**TABLE OF CONTENTS**

**SECTION C: MEDICAL**

**CONTENTS:** **PAGE**

Medical Overview 1

Dental Health 2

Consent Form Policy 3

Consent-Release Form 4

HIPAA Family Authorization 5-6

Hospital Admission 7

Physician’s/Nurses’ Licensure Policy 8

Resident Annual Health Status Review 9

Annual Resident Meeting Form 10-11

Physician’s Medical Review 12

Immunization Policy 13

Laboratory Requirements & Procedures 14-15

Medical Services Frequency 16-17

Hearing Aide Use and Care 18

Standing Orders and Medical Follow-Up 19

Keystone’s Life Threatening Emergency Procedures 20-22

Keystone’s Medical Procedures: Addendum 23-24

Medication Policy: General Information 25-26

Medication Administration Procedures 27-31

Medication Administration Addendum 32-33

Medication Administration: Administration Errors &

Documentation Errors 34-35

Giving Medications 36

Uni-Dose Blister Pack Procedures 37-38

Leave Of Absence Medication Procedures 39

Medication Administration and Documentation on

Community Outings 40-41

Self-Administration of Medication 42

Storage of Medication 43

Documentation of Medication 43

Medication Reminders 44-45

First Aid Kits 46

Apartment Medication Cabinet Checklist 47

Psychotropic Medication 48-49

Keystone’s Exposure Control Plan 50-62

Syringe Policy 63

Epinephrine Auto-Injector (Epipen) 64-65

Hepatitis B Vaccination Policy 66-67

AIMS Testing 68-69

Psychotropic Drug Therapy Assessment 70-71

Health Care Providers Appendix A

Medical Visit Form Appendix B

Resident Cardex Form Appendix C

Immunization Schedule Appendix D

Seizure Care Appendix E

Example of Standing Orders: Over the Counter Medications Appendix F

AIMS Examination Procedure Appendix G

**MEDICAL OVERVIEW**

All persons have the right to proper medical care and treatment. At Keystone, we have developed various procedures to insure that all individuals receive good medical and health care. All Direct Service Staff receive a medical orientation in-service under the direction of our nursing staff. Additional training and support is an on-going process provided by our nursing and support staff.

All staff must develop awareness regarding health and hygiene. In order to provide best practice, Keystone has available physicians and dentists who are on call at all times to handle medical problems. Our nursing staff is available to ensure that the medical needs of those we serve are met.

Specialized services, such as psychiatric, orthopedic, visual, hearing, neurological, are provided on a consult basis. Each individual receives at least yearly physical and dental examinations, as well as various laboratory studies and any other treatment that may be required. Necessary treatment is administered under the director of our staff physician.

A complete record of each individual’s medical history, treatment, prescriptions, height and weight is kept for continual review.

Reviewed 6/2015

**DENTAL HEALTH**

At Keystone, each individual has a dental exam every six (6) months; cleanings at least once a year. Dental exams include teeth cleaning and checking of the gums and dentures. Any special oral care instructions given by the dentist will be documented and adhered to.

To ensure optimal oral hygiene, each individual should brush his/her teeth twice daily. Assistance and guidance will be provided as necessary. Individuals will maintain personal toothbrushes. Toothbrushes should not be shared and should be replaced every three (3) months. A dental visit will be arranged immediately when an individual indicates a complaint of oral pain or discomfort; or is observed by staff.

Individuals who require dental work to be done under general anesthesia will be evaluated by an oral surgeon and all required laboratory studies and physical exams will be done prior to any type of oral surgery done under general anesthesia.

Revised 10/11

Reviewed 6/2015

**CONSENT FORM POLICY**

Standard Keystone consent forms suffice for routine treatments which include immunizations, treatment of illness, emergency care, prescriptions, etc. But any type of elective surgery or special diagnostic procedures requires specific written consent from the legal guardian.

Standard consent forms are to be renewed yearly; upon renewal the **Original Consent-Release is to be kept in the individuals’ medical binder.**

Revised 10/11

Reviewed 6/2015

**CONSENT-RELEASE**

**This Consent and Release is attached to and made part of the Pre-Admission, and of the record of**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for admission and continuing residency in the facilities of**

**Keystone Community Living, Inc. and associated residences of Keystone (herein referred to as “KEYSTONE”).**

**The acceptance, admission and continued residency of this person by Keystone with the consent of the undersigned, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DDD\_\_\_\_\_\_\_\_\_\_**

**(Parent/Guardian) (Legal Guardian) (Placement Agency)**

**is subject to the following terms and conditions and authorizations to which the undersigned agrees to be legally bound:**

**1. The Keystone Physician is authorized to provide medical attention and treatment for any illness or injury which may be sustained by the resident while under the care of Keystone.**

**2. Where, in the opinion of the Keystone Physician the resident may require hospitalization from whatever case, the physician shall have full authority to hospitalize the resident and permit such tests and examinations as may be required or necessary for the preservation of the health and welfare of the resident.**

**3. If deemed necessary by the Keystone Physician or the attending physician or surgeon, we hereby consent to the transfusion of blood or blood components, the administration of an anesthetic and the performance of such emergency operations on the resident as may be required or necessary for the preservation of the health and welfare of the resident.**

**4. We hereby authorize the physician or physicians retained by Keystone to administer polio vaccine to the resident and such tests and immunization and other treatments as they may deem advisable.**

**5. We hereby authorize Keystone to review and make copies of the complete record of the resident’s hospitalization prior to or after entering Keystone and also make them available to the physician and/or hospital in which treatment, if any, is being administered.**

**6. We hereby authorize any treating facility to release copies of all records related to the care of said resident.**

**7. We hereby authorize Keystone and its program director, in their sole discretion, to permit the resident (if age permits) as part of the normalization programs and training, to walk outside of the residence unaccompanied by an attendant, partake in swimming, horseback riding, skating or any other programmed activities unless Keystone is notified, in writing, to the contrary by the undersigned.**

**8. We further authorize Keystone to permit the resident to engage in other physical education activities, participate fully in educational activities out of the residence and utilize community social, cultural, recreational, religious and vocational programs when such participation is considered therapeutic and would permit the resident to enjoy a fuller and more normal lifestyle.**

**9. We further authorize the use of promotional, educational literature and photos with respect to any activity in which this resident is engaged.**

**10. We hereby waive and release Keystone, and its officers and employees, from any claims or damages whatsoever which may arise in connection with the training, care, and maintenance of the resident, except for willful misconduct.**

**The undersigned fully understands the foregoing Consent and Release and agrees to be legally bound hereby as a condition of acceptance and continued residency of this resident at Keystone or one of Keystone’s associated residential facilities.**

**Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SIGNATURE**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Reviewed 6/2015**

**DEPARTMENT OF HUMAN SERVICES**

**DIVISION OF DEVELOPMENTAL DISABILITIES**

**AUTHORIZATION FOR DISCLOSURE OF HEALTH INFOMRATION**

**TO FAMILY AND INVOLVED PERSONS**

I authorize the use/disclosure of health information about:

Individual’s Name:

Date of Birth:

1. Person(s) authorized to use, disclose or receive information, including legal guardian, if applicable:

|  |  |
| --- | --- |
| **Primary Contact:**  Name:  Address:  Phone:  Alt. Phone:  Relationship: | **Alternate Contact:**  Name:  Address:  Phone:  Alt. Phone:  Relationship: |
| **Other Contact:**  Name:  Address:  Phone:  Alt. Phone:  Relationship: | **Other Contact:**  Name:  Address:  Phone:  Alt. Phone:  Relationship: |

Attach additional sheets if needed.

