direct service.
    - 2) A staff person trained in cardiopulmonary resuscitation (CPR) will be available on site when required in a person's coordinated service and support plan or coordinated services and support plan addendum whenever a person receiving services is present and staff are required to be at the site providing direct service.
    - 3) CPR training must include in-person instruction, hands-on practice, and an observed skill assessment under the direct supervision of a CPR instructor.
  - b. First aid kits
    - 1) First aid kits must be readily available for use by staff and must meet the needs of the persons receiving services. First aid kits are located at the front desk of the building.
    - 2) First aid kits must include accessible first aid supplies including bandages, sterile compresses, scissors, an ice bag or cold pack, an oral or surface thermometer, mild liquid soap, adhesive tape, and a first aid manual.
2. Emergency equipment (<http://www.ready.gov/build-a-kit>)

A flashlight and portable radio that can be used in the event of a power failure must be at our program. They are located at the front desk.
3. Emergency contacts
  - a) A list of emergency telephone numbers is posted in the binder at the front desk, next to a non-coin operated telephone that must be readily accessible at all times. The mental health

crisis intervention team number must be posted, when available. In our program 911 is listed as the emergency number.

b) The names and telephone numbers of each person's representative, physician, and dentist must be readily available.

4. Written emergency response plan

An emergency response plan must be readily available to staff and persons receiving services.

The emergency response plan is located at the front desk. The plan must include:

a. Procedures for emergency evacuation and emergency sheltering, including:

1) How to report a fire or other emergency;

2) Procedures to notify, relocate, and evacuate occupants, including use of adaptive procedures or equipment to assist with the safe evacuation of persons with physical or sensory disabilities; and

3) Instructions on closing off the fire area, using fire extinguishers, and activating and responding to alarm systems.

b. Floor plan that identifies:

1) Location of fire extinguishers;

2) Location of audible or visual alarm systems, including but not limited to manual fire alarm boxes, smoke detectors, fire alarm enunciators and controls, and sprinkler systems;

3) Location of exits, primary and secondary evacuation routes, and accessible egress routes, if any; and

4) Location of emergency shelter within the facility.

c. Site plan that identifies:

1) Designated assembly points outside the facility;

2) Locations of fire hydrants; and

3) Routes of fire department access.

d. Responsibilities each staff person must assume in case of emergency.

e. Procedures for conducting quarterly drills each year and recording the date of each drill in the file of emergency plans.

f. Procedures for relocation or service suspension when services are interrupted for more than 24 hours.

g. Floor plan that identifies the location of an enclosed exit stairs (only applies to a community residential setting with three or more dwelling units).

h. Emergency escape plan for each person

### III. Reporting Procedures

Emergency reports will be completed using the program's emergency report and review form as soon possible after the occurrence, but no later than 24 hours after the emergency occurred or the program became aware of the occurrence. The written report will include:

- A. It is not necessary to identify all persons affected by or involved in the emergency unless the emergency resulted in an incident to a person or persons;
- B. The date, time, and location of the emergency;
- C. A description of the emergency;
- D. A description of the response to the emergency and whether a person's coordinated service and support plan addendum or program policies and procedures were implemented as applicable;
- E. The name of the staff person or persons who responded to the emergency; and
- F. The results of the review of the emergency (see section IV).

#### **IV. Review Procedures**

This program will complete a review of all emergencies.

1. The review will be completed using the program's emergency report and review form by the Director of Operations.
2. The review will be completed within 14 days of the emergency.
3. The review will ensure that the written report provides a written summary of the emergency.
4. The review will identify trends or patterns, if any, and determine if corrective action is needed.
5. When corrective action is needed, a staff person will be assigned to take the corrective action within a specified time period.

#### **Record Keeping Procedures**

- A. The review of an emergency will be documented on the emergency reporting form and will include identifying trends or patterns and corrective action if needed.
- B. Emergency reports will be maintained by the Director of Operations.

Legal Authority: Minn. Stat. §§§ [245D.11](#), subd. 2; [245D.02](#), subd. 8; [245D.22](#), subd 4-7.

NOTE: Websites from the Federal Emergency Management Agency (FEMA) are included as a resource for additional information. Another useful website is the Minnesota Department of Public Safety, Homeland Security and Emergency Management Division (<https://dps.mn.gov/divisions/hsem/planning-preparedness/Pages/default.aspx>)

### **SAFE TRANSPORTATION**

#### **I. Policy**

It is the policy of this DHS licensed provider (program) to promote safe transportation, with provisions for handling emergency situations, when this program is responsible for transporting persons receiving services.

## II. Procedures

- A. This program will ensure the following regarding safe transportation:
  - 1. Equipment used for transportation, including vehicles, supplies, and materials owned or leased by the program, will be maintained in good condition by following the standard practices for maintenance and repair, including any ramps, step stools, or specialized equipment used to help people enter or exit the vehicle.
  - 2. Vehicles are to be kept clean (interior and exterior).
  - 3. Staff will report all potential mechanical problems immediately.
  - 4. Staff will report all potential equipment, supply and material problems immediately.
  - 5. Staff will report all accidents immediately.
  - 6. Staff will report all vehicle maintenance and concerns to the Transportation Coordinator.
  
- B. The program will ensure the vehicle and drivers are properly insured when transporting persons served by the program.
  
- C. All staff will follow procedures to ensure safe transportation, handling, and transfers of the person and any equipment used by the person when assisting a person who is being transported, whether or not this program is providing the transportation. When the program is responsible for transportation of the person or a person's equipment, staff will utilize the following assistive techniques:
  - 1. Staff will provide assistance with seatbelts, as needed to ensure they are correctly fastened.
  - 2. Staff will assist with the use of any ramp or step stools to ensure safe entry and exit from the vehicle.
  - 3. Staff will ensure all supplies or equipment, including wheelchairs and walkers or other mobility aids used by a person, specialized equipment using proper vehicle restraints are properly secured before the vehicle is in motion.
  - 4. Staff will comply with all seat belt and child passenger restraint system requirements under Minnesota Statutes, sections [169.685](#) and [169.686](#) when transporting a child.
  
- D. Program vehicles are to be utilized exclusively to for the purpose of transporting persons served by this program, and equipment and supplies related to the program.
  
- E. Staff will be responsible for the supervision and safety of persons while being transported.
  - 1. When the vehicle is in motion, seatbelts are to be worn at all times by all passengers, including the driver and all passengers.
  - 2. Staff must be prepared to intervene in order to maintain safety if a person being transported engages in known behavior that puts the person, the driver, or other passengers at risk of immediate danger of physical harm.

- F. Staff will be prepared for emergencies to ensure safety. Vehicles will be equipped with the following in case of emergency:
  - 1. Name and phone number of person(s) to call in case of emergency.
  - 2. First aid kit and first aid handbook.
  - 3. Proof of insurance card and vehicle registration.
  
- G. In the event of a severe weather emergency, staff will take the following actions:
  - 1. Monitor weather conditions. Listen to local television or radio or a weather-radio for weather warnings and watches.
  - 2. Follow directions for the need to change plans and activities, or seek emergency shelter.
  - 3. Inform passengers why plans and activities have changed. Assist passengers remain calm.
  
- H. All staff are required to follow all traffic safety laws while operating the program vehicle. This includes maintaining a valid driver's license, wearing seatbelts, and obeying traffic signs while operating program vehicle.
  
- I. All staff are prohibited from smoking, eating, drinking, or using cellular phones or other mobile devices while operating the program vehicle.

Legal Authority: MS §§ [245D.11](#), subd. 2. (4); [245D.06](#), subd. 2, paragraphs (2) to (4)  
Emergency Situations

## **CRISIS INTERVENTION RESPONSE AND REPORTING**

### **I. Policy**

To develop and implement practices to respond to a crisis situation while a participant is in the care of Connections. The goal of the crisis intervention is to provide intervention and resolve as to avoid disruption in the continuity of day and/or residential services.

### **II. Procedure**

In the event of a critical incident involving a participant to include any situation as defined as an incident herein; the staff will have access to a work plan to follow which shall include:

- A. Emergency contacts
- B. Individual preference for psychiatric/medical care
- C. Best practice to be used with the individual during a crisis

### **III. Notification**

- A. Notify administrative staff, as appropriate.
- B. Contact the county case managers.

- C. Contact parents and guardians
- D. The staff person who was in charge at the time of the incident will complete the necessary incident reports.
- E. Notify licensing personnel as appropriate.
- F. If the incident involved the emergency use of a controlled procedure, complete an emergency use of controlled procedure report as required.

## **PHYSICAL AGGRESSION AMONG CONSUMERS RESPONSE AND REPORTING**

### **I. Policy**

To develop and implement practices for dealing with physical aggression occurring among consumers. To ensure that all staff working in facilities operated by this program know what actions to take in the event of physical aggression occurring between consumers.

### **II. Procedure**

In the event physical aggression is occurring between consumers staff will:

- A. Summon additional staff, if available. If injury to a consumer has occurred or there is eminent possibility of injury to the consumers, immediately implement approved therapeutic intervention procedures.
- B. As applicable, implement behavior management plans for the consumers as written. If there is no written formal intervention to deal with the behavior, initially redirect the consumers to discontinue the behavior. As necessary, separate the aggressor and victim from one another, preferably to different areas of the facility. Use the least intrusive methods possible to de-escalate the situation (e.g., continued verbal redirection or physical prompting.)
- C. If the above steps are unsuccessful and there is apparent potential for injury to either consumer or staff; the staff are to call 911 and request assistance.
- D. After the situation is brought under control, question the consumers as to any injuries and visually observe their condition for any signs of injury. If injuries are noted, provide necessary treatment and contact medical personnel if indicated.
- E. Document the event as directed by the behavior management plans or according to facility policy, as applicable.

### **III. Notification**

After appropriate arrangements have been made to meet the consumers' immediate needs, complete the following steps:

- A. Notify administrative staff, as appropriate.
- B. Contact the county case managers.
- C. Contact parents and guardians
- D. The staff person who was in charge at the time of the incident will complete the necessary incident reports.

- E. Notify licensing personnel as appropriate.

## **SEXUAL ACTIVITY BETWEEN CONSUMERS RESPONSE AND REPORTING**

### **I. Policy**

To ensure that all staff working in facilities operated by this program know what actions to take in the event of forced or coerced sexual activity occurring between consumers.

- A. The terms “force” and “coercion” have the meanings given under section 609.341, subdivisions 3 and 14:
  1. “Force” means the infliction, attempted infliction, or threatened infliction by the actor of bodily harm or commission or threat of any other crime by the actor against the complainant or another, which (a) causes the complainant to reasonably believe that the actor has the present ability to execute the threat and (b) if the actor does not have a significant relationship to the complainant, also causes the complainant to submit.
  2. “Coercion” means words or circumstances that cause the complainant reasonably to fear that the actor will inflict bodily harm upon, or hold in confinement, the complainant or another, or force the complainant to submit to sexual penetration or contact, but proof of coercion does not require proof of a specific act or threat.

