

Greene Arc, Inc.

Policy and Procedure Manual

887 Records Management

- c) The medium used to produce the electronic record accurately reproduces the paper original records.
 - d) The medium used is not subject to subsequent deletion, change or manipulation.
 - e) The electronic record constitutes a duplicate or substitute copy of the original paper record and has not been altered or, if altered, shows the original and altered versions, dates of creation and creator.
 - f) The electronic record can be converted back into legible paper copies and assessed by an auditing agency.
 - g) Greene Arc will have a back-up system for electronic records.
7. Greene Arc will utilize and adhere to the records management policies in place to comply with section 51.15 of the Chapter 51 regulations.
8. Greene Arc shall document in the participant's record when the participant voluntarily chooses to use the participant's personal funds to purchase items and a description of the item purchased in accordance with the ISP.
9. All Greene Arc employees will follow and adhere to all stipulations pertaining to record access as stated in this policy.

888 Restraint & Restrictive Procedure

Greene Arc follows a no restraint/restrictive procedure philosophy and strives to maintain being an agency that remains restraint and restrictive procedure free while ensuring staff are educated in restraint and restrictive procedures definitions and required protocols, as defined in Chapter 51 regulations and MR Bulletin 00-06-09 (Elimination of Restraints through Positive Practices).

Greene Arc staff who provide direct support services are trained annually in Crisis Prevention and Intervention (CPI), which includes staff effectiveness, behavioral guidelines for positive approaches and interaction, preventing crisis with antecedent management, relaxation training and an overview of trauma and trauma informed care.

1. Definitions:

- A. Restrictive Procedure:** A Restrictive Procedure is a practice that limits an individual's movement, activity or function, interferes with an individual's ability to acquire positive reinforcement, results in the loss of objects or activities that an individual values, or requires an individual to engage in a behavior that the individual would not engage in given freedom of choice.
- B. Seclusion:** Seclusion is defined as placing an individual in a lock room. A locked room includes a room with any type of door locking devices, such as a key lock, spring lock, bolt lock, foot pressure lock or physically holding the door shut.
- C. Aversive Conditioning:** Aversive Conditioning is defined as the application, contingent upon the exhibition of maladaptive behavior, of startling, painful or noxious stimuli.
- D. Chemical Restraints:** A Chemical Restraint is a drug used to control acute, episodic behavior that restricts the movement or function of an individual.
- E. Mechanical Restraints:** A Mechanical Restraint is a device used to control acute, episodic behavior that restricts the movement or function of an individual or portion of an individual's body. Examples of mechanical restraints include: anklets, wristlets, camisoles, helmets with fasteners, muffs and mitts with fasteners, poseys, waist straps, head straps, restraining sheets and similar devices.
- F. Physical Restraints:** Physical Restraint is a physical hands-on technique used to control acute, episodic behavior that restricts the movement or function of an individual or portion of an individual's body, such as basket holds and prone or supine containment.
- G. Exclusion:** Exclusion is the removal of an individual from the individual's immediate environment and restricting the individual alone to a room or area. If a staff person remains with the individual, it is not exclusion.

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2. The purpose of these sections is to define the prohibition or use of specific types of restrictive procedures, describe the circumstances in which restrictive procedures may be used, the person who may authorize the use of restrictive procedures, a mechanism to monitor and control the use of restrictive procedures and a process for the individual and family to review the use of restrictive procedures. A copy of the Restraint and Restrictive Procedures Policy shall be posted at each program site.
3.
 - a. A restrictive procedure may not be used as retribution, for the convenience of staff persons, as a substitute for the program or in a way that interferes with the individual's developmental program.
 - b. For each incident requiring restrictive procedures:
 - (1) Every attempt shall be made to anticipate and de-escalate the behavior using methods of intervention less intrusive than restrictive procedures.
 - (2) A restrictive procedure may not be used unless less restrictive techniques and resources appropriate to the behavior have been tried but failed.
4.
 - a. For each individual for whom restrictive procedures may be used, a restrictive procedure plan shall be written by the Program Specialist or Behavioral Specialist prior to use of restrictive procedures.
 - b. The restrictive procedure plan shall be developed and revised with the participation of the Program Specialist and/or Behavioral Specialist, the individual's direct care staff, the interdisciplinary team as appropriate, and other professionals, as appropriate.
 - c. The restrictive procedure plan shall be reviewed and revised if necessary, according to the time frame established by the Restrictive Procedure Review Committee, not to exceed six (6) months.
 - d. The restrictive procedure plan shall be reviewed, approved, signed and dated by the chairperson of the Restrictive Procedure Review Committee and the Program Specialist prior to the use of restrictive procedures whenever the restrictive procedure plan is revised and at least every six (6) months.
 - e. The restrictive procedure plan shall include:
 - (1) The specific behavior to be addressed and the suspected antecedent or reason for the behavior.
 - (2) The single behavior outcome desired, stated in measurable terms.