1. I am authorizing the DDD staff to contact the primary contact or alternate contact, via telephone, to advise of any illness, injury or incident that may need prompt attention or authorization.
2. I am authorizing the DDD staff to provide the minimum necessary health information to the individuals listed above and/or other individuals who are permitted to visit.
3. I understand that I may refuse to sign this authorization and that my refusal to sign will not affect ability to obtain treatment or payment or my eligibility for benefits or services. I may inspect or copy any written information used/disclosed under this authorization.

*HIPAA Family Authorization – DC53A-A2*

*Page 1 of 2*

1. I understand that if the person or entity that receives the information is not a healthcare provider or health plan covered by federal privacy regulations, the information described above may be re-disclosed and no longer protected by these regulations. However, the recipient may be prohibited from disclosing substance abuse information under the Federal Substance Abuse Confidentiality Requirements.
2. I understand that I may revoke this authorization in writing at any time except to the extent that action has been taken in reliance on this authorization. The request to revoke this authorization must be provided to the DDD Privacy Officer. The revocation will be effective on the date that the Privacy Officer receives the request.
3. The authorization expires on or one year from the date of the individual’s/legal guardian’s signature.
4. A completed copy of this form will be maintained in the client record.
5. To Legal Guardians: If the individual receiving services is over the age of 18 and you have indicated that you are the Legal Guardian for this individual, you must attach a copy of the Appointment of Guardianship to this form.

Signature (or mark\*) of

Individual or Legal Guardian:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Signature:

Name of Legal Guardian\* (if applicable):

\*Copy of Valid Appointment of Guardianship

If Mark is provided in place of signature, the mark must be witnessed:

Witness signature (if applicable):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witness Name/Title:

c Case Manager – Original

Residential Program (if applicable)

Day Program (if applicable)

*HIPAA Family Authorization – DC53A-A2*

*Page 2 of 2*

**HOSPITAL ADMISSION**

If a hospital admission is warranted, the following procedures are practiced:

* 1. **Emergency Basis**

If an individual is to be admitted to the hospital due to acute illness or accident, this is considered an emergency basis. The individual will be transported to the closest emergency room as per Keystone’s Emergency Procedures. The nurse on duty or the “In-Charge” Person will notify:

1. “On-Call” Person
2. President or Designee
3. Agency, Parents and/or Guardian
4. Case Manager

As per Keystone’s Emergency Procedures, 911 will be called in a Life Threatening Situation or if a situation is perceived to be Life Threatening. An Unusual Incident Report is completed.

Our staff accompanies the individual to the hospital either by rescue squad or follows in agency vehicle; he/she will bring the individual’s Medical Records in order to provide necessary information for appropriate treatment.

* 1. **Scheduled Admission**

If an individual is to be admitted to the hospital for a scheduled test or treatment, this is considered a scheduled admission.

The nurse or designated staff informs the parent(s) and/or guardian of the impending admission. Proper consents are obtained prior to the admission date.

Staff transports the individual to the hospital and will remain with the individual; ensuring he/she is settled and comfortable. Pending on circumstances, staff may remain throughout the duration of the procedure or until he/she is relieved by another staff person or family member. Staff is not to leave unless instructed to do so by the nursing department and/or “In-Charge” Person.

* 1. **Discharge from Hospital**

On the discharge date, the staff person reports to the hospital at the assigned time, makes certain all personal effects are gathered, and obtains all discharge instructions and other pertinent medical information prior to leaving the hospital.

Parents, Guardian’s and Agency will be notified as soon as possible of the individual’s discharge from the hospital and current health status.

Reviewed 6/2015

**POLICY ON DOCUMENTATION OF PHYSICIANS/NURSES CURRENT LICENSURE IN NEW JERSEY**

Every January, the Director of Health Services shall examine the licenses of all professional staff directly employed by Keystone or on a fee for service basis.

A list containing the following information will be kept locked in the employee medical file and updated routinely:

1. Name of Professional
2. Date license checked
3. Expiration date of license

A copy of nurse’s licenses will also be kept in the personnel file for each staff nurse at Keystone.

Reviewed 6/2015

**RESIDENT ANNUAL HEALTH STATUS REVIEW**

**A health status review shall be performed by licensed professional nurses as needed, but at least annually.**

Annual Health Status Reviews are completed prior to the annual IHP for each individual.

The reviews are completed by licensed professional nurses within the Health Services Department. Collaboration of information is obtained from all nursing staff which represents all shifts, including weekly activity.

Special attention is directed towards:

* Physical and Dental visits
* Services provided by Consultant Physicians
* Immunization Updates
* Nutritional Status (weight and general appetite)
* Lab Services Provided
* Treatable Episodes
* Current Medication Regime, as well as effectiveness of changes made during year (including any psychoactive medication utilized).
* General Health Concerns
* Plan of Action with Target Dates

Reviews are maintained in each individual medical record within the IHP section.

Reviewed 6/2015

**KEYSTONE COMMUNITY LIVING**

**MEDICAL MEETING: \_\_\_\_\_\_\_\_\_\_**

**RESIDENT NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ D.O.B. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**AGE: \_\_\_\_\_\_\_\_\_\_ HEIGHT: \_\_\_\_\_\_\_\_\_\_ WEIGHT: \_\_\_\_\_\_\_\_\_\_ B/P: \_\_\_\_\_\_\_\_\_\_**

**ALLERGIES: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ANNUAL HEALTH REVIEW:**

**PHYSICAL EXAM: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DENTAL EXAM: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**NEURO EXAM: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PODIATRY EXAM: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**VISION EXAM: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**GYN EXAM: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PSYCHIATRIC EXAM: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Page 2

**DIAGNOSTIC TESTS:**

**X-RAY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**EKG: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CT SCAN/EEG: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**MAMMOGRAM: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**LAB WORK: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CURRENT MEDICATIONS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SPECIALTY SERVICES: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**COMMENTS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**NEW ORDERS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PHYSICIANS NAME: \_\_\_\_\_\_\_\_\_\_ DR. BARSANTI \_\_\_\_\_\_\_\_\_\_ DR. GRELECKI**

**PHYSICIANS SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_**

**NOTED BY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Judith Foster, R.N. Director of Health Services**

Reviewed 6/2015

**PHYSICIAN’S MEDICAL REVIEW**

In order to ensure that the medical needs of the individuals we serve, yearly reviews are conduced by the medical staff.

The Medical Review Form utilized lists pertinent medical and personal information for each individual.

The Medical Review Form is completed every (6) six months for each individual served and supported; and a Medical Review Meeting is conducted on an Annual Basis, which is attended by the Medical Director; Psychiatrist; Nursing Department; and Administrative Staff as directed.

The initial side of the form will include the individuals’ personal information (e.g. name, date of birth, age, height, weight, blood pressure, and allergies); along with an Annual Health Review including Physical Exam; Dental Exam; Neurological Exam; Podiatry Exam; Vision Exam; GYN Exam; and Psychiatric Exam.

The reverse side of the form will include Diagnostic Tests (e.g. X-Rays, EKG; CT Scan/EEG; Mammograms; and Lab Work); individual’s Current Medication regime, Specialty Services; Comment Section; and New Order Section.