### **II. Procedure**

In the event that sexual activity between consumers is discovered by staff, staff will follow the procedures as required in the consumers’ Risk Management Plans or ISPs. If sexual activity between the consumers’ is not addressed in the consumers’ RMP or ISP then staff will take the following actions:

- A. Instruct the consumers in a calm, matter-of-fact and non-judgmental manner to discontinue the activity. Do not react emotionally to the consumers’ interaction. Physically intervene in an approved, therapeutic manner if there is obvious coercion or force involved or, based on knowledge of the consumers’ involved that one of the consumers has sexually exploited the other. Summon additional staff if necessary and feasible. If the consumers are unclothed, provide them with a robe or other appropriate garment. Do not have them redress in the clothing that they were wearing. Do not allow them to bathe or shower at this time.
- B. Instructor assist the consumers to go to separate areas of the facility. To the extent possible, question the consumers separately as to the activity including what led to the interaction, who initiated the interaction, what specifically happened, and if the consumer is experiencing any physical or emotional discomfort. Ask what, when, where, and how questions. Do not ask “why” questions. Document your initial observation of the activity and the information provided by the consumers as soon as possible after talking with them.
- C. If the consumer(s) expresses physical discomfort and/or emotional distress, or for other reasons you feel it necessary, contact medical personnel and law enforcement as soon as



possible. Visually examine the consumers for any signs of physical injury (e.g., bruising, bleeding, etc.) and document your findings as soon as possible.

- D. If medical personnel and law enforcement have been contacted, follow all instructions they provide.
- E. If it is determined unnecessary to involve medical and law enforcement personnel, have the consumers resume their normal activities.

### **III. Notification**

After appropriate arrangements have been made to meet the consumers' immediate needs, complete the following steps:

- A. Notify administrative staff, as appropriate.
- B. Contact the county case managers.
- C. Contact parents and guardians.
- D. The staff person who was in charge at the time of the incident will complete the necessary incident reports.
- E. Notify licensing personnel as appropriate.
- F. If the incident involved the emergency use of a controlled procedure, complete an emergency use of controlled procedure report as required.

## **NON-EMERGENCY ILLNESS AND INJURY RESPONSE AND REPORTING**

### **I. Policy**

All staff who provide direct services to persons served at the program will be trained in detecting signs and symptoms of illness and injury, including minor and serious illness or injury, medical emergencies, unexpected serious illness, and accidents that require physician treatment or hospitalization. Appropriate notification to health care providers and other authorized persons shall be made promptly.

### **II. Procedures**

In the event of injury or illness staff will determine if illness or injury is or is not of a serious and/or life threatening nature and respond accordingly.

#### **A. Responding and Notification**

If the person's condition is not serious or life threatening staff will:

1. Follow any standing medical or treatment orders as applicable.
2. Treat minor illness and injury according to first aid training.
3. If the illness or injury is significant and requires urgent, but not emergency medical treatment, staff will notify the program coordinator/designee and the program's health care consultant and follow directives as given.
4. Staff will notify the physician or emergency care facility promptly when the person's health problems dictate and/or as directed by the supervisor/designee and/or RN consultant.

5. Urgent Care/Emergency room care will be used for the following when the primary health care provider is off duty.
  - a. treatment of an injured or ill individual.
  - b. observation and assessment of injuries or illness.
- B. Documentation
  1. An incident report (General Event Report) on Therap shall be completed whenever a serious injury occurs and a copy sent to any other licensed caregivers.
  2. Supervisor/designee will notify other caregivers, licensed or not, as applicable, of the consumer's illness or injury via a verbal and written report.
  3. Charting of signs, symptoms, and actions taken to resolve symptoms will be made in the individual's chart.
  4. Use of over-the-counter (OTC)/Standing Order Medications will be documented on the person's medication administration record.
  5. Ongoing documentation regarding the illness or injury will be completed at the directive of the RN consultant.
- C. Transporting Consumers to Receive Medical Care
  1. Staff will transport the consumer by car to the doctor's office, Urgent Care, or the emergency room as directed by the supervisor/designee or the RN consultant.
  2. Staff must complete and bring with them the necessary documentation when transporting or accompanying the individual to the physician's office, Urgent Care, or the emergency room to provide information to the medical staff.
  3. Staff will stay with the consumer until care has been provided and completed.
  4. Staff will obtain signed orders, if any, from the physician which include a statement of diagnosis, treatments provided, and any medications or treatments ordered.

## **LAW ENFORCEMENT OR FIRE DEPARTMENT INVOLVEMENT RESPONSE AND REPORTING**

### **I. Policy**

To establish practices for dealing with situations involving law enforcement and fire department personnel that relate to the health, safety or supervision of a consumer. To ensure that all staff are trained on what actions to take in the event there has been contact with law enforcement or fire department authorities involving circumstances relating to the health, safety, or supervision of a consumer.

### **II. Procedure**

Follow the procedures below when having contact with law enforcement or fire department:

- A. In the event that staff summon law enforcement officials or the fire department to the facility (e.g., due to (possible) criminal activity, security/safety concerns, consumer behavior, fire, etc.) or to the site of an incident or emergency staff will explain, in detail, the reason for summoning law enforcement or the fire department upon their arrival. Answer

all questions asked of you and follow any instructions provided. Document the event as soon as possible after the fact.

- B. If law enforcement officials arrive unannounced at the facility or to the site of an incident or emergency, staff will first ask for proper identification as warranted (i.e., non-uniformed official). Ask how you can be of assistance, be cooperative with the official, and answer all questions asked of you but do not offer any additional information beyond what is asked. Before they leave, ask the official for his/her business card. Document the event as soon as possible after the fact.
- C. If involved in a vehicle crash, provide all information requested of you and provide officials with the necessary insurance information. Also be sure to obtain insurance information from other drivers involved. Document the event as soon as possible after the fact.
- D. If you have contact with law enforcement or the fire department while in the community with consumers, follow the procedures described in items one and two above depending on who initiates the contact. Document the event as soon as possible after the fact.
- E. Law Enforcement Contact Resulting in Arrest:
  - 1. Consumer arrest: If any law enforcement contact results in an arrest of a consumer or if law enforcement or another entity or party otherwise notifies you that a consumer has been arrested, you must immediately contact the Program Director or the program emergency contact. The law enforcement official must be immediately informed of the consumer's immediate health and safety needs, the consumer's diagnosis and status as a vulnerable adult, and any other vulnerability that may put the consumer at risk for harm as result of the arrest.
  - 2. On-duty Staff Arrest: If an on-duty staff person is arrested and is removed from the program, immediately notify the program director or emergency contact, or other program designee to request additional staff coverage to ensure consumer health and safety and supervision needs are met.
- F. Non-Consumer Related Law Enforcement or Fire Department Involvement  
Involvement by a law enforcement or fire department official that is not related to a matter of consumer health and safety or supervision is not required to be reported, e.g. an on-duty staff person is questioned by a law enforcement officer about a non-consumer, non-program related matter and the questioning does not interfere with consumer health and safety supervision. Such an incident is NOT required to be reported.

### **III. Notification**

- A. Immediately make the following program contacts as appropriate:
  - 1. Program director or designee
  - 2. Program emergency contact or designee
  - 3. Program nurse

- B. The program director or designee must immediately notify the consumer's legal representative and county case manager if the consumer has been arrested to ensure the consumer's legal rights are protected and to take actions to obtain legal representation for the consumer as necessary.
- C. Within 24 hours report the incident to:
  - 1. the legal representative
  - 2. other licensed caregivers, if any;
  - 3. the county case manager
- D. Within 24 hours notify DHS Licensing and the Ombudsman if any consumer serious injury or death occurred.
- E. The staff person who was in charge at the time of the event will complete the necessary incident reports.

## **MEDICAL EMERGENCY RESPONSE AND REPORTING**

### **I. Policy**

All staff that provides direct services to persons served at the program will be trained in detecting signs and symptoms of illness and injury, including minor and serious illness or injury, medical emergencies, unexpected serious illness, and accidents that require physician treatment or hospitalization. Appropriate notification to health care providers and other authorized persons shall be made promptly.

### **II. Procedures**

In the event of a serious or life threatening illness or injury staff will follow the medical emergency procedures.

#### **A. Responding to Life Threatening Situations**

- 1. In the following life threatening situations staff must call 911 immediately to transfer the consumer to the emergency room.
  - a. apparent or suspected death;
  - b. absence of pulse;
  - c. absence of or difficulty with respirations;
  - d. apparent or suspected spinal cord injury;
  - e. severe bleeding, hemorrhage;
  - f. third-degree burns;
  - g. extensive injuries, not conducive to home transportation;
  - h. coma, unconsciousness;
  - i. shock;
  - j. status epilepticus: two or more generalized-tonic clonic seizures in a row without regaining consciousness OR seizures lasting ten minutes or more OR as indicated in consumer's protocol.

2. Staff will administer first aid and/or CPR until emergency medical services (EMS) unit arrives on the scene.

B. Responding to Possible Poisoning

1. The Poison Control Unit shall be called:
  - a. Whenever it is believed an individual has swallowed a poisonous substance.
  - b. Whenever it is believed an individual's skin has come in contact with a poisonous substance.
  - c. If an individual takes or receives an overdose of medications.
  - d. If an individual takes or receives another consumer's medications
  - e. To verify whether or not any substance is poisonous.
2. Staff will provide the Poison Control Unit information in order for the unit to provide telephone assessment.
3. Staff will follow the Poison Control Unit's treatment directions information for all situations involving possible poisoning.
4. After calling the Poison Control Unit, follow any directions given by them. Call 911 as directed by the Poison Control Unit.

C. Transporting Consumer to Emergency Room

1. Staff will accompany the consumer to the emergency room or arrange for someone to meet the consumer at the emergency room as soon as possible.
  - a. If the emergency occurs at the DTH, the DTH staff will notify the residence and ask house staff to meet the consumer at the Emergency Room. If staffing permits, DTH staff will accompany the consumer to the Emergency Room.
2. Staff must complete and bring with them the necessary documentation when accompanying the individual to the hospital emergency room to provide information to the EMS/hospital staff.
3. Staff shall stay with the consumer until care has been provided in the ER or until admission to a hospital unit is completed.
4. When an individual is discharged from the ER, staff shall obtain signed discharge orders which include a statement of diagnosis, treatments provided, and any medications or treatments ordered by the physician. This information will be shared with other licensed caregivers.

**III. Reporting**

A. Notification

1. Staff will immediately notify the program coordinator/designee.
2. As soon as possible, or within 24 hours, the supervisor/designee or staff will notify the county case manager, the parents or the legal representative, if any, other licensed caregivers, and the RN consultant.