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- (3) Methods for modifying or eliminating the behavior, such as changes in the individual's physical and social environment, changes in the individual's routine, improving communications, teaching skills and reinforcing appropriate behavior.
 - (4) Types of restrictive procedures that may be used and the circumstances under which the procedures may be used.
 - (5) A target date for achieving the outcome.
 - (6) The amount of time the restrictive procedure may be applied, not to exceed the maximum time periods specified in sections 11c and 12c.
 - (7) Physical problems that require special attention during the use of restrictive procedures.
 - (8) The name of the staff person responsible for monitoring and documenting progress with the plan.
- f. The restrictive procedure plan shall be implemented as written.
- g. Copies of the restrictive procedure plan shall be kept in the individual's record.
5. a. If a restrictive procedure is used, there must be a Human Rights Committee.
- b. The Human Rights Committee shall include a majority of persons who do not provide direct services to the individual. An individual's Supports Coordinator is not included as providing direct services.
- c. The Human Rights Committee shall establish a time frame for review and revision of the restrictive procedure plan, not to exceed six (6) months between reviews.
- d. A written record of the meeting and activities of the Human Rights Committee shall be kept.
- e. Individuals and their families, for whom a restrictive procedure is used, shall be given written invitation to all applicable meetings of the Human Rights Committee. Further, an individual or an individual's family shall have the right to request a meeting of the Human Rights Committee at any time.
6. a. If restrictive procedures are used, there shall be at least one (1) staff person available when restrictive procedures are used who has completed training within the past twelve (12) months in the use of and ethics of using restrictive procedures, including the use of alternate positive approaches. If an individual's restrictive procedure

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involves the use of restraints, staff implementing those restraints will receive a refresher training every six (6) months.

- b.** A staff person responsible for developing, implementing or managing a restrictive procedure plan shall be trained in the use of the specific techniques or procedures that are used.
 - c.** If physical restraint or exclusion is used, a staff person responsible for developing, implementing or managing a restrictive procedure plan shall have experienced use of the specific techniques or procedures directly on themselves.
 - d.** Documentation of the training program provided, including the staff persons trained, dates of training, description of training and training source shall be kept.
- 7.** Seclusion, as defined in Section 1, Definitions, is prohibited.
- 8.** Aversive Conditioning, as defined in Section 1, Definitions, is prohibited.

Greene Arc Follows the Protocol Regarding CHEMICAL Restraints as Listed Below:

- 9. a.** Administration of a chemical restraint is prohibited except for the administration of drugs ordered by a licensed physician on an emergency basis.
- b.** If a chemical restraint is administered as specified in subsection (a), the following apply:
 - (1) Prior to each incidence of administering a drug on an emergency basis, a licensed physician shall have examined the individual and given a written order to administer the drug.
 - (2) Prior to each re-administration of a drug on an emergency basis, a licensed physician shall have examined the individual and ordered re-administration of the drug.
- c.** If a chemical restraint is administered as specified in subsection (b), the following apply:
 - (1) The individual's vital signs shall be monitored at least once each hour.
 - (2) The physical needs of the individual shall be met promptly.
- d.** A Pro Re Nata (PRN) order for controlling acute, episodic behavior is prohibited.