This summary is prepared by the Nursing Department and reviewed by the Director of Health Services. The “comment” section serves as the nurses notes/assessments or any verbal input for the physicians or President at the time of the actual review. There is a section for physician’s order(s), signature and date, and for the nurse to sign/date and indicate that the review was completed and new orders were noted.

When the information above is completed, it will be place in each individual’s medical record in the “nurses’ notes” section.

Reviewed 6/2015

**IMMUNIZATION POLICY**

Required for Admission:

1. D.P.T.: (3) and Booster
2. I.P.V.: (Sabin) (3) and Booster
3. M.M.R. (Measles, Mumps, and Rubella)
4. D.T. Booster: Every (10) years, at time of annual physical exam or less as determined by physician.
5. Hepatitis B: Series of (3) Injections or Titer
6. Pneumococcal Vaccine: (5) Years
7. Annual Flu Vaccination
8. Meningococcal Vaccine

Reviewed 6/2015

**KEYSTONE COMMUNITY LIVING**

**LABORATORY REQUIREMENTS & PROCEDURES**

**(LAB ORDERS AND DIAGNOSTIC TESTING)**

**PRIOR TO ADMISSION:**

* **CBC & COMPREHENSIVE METABOLIC PANEL**
* **HEPATITIS B PROFILE (HbSAg, HbSAb)**
* **URINALYSIS**
* **PPD OR CHEST X-RAY**
* **SERUM LEAD LEVEL, HCT, EP LEVELS (For individuals with PICA behavior)**

**ROUTINE TESTING: Annual Laboratory Studies for all individuals (to be completed within 30 days prior to annual physical)**

* **Comprehensive Metabolic Panel**
* **CBC w/differential**
* **Lipid Panel**
* **Urinalysis**
* **TSH**
* **PSA (for male individuals over 50 years)**
* **Hepatitis B Testing: HbSAg and HbSAb**
* **Hepatic Function (LFT): Individuals who are Hep. B+, only.**

**Dental Surgery: Lab work studies (should be valid 30 days prior to date of surgery)**

* **CMP**
* **CBC w/differential**
* **PT/PTT**

**Standing House Laboratory Studies: As indicated for the individual resident**

* **Digoxin: Digoxin Level Yearly**
* **Diurectics: Serum Potassium within (30) days of initial therapy and then every (6) months**
* **Diuretics and Digoxin: BUN or Serum Creatinine Level every (12) months**
* **Anticonvulsants: Depakote, Dilantin, Phenobarbital, Tegretol, Zonegran, Lamictal, Keppra; every (6) months**
* **Diabetics: HgA1C, CMP, Lipid panel every (3) months**
* **Hypothyroid: TSH, Free T4, Total T3; every (6) months**
* **High Cholesterol (on statins or restricted diet): CMP, Lipid profile every (6) months. If we start new cholesterol medication repeat in 4-6 weeks**

**Diagnostic Testing:**

* **Mammogram: Yearly for residents over 50; unless family history is indicated, then every (2) years up to 35 years of age; yearly after 35 years of age.**
* **EKG: Yearly for residents over 40 and those with secondary diagnosis of hypertension and/or cardiac disorders.**
* **Colon/Rectal Screening: For residents over 50 years of age.**

**SEE ATTACHED GRID**

**PROCEDURE FOR POSITIVE HEPATITIS B CARRIERS:**

**PRIMARY CARE PHYSICIAN WILL ORDER ACUTE HEP PANEL AS NEEDED.**

* **HAV-Ab; IgM; HBcAb; IgM; HBsAg; HCV-Ab: Completed on an annual basis.**

Reviewed 6/2015

**KEYSTONE COMMUNITY LIVING: MEDICAL SERVICES FREQUENCY**

|  |  |
| --- | --- |
| **PHYSICAL EXAMS** | **YEARLY** |
|  |  |
| **OPTHOMOLOGY/EYE EXAMS** | **EVERY (2) YEARS OR MORE FREQUENTLY AS DIRECTED BY M.D.** |
|  |  |
| **DENTAL EXAMS AND CLEANING** | **6 MONTHS: RESIDENTS ARE STRONGLY ENCOURAGED TO HAVE 6 MONTH UPDATES. SOME RESIDENTS GO EVERY 3 MONTHS IF THEY ARE WILLING TO PAY FOR ADDITIONAL VISITS.** |
|  |  |
| **PRE-OPERATIVE LAB TESTING** | **CMP (Comprehensive Metabolic Panel), CBC w/differential, PT, PTT, Serum Drug Levels for all Anti-Convulsant Agents (e.g. Dilantin, Depakote, Tegretol, Zonegran) EKG for those over 40 and with history of cardiac diagnosis** |
|  |  |
| **NUEROLOGICAL EXAMS** | **AS DIRECTED BY THE M.D.** |
|  |  |
| **SERUM DRUG LEVELS** | **AS DIRECTED BY THE M.D.** |
| **DIGOXIN** | **YEARLY** |
| **DIURETICS** | **SERUM POTASSIUM: 30 DAYS FROM START OF THERAPY AND THEN EVERY 6 MONTHS** |
| **DIURETICS & DIGOXIN COMBINATION** | **BUN OR SERUM CREATINE EVERY 12 MONTHS (WITH YEARLY LABS)** |
| **INSULIN, DIABETIC & ORAL HYPOGLYCEMICS** | **FBS AND HEMOGLOBIN A1C EVERY 6 MONTHS** |
| **THYROID DRUGS** | **6 MONTHS TSH** |
| **ANTICOAGULANT THERAPY** | **MONTHLY PT/PTT AS DIRECTED BY M.D.** |
| **LITHIUM** | **SERUM LITHIUM EVERY 6 MONTHS** |
| **IRON PREPARATIONS, FOLIC ACID, B12** | **CBC ASSESSMENT AFTER FIRST MONTH OF THERAPY AND THEN AS DIRECTED BY M.D.** |
|  |  |
| **ANTICONVULSANTS** | **EVERY 6 MONTHS OR AS DIRECTED** |
|  |  |
| **RESIDENT’S UNDER PSYCHIATRIC CARE** | **THE PHYSICIAN WILL DIRECT THE TIME FRAME FOR LAB WORK FOR SPECIFIC DRUGS USED FOR BEHAVIOR MANAGEMENT** |
|  |  |
| **PROSTATE SPECIFIC ANTIGEN (PSA)** | **YEARLY FOR MALE RESIDENTS 50 AND OLDER** |
|  |  |
| **SPECIMEN FOR OCCULT BLOOD** | **AS ORDERED BY M.D.** |
|  |  |
| **LIPID PANEL** | **YEARLY FOR RESIDENTS 40 AND OLDER & FOR THOSE 15 OR MORE POUNDS IN EXCESS OF OPTIMAL BODY WEIGHT. COORDINATE WITH ANNUAL LAB.** |
|  |  |
| **EKG** | **YEARLY FOR RESIDENTS 40 AND OLDER AND FOR THOSE WITH SECONDARY DIAGNOSIS OF HYPERTENSION AND OTHER CARDIAC CONDITIONS** |
|  |  |
| **GYN EXAMS** | **YEARLY** |
|  |  |
| **MAMMOGRAMS** | **YEARLY FOR RESIDENTS 50 AND OLDER; FAMILY HISTORY <35 YEARS OF AGE (EVERY TWO YEARS), >35 YEARS OF AGE (ANNUALLY)** |
|  |  |
| **COLON/RECTAL SCREENINGS** | **ANNUAL ASSESSMENTS FOR RESIDENTS 50 AND OLDER INCLUDES PROSTATE EXAM** |
|  |  |
| **PPD (TB TESTING)** | **YEARLY; FOR THOSE WITH POSITIVE PPD’S CHEST X-RAY YEARLY** |
|  |  |
| **DT (DIPTHERIA, TETNUS) BOOSTER** | **EVERY 10 YEARS** |
|  |  |
| **PNEUMOCOCCAL VACCINE** | **EVERY 5 YEARS** |
|  |  |
| **FLU VACCINE** | **YEARLY (OCTOBER/NOVEMBER OF EACH YEAR)** |
|  |  |
| **PSYCHIATRIC SERVICES** | **FOR THOSE UNDER PSYCHIATRIC CARE AND ON PSYCHOTROPIC MEDICATIONS, AS DIRECTED BY M.D. BUT NOT LESS THAN QUARTERLY (EVERY 3 MONTHS)** |
|  |  |
| **ANNUAL LAB WORK** | **COORDINATED AND COMPLETED WITHIN 30 DAYS BEFORE ANNUAL PHYSICAL DATE** |
|  |  |
|  | **Adhered 5/10** |