B. Documentation

1. Staff will document all details in the applicable log, chart, or General Event Report in Therap.
2. An incident report (General Event Report) will be completed and a copy sent to the county case manager, the parents or the legal representative, if any, other licensed caregivers, and the RN consultant.

#### C. Death and Serious Injury Reporting

All deaths and serious injuries must be reported to the Office of Ombudsman for Mental Health and Developmental Disabilities and the DHS Division of Licensing within 24 hours of its occurrence or within 24 hours of receipt of the information of the death or serious, unless it has been reported by another license holder.

1. Reports of deaths and serious injuries may be called in, faxed or mailed. If mailed, a phone call must be made within 24 hours of the serious injury or death to both the Ombudsman and the DHS Division of Licensing to meet the mandatory reporting requirements.
  - a. Office of Ombudsman for Mental Health and Developmental Disabilities
    - 1) Call: (651)757-1800 or 1-800-657-3506
    - 2) Fax: (651)296-1021 or (651)797-1950
    - 3) Call first and then mail: 121 7<sup>th</sup> Place East, Suite 420 St. Paul, MN 55101-2117
  - b. DHS Division of Licensing
    - 1) Call: (651)431-6500
    - 2) Fax: (651)431-7673
- 3) Call first and then mail: PO Box 64242, St. Paul, MN 55164-0242

#### D. Determining Serious Injury

Serious injury includes the following injuries as defined under MS 245.91, subdivision 6.

1. fractures;
2. dislocations;
3. evidence of internal injuries; head injuries with loss of consciousness;
4. lacerations involving injuries to tendons or organs, and others for which complications are present.
5. extensive second degree or third degree burns, and other burns for which complications are present;
6. extensive second degree or third degree frostbite, and those for which complications are present;
7. irreversible mobility or avulsion of teeth;
8. injuries to the eyeball;
9. ingestion of foreign substance and objects that are harmful;
10. near drowning;
11. heat exhaustion or sunstroke; and
12. all other injuries considered serious by a physician.

#### **IV. Emergency First Aid**

##### **A. Staff Training**

All staff will be certified in CPR every two years and in Standard First Aid every three (3) years or as determined necessary.

##### **B. Equipment and Supplies**

1. There shall be a first aid kit and first aid manual accessible to staff in each program location and each vehicle used to transport consumers.
2. Supervisor or designee shall be responsible for obtaining and maintaining adequate supplies in the kit that are appropriate for the consumers' needs.

#### **DEATH OF A CONSUMER RESPONSE AND REPORTING**

##### **I. Policy**

At the time of death, all efforts will be directed toward preserving the dignity of the deceased.

All local, county, and all state regulations will be followed. In the event of a suspicious or unexpected death, a thorough investigation will be made to assist in identification of the cause of death.

##### **II. Procedure**

###### **A. Consumer with a valid DNR order**

1. If the consumer has no pulse or respirations staff will check the consumer's airway.
  - a. IF THE AIRWAY IS OBSTRUCTED, clear the airway and administer rescue breathing as needed.
  - b. IF THE AIRWAY IS OPEN, call the agency or number (i.e., 911, law enforcement office, coroner's number, etc.) listed on the DNR protocol.
  - c. Follow directives given to you by this agency.

###### **2. Notify supervisor immediately.**

###### **B. Consumer without DNR order**

1. If you are alone, first call 911 and then administer CPR until the Emergency Medical Services responder arrives.
2. If there is another person(s) with you, ask someone to call 911, and then administer CPR until the Emergency Medical Services responder arrives.
3. Follow directives given to you by the Emergency Medical Services responding to the call.

###### **C. Notification of Death**

1. Supervisor or designee shall be notified as soon as possible.
2. The supervisor or designee shall notify:
  - a. Family members, legal representatives, case manager, other licensed caregivers, and all concerned others listed in the individual's record as soon as possible.
  - b. The County Licensor for consumers receiving foster care services

- c. All deaths and serious injuries must be reported to the Office of Ombudsman for Mental Health and Mental Retardation and the DHS Division of Licensing within 24 hours of its occurrence or within 24 hours of receipt of the information of the death or serious injury, unless it has been reported by another license holder.
- d. Reports of deaths and serious injuries may be called in, faxed or mailed
  - 1. Office of Ombudsman for Mental Health and Developmental Disabilities
    - a.) Call: (651)757-1800 or 1-800-657-3506
    - b.) Fax: (651)296-1021 or (651) 797-1950
    - c.) Call first and then mail: 121 7<sup>th</sup> Place East, Suite 420 St. Paul, MN 55101-2117
  - 2. DHS Division of Licensing
    - a.) Call: (651)431-6500
    - b.) Fax: (651)431-7673
    - c.) Call first then mail: PO Box 64242, St. Paul, MN 55164-0242
  - 3. If mailed, a phone call must be made within 24 hours of the serious injury or death to both the Ombudsmen and the DHS Division of Licensing, to meet the mandatory reporting requirements.
- D. Disposition of the Body
  - 1. If the preferences of the consumer or legal representative are known, the supervisor will direct staff in carrying out those directives.
  - 2. If not already known, the supervisor shall contact the legal representative or case manager for directives.
- E. Documentation
  - 1. Staff shall document all information in the progress notes of the consumer's individual record.
  - 2. Staff shall complete the program's incident report form.
  - 3. Staff will complete the Death Report from the Office of Ombudsman for Mental Health and Development Disabilities, the Death and Serious Injury Fax Cover Sheet and fax the Death Report to both agencies using the cover sheet.
  - 4. All personal items shall be accounted for and a record provided for family or guardian.
  - 5. All prescription medications will be maintained until the cause of death has been determined and then the medications will be destroyed according to the program's Medication Administration Policy.

## **INCIDENT RESPONSE, REPORTING AND REVIEW POLICY**

### **I. Policy**

It is the policy of this DHS licensed provider, Connections, to respond to, report, and review all incidents that occur while providing services in a timely and effective manner in order to protect the health and safety of and minimize risk of harm to persons receiving services.



“Incident” means an occurrence which involves a person and requires the program to make a response that is not part of the program’s ordinary provision of services to that person, and includes:

- A. Serious injury of a person;
  - 1. Fractures;
  - 2. Dislocations;
  - 3. Evidence of internal injuries;
  - 4. Head injuries with loss of consciousness;
  - 5. Lacerations involving injuries to tendons or organs and those for which complications are present;
  - 6. Extensive second degree or third degree burns and other burns for which complications are present;
  - 7. Extensive second degree or third degree frostbite, and other frostbite for which complications are present;
  - 8. Irreversible mobility or avulsion of teeth;
  - 9. Injuries to the eyeball;
  - 10. Ingestion of foreign substances and objects that are harmful;
  - 11. Near drowning;
  - 12. Heat exhaustion or sunstroke; and
  - 13. All other injuries considered serious by a physician.
  
- B. A person’s death.
  
- C. Any medical emergencies, unexpected serious illness, or significant unexpected change in an illness or medical condition of a person that requires the program to call 911, physician treatment, or hospitalization.
  
- D. Any mental health crisis that requires the program to call 911 or a mental health crisis intervention team.
  
- E. An act or situation involving a person that requires to program to call 911, law enforcement, or the fire department.
  
- F. A person’s unauthorized or unexplained absence from a program.
  
- G. Conduct by a person receiving services against another person receiving services that:
  - 1. Is so severe, pervasive, or objectively offensive that it substantially interferes with a person’s opportunities to participate in or receive service or support;

2. Places the person in actual and reasonable fear of harm;
  3. Places the person in actual and reasonable fear of damage to property of the person; or
  4. Substantially disrupts the orderly operation of the program.
- H. Any sexual activity between persons receiving services involving force or coercion.
- “Force” means the infliction, attempted infliction, or threatened infliction by the actor of bodily or commission or threat of any other crime by the actor against the complainant or another, harm which (a) causes the complainant to reasonably believe that the actor has the present ability to execute the threat and (b) if the actor does not have a significant relationship to the complainant, also causes the complainant to submit.
  - “Coercion” means words or circumstances that cause the complainant reasonably to fear that the actor will inflict bodily harm upon, or hold in confinement, the complainant or another, or force the complainant to submit to sexual penetration or contact, but proof of coercion does not require proof of a specific act or threat).
- H. Any emergency use of manual restraint.
- I. A report of alleged or suspected child or vulnerable adult maltreatment.

## **II. Response Procedures**

### **A. Serious injury**

1. In the event of a serious injury, staff will provide emergency first aid following instructions received during training.
2. Summon additional staff, if they are immediately available, to assist in providing emergency first aid or seeking emergency medical care.
3. Seek medical attention, including calling 911 for emergency medical care, as soon as possible.

### **B. Death**

1. If staff are alone, immediately call 911 and follow directives given to you by the emergency responder.
2. If there is another person(s) with you, ask them to call 911, and follow directives given to you by the emergency responder.

### **C. Medical emergency, unexpected serious illness, or significant unexpected change in an illness or medical condition**

1. Assess if the person requires the program to call 911, seek physician treatment, or hospitalization.

2. When staff believes that a person is experiencing a life threatening medical emergency they must immediately call 911.
3. Staff will provide emergency first aid as trained or directed until further emergency medical care arrives at the program or the person is taken to a physician or hospital for treatment.

#### D. Mental health crisis

When staff believes that a person is experiencing a mental health crisis they must call 911 or the mental health crisis intervention team at 1-800-223-4512.

#### E. Requiring 911, law enforcement, or fire department

1. For incidents requiring law enforcement or the fire department, staff will call 911.
2. For non-emergency incidents requiring law enforcement, staff will call 701-451-7660.
3. For non-emergency incidents requiring the fire department, staff will call 218-299-5432 or 218-299-5435.
4. Staff will explain to the need for assistance to the emergency personnel.
5. Staff will answer all questions asked and follow instruction given by the emergency personnel responding to the call.

#### F. Unauthorized or unexplained absence

When a person is determined to be missing or has an unauthorized or unexplained absence, staff will take the following steps:

1. If the person has a specific plan outlined in his/her Coordinated Services and Support Plan Addendum to address strategies in the event of unauthorized or unexplained absences that procedure should be implemented immediately, unless special circumstances warrant otherwise.
2. An immediate and thorough search of the immediate area that the person was last seen will be completed by available staff. When two staff persons are available, the immediate area and surrounding neighborhood will be searched by one staff person. The second staff person will remain at the program location. Other persons receiving services will not be left unsupervised to conduct the search.
3. If after no more than 15 minutes, the search of the facility and neighborhood is unsuccessful, staff will contact law enforcement authorities.
4. After contacting law enforcement, staff will notify the Residential Program Coordinator who will determine if additional staff are needed to assist in the search.
5. A current photo will be kept in each person's file and made available to law enforcement.
6. When the person is found staff will return the person to the service site, or make necessary arrangements for the person to be returned to the service site.