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- e. A drug ordered by a licensed physician as part of an ongoing program of medication is not a chemical restraint.
- f. A drug ordered by a licensed physician for a specific, time-limited stressful event or situation, to assist the individual in controlling the individual's own behavior, is not a chemical restraint.
- g. A drug ordered by a licensed physician as pretreatment prior to medical or dental examination or treatment is not a chemical restraint.
- h. A drug self-administered by an individual is not a chemical restraint.
- i. If a drug is administered in accordance with subsection a, e, f or g, there shall be training for the individual aimed at eliminating or reducing the need for the drug in the future.
- j. Documentation of compliance with subsections a-h shall be kept.

Greene Arc Follows the Protocol Regarding MECHANICAL Restraints as Listed Below:

- 10. a. The use of a mechanical restraint is prohibited except for use of helmets, mitts and muffs to prevent self-injury on an interim basis, not to exceed three (3) months after an individual is admitted to the home.
- b. If a mechanical restraint is used, as specified in subsection (a), the following apply:
 - (1) The use of a mechanical restraint may not exceed two (2) hours, unless a licensed physician examines the individual and gives written orders to continue use of the restraint. Re-examination and new orders by a licensed physician are required for each two (2) hour period the restraint is continued. If a restraint is removed for any purpose other than for movement and reused within 24 hours after the initial use of the restraint, it is considered continuation of the initial restraint.
 - (2) A licensed physician shall be notified immediately after a mechanical restraint is used.
 - (3) The restraint shall be checked for proper fit by a staff person at least every fifteen (15) minutes.
 - (4) The physical needs of the individual shall be met promptly.
 - (5) The restraint shall be removed completely for at least ten (10) minutes during every two (2) hours the restraint is used, unless the individual is sleeping.

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(6) There shall be training for the individual, aimed at eliminating or reducing the need for the restraint in the future.

(7) Documentation of compliance with subsection (a) and paragraphs (1-6) shall be kept.

c. A device used to provide support for functional body position or proper balance and a device used for medical treatment, such as sand bags, to limit movement after medical treatment, a wheelchair belt that is used for body positioning and support or helmet for prevention of injury during seizure activity, are **not** considered mechanical restraints and therefore, are permitted.

Greene Arc Follows the Protocol Regarding PHYSICAL Restraints as Listed Below:

11. a. Physical restraint shall be used only when necessary to protect the individual from injuring him/herself or others. **Note:** the following may not be used: prone (face down) position manual restraints, manual restraints that inhibit respiratory/digestive system, inflict pain, causes hyperextension of joints and pressure on chest or joints, techniques in which the individual is not supported and/or would allow for free fall as the individual goes to the floor.
 - b. Physical restraint shall be used only when it has been documented that other less restrictive methods have been unsuccessful in protecting the individual from injuring him/herself or others. An individual is to be immediately released from physical restraint when they no longer present a danger to themselves or others.
 - c. An individual shall be released from the physical restraint within the time specified in the restrictive procedure plan, **not to exceed 30 minutes within a 2-hour period (the 30 minutes is cumulative)**. **There is no limit on the number of times a physical restraint can be applied within a 2-hour period as long as the 30-minute continual time period is compliant.**
 - d. Support staff monitor the individual for signs of distress throughout the restraint process and for a period of time, up to two (2) hours, following the application of a restraint.
12. a. Exclusion shall be used only when necessary to protect the individual from self-injury or injury to others.

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- b. Exclusion shall be used only when it has been documented that other less restrictive methods have been unsuccessful in protecting the individual from self-injury or injury to others.
 - c. An individual shall be permitted to return to routine activity within the time specified in the restrictive procedure plan, **not to exceed 60 minutes within a 2-hour period.**
 - d. Exclusion may **not** be used for an individual **more than 4 times within a 24-hour period.**
 - e. An individual in exclusion shall be monitored continually by a staff person.
 - f. A room or area used for exclusion shall have at least 40 square feet of indoor floor space with a minimum ceiling height of 7 feet.
 - g. A room or area used for exclusion shall have an open door or a window for staff observation of the individual.
- 13.** If exclusion or physical restraint is used on an unanticipated, emergency basis, sections 4 and 5 (relating to Restrictive Procedure Review Committee and restrictive procedure plan) do not apply until after the exclusion or physical restraint is used for the same individual twice in a six (6) month period.
- 14.** A record of each use of a restrictive procedure, documenting the specific behavior addressed, methods of intervention used to address the behavior, the date and time the restrictive procedure was used, the specific procedures followed, the staff person who used the restrictive procedure, the duration of the restrictive procedure, the staff person who observed the individual if exclusion was used and the individual's condition following the removal of the restrictive procedure, shall be kept in the individual's record.