Reviewed 6/2015

**PROCEDURES FOR USE AND CARE OF HEARING AIDS**

*To insure the proper use and care of hearing aids the following procedures are followed:*

If necessary as determined by the IDT, individuals will be provided assistance by pertinent direct service staff regarding insertion and care of their hearing aids.

Hearing aids are inserted in the morning. Check battery and volume.

Hearing aids are then placed into their case and placed in a secure area until after bathing.

Hearing aids are reinserted after the individual’s bath/shower.

At bedtime, the aids are removed, turned “off,” and placed into proper storage case.

Hearing aid maintenance will be done weekly by the nurse on duty or designated staff.

Any problems with the hearing aids should be reported immediately to the nurse or “In-Charge” Person.

Reviewed 6/2015

**STANDING ORDERS AND MEDICAL FOLLOW-UP**

Standing Orders shall be written for each individual we serve and made part of the medical record in order to ensure each individual’s well being. The following procedures will be adhered to:

Each time a standing order is used, a notation will be made by pertinent trained staff or Nurse on the standing order sheet, including:

1. Name and Dosage of Medication
2. Date and Time Given
3. Reason Given
4. Signature of person administering the medication

Standing Orders must be noted by Program Staff as **Critical Information** in specified Written Communication Log Books.

Standing orders shall be reviewed and dated by the attending physician annually.

Pertinent Staff will monitor daily, the administration and recording of standing order medication. The Nurse, Manager, and Program Director will make certain that medical concerns are followed up on in a timely manner and all individuals receive proper care. All medical concerns and necessary medical follow-up and treatments are noted in the daily report as **Critical Information**.

The Nurse, Manager, and the Program Director will make certain that appointments are made and kept, as well as, making certain appropriate documentation.

The “In-Charge” Person will make certain that all staff follow Keystone’s Unusual Incident Reporting Policy as it pertains to accidents and illnesses.

Reviewed 6/2015

**LIFE THREATENING EMERGENCY PROCEDURES**

*The purpose of these procedures is to provide for the safety and well being of the individuals served at Keystone as well as our staff and to fulfill the requirements related to Danielle’s Law.*

**I. Basic Principles**

**Definition:** Life threatening emergency procedures shall be strictly adhered to in situations where a prudent person could reasonably believe that immediate intervention is necessary to protect the life of a person receiving services or to protect the lives of other persons at Keystone from an immediate threat or actual occurrence of a potentially fatal injury, impairment to bodily functions or dysfunction of a bodily organ or part.

Examples of life threatening emergencies include but are not limited to:

1. Unconsciousness
2. Persistent chest pain or discomfort
3. Not breathing or having trouble breathing
4. Having a weak, low, or no blood pressure
5. Severe or uncontrollable bleeding
6. Suicide attempts
7. Having a weak pulse or there is no pulse
8. Seizures that are unusual, prolonged or multiple, last more than 5 minutes; result in injury; or occur in someone who is pregnant or diabetic.
9. Showing signs of a break or fracture to a limb or bone
10. Showing signs of severe headache or slurred speech
11. Serious injuries to the head, neck or back
12. Fire, explosion, downed electrical wirers
13. The suspected presence of poisonous gas

**II. Specific Procedures**

1. In instances of Life Threatening Emergencies, all staff shall be responsible to immediately call 911 unless a staff member is certain that another staff member has already called 911 about the Life-Threatening Emergency; that is, a staff member has seen or heard another staff member call 911 about the Life Threatening Emergency.
2. If a staff member is unsure whether a medical condition such as an elevated temperature; seizure; or other conditions has become a Life-Threatening Emergency, he or she shall **immediately call 911**.
3. When the person suffering the Life-Threatening Emergency has a DNR (Do Not Resuscitate) Order in effect, existence of a DNR Order does not relieve the staff member from the requirement to immediately call 911. Staff shall immediately call 911 if there is a Life-Threatening Emergency related to the person’s terminal condition but provide a copy of the DNR Order to the emergency staff responding to the 911 call.
4. When only one staff member is present when a Life-Threatening Emergency occurs, that staff member shall **immediately call 911** and, if he or she is trained or is directed by the 911 operator, the staff member shall provide assistance.
5. The staff person shall tell the 911 dispatcher:
   1. Caller’s Name
   2. The address/location of the emergency.
   3. What happened including whether the person(s) is conscious and/or breathing, and when appropriate, that the person has a developmental disability.
   4. Number of and conditions of victim(s).
   5. Care being provided and medications given.
   6. Telephone number where the emergency is located; or if not possible the telephone number from which the call is being made.

Once the call has been made, the staff member shall stay on the line, if feasible and necessary, to respond to questions from the 911 dispatcher. **Do not hang up** **until the dispatcher advises you to do so**.

1. As per Keystone Policy, staff shall:
   1. Complete an Unusual Incident Report consistent with *Keystone’s* *Unusual Incident Report Procedures* for every 911 call, every delayed 911 call, and every failure to make a 911 call; in the event of a Life-Threatening Emergency (standard reporting procedures to the Department of Human Services shall be followed).
   2. Record the Life-Threatening Emergency as Critical Information in the daily log consistent with Keystone’s Procedures for *Daily Written* *Communication* for every 911 call, every delayed 911 call and every failure to make a 911 call in the event of a life-threatening emergency.
2. A record will be kept in the administrative offices by assigned administrative staff of every 911 call, every delayed 911 call, and every failure to make a 911 call in the event of a Life-Threatening Emergency.

**III. Requirements**

1. All current staff shall be provided training in Life Threatening Emergency Procedures/Danielle’s Law by September 30, 2005.
2. Life Threatening Emergency Procedures/Danielle’s Law shall be included in the Pre-Service Training Orientation of all future staff.

The President shall certify that all staff has been trained in Life Threatening Emergency Procedures/Danielle’s Law by September 30, 2005. Subsequently, the President shall annually certify at the time of inspection that all staff has been trained in Life Threatening Emergency Procedures/Danielle’s Law.