#### G. Conduct of the person

When a person is exhibiting conduct against another person receiving services that is so severe, pervasive, or objectively offensive that it substantially interferes with a person's opportunities to participate in or receive service or support; places the person in actual and reasonable fear of harm; places the person in actual and reasonable fear of damage to property of the person; or substantially disrupts the orderly operation of the program, staff will take the following steps:

1. Summon additional staff, if available. If injury to a person has occurred or there is eminent possibility of injury to a person, implement approved therapeutic intervention procedures following the policy on emergency use of manual restraints (see EUMR Policy).
2. As applicable, implement the Coordinated Service and Support Plan Addendum for the person.
3. After the situation is brought under control, question the person(s) as to any injuries and visually observe their condition for any signs of injury. If injuries are noted, provide necessary treatment and contact medical personnel if indicated.

#### H. Sexual activity involving force or coercion

If a person is involved in sexual activity with another person receiving services and that sexual activity involves force or coercion, staff will take the following steps:

1. Instruct the person in a calm, matter-of-fact, and non-judgmental manner to discontinue the activity. Do not react emotionally to the person's interaction. Verbally direct each person to separate area.
2. If the person does not respond to a verbal redirection, intervene to protect the person from force or coercion, following the EUMR Policy as needed.
3. Summon additional staff if necessary and feasible.
4. If the persons are unclothed, provide them with appropriate clothing. Do not have them redress in the clothing that they were wearing.
5. Do not allow them to bathe or shower until law enforcement has responded and cleared this action.
6. Contact law enforcement as soon as possible and follow all instructions.
7. If the person(s) expresses physical discomfort and/or emotional distress, or for other reasons you feel it necessary, contact medical personnel as soon as possible. Follow all directions provided by medical personnel.

#### I. Emergency use of manual restraint (EUMR)

Follow the EUMR Policy.

## **MALTREATMENT OF VULNERABLE ADULTS REPORTING POLICY**

As a mandated reporter, if you know or suspect that a vulnerable adult has been maltreated, you must report it immediately (within 24 hours).

### Where to Report

- You can report to the state-wide common entry point, the Minnesota Adult Abuse Reporting Center, at 844-880-1574.
- Or, you can report internally to Program Coordinator.

If the individual listed above is involved in the alleged or suspected maltreatment, you must report to Director of Services.

### Internal Report

- When an internal report is received, Program Coordinator and Director of Services is responsible for deciding if the report must be forwarded to the state-wide common entry point. If that person is involved in the suspected maltreatment, Executive Director will assume responsibility for deciding if the report must be forwarded to the state-wide common entry point. The report must be forwarded within 24 hours.
- If you have reported internally, you will receive, within two working days, a written notice that tells you whether or not your report has been forwarded to the state-wide common entry point. The notice will be given to you in a manner that protects your identity. It will inform you that, if you are not satisfied with the facility's decision on whether or not to report externally, you may still make the external report to the state-wide common entry point yourself. It will also inform you that you are protected against any retaliation if you decide to make a good faith report to the state-wide common entry point.

### Internal Review

When the facility has reason to know that an internal or external report of alleged or suspected maltreatment has been made, the facility must complete an internal review within 30 calendar days and take corrective action, if necessary, to protect the health and safety of vulnerable adults. The internal review must include an evaluation of whether:

- (i) related policies and procedures were followed;
- (ii) the policies and procedures were adequate;
- (iii) there is a need for additional staff training;
- (iv) the reported event is similar to past events with the vulnerable adults or the services involved; and
- (v) there is a need for corrective action by the license holder to protect the health and safety of vulnerable adults. MN Department of Human Services Division of Licensing October 21, 2015

### Primary and Secondary Person or Position to Ensure Internal Reviews are Completed

The internal review will be completed by Program Coordinator. If this individual is involved in the alleged or suspected maltreatment, Director of Services will be responsible for completing the internal review.

#### Documentation of the Internal Review

The facility must document completion of the internal review and make internal reviews accessible to the commissioner immediately upon the commissioner's request.

#### Corrective Action Plan

Based on the results of the internal review, the license holder must develop, document, and implement a corrective action plan designed to correct current lapses and prevent future lapses in performance by individuals or the license holder, if any.

#### Staff Training

The license holder shall ensure that each new mandated reporter receives an orientation within 72 hours of first providing direct contact services to a vulnerable adult and annually thereafter. The orientation and annual review shall inform the mandated reporters of the reporting requirements and definitions specified under Minnesota Statutes, sections 626.557 and 626.5572, the requirements of Minnesota Statutes, section 245A.65, the license holder's program abuse prevention plan, and all internal policies and procedures related to the prevention and reporting of maltreatment of individuals receiving services. The license holder must document the provision of this training, monitor implementation by staff, and ensure that the policy is readily accessible to staff, as specified under Minnesota Statutes, section 245A.04, subdivision 14.

### **MALTREATMENT OF MINORS MANDATED REPORTING POLICY**

#### **Who Should Report Child Abuse and Neglect**

- Any person may voluntarily report abuse or neglect.
- If you work with children in a licensed facility, you are legally required or mandated to report and cannot shift the responsibility of reporting to your supervisor or to anyone else at your licensed facility. If you know or have reason to believe a child is being or has been neglected or physically or sexually abused within the preceding three years you must immediately (within 24 hours) make a report to an outside agency.

#### **Where to Report**

- If you know or suspect that a child is in immediate danger, call 911.
- All reports concerning suspected abuse or neglect of children occurring in a licensed facility should be made to the Department of Human Services, Licensing Division's Maltreatment Intake line at (651) 431-6600.

- Reports regarding incidents of suspected abuse or neglect of children occurring within a family or in the community should be made to the local county social services agency at 218-299-5200 or local law enforcement at 218-299-5120.
- If your report does not involve possible abuse or neglect, but does involve possible violations of Minnesota Statutes or Rules that govern the facility, you should call the Department of Human Services, Licensing Division at (651) 431-6500.

### **What to Report**

- Definitions of maltreatment are contained in the Reporting of Maltreatment of Minors Act (Minnesota Statutes, section 626.556) and should be attached to this policy.
- A report to any of the above agencies should contain enough information to identify the child involved, any persons responsible for the abuse or neglect (if known), and the nature and extent of the maltreatment and/or possible licensing violations. For reports concerning suspected abuse or neglect occurring within a licensed facility, the report should include any actions taken by the facility in response to the incident.
- An oral report of suspected abuse or neglect made to one of the above agencies by a mandated reporter must be followed by a written report to the same agency within 72 hours, exclusive of weekends and holidays.

### **Failure to Report**

A mandated reporter who knows or has reason to believe a child is or has been neglected or physically or sexually abused and fails to report is guilty of a misdemeanor. In addition, a mandated reporter who fails to report maltreatment that is found to be serious or recurring maltreatment may be disqualified from employment in positions allowing direct contact with persons receiving services from programs licensed by the Department of Human Services and by the Minnesota Department of Health, and unlicensed Personal Care Provider Organizations.

### **Retaliation Prohibited**

An employer of any mandated reporter shall not retaliate against the mandated reporter for reports made in good faith or against a child with respect to whom the report is made. The Reporting of Maltreatment of Minors Act contains specific provisions regarding civil actions that can be initiated by mandated reporters who believe that retaliation has occurred.

### **Internal Review**

When the facility has reason to know that an internal or external report of alleged or suspected maltreatment has been made, the facility must complete an internal review within 30 calendar days and take corrective action, if necessary, to protect the health and safety of children in care. The internal review must include an evaluation of whether:

- (i) related policies and procedures were followed;
- (ii) the policies and procedures were adequate;
- (iii) there is a need for additional staff training;

- (iv) the reported event is similar to past events with the children or the services involved; and
- (v) there is a need for corrective action by the license holder to protect the health and safety of children in care.

**Primary and Secondary Person or Position to Ensure Internal Reviews are Completed**

The internal review will be completed by the Program Coordinator. If this individual is involved in the alleged or suspected maltreatment, Director of Programs will be responsible for completing the internal review.

**Documentation of the Internal Review**

The facility must document completion of the internal review and make internal reviews accessible to the commissioner immediately upon the commissioner's request.

**Corrective Action Plan**

Based on the results of the internal review, the license holder must develop, document, and implement a corrective action plan designed to correct current lapses and prevent future lapses in performance by individuals or the license holder, if any.

**Staff Training**

The license holder must provide training to all staff related to the mandated reporting responsibilities as specified in the Reporting of Maltreatment of Minors Act (Minnesota Statutes, section 626.556). The license holder must document the provision of this training in individual personnel records, monitor implementation by staff, and ensure that the policy is readily accessible to staff, as specified under Minnesota Statutes, section 245A.04, subdivision 14.

J. Maltreatment

Follow the Maltreatment of Minors or Vulnerable Adult Reporting Policy.

**III. Reporting Procedures**

A. Completing a report (General Event Report in Therap).

1. Incident reports (General Event Report in Therap) will be completed as soon possible after the occurrence, but no later than 24 hours after the incident occurred or the program became aware of the occurrence. The written report will include:
  - a. The name of the person or persons involved in the incident;
  - b. The date, time, and location of the incident;
  - c. A description of the incident;
  - d. A description of the response to the incident and whether a person's coordinated service and support plan addendum or program policies and procedures were implemented as applicable;
  - e. The name of the staff person or persons who responded to the incident; and
  - f. The results of the review of the incident (see section IV).



2. When the incident involves more than one person, this program will not disclose personally identifiable information about any other person when making the report to the legal representative or designated emergency contact and case manager, unless this program has consent of the person. The written report will not contain the name or initials of the other person(s) involved in the incident.

B. Reporting incidents to team members

1. All incidents must be reported to the person's legal representative or designated emergency contact and case manager:
  - a. within 24 hours of the incident occurring while services were provided;
  - b. within 24 hours of discovery or receipt of information that an incident occurred; or
  - c. as otherwise directed in a person's coordinated service and support plan or coordinated service and support plan addendum.
2. This program will not report an incident when it has a reason to know that the incident has already been reported.
4. Any emergency use of manual restraint of a person must be verbally reported to the person's legal representative or designated emergency contact and case manager within 24 hours of the occurrence. The written report must be completed according to the requirements in the program's emergency use of manual restraints policy.

C. Additional reporting requirements for deaths and serious injuries

1. A report of the death or serious injury of a person must be reported to both the Department of Human Services Licensing Division and the Office of Ombudsman for Mental Health and Developmental Disabilities.
2. The report must be made within 24 hours of the death or serious injury occurring while services were provided or within 24 hours of receipt of information that the death or serious injury occurred.
3. This program will not report a death or serious injury when it has a reason to know that the death or serious injury has already been reported to the required agencies.

D. Additional reporting requirements for maltreatment

1. When reporting maltreatment, this program must inform the case manager of the report unless there is reason to believe that the case manager is involved in the suspected maltreatment.
2. The report to the case manager must disclose the nature of the activity or occurrence reported and the agency that received the maltreatment report.