Addendum: Greene Arc, as a Provider, will ensure that all individuals receiving a service have access to food at any time during provision of services consistent with non-medical recipients in the same and/or similar settings.

Revised 7-2-18

Effective 11-10-2016 This document is for informational purposes only and is not to be construed as an employment agreement or contract. Greene Arc, Inc. retains the right to amend or change policies contained here-within at any time without prior notice. The provisions of this Policy and Procedure Manual will apply except where the policy conflicts with state law or Collective Bargaining Agreement provisions.

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889 Accessibility of Intellectual Disability Services for Individuals Who Are Deaf

This policy is meant to clarify the requirement to provide communication assistance to individuals who are:

- Deaf; AND
- Registered with or seeking registration with a County MH/ID program.
- Enrolled or are enrolling to receive consolidated P/FDS services through the Office of Developmental Programs (ODP).

The following criteria will be utilized to determine whether an individual is deaf:

- As a result of a hearing impairment, the person is unable to understand or communicate verbal expressions at a level of his/her intellectual ability, even when wearing hearing aids.
- As a result of a hearing impairment, his/her primary language is sign language.

The following are examples of communication assistance that may be available based on the individual's needs by the County MH/IDD programs, AE, SC and Provider:

- Access to video phone equipment
- Assistive technology, such as adapted telephones like video phones, captioned phones and telecommunication devices for deaf persons
- Communication Access Realtime Translation known as (CART)
- Video Remote Interpreting
- Closed caption decoders
- Highly visual communication tools, checklists, schedules and materials
- Open and closed captioning TV
- Staff or interpreters proficient in sign language

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890 Transportation Policy

Determining the Need for the Service:

Providers that transport more than 6 individuals are required to have an aide on the vehicle. The six (6) individuals riding on the vehicle can be supported by different funding streams. This requirement is based solely on the number of individuals in the vehicle. If a provider transports six (6) or fewer, the provider has the discretion to determine if an aide is required. The determination must be based upon the needs of the individuals, the provider's ability to ensure the health and welfare of the individuals and be consistent with ODP requirements for safe transportation. The following is Greene Arc Inc.'s process:

- Vehicles designated for transportation services have an assigned driver and aide.
- Should either driver or aide be unavailable, Greene Arc has established back-up staff for both positions.
- Based on individual's ISPs, transportation schedules are developed, which incorporate days, time of pick-up and drop-off, number of individuals on vehicle and days aides are required on vehicle, adhering to the more than six (6) requirement.
- Designated drivers and aides who are unavailable to fulfill their job duty are required to provide advance notice to the Vocational Director so back-up staff can be assigned to those roles.
- All drivers and aides are required to complete a report should any incident occur. Upon review of report, decisions or determinations will be made to ensure the health and welfare of individuals.

Memo

To: Greene Arc Employees
From: Cynthia L. Dias, Executive Director
cc: Administrative Staff
Date: January 24, 2014
Re: Revised Vehicle Policy

Please be advised that it is prohibited to conduct any personal business utilizing a Greene Arc Company vehicle. It has come to my attention, at times, that some staff have been using a Company vehicle for their own personal gain. When transporting a consumer to complete their required activities, such as shopping or banking, staff is not permitted to engage in their own grocery shopping or banking. Staff time and vehicle is dedicated to assist the consumer.

Other areas of concern, which are prohibited, are as follows:

- Utilizing Company vehicle to go to lunch (when not consumer related)
- Utilizing Company vehicle, while on break, to run personal errands
- Permitting and transporting unauthorized persons in Company vehicle

This memo will be included and used as reference to our existing Vehicle Policy (please see attached).

Failure to adhere to this policy could result in disciplinary action.

Thank you.