Date Developed: 8/18/2005

Effective Date: 9/30/2005 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Revision Date: 9/7/2005 President

Reviewed 6/2015

**MEDICAL PROCEDURES**

**(ADDENDUM)**

*Policy: At Keystone we are committed to providing the utmost care and concern for those we serve and support as well as our staff in any situation, whether Life- Threatening or Non Life-Threatening; Keystone will provide the necessary care and treatment that is conducive to the American Red Cross CPR and Standard First Aid Curriculum.*

*Life Threatening Situations/Medical Emergencies:*

**If a situation is or is perceived to be Life-Threatening, staff persons will call 911 immediately**.

The “In-Charge” Person or Nurse will be notified.

An Unusual Incident Report will be completed by the end of the shift.

Appropriate persons will be notified.

*On-Call Procedures:*

* Keystone Community Residential Program (154 Front St.): The “In-Charge” Person will make all proper notifications and place the Unusual Incident Report in Dina Esposito’s mailbox, upon review.
* Keystone Community Group Homes/Supportive Living/Vocational Programs/Supervised Apartments: Staff person(s) or Coordinator of shift will make all notifications and either fax over the Unusual Incident Report or bring the UIR directly to the main building and place in Dina Esposito’s mailbox.

**Follow Keystone’s Procedures in a Life-Threatening Emergency**

# *Non Life-Threatening Emergencies:*

*Non Life-Threatening Medical Situations are medical situations, where the threat to life or safety is not imminent. Situations include but are not limited to:*

* An abrasion or scrape
* Minor bruise (Closed Wound)
* Minor nose bleed due to cold like symptoms
* Minor scratch or scratches
* Splinter in the finger
* Minor “Nik” from shaving

*The American Red Cross Standard First Aid Curriculum is followed.*

*If a situation or medical concern is considered Non Life-Threatening; for example an abrasion, staff persons will:*

1. Notify the “In-Charge” Person and/or Nurse.
2. Put on disposable gloves.
3. Place a sterile dressing on the wound.
4. Apply direct pressure for a few minutes to control the bleeding.
5. Wash the wound thoroughly with soap and water.
6. Irrigate the wound for about 5 minutes with clean, running tap water.
7. Pat affected area dry with clean gauze.
8. Apply Triple Antibiotic Ointment to the affected area.
9. Cover wound with a sterile bandage.
10. Complete an Unusual Incident Report as per reporting standards.

*If an individual sustains a minor bruise/closed wound, staff persons will:*

1. Notify the “In-Charge” Person and/or Nurse.
2. Place a barrier, such as a towel, on the affected area.
3. Apply a cold compress for 20 minutes or as tolerated.
4. Complete an Unusual Incident Report as per reporting standards.

*If an individual sustains a minor nose bleed due cold like symptoms, staff will:*

1. Notify the “In-Charge” Person and/or Nurse.
2. Have the person sit, leaning slightly forward.
3. Cleanse the area with warm water using a sterile dressing.
4. Apply cold compress to bridge of nose for about 10 minutes or as tolerated.
5. Complete an Unusual Incident Report as per reporting standards.

**In any situation, mental and physical preparedness is imperative.**

Reviewed 6/2015

**MEDICATION POLICY: GENERAL INFORMATION**

1. No medication treatment will be administered to an individual without a written physician’s order, except for standing orders signed by a physician.
2. No medication will be administered to a visitor or employee for any reason.
3. All narcotics, sedatives and scheduled II drugs are to be checked and accounted for as poured. If there is any discrepancy in the count, the “In-Charge” Person or Nurse should be notified immediately; recommended action recorded and an Unusual Incident Report is to be completed.
4. Controlled Substances are to be kept separate in a double-locked storage unit.
5. All medication shall be contained in a locked cabinet unless an IDT deems the individual capable of keeping medication and safeguarding is not required in the environment. Each individual who administers his/her own medication shall receive training and monitoring by staff regarding the safekeeping of medication for the protection of others, as necessary.
6. If an individual is capable of taking medication without assistance, no daily medication administration record is required. A list identifying the name of the medication(s), type of medication(s), dosage, frequency, date prescribed and the location of the medication(s) shall be filed in the individual’s record.
7. All medicine closets are to be kept well lit.
8. Medications are not to be “borrowed” from individual to individual. Use only those drugs/medications designated and prescribed for each individual and drugs labeled by a registered pharmacist.
9. Medication labels are not to be altered or defaced.
10. All medicines should be carefully checked for expiration dates and are not to be used after the date of expiration. They are to be removed from usage and returned to the pharmacy.
11. Prescriptions are not to be renewed without the direct order of the attending physician.
12. Psychotropic medications will be routinely reviewed at least every three months.
13. When a drug is discontinued by the physician, it is not to be kept on hand, but is to be returned to the pharmacy for destruction.
14. All medication will be properly charted on the individuals’ medical chart by the nurse or designated staff person giving the medication.
15. When medication is a *Prescribed PRN,* the prescription label shall include the following:
    1. Individual’s Name
    2. Date
    3. Name of Medication
    4. Dosage
    5. Specification of interval between dosages
    6. Maximum amount to be administered during a 24 hour period
    7. Stop Date
    8. When appropriate, and under what conditions the PRN medication shall be administered.
16. If a medication is prescribed, there are two documents that must be obtained:
    1. The original prescription for each new medication.
    2. A copy of the original prescription with the word “Copy” in Red.
17. Empty medication containers or blister paks, should not be discarded; unless otherwise noted (i.e. Group Homes and Supportive Living Programs). Such items should be given to the “In-Charge Nurse” to be check, then, if appropriate the Nurse will discard empty containers.

Reviewed 6/2015

**MEDICATION ADMINISTRATION PROCEDURES**

In order to fulfill Doctor’s Orders, the following procedures are adhered to in reference to the administration of medication.

Prescription medications may only be administered by the following personnel:

1. Licensed physicians, licensed dentists, registered nurses, licensed practical nurses.
2. Staff persons (non-medical personnel) who complete and pass the Medication Administration Training course.
3. Those individuals designated capable of self-medicating as documented in their IHP.

**TRANSCRIPTION OF NEW ORDERS**

1. When the physician orders a new medication or changes the dose, time of administration and/or route of administration, the medication record must be adjusted accordingly within 24 hours.
2. Only staff who are authorized may transcribe new orders:
   * Keystone Residential Program: Licensed Nurse and in the absence of the nurse; a designated Supervisor.
   * Keystone Group Homes/Supportive Living Programs/Supervised Apartments: Program Manager, Director, or designee.
3. When a new order is given the following information is recorded:
   * 1. The date the order is received is to be noted in the appropriate box.
     2. The name of the medication (brand and/or generic) is to be listed.
     3. The dosage of the medication is to be listed.
     4. The number of tablets, capsules, or cc’s is to be listed.
     5. The frequency of administration is to be noted. Because non-medical personnel administer medications, the frequency is listed as daily, two (2) times a day, (2x/day), etc.
     6. The time(s) the medication is to be administered is to be noted.
     7. At times, the physician may specify a specific number of doses or number of days the medication is to be given. In this instance, the medication record is to reflect that information.
     8. The Initials of the individual/person transcribing the new order is to be noted in the lower left corner of the medication block area.
4. When a current medication is changed, time of administration, number of pills, etc.; the current medication is discontinued, and the changes are written as new order as noted above. The time and/or the amount of the drug should not be altered but REWRITTEN AS A NEW ORDER AS LISTED ABOVE.
5. Communication should be given verbally and in written format in the individual communication books when there is a change.
6. **Verbal orders can only be taken by a Licensed Nurse. Verbal orders must be signed within 24 hours. Faxed signatures are acceptable.**

* When there is no nurse available, the physician must fax a prescription to the individual’s residence or home.
* In the event, the physician calls in an order directly to the pharmacy, the medication record is to reflect the same directions as stated on the container of the medication.