E. Additional reporting requirements for emergency use of manual restraint (EUMR)

Follow the EUMR Policy.

#### **IV. Reviewing Procedures**

##### **A. Conducting a review of incidents and emergencies**

This program will complete a review of all incidents.

1. The review will be completed by Program Coordinator.
2. The review will be completed within two days of the incident.
3. The review will ensure that the written report provides a written summary of the incident.
4. The review will identify trends or patterns, if any, and determine if corrective action is needed.
5. When corrective action is needed, a staff person will be assigned to take the corrective action within a specified time period.

##### **B. Conducting an internal review of deaths and serious injuries**

This program will conduct an internal review of all deaths and serious injuries that occurred while services were being provided if they were not reported as alleged or suspected maltreatment. (Refer to the Vulnerable Adults Maltreatment Reporting and Internal Review Policy and Maltreatment of Minors Reporting and Internal Review Policy when alleged or suspected maltreatment has been reported.)

1. The review will be completed by Director of Programs.
2. The review will be completed within two days of the death or serious injury.
3. The internal review must include an evaluation of whether:
  - a. related policies and procedures were followed;
  - b. the policies and procedures were adequate;
  - c. there is need for additional staff training;
  - d. the reported event is similar to past events with the persons or the services involved to identify incident patterns; and
  - e. there is need for corrective action by the program to protect the health and safety of the persons receiving services and to reduce future occurrences.
5. Based on the results of the internal review, the program must develop, document, and implement a corrective action plan designed to correct current lapses and prevent future lapses in performance by staff or the program, if any.
6. The internal review of all incidents of emergency use of manual restraints must be completed according to the requirements in the program's emergency use of manual restraints policy.

##### **C. Conducting an internal review of maltreatment**

Follow the Maltreatment of Minors or Vulnerable Adult Reporting Policy

D. Conducting a review of emergency use of manual restraints

Follow the EUMR Policy.

### **Record Keeping Procedures**

A. The review of an incident will be documented on the incident reporting form and will include identifying trends or patterns and corrective action if needed.

B. Incident reports will be maintained in the person's record. The record must be uniform and legible.

Legal Authority: MS. §§§ [245D.11](#), subd. 2; [245.91](#), sub

## **MEDICATION ADMINISTRATION**

### **I. Policy**

A. It is the policy of Connections to provide safe medication setup, assistance and administration:

- when assigned responsibility to do so in the person's coordinated service and support plan (CSSP) or the CSSP addendum;
- using procedures established in consultation with a registered nurse, nurse practitioner, physician's assistant or medical doctor; and
- by staff who have successfully completed medication administration training before actually providing medication setup, assistance and administration.

B. For the purposes of this policy, medication assistance and administration includes, but is not limited to:

1. Providing medication-related services for a person;
2. Medication setup;
3. Medication administration;
4. Medication storage and security;
5. Medication documentation and charting;
6. Verification of monitoring of effectiveness of systems to ensure safe medication handling and administration;
7. Coordination of medication refills;
8. Handling changes to prescriptions and implementation of those changes;

9. Communicating with the pharmacy; or
10. Coordination and communication with the prescriber.

**II. Definitions.** For the purposes of this policy the following terms have the meaning given in section [245D.02](#) of the 245D Home and Community-based Services Standards:

- A. "Medication" means a prescription drug or over-the-counter drug and includes dietary supplements.
- B. "Medication administration" means following the procedures in section III. of this policy to ensure that a person takes his or her medications and treatments as prescribed
- C. "Medication assistance" means medication assistance is provided in a manner that ~~to~~ enables the person to self-administer medication or treatment when the person is capable of directing the person's own care, or when the person's legal representative is present and able to direct care for the person.
- D. "Medication setup" means arranging medications according to the instructions provided by the pharmacy, prescriber or licensed nurse, for later administration.
- E. "Over-the-counter drug" means a drug that is not required by federal law to bear the statement "Caution: Federal law prohibits dispensing without prescription."
- F. "Prescriber" means a person who is authorized under section [148.235](#); [151.01](#), subdivision 23; or [151.37](#) to prescribe drugs.
- G. "Prescriber's order and written instructions" means the current prescription order or written instructions from the prescriber. Either the prescription label or the prescriber's written or electronically recorded order for the prescription is sufficient to constitute written instructions from the prescriber.
- H. "Prescription drug" has the meaning given in section [151.01](#), subdivision 16.
- I. "Psychotropic medication" means any medication prescribed to treat the symptoms of mental illness that affect thought processes, mood, sleep, or behavior. The major classes of psychotropic medication are antipsychotic (neuroleptic), antidepressant, antianxiety, mood stabilizers, anticonvulsants, and stimulants and nonstimulants for the treatment of attention deficit/hyperactivity disorder. Other miscellaneous medications are considered to be a psychotropic medication when they are specifically prescribed to treat a mental illness or to control or alter behavior.

**III. Procedures**

A. Medication setup

When Connections is responsible for medication setup staff must document the following in the person's medication administration record:

1. Dates of set-up
2. Name of medication
3. Quantity of dose
4. Times to be administered
5. Route of administration at time of set-up
6. When the person receiving services will be away from home, the staff must document to whom the medications were given on the Medication Acknowledgement Form.

B. Medication assistance

When the program is responsible for medication assistance staff may:

1. Bring to the person and open a container of previously set up medications
2. Empty the container into the person's hand
3. Open and give the medications in the original container to the person
4. Bring to the person liquids or food to accompany the medication
5. Provide reminders, in person, remotely, or through programming devices such as telephones, alarms, or medication boxes, to take regularly scheduled medication or perform regularly scheduled treatments and exercises.
6. Provide medication assistance in a manner that enables a person to self-administer medications or treatments when the person is capable of directing the person's own care, or when the person's legal representative is present and able to direct the care for the person.

C. Medication Administration

- a. Information on the current prescription label or the prescriber's current written or electronically recorded order or prescription that includes the person's name, description of the medication or treatment to be provided, and the frequency and other information needed to safely and correctly administer the medication or treatment to ensure effectiveness;
- b. Information on any risks or other side effects that are reasonable to expect, and any contraindications to its use. This information must be readily available to all staff administering the medication on the "Drug Details" hyperlink on the electronic MAR and in the medication reference book at each site.
- c. The possible consequences if the medication or treatment is not taken or administered as directed
- d. The supervisor, program coordinator, or registered nurse should be contacted by staff in the event:
  - 1) if a dose of medication is not administered or treatment is not performed as prescribed, whether by error by the staff or the person or by refusal by the person; and

- 2) the occurrence of possible adverse reactions to the medication or treatment.
1. Staff must complete the following when responsible for medication administration:
    - a. Check the person's medication administration record (MAR)
    - b. Prepare the medications as necessary
    - c. Administer the medication or treatment the person according to the prescriber's order
    - d. Document in the MAR:
      - 1) the administration of the medication or treatment or the reason for not administering the medication or treatment;
      - 2) notation of any occurrence of a dose of medication not being administered or treatment not performed as prescribed, whether by error by the staff or the person or by refusal by the person, or of adverse reactions, and when and to whom the report was made
      - 3) notation of when a medication or treatment is started, administered, changed, or discontinued
    - e. Report any concerns about the medication or treatment, including side effects, effectiveness, or a pattern of the person refusing to take the medication or treatment as prescribed, to the registered nurse or prescriber
    - f. Adverse reactions must be immediately reported to the registered nurse or the prescriber.

#### D. Injectable medications

The program may administer injectable medications according to a prescriber's order and written instructions when one of the following conditions has been met:

1. The program's registered nurse will administer injections
2. The program's supervising registered nurse with a physician's order delegates the administration of injections to staff and has provided the necessary training
3. There is an agreement signed by the program, the prescriber and the person or the person's legal representative identifying which injectable medication may be given, when, and how and that the prescriber must retain responsibility for the program administering the injection. A copy of the agreement must be maintained in the person's record.

\*Only licensed health professionals are allowed to administer psychotropic medications by injection.

#### E. Psychotropic medication use and monitoring

1. When the program is responsible for administration of a psychotropic medication, the program must develop, implement, and maintain the following documentation in the person's CSSP addendum according to the requirements in sections 245D.07 and 245D.071:
  - a. A description of the target symptoms the prescribed psychotropic medication is to alleviate. The program must consult with the expanded support team to identify target symptoms.

"Target symptom" refers to any perceptible diagnostic criteria for a person's diagnosed mental disorder, as defined by the Diagnostic and Statistical Manual of Mental Disorders Fourth Edition Text Revision (DSM-IV-TR) or successive editions, that has been identified for alleviation; and

- b. The documentation methods the program will use to monitor and measure changes in target symptoms that are to be alleviated by the psychotropic medications if required by the prescriber.
2. The program must collect and report on medication and symptom-related data as instructed by the prescriber.
3. The program must provide the monitoring data to the expanded support team for review every three months, or as otherwise requested by the person or the person's legal representative.

#### F. Written authorization

Written authorization is required for medication administration or medication assistance, including psychotropic medications or injectable medications.

1. Connections must obtain written authorization from the person or the person's legal representative before providing assistance with or administration of medications or treatments, including psychotropic medications and injectable medications.
2. If the person or the person's legal representation refuses to authorize the program to administer medication, the staff must not administer the medication.
3. Connections must report the refusal to authorize medication administration to the prescriber as expediently as possible.

#### G. Refusal to authorize psychotropic medication

1. If the person receiving services or their legal representative refuses to authorize the administration of a psychotropic medication, the program must not administer the medication and report the refusal to authorize to the prescriber in 24 hours.
2. After reporting the refusal to authorize to the prescriber in 24 hours, the program must follow and document all directives or orders given by the prescriber.
3. A court order must be obtained to override a refusal for psychotropic medication administration.
4. A refusal to authorize administration of a specific psychotropic medication is not grounds for service termination and does not constitute an emergency. A decision to terminate services must comply with the program's service suspension and termination policy.

#### H. Reviewing and reporting medication and treatment issues

1. Connections must ensure that the information maintained in the medication administration record is current and is regularly reviewed to identify medication administration errors.
2. At a minimum, the MAR review must be conducted every three months or more frequently as directed in the CSSP or CSSP addendum or as requested by the person or the person's legal representative.
3. Based on the review, the program must develop and implement a plan to correct patterns of medication administration errors when identified.
4. Connections must report the following to the person's legal representative and case manager as they occur or as otherwise directed in the CSSP or CSSP addendum:
  - a. any reports made to the person's physician or prescriber required section III.D.2. of this policy
  - b. a person's refusal or failure to take or receive medication or treatment as prescribed
  - c. concerns about a person's self-administration of medication or treatment.