1. **WHENEVER A PHYSICIAN’S ORDER IS UNCLEAR, IT IS ALWAYS BEST TO QUESTION THE ORDER AND RECEIVE CLARIFICATION.**
2. **When transcribing medications they must be transcribed according to orders written on the label. Abbreviations are not acceptable unless they are used on the actual order/prescription.**

**MEDICATION ADMINISTRATION FOR MEDICAL NEEDS**

A. **Seizure Disorders:**

The following procedures will be followed if an individual has a seizure:

1. Protect the person from being injured, by removing nearby objects that might cause injury (i.e. table, chairs).
2. Protect the persons head by placing a thin cushion under it (i.e. pillow, folded towel or clothing).
3. Roll the person onto their side to drain any fluid (i.e. saliva, blood, or possible vomit).
4. Stay with the person. You can massage the persons back or even talk to them.
5. If an individual is prescribed medication to curtail incidences or decrease duration of seizure, give the medication when the person is fully conscious.

An example of this is, administering Ativan 1mg after first seizure.

**General Guidelines:**

1. When the seizure is over, the person will usually begin to breathe normally.
2. He or she may be drowsy and disoriented or unresponsive for a period of time.
3. He or she may be tired and would want to rest.
4. Check to see if the person was injured during the seizure.
5. If injury occurred, **Call 911**.
6. The person may loose control of their urine and/or bowels.
7. Be reassuring and comforting.

**Also call 911 if:**

* + **The person is diabetic**
  + **The person has multiple seizures**
  + **The person is pregnant**
  + **This is the first seizure**
  + **There is injury to the head, neck or back**
  + **Seizure is prolonged (generally more than 5 minutes)**

B. **Allergic Reactions**

Allergic reactions are caused by the activity of the immune system. The body recognizes and protects itself from antigens by producing antibodies, which fight antigens. Antibodies are found in the liver, bone marrow, spleen and lymph glands. The immune system recognizes the antigens and releases chemicals to fight these foreign substances and eliminate them from the body.

These reactions range from mild to very severe; for instance, the common mild reaction to poison ivy (skin irritation) to a life-threatening reaction (swelling of the airway, trouble breathing and obstructed airway).

Some common allergies include but are not limited to:

* Bee Stings
* Antibiotics, Tetnus Toxoid Vaccine
* Pollen
* Animal Dander
* Sulfa
* Nuts
* Peanuts, eggs
* Shellfish
* Strawberries, oranges, and bananas

**Signals of Anaphylaxis:**

Allergic reactions usually occur suddenly, within seconds or minutes after contact with the substance.

The skin or area, that come in contact with the substance usually swells and turns red.

Other signals may include:

* Hives, itching or rash
* Weakness, nausea, vomiting or stomach cramps
* Dizziness
* Trouble breathing, including coughing and wheezing
* Low blood pressure
* Shock

Trouble breathing can lead to an obstructed airway as the lips, tongue, threat and larynx swell.

**Care for Anaphylaxis:**

If you notice unusual inflammation or rash on a person’s skin just after he or she has come into contact with a possible antigen, the person may be having an allergic reaction, which can develop into anaphylaxis.

* Check the person’s airway, breathing and signs of circulation **(ABC’s)**
* **CALL 911**
* Help the person into the most comfortable position for breathing.
* Monitor the person’s **ABC’s** and try to keep the person calm.

**Epinephrine Auto-Injector (Epipen):**

Persons who have a severe allergic reaction to a substance may be prescribed an Epinephrine Auto-Injector, also known as an Epipen.

An Epipen or Auto-Injector contains a preloaded dose of 0.3mg of Epinephrine. The injector has a spring-loaded plunger that when activated injects the epinephrine. Forcefully pushing the auto-injector against the skin activates the device. **It should be used on a person’s upper arm or thigh in the muscular area; stays in place for 10 seconds to allow the medication to fully empty.**

Steps for assisting with an Auto-Injector or Epipen:

* Locate the middle of one thigh or the upper arm to use as an injection site.
* Grasp the auto-injector firmly in your fist and pull the safety cap with your other hand.
* Hold the (black) tip (needle end) near the person’s outer thigh so that the auto injector is at a 90-degree angle to the thigh.
* Swing out then firmly jab the tip straight into the outer thigh. You will hear a click. **Note: If possible, help the person self-administer the auto injector.**
* Hold the auto-injector firmly in place for 10 seconds, then remove it from the thigh and massage the injection site for several seconds. **Note: Recheck the person’s airway, breathing and circulation and observe his or her response to the epinephrine.**
* Give the used auto-injector to the emergency medical personnel when they arrive.

Reviewed 6/2015

**MEDICATION ADMINISTRATION**

**(ADDENDUM 3/08)**

As part of our commitment to providing quality services to the individuals Keystone serves and supports, the following guidelines for Medication Administration have been adhered:

**Morning Medication Administration**

1. Medication can only be given up to one hour before the prescribed time of administration or one hour after than the prescribed time of administration (i.e. if an individual is prescribed 10mg of Zyprexa at 8a, he/she is to receive the medication no earlier than 7a and no later than 9a); **unless other wise noted by our nursing department or by the individuals physician.**
2. Staff working the Overnight Shift (11p-7a) may not give medications that are prescribed for 8am. The only exception is for any individuals, whom are picked up by 7a.m. Monday through Friday for work programs.
3. Overnight Staff, that are scheduled to work past 7a.m. may be assigned to administer morning medication, and will be reflected on the morning schedule Monday though Friday at the Keystone Residential Program located at 154 Front St.
4. The Nurse will administer the majority of the medications in the morning at the Keystone Residential Program. She/he will be assisted by Overnight Staff assigned to work beyond 7a.m., medication trained Direct Service staff, and Supervisory personnel.

**Medication Administration & Documentation**

1. It is imperative for the safety and good health of those we serve and support at Keystone, that all Keystone policies regarding medication administration and documentation are followed.
2. No shortcuts are permitted! Follow all procedures. A mandatory review of procedures will take place within the next few weeks for all current staff that are approved and permitted to administer medications. A follow-up review will occur subsequently with all other staff persons who attend and successfully completed the Medication Administration Training.
3. As per Keystone Policy and Procedures, approved staff persons administering medications, must place their initials above each corresponding number, after dispensing medication.
4. The individual’s MAR (Medication Administration Record) is an official record and each medication must be signed for in the appropriate spot on the MAR. If a blank spot is found on the MAR, it must first be determined if the medication has been given or not given. All blanks on the MAR’s must be explained and accounted for. UIR’s must be completed.

**CONTINUOUS QUALITY IMPROVEMENT**

**Beginning April 1, 2008, the “Daily Medication Accountability Form” will be implemented. At the end of each shift, the Nurse or “In-Charge” Person, depending upon the program, will sign off that “ALL” Prescribed Medication and Treatments were GIVEN and DOCUMENTED, accordingly.**

**The “Daily Medication Accountability Form” will be adhered to each program’s medication administration binder. At the end of each month, the sheets will be collected and replaced with the current month.**

Reviewed 6/2015

**PROCEDURES FOR ERRORS IN MEDICATION**

**ADMINISTRATION & DOCUMENTATION**

*Policy: All staff responsible for administering medication including Nursing Personnel and staff that have successfully completed the Medication Administration Training will follow all Keystones polices regarding medication administration and documentation. The following procedures will be adhered to in cases of medication errors.*

1. If the medication error is life threatening, 911 will be called immediately as per Keystone’s policy regarding life threatening incidents (e.g. allergic reaction).
2. If the medication error is not life threatening, the employee will notify the nurse or “In-Charge” Person immediately (e.g. applied wrong topical).
3. In cases of medication administration errors that are not life threatening the individual’s primary care physician is to be notified by either the nurse or designated staff immediately. If, the physician is unavailable or does not call back in a reasonable period of time (within one hour) the individual should be transported to the nearest emergency room.
4. The employee must complete an Incident Report prior to the end of his/her shift.
5. Reporting will be done in accordance with Division of Developmental Disabilities Circular #14.
6. Depending on the severity of the medication administration error:
   1. The first occurrence will result in an immediate meeting with the employee, nurse, and/or designated staff to review the incident, including the circumstances evolving around the incident, appropriate recommendations to rectify the matter, review of medication administration procedures, and will be followed-up by the nurse and/or designated staff.
   2. The second occurrence will result in a written warning including a probationary period and immediate meeting with employee, nurse and/or designated staff to review the incident including all underlying circumstances evolving around the incident; appropriate recommendations to rectify the matter, review of medication administration procedures; and follow-up by the nurse and/or designated staff.
   3. The third occurrence will result in suspension from either administering medications or employment; under the discretion of the President or designated staff. If an employee is suspended from employment, he/she may be terminated pending upon the circumstances surrounding the incident.

-39-

1. If a medication error is determined to be a documentation error, that is, the proper medication was given by staff but proper procedures were not followed regarding documentation, an Unusual Incident Report will be written by staff discovering the error.
2. The employee who was responsible at such time for administering and documenting prescribed medications will be initially counseled by the nurse or designated person in regards to the importance of documentation at the same time be shown the documentation error.
3. The nurse or designated staff will follow-up with the employee who received counseling, ensuring he/she is documenting administrated medications properly.
4. In the event it is discovered that the same employee is responsible for administering medication; did not document prescribed medications, as a second occurrence, an incident report will be completed either by the nurse or designated staff and the employee will receive a verbal warning and placed on probation with review of proper documentation procedures. *During the probation period the employee will be monitored closely by supervisory staff.*
5. If during the time of probation, the employee has a third occurrence he/she will receive a written warning with a review of proper documentation procedures and the nurse or designated staff will make a recommendation to the President or designated staff regarding the next course of action. This may include additional training at the employee’s expense; suspension from administering medications for a period of time or permanently; and/or reevaluation of job status. Recommendations are to be documented and provided to the Director of Human Resources to be placed in the employee’s personnel file.
6. If it is determined that the employee’s responsibility of medication administration is reinstated, subsequent occurrences will result in suspension of Medication Administration and the immediate reevaluation of job status. If Medication Administration is a job requirement, a loss of position and/or employment status may occur.
7. All documentation will be placed in the employees personnel file.

Reviewed 6/2015

**GIVING MEDICATIONS**

1. Open the book to the individual’s medication page.
2. Take medications from the assigned individual bin.
3. Identify individual.
4. Have the individual get a cup of water or pour a cup of water for the individual. Some individuals require that their medications be mixed with applesauce for easier swallowing.
5. Starting at the top of the medication sheet:
   * Read instructions in the medication book for that medication
   * Check the date and time to be given
6. Find the medication card with a corresponding label.
7. Compare the label with the written order of the medication sheet.
8. Pour medication into a medicine cup.
9. Initial the card above the number.
10. Read the label again before putting the medication card away.
11. Proceed to 2nd order on the medication sheet and repeat steps 5 thru 10, remembering to initial each card after each medication is put into the cup.

* This procedure is to be followed for each medication listed.

1. After all medications are poured and cards initialed, give the medication to the individual.

* Observe the individual while taking the medication to be sure that the medication is swallowed.
* Give the individual a sufficient amount of water and/or applesauce to swallow medications.

1. Place your initial in the block on the medication administration record for the appropriate date and time.
2. Sign the control sheet if applicable **(Controlled Medications are administered by the Nurse or “In-Charge” Person, only)**
3. Proceed to the next individual.

Reviewed 6/2015

**INSTRUCTIONS FOR USING UNI-DOSE CARDS/BLISTER PACKS**

All of our Uni-Dose cards contain (30) pre-numbered, single dose, punch-out pills.

Each card is labeled by the pharmacy will all directions. Some cards may state the time of day to be given. Example: Give 1 tablet at 12N. But most cards will state how many times a day the medication is to be given. For example; Give one (1) Tablet four (4) times a day. It is of the utmost importance that the label be checked against the medication sheet. The routine times, medication is given is usually 8A-12N-4P-9P. There will be exceptions to this-such as having to give a medication at midnight or 6AM, etc. **Again, the label and medication sheet must be checked carefully.**

Each individual has a labeled bin with their oral medications. Topical solutions are maintained in a separate area.

Most cards will have in the top left hand corner the word “Start,” with the #30 under it. **If the word “Start” is not on the card, you will automatically start with #30.** This is the first pill to punch out. If pill #30 is punched out, you would begin at #29 and so forth; **do not skip around-follow proper procedures.**

After the pill(s) are punched out, you will initial above the number. If two (2) pills are punched out, you must initial above each number. **For each pill punched out,** **you must initial.**

If a pill is punched out by mistake, it may not be returned to the card. It is considered contaminated and cannot be used now or later. The pill is to be put into a “3x5” brown envelope and given immediately to the Nurse or Supervisor. Then circle that number slot and initial and date it in order to identify a problem, with that particular dose.

If a pill is considered contaminated, it must be destroyed by crushing then flushing down the toilet. Disposal of wasted medication is to be witnessed and documented on the back of the Medication Administration Record. Documentation should include date, time, place, dosage of medication, reason why it was wasted and two (2) full signatures; the person discarding and the witness.

We receive a 30 day supply of all medications from the designated pharmacy. In order to have a 30 day supply, some individuals will need more than one card. In these cases, the cards will be numbered, “Card 1 of 3, 2 of 3, 3 of 3” etc. Please be careful to use cards in sequence. Example: if card 1 of 3 is empty, do not take card 3 of 3 before 2 of 3.

Never discard empty cards or containers of medications, unless otherwise noted (i.e. Group Homes, Supportive Living Programs, and Supervised Apartments). The cards or containers should be given to the Nurse to be checked, then, if appropriate, the Nurse will dispose of empty containers. Empty cards will be removed by the Nurse or Supervisor.

Back-up medications are kept in the bottom of the medication cabinet at Keystone Residential. For our Group Homes, Supportive Living Programs, and Supervised Apartments there are areas specifically designated in each home. If you use the last pill on the card, and there is no back-up card available, you must notify the Nurse or “In-Charge” Person.

Reviewed 6/2015

**LEAVE OF ABSENCE (LOA) PROCEDURE FOR MEDICATIONS**

1. When an individual goes on vacation, visits with family, etc. for longer than one day, this called an LOA (Leave of Absence).
2. In these cases, the entire Card(s) will be sent. The Nurse or Supervisor will fill out an LOA medication sheet. This sheet will list medication, dosages, times and method of administration, in addition to the number of pills, etc. being sent.
3. The person taking the individual will be responsible for signing the LOA sheet and will be responsible for administrating the medications; and returning of the card(s) to Keystone.
4. After signing, a copy is made and kept until the individual’s return. The original is sent with the individual.
5. The Nurse/Supervisor will note the number of pills upon the individual’s return to insure the correct doses were given.
6. After completion, the LOA form will be filed in the medical chart of the individual, and the copy discarded. After 3 months, the form will be discarded.