#### I. Staff Training

1. Unlicensed staff may administer medications only after successful completion of a medication administration training using a training curriculum developed by Connections registered nurse. The training curriculum must incorporate an observed skill assessment conducted by the trainer to ensure staff demonstrate the ability to safely and correctly follow medication procedures
2. Staff must review and receive instruction on individual medication administration procedures established for each person when assigned responsibility for medication administration.
3. Staff may administer injectable medications only when the necessary training has been provided by a registered nurse.
4. Medication administration must be taught by a registered nurse, clinical nurse specialist, certified nurse practitioner, physician's assistant, or physician if, at the time of service initiation or any time thereafter, the person has or develops a health care condition that affects the service options available to the person because the condition requires:
  - a. specialized or intensive medical or nursing supervision; and
  - b. non-medical service providers to adapt their services to accommodate the health and safety needs of the person.

#### J. Storage and disposal of medication

Schedule II controlled substances in the facility that are named in section 152.02, subdivision 3, must be stored in a locked storage area permitting access only by persons and staff authorized to administer the medication. Medications must be disposed of according to the Environmental Protection Agency recommendations.



Legal Authority: MS §§§§ 245D.11, subd. 2 (3), 245D.05, subdivisions 1a, 2, and 5 and 245D.51 and 245D.09, subdivision 4a, paragraph (d)

## **EMERGENCY USE OF MANUAL RESTRAINTS POLICY**

### **I. Policy**

It is the policy of this DHS licensed provider, Connections, to promote the rights of persons served by this program and to protect their health and safety during the emergency use of manual restraints.

“Emergency use of manual restraint” means using a manual restraint when a person poses an imminent risk of physical harm to self or others and it is the least restrictive intervention that would achieve safety. Property damage, verbal aggression, or a person’s refusal to receive or participate in treatment or programming on their own, do not constitute an emergency.

### **II. Positive support strategies and techniques required**

A. The following positive support strategies and techniques must be used to attempt to de-escalate a person’s behavior before it poses an imminent risk of physical harm to self or others:

Connections approves of the following strategies and techniques:

- Follow individualized strategies in a person’s Coordinated Service and Support Plan and Coordinated Service and Support Plan Addendum;
- Shift the focus by verbally redirect the person to a desired alternative activity;
- Model desired behavior;
- Reinforce appropriate behavior
- Offer choices, including activities that are relaxing and enjoyable to the person;
- Use positive verbal guidance and feedback;
- Actively listen to a person and validate their feelings;
- Create a calm environment by reducing sound, lights, and other factors that may agitate a person;
- Speak calmly with reassuring words, consider volume, tone, and non-verbal communication;
- Simplify a task or routine or discontinue until the person is calm and agrees to participate; or
- Respect the person’s need for physical space and/or privacy

B. The program will develop a positive support transition plan on the forms and in manner prescribed by the Commissioner and within the required timelines for each person served when required in order to:

1. eliminate the use of prohibited procedures as identified in section III of this policy;
2. avoid the emergency use of manual restraint as identified in section I of this policy;
3. prevent the person from physically harming self or others; or
4. phase out any existing plans for the emergency or programmatic use of restrictive interventions prohibited.

### **III. Permitted actions and procedures**

Use of the following instructional techniques and intervention procedures used on an intermittent or continuous basis are permitted by this program. When used on a continuous basis, it must be addressed in a person's coordinated service and support plan addendum.

- A. Physical contact or instructional techniques must be use the least restrictive alternative possible to meet the needs of the person and may be used to:
  1. calm or comfort a person by holding that persons with no resistance from that person;
  2. protect a person known to be at risk of injury due to frequent falls as a result of a medical condition;
  3. facilitate the person's completion of a task or response when the person does not resist or the person's resistance is minimal in intensity and duration; or
  4. block or redirect a person's limbs or body without holding the person or limiting the person's movement to interrupt the person's behavior that may result in injury to self or others, with less than 60 seconds of physical contact by staff; or
  5. to redirect a person's behavior when the behavior does not pose a serious threat to the person or others and the behavior is effectively redirected with less than 60 seconds of physical contact by staff.
- B. Restraint may be used as an intervention procedure to:
  1. allow a licensed health care professional to safely conduct a medical examination or to provide medical treatment ordered by a licensed health care professional to a person necessary to promote healing or recovery from an acute, meaning short-term, medical condition; or
  2. assist in the safe evacuation or redirection of a person in the event of an emergency and the person is at imminent risk of harm; or
  3. position a person with physical disabilities in a manner specified in the person's coordinated service and support plan addendum.

Any use of manual restraint as allowed in this paragraph [Section B] must comply with the restrictions identified in [Section A].

- C. Use of adaptive aids or equipment, orthotic devices, or other medical equipment ordered by a licensed health professional to treat a diagnosed medical condition do not in and of themselves constitute the use of mechanical restraint.

### **IV. Prohibited Procedures**

Use of the following procedures as a substitute for adequate staffing, for a behavioral or therapeutic program to reduce or eliminate behavior, as punishment, or for staff convenience, is prohibited by this program:

1. chemical restraint;
2. mechanical restraint;
3. manual restraint;
4. time out;
5. seclusion; or
6. any aversive or deprivation procedure.

**V. Manual Restraints Not Allowed in Emergencies**

- A. This program does not allow the emergency use of manual restraint. The following alternative measures must be used by staff to achieve safety when a person’s conduct poses an imminent risk of physical harm to self or others and less restrictive strategies have not achieved safety:

Connections approves of the following alternative measures:

- Continue to utilize the positive support strategies;
- Continue to follow individualized strategies in a person’s Coordinated Service and Support Plan and Coordinated Service and Support Plan Addendum;
- Ask the person and/or others if they would like to move to another area where they may feel safer or calmer;
- Remove objects from the person’s immediate environment that they may use to harm self or others
- Call 911 for law enforcement assistance if the alternative measures listed above are ineffective in order to achieve safety for the person and/or others. While waiting for law enforcement to arrive staff will continue to offer the alternative measures listed above if doing so does not pose a risk of harm to the person and/or others.

- B. The program will not allow the use of an alternative safety procedure with a person when it has been determined by the person’s physician or mental health provider to be medically or psychologically contraindicated for a person. This program will complete an assessment of whether the allowed procedures are contraindicated for each person receiving services as part of the required service planning required under the 245D Home and Community-based Services (HCBS) Standards (section [245D.07](#), subdivision 2, for recipients of basic support services; or section [245D.071](#), subdivision 3, for recipients of intensive support services).

**VI. Reporting Emergency Use of Manual Restraint**

As stated in section V, this program does not allow the emergency use of manual restraint. Any staff person who believes or knows that a manual restraint was implemented during an emergency basis they must immediately report the incident to the person listed below. The program has identified the following person or position responsible for reporting the emergency use of manual restrain according to the standards in section 245D.061 and part 9544.0110, when determined necessary.

Program Coordinators and Director of Programs
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Legal Authority: MS §§ [245D.06](#), subd. 5 to subd, 8; [245D.061](#), MR part [9544.0110](#)

## **DATA PRIVACY POLICY**

### **I. Policy**

This program recognizes the right of each person receiving services in this program to confidentiality and data privacy. This policy provides general guidelines and principles for safeguarding service recipient rights to data privacy under section [245D.04](#), subdivision 3(a) and access to their records under section [245D.095](#), subdivision 4, of the 245D Home and Community-based Services Standards.

### **II. Procedures**

#### **A. Private Data**

1. Private data includes all information on persons that has been gathered by this program or from other sources for program purposes as contained in an individual data file, including their presence and status in this program.
2. Data is private if it is about individuals and is classified as private by state or federal law. Only the following persons are permitted access to private data:
  - a. The individual who is the subject of the data or a legal representative.
  - b. Anyone to whom the individual gives signed consent to view the data.
  - c. Employees of the welfare system whose work assignments reasonably require access to the data. This includes staff persons in this program.
  - d. Anyone the law says can view the data.
  - e. Data collected within the welfare system about individuals are considered welfare data. Welfare data is private data on individuals; including medical and/or health data. Agencies in the welfare system include, but are not limited to: Department of Human Services; local social services agencies, including a person's case manager; county welfare agencies; human services boards; the Office of Ombudsman for Mental Health and Developmental Disabilities; and persons and entities under contract with any of the above agencies; this includes this program and other licensed caregivers jointly providing services to the same

person.

- f. Once informed consent has been obtained from the person or the legal representative there is no prohibition against sharing welfare data with other persons or entities within the welfare system for the purposes of planning, developing, coordinating and implementing needed services
3. Data created prior to the death of a person retains the same legal classification (public, private, confidential) after the person's death that it had before the death.

#### B. Providing Notice

At the time of service initiation, the person and his/her legal representative, if any, will be notified of this program's data privacy policy. Staff will document that this information was provided to the individual and/or their legal representative in the individual record.

#### C. Obtaining Informed Consent or Authorization for Release of Information

1. At the time informed consent is being obtained staff must tell the person or the legal representative individual the following:
  - a. why the data is being collected;
  - b. how the agency intends to use the information;
  - c. whether the individual may refuse or is legally required to furnish the information;
  - d. what known consequences may result from either providing or refusing to disclose the information; and with whom the collecting agency is authorized by law to share the data. What the individual can do if they believe the information is incorrect or incomplete;
  - e. how the individual can see and get copies of the data collected about them; and any other rights that the individual may have regarding the specific type of information collected.
2. A proper informed consent or authorization for release of information form must include these factors (unless otherwise prescribed by the HIPAA Standards of Privacy of Individually Identifiable Health Information [45 C.F.R. section 164](#)):
  - a. be written in plain language;
  - b. be dated;
  - c. designate the particular agencies or person(s) who will get the information;
  - d. specify the information which will be released;
  - e. indicate the specific agencies or person who will release the information;
  - f. specify the purposes for which the information will be used immediately and in the future;
  - g. contain a reasonable expiration date of no more than one year; and
  - h. specify the consequences for the person by signing the consent form, including:

"Consequences: I know that state and federal privacy laws protect my records. I know:

    - Why I am being asked to release this information.
    - I do not have to consent to the release of this information. But not doing so may affect this

program's ability to provide needed services to me.

- If I do not consent, the information will not be released unless the law otherwise allows it.
  - I may stop this consent with a written notice at any time, but this written notice will not affect information this program has already released.
  - The person(s) or agency(ies) who get my information may be able to pass it on to others.
  - If my information is passed on to others by this program, it may no longer be protected by this authorization.
  - This consent will end one year from the date I sign it, unless the law allows for a longer period."
- i. Maintain all informed consent documents in the consumer's individual record.