Reviewed 6/2015

**MEDICATION ADMINISTRATION AND DOCUMENTATION FOR COMMUNITY OUTINGS**

**(Action Plan 10/11)**

***Policy:*** *To ensure proper medication administration and documentation procedures are followed during community outings.*

***Procedures:*** When an individual is attending a community activity and medication administration times coincide with the activity, the following procedures will be adhered to:

1. The staff person administering the medication during the activity **must be certified in Medication Administration:**
   1. Attend and successfully complete the Medication Administration Training as per State Regulations
   2. Certified by Keystone’s Nursing Department, the staff person successfully administered and documented medication in their presence during (3) observation periods.
2. The staff person attending the outing with the individual(s) is to:
   1. Pack the medications for each respective individual (as applicable)
   2. Administer the medications accordingly
3. Medications will be punched out of Bingo Card(s) and placed in a small (3x5) brown medication envelope.

The envelopes are to contain the following information:

* + Individual’s Name
  + Date
  + Name of Medication
  + Time to be Administered
  + Directions for Administering Medication(s)

1. Once the medications are packed, the staff person is to bring them to the nursing office where they will be checked by the nurse or supervisor.
2. The medications will then be placed in a locked medication bag and placed in a medication backpack that will be taken on the outing.
3. The backpack will include the following:

* A First Aid Kit
* Medication Cups
* Drinking Cups
* Several Bottles of Water
* Locked Medication Bag
* Any other items designated as needed by the nursing office

1. The designated person administering the medications on the outing is responsible for the backpack and the key to the locked medication bag.
2. Medication(s) will be administered to the individuals at the designated time.
3. The backpack, medication bag, and key will be returned to the nurse or supervisor by the designated medication administer, immediately upon return.
4. Staff will then sign the MAR Sheet for each respective individual(s) medication(s) that were packed and administered.
5. The Nursing Department is to be advised in writing of all planned activities and the individuals who are attending.

Adhered 10/11

Reviewed 6/2015

**SELF-ADMINISTRATION OF MEDICATION**

An individual is considered capable of self-administration of medication when:

1. He or she is able to recognized and distinguish personal medication (staff may assist opening and removing medication).
2. When he or she knows how much medication is to be taken.
3. He or she knows the time medication is to be taken.

The Interdisciplinary Team may make recommendations for self-administration of medication. This recommendation is part of the annual IHP.

The nursing staff may allow individual to self apply topical ointments, and to independently use medicated mouth rinses.

Reviewed 6/2015

**STORAGE OF MEDICATION**

Prescription and potentially toxic non-prescription medications must be stored in a locked area and keys to this area accessible only to authorized staff. Prescription and potentially toxic non-prescription medications may be kept unlocked if all individuals residing in the home are able to safely use or avoid these, and documentation in each individual’s IHP indicates this. Medications in which require refrigeration, must be stored in a separate, locked container in the refrigerator and the same exceptions apply, as well. Prescription medication is kept in the original container with a pharmacy label that includes the individuals’ name, the name of the medication, the date the prescription was issued, the prescription number, the prescribed dosage, direction for administration, the address and telephone number of the pharmacy and the name of the prescribing physician.

**DOCUMENTATION OF MEDICATION**

A medication record is maintained for each individual and includes the individual’s name, the doctor’s name, allergies, the medication(s) prescribed, dosage, administration times, and the date medication(s) was administered and the name of the person who administered the medication. In cases where the individual is to be out of the residence during a time when medication is given the medication is properly packaged, signed for, and sent with the individual for administration at the ordered time. A record of persons identified as capable of self-administering medication will be kept. Documentation of adverse reactions is maintained in the individual’s record. Staff members who observe adverse or possible adverse reactions must report this immediately to the Nurse or “In-Charge” Person who has the responsibility of contacting the primary care physician. The staff person who observes the adverse reaction must also complete a (UIR) Unusual Incident Report.

**If the adverse reaction is perceived to be Life-Threatening, staff shall call 911, immediately.**

Reviewed 6/2015

**MEDICATION REMINDERS**

1. If for some reason medication is not sufficient, notify the Nurse, or in his/her absence, the “In-Charge” person.
2. Once a pill has been punched out of the card, it is considered to be contaminated and may not be used. It is to be placed in a small “3x5” brown envelope and immediately given to the nurse or supervisor. The information on the envelope should indicate the date, individual’s name, medication and dosage, instructions, comments, and signature of the staff person. Remember to circle and date the number (#) and pill slot on the card so as to identify a problem with that dose.
3. For Group Homes, Supervised Apartments, and Supportive Living Programs, medication that is deemed contaminated, will be discarded and documented in the daily log book, as critical information.
4. If a medication is dropped on the floor-do not give it to the individual. The medication is contaminated. The medication must be found-follow the instructions in step 2 above.
5. The medication should be given to the Nurse or “In-Charge” person, in a brown “3x5” envelope with appropriate documentation. If the medication is contaminated, the medication will be crushed then discarded.
6. Oral medications are stored separately from topical and external medications.
7. The Keystone Residential, Group Homes, Supervised Apartments, and Supportive Living Programs utilize different storage systems. Become familiar with each.
8. All signatures must be on the bottom of each medication administration record every month. All appropriate staff must sign and initial in the appropriate area on each medication administration record, if it’s the first time administering medications during that specific month.
9. No cross outs, erasing, or white out on the medication records. If an error is made, circle it (in red), give a brief explanation on the back of the medication sheet, sign and date it. Example: If you sign in the wrong box or wrong time, etc.
10. Use only blue or black ink. Don’t panic and try to hide it if an individual gets the wrong medication. Everyone makes mistakes. The most important thing is to notify the Nurse or “In-Charge” person immediately so that appropriate steps can be taken.
11. New Standing Orders: Each individual has a set of standing orders and an individualized standing order medication sheet. When giving medication from the standing orders; state the medication, the date, the time, the reason for giving, dosage if applicable, and your name.
12. All discontinued medications must be discontinued and marked with a notation “D,” with the date and the initials of the individual transcribing the order.
13. Medications and Treatments should be given at the stated time, when the individual is available. However, medications and treatments may be within one hour before to one hour after the scheduled time.
14. When a medication or treatment is not given, initial the appropriate box, circle the box and write on the back of the medication record why the treatment or medication was not given.
15. Markings on the medication cup for liquids:

2 tablespoons = 1 ounce or one full med cup = 30cc/ml

1 tablespoon = ½ ounce or ½ med cup = 15cc/ml

2 teaspoons = 10cc/ml

1tsp = 5cc/ml

1. **BECOME FAMILIAR WITH ANY MEDICATIONS INDIVIDUALS MAY BE RECEIVING: FOR WHAT PURPOSE, SIDE EFFECTS, ETC. REFER TO THE MEDICINE PROFILE SHEETS IN THE MEDICATION BOOK.**

Reviewed 6/2015

**FIRST AID KITS**

A First Aid Kit is kept in each home and its location posted in a conspicuous place. Each Kit contains:

Antiseptic Wipes

Sterile Kling Bandages

Sterile Gauze Pads

Band-Aids

Scissors

Thermometer