D. Staff Access to Private Data

1. This policy applies to all program staff, volunteers, and persons or agencies under contract with this program (paid or unpaid).
2. Staff persons do not automatically have access to private data about the persons served by this program or about other staff or agency personnel. Staff persons must have a specific work function need for the information. Private data about persons are available only to those program employees whose work assignments reasonably require access to the data; or who are authorized by law to have access to the data.
3. Any written or verbal exchanges about a person's private information by staff with other staff or any other persons will be done in such a way as to preserve confidentiality, protect data privacy, and respect the dignity of the person whose private data is being shared.
4. As a general rule, doubts about the correctness of sharing information should be referred to the supervisor.

E. Individual access to private data.

Individuals or their legal representatives have a right to access and review the individual record.

1. A staff person will be present during the review and will make an entry in the person's progress notes as to the person who accessed the record, date and time of review, and list any copies made from the record.
2. An individual may challenge the accuracy or completeness of information contained in the record. Staff will refer the individual to the grievance policy for lodging a complaint.
3. Individuals may request copies of pages in their record.
4. No individual, legal representative, staff person, or anyone else may permanently remove or destroy any portion of the person's record.

F. Case manager access to private data.

A person's case manager and the foster care licensor have access to the records of person's served by the program under section 245D.095, subd. 4.

- C. Requesting Information from Other Licensed Caregivers or Primary Health Care Providers.
  - 1. Complete the attached release of information authorization form. Carefully list all the consults, reports or assessments needed, giving specific dates whenever possible. Also, identify the purpose for the request.
  - 2. Clearly identify the recipient of information. If information is to be sent to the program's health care consultant or other staff at the program, include Attention: (name of person to receive the information), and the name and address of the program.
  - 3. Assure informed consent to share the requested private data with the person or entity has been obtained from the person or the legal representative.
  - 4. Keep the document in the person's record.

Legal Authority: MS § [245D.11](#), subd. 3

## **PARTICIPANT DOCUMENTATION POLICY**

### **I. Policy**

Connections staff will complete timely and accurate documentation for each individual served in any program.

### **II. Procedure**

Pursuant to and in accordance with MN State Statute Chapter 245D, the standard expectation for documentation at Connections requires that each participant receive a t-log entry in the online documentation system, THERAP following every shift worked and/or unit of service provided. ***This means that all required documentation must take place immediately following every worked shift. For SILS workers, because participants can receive services at a variety of times throughout a day, documentation must be complete by midnight on the day of service.***

## **RECORD KEEPING POLICY**

### **I. Policy**

This program will maintain records in a systematic fashion to assist with current and future service delivery for individuals served.

### **II. Procedure**

#### **A. Individual Recording Keeping**

- 1. Each service site will maintain individual records, which contain the following information:
  - a. health
  - b. assessment
  - c. legal

- d. ISP
- e. other
- 2. Information in the individual records will be maintained for the two year licensing cycle period of time, or until the next license review is conducted, whichever is later.
- 3. After the licensing review, information may be archived as directed by the Program Director.
  - a. information that has been summarized into a separate format (e.g., quarterly, semi-annual, annual progress reports) from individual records may be discarded after the licensing review
- 4. Individuals currently receiving services must have records retained for a seven-year period of time.
- 5. Records of individuals who have left or have been discharged from the program, or have otherwise had their services terminated must have their records retained for a five-year period of time following the termination or discharge.
- 6. Records must be maintained in a secure location.
- B. Organizational Records
  - 1. All organizational records must be kept for a seven-year period of time.
  - 2. The supervisor/designee is responsible for retaining the records.
  - 3. Each service site must retain the previous two years of records on file.
  - 4. Previous records may be archived as directed by the Program Director.
  - 5. Records must be maintained in a secure location.

## **GRIEVANCE POLICY**

### **I. Policy**

It is the policy of this DHS licensed provider (program) to ensure that people served by this program have the right to respectful and responsive services. We are committed to providing a simple complaint process for the people served in our program and their authorized or legal representatives to bring grievances forward and have them resolved in a timely manner.

### **II. Procedures**

#### **A. Service Initiation**

A person receiving services and their case manager will be notified of this policy, and provided a copy, within five working days of service initiation.

#### **A. How to File a Grievance**

- 1. The person receiving services or person's authorized or legal representative:
  - a. should talk to a staff person that they feel comfortable with about their complaint or problem;



- b. clearly inform the staff person that they are filing a formal grievance and not just an informal complaint or problem; and
    - c. may request staff assistance in filing a grievance.
  2. If the person or person's authorized or legal representative does not believe that their grievance has been resolved they may bring the complaint to the highest level of authority in this program.
    - That person is Sheila Sartwell, Executive Director.
    - They may be reached at 550 13<sup>th</sup> Ave. E. West Fargo, ND 701-532-1145.
- B. Response by the Program
  1. Upon request, staff will provide assistance with the complaint process to the service recipient and their authorized representative. This assistance will include:
    - a. the name, address, and telephone number of outside agencies to assist the person; and
    - b. responding to the complaint in such a manner that the service recipient or authorized representative's concerns are resolved.
  2. This program will respond promptly to grievances that affect the health and safety of service recipients.
  3. All other complaints will be responded to within 14 calendar days of the receipt of the complaint.
  4. All complaints will be resolved within 30 calendar days of the receipt.
  5. If the complaint is not resolved within 30 calendar days, this program will document the reason for the delay and a plan for resolution.
  6. Once a complaint is received, the program is required to complete a complaint review. The complaint review will include an evaluation of whether:
    - a. related policy and procedures were followed;
    - b. related policy and procedures were adequate;
    - c. there is a need for additional staff training;
    - d. the complaint is similar to past complaints with the persons, staff, or services involved; and
    - e. there is a need for corrective action by the license holder to protect the health and safety of persons receiving services.
  7. Based on this review, the license holder must develop, document, and implement a corrective action plan designed to correct current lapses and prevent future lapses in performance by staff or the license holder, if any.
  8. The program will provide a written summary of the complaint and a notice of the complaint resolution to the person and case manager that:
    - a. identifies the nature of the complaint and the date it was received;
    - b. includes the results of the complaint review; and
    - c. identifies the complaint resolution, including any corrective action.
- D. The complaint summary and resolution notice must be maintained in the person's record.

## **FINANCIAL**

### **Adult Foster Care Financial Information**

#### **Definitions:**

**Group residential housing.** "Group residential housing" means a group living situation that provides at a minimum room and board to unrelated persons who meet the eligibility requirements of section 256I.04. This definition includes foster care settings for a single adult. To receive payment for a group residence rate, the residence must meet the requirements under section 256I.04, subdivision 2a.

**Group residential housing rate.** "Group residential housing rate" means a monthly rate set for shelter, fuel, food, utilities, household supplies, and other costs necessary to provide room and board for eligible individuals. Group residential housing rate does not include payments for foster care for children who are not blind, child welfare services, medical care, dental care, hospitalization, nursing care, drugs or medical supplies, program costs, or other social services. The rate is negotiated by the county agency according to the provisions of sections 256I.01 to 256I.06.

**Personal Needs.** "Personal needs" items include soap, shampoo, toothpaste, etc. Personal needs basic amount is \$96 (used for people in an ICF-MR setting). Personal needs money comes from an individual's earning and/or Social Security income. The person who pays this amount to the individual is only the rep payee. The provider only distributes this personal needs money to the individual if they are the designated rep payee for the individual. As the personal needs money is distributed from the rep payee to the individual, the supervisor will track these payments, provide a tracker in the site book for purchases and maintain receipts with the tracker. This documentation should be turned in to the supervisor monthly and maintained in the individual's file at Connections.

#### **Persons Receiving Adult Foster Care Services:**

A participant must apply for Group Residential Housing grant monies immediately upon admission to the Adult Foster Care program. The participant, their guardian, or Representative Payee will be responsible to provide payment to Connections in the amount of the most recent Room and Board rate designated by the State of MN within 30 days of admission to the program and to continue payment until GRH monies from the State of MN are received by the agency. If the agency receives a double payment, the money will be returned to the participant, guardian or Representative Payee respectively. If the participant does not qualify for the GRH Grant, he/she will be responsible to pay the current Room and Board rate to the agency on a monthly basis due by the third of each month.

If the participant discharges from the program and has a negative Room and Board balance with the agency, the participant will be sent an invoice for the amount and expected to make payment within 60 days of service end.

**Funds and property; legal representative restrictions.**

- (a) Whenever the license holder assists a person with the safekeeping of funds or other property according to section 245A.04, subdivision 13, the license holder must obtain written authorization to do so from the person or the person's legal representative and the case manager. Authorization must be obtained within five working days of service initiation and renewed annually thereafter. At the time initial authorization is obtained, the license holder must survey, document, and implement the preferences of the person or the person's legal representative and the case manager for frequency of receiving a statement that itemizes receipts and disbursements of funds or other property. The license holder must document changes to these preferences when they are requested.
- (b) A license holder or staff person may not accept powers-of-attorney from a person receiving services from the license holder for any purpose. This does not apply to license holders that are Minnesota counties or other units of government or to staff persons employed by license holders who were acting as attorney-in-fact for specific individuals prior to implementation of this chapter. The license holder must maintain documentation of the power-of-attorney in the service recipient record.
- (c) A license holder or staff person is restricted from accepting an appointment as a guardian as follows:
  - (1) under section 524.5-309 of the Uniform Probate Code, any individual or agency that provides residence, custodial care, medical care, employment training, or other care or services for which the individual or agency receives a fee may not be appointed as guardian unless related to the respondent by blood, marriage, or adoption; and
  - (2) under section 245A.03, subdivision 2, paragraph (a), clause (1), a related individual as defined under section 245A.02, subdivision 13, is excluded from licensure. Services provided by a license holder to a person under the license holder's guardianship are not licensed services.
- (d) Upon the transfer or death of a person, any funds or other property of the person must be surrendered to the person or the person's legal representative, or given to the executor or administrator of the estate in exchange for an itemized receipt.

**CONTINUITY AND QUALITY**

**Health Service Coordination and Care Policy**

**I. Policy**

It is the policy of this DHS licensed provider, Connections, to meet the health service needs of each person being served as defined and assigned in each person's coordinated service and support plan (CSSP) or CSSP addendum.

## **II. Procedures**

- A. When discovered, the program will promptly notify the person's legal representative, if any, and the case manager of changes in a person's physical and mental health needs affecting health service needs assigned to the program in the person's CSSP or CSSP addendum.
- B. If the program has reason to know that the change has already been reported, it is not necessary to report.
- C. The program must document all health changes, including when the notification of the health changes was given to the legal representative and case manager.
- D. When assigned the responsibility for meeting the person's health service needs in the person's CSSP or the CSSP addendum, the program will maintain documentation on how the person's health needs will be met, including a description of the procedures to follow in order to:
  1. Provide medication assistance or medication administration according to the safe medication assistance and administration policy;
  2. Monitor health conditions according to written instructions from a licensed health professional;
  3. Assist with or coordinate medical, dental and other health service appointments; or
  4. Use medical equipment, devices or adaptive aides or technology safely and correctly according to written instructions from a licensed health professional.

Legal Authority: MS § § 245D.11, subd. 2 (2) and 245D.05, subd 1

## **Temporary Service Suspension Policy**

### **I. Policy**

It is the policy of this DHS licensed provider, Connections, to ensure our procedures for temporary service suspension promote continuity of care and service coordination for persons receiving services.

### **II. Procedures**

This program will limit temporary service suspension to the following situations:

1. The person's conduct poses an imminent risk of physical harm to self or others and either:

- a. positive support strategies have been implemented to resolve the issues leading to the temporary service suspension but have not been effective and additional positive support strategies would not achieve and maintain safety; or
  - b. less restrictive measures would not resolve the issues leading to the suspension; OR
  2. The person has emergent medical issues that exceed the license holder's ability to meet the person's needs; OR
  3. The program has not been paid for services.
- B. Prior to giving notice of temporary service suspension, the program must document actions taken to minimize or eliminate the need for service suspension.
1. Action taken by the program must include , at a minimum:
    - a. Consultation with the person's support team or expanded support team to identify and resolve issues leading to issuance of the notice; and
    - b. A request to the case manager for intervention services identified, including behavioral support services, in-home or out-of-home crisis respite services, specialist services, or other professional consultation or intervention services to support the person in the program.
  2. If, based on the best interests of the person, the circumstances at the time of the notice were such that the program unable to consult with the person's team or request interventions services, the program must document the specific circumstances and the reason for being unable to do so.
- C. The notice of temporary service suspension must meet the following requirements:
1. This program must notify the person or the person's legal representative and the case manager in writing of the intended temporary service suspension.
  2. If the temporary service suspension is from residential supports and services, including supported living services, foster care services, or residential services in a supervised living facility, including and ICF/DD, the program must also notify the Commissioner in writing. DHS notification will be provided by fax at 651-431-7406.
  3. Notice of temporary service suspension must be given on the first day of the service suspension.
  4. The written notice service suspension must include the following elements:
    - a. The reason for the action;
    - b. A summary of actions taken to minimize or eliminate the need for temporary service suspension; and
    - c. Why these measures failed to prevent the suspension.
  5. During the temporary suspension period the program must:

- a. Provide information requested by the person or case manager;
  - b. Work with the support team or expanded support team to develop reasonable alternatives to protect the person and others and to support continuity of care; and
  - c. Maintain information about the service suspension, including the written notice of temporary service suspension in the person's record.
- D. A person has the right to return to receiving services during or following a service suspension with the following conditions.
- 1. Based on a review by the person's support team or expanded support team, the person no longer poses an imminent risk of physical harm to self or others, the person has a right to return to receiving services.
  - 2. If, at the time of the service suspension or at any time during the suspension, the person is receiving treatment related to the conduct that resulted in the service suspension, the support team or expanded support team must consider the recommendation of the licensed health professional, mental health professional, or other licensed professional involved in the person's care or treatment when determining whether the person no longer poses an imminent risk of physical harm to self or others and can return to the program.
  - 3. If the support team or expanded support team makes a determination that is contrary to the recommendation of a licensed professional treating the person, the program must document the specific reasons why a contrary decision was made.

Legal Authority: MS § [245D.10](#), subd. 3

## **Service Termination Policy**

### **I. Policy**

It is the policy of this DHS licensed provider, Connections, to ensure our procedures for service termination promote continuity of care and service coordination for persons receiving services.

### **II. Procedures**

- A. This program must permit each person to remain in the program and must not terminate services unless:
  - 1. The termination is necessary for the person's welfare and the person's needs cannot be met in the facility;
  - 2. The safety of the person or others in the program is endangered and positive support strategies were attempted and have not achieved and effectively maintained safety for the person or others;

3. The health of the person or others in the program would otherwise be endangered;
  4. The program has not been paid for services;
  5. The program ceases to operate; or
  6. The person has been terminated by the lead agency from waiver eligibility.
- B. Prior to giving notice of service termination this program must document the actions taken to minimize or eliminate the need for termination.
1. Action taken by the license holder must include, at a minimum:
    - a. Consultation with the person's support team or expanded support team to identify and resolve issues leading to the issuance of the notice; and
    - b. A request to the case manager for intervention services, including behavioral support services, in-home or out-of-home crisis respite services, specialist services, or other professional consultation or intervention services to support the person in the program.

The request for intervention services will not be made for service termination notices issued because the program has not been paid for services.

2. If, based on the best interests of the person, the circumstances at the time of the notice were such that the program unable to consult with the person's team or request interventions services, the program must document the specific circumstances and the reason for being unable to do so.
- C. The notice of service termination must meet the following requirements:
1. This program must notify the person or the person's legal representative and the case manager in writing of the intended service termination.
  2. If the service termination is from residential supports and services, including supported living services, foster care services, or residential services in a supervised living facility, including an ICF/DD, the license holder must also notify the Department of Human Services in writing. DHS notification will be provided by fax at 651-431-7406.
  3. The written notice of a proposed service termination must include all of the following elements:
    - a. The reason for the action;
    - b. A summary of actions taken to minimize or eliminate the need for service termination or temporary service suspension, and why these measures failed to prevent the termination or suspension. A summary of actions is not required when service termination is a result of the when the program ceasing operation;

- c. The person's right to appeal the termination of services under Minnesota Statutes, section 256.045, subdivision 3, paragraph (a); and
  - d. The person's right to seek a temporary order staying the termination of services according to the procedures in section 256.045, subdivision 4a or 6, paragraph (c).
  - 4. The written notice of a proposed service termination, including those situations which began with a temporary service suspension, must be given before the proposed effective date of service termination.
    - a. For those persons receiving intensive supports and services, the notice must be provided at least 60 days before the proposed effective date of service termination.
    - b. For those persons receiving other services, the notice must be provided at least 30 days before the proposed effective date of service termination.
  - 5. This notice may be given in conjunction with a notice of temporary service suspension.
- D. During the service termination notice period, the program must:
- 1. Work with the support team or expanded support team to develop reasonable alternatives to protect the person and others and to support continuity of care;
  - 2. Provide information requested by the person or case manager; and
  - 3. Maintain information about the service termination, including the written notice of intended service termination, in the person's record.

Legal Authority: MS § [245D.10](#), subd. 3a

## **QUALITY IMPROVEMENT POLICY**

### **I. Policy**

We will make every effort to assure our program is achieving its goals and the satisfaction of the people we serve. An annual program evaluation will measure the quality of our services and individual satisfaction. The results of the program evaluation will be used to continually improve service quality.

### **II. Procedure**

#### **A. Quality Measures**

- 1. We will make a plan for when and how to obtain input and feedback from the people we serve and their legal representatives and county case managers that will be relevant to our program goals. For example, we may ask a small number of these people to meet with us to discuss our goals and/or we can request this information through our consumer survey.
- 2. We will identify performance standards for our program functions and goals that are measurable and observable.



3. We will select the highest priority performance standards to be measured during the current evaluation period.
4. We will identify what data we need to collect to measure our progress on meeting the performance standards, including:
  - a. existing data we do collect
    - 1) for example: completion of staff training and orientation within the required timelines, staff turnover rates, rate of staff movement between program locations, number of incident reports, medication and other therapeutic errors in a given time period, etc.
  - b. existing data we can obtain from another source
    - 1) for example: rates of activities from other licensed programs from DHS or the Office of Ombudsman for Mental Health and Developmental Disabilities
  - c. data we can begin to collect
    - 1) results from annual consumer surveys

#### B. Annual Person Served Satisfaction Survey

The survey results will be used to assess individual satisfaction in the following areas:

- a. responsiveness of staff to ideas and concerns expressed;
- b. courteous and respectful treatment;
- c. communication of information;
- d. appearance and maintenance of household;
- e. overall satisfaction with program services; and
- f. other questions which might be of interest to the person served.

#### C. Evaluation Methods

We will review and analyze all data we collect to determine if we are meeting our performance standards. Raw data collected will be reviewed, graphed, analyzed, and summarized by a designated staff person(s). The original raw data sheets will be maintained by the program's main office.

#### D. Quality Improvement Plan

Based on the evaluation, a plan for improving the quality in areas where performance standards are not being met will be developed. The plan will include instructions on how the plan will be implemented, by whom, and within what timelines.

#### E. Quality Assurance Report

An annual quality assurance report on the evaluation results and the quality improvement plan will be prepared and distributed by designated staff to the program coordinator and made available to people receiving our services and their legal representatives upon request.

### III. Ongoing Customer Service

- A. Employees and management of the company will be available to respond to individuals' needs, questions or concerns at any time.

- B. Staff will actively listen to the requests or opinions of individuals, family members, case managers and other agency personnel and respond to make recommendations in a professional and polite manner.
  - 1. Staff will make and implement decisions regarding these requests or opinions as soon as possible according to their authority. If a staff person does not have authority to make the decision or change, he or she will forward the request or concern to the supervisor/designee.
  - 2. Staff will document all such contacts, verbal or otherwise, with consumers, family members, case managers and other agency personnel.
  
- C. Staff will respond to all individual complaints or complaints from the individual's legally authorized representative according to the "Grievance Policy."
  - 1. Staff will resolve complaints from family members, case managers and other agency personnel according to their level of delegated authority or refer the issue to their supervisor.

## **DRUG AND ALCOHOL POLICY**

### **I. Policy**

It is the policy of this DHS licensed provider (program) to support a workplace free from the effects of drugs, alcohol, chemicals, and abuse of prescription medications. This policy applies to all of our employees, subcontractors, and volunteers (employees).

### **II. Procedures**

- A. All employees must be free from the abuse of prescription medications or being in any manner under the influence of a chemical that impairs their ability to provide services or care.
- B. The consumption of alcohol is prohibited while directly responsible for persons receiving services, or on our property (owned or leased), or in our vehicles, machinery, or equipment (owned or leased), and will result in corrective action up to and including termination.
- C. Being under the influence of a controlled substance identified under Minnesota Statutes, chapter 152, or alcohol, or illegal drugs in any manner that impairs or could impair an employee's ability to provide care or services to persons receiving services is prohibited and will result in corrective action up to and including termination.
- D. The use, sale, manufacture, distribution, or possession of illegal drugs while providing care or to persons receiving services, or on our property (owned or leased), or in our vehicles, machinery, or equipment (owned or leased), will result in corrective action up to and including termination.
- E. Any employee convicted of criminal drug use or activity must notify their supervisor no later than five (5) days after the conviction.

- F. Criminal conviction for the sale of narcotics, illegal drugs or controlled substances will result in corrective action up to and including termination.
- G. The program's designated staff person will notify the appropriate law enforcement agency when we have reasonable suspicion to believe that an employee may have illegal drugs in his/her possession while on duty during work hours. Where appropriate, we will also notify licensing boards.

Legal Authority: MS §§ [245A.04](#), subd. 1 (c) and 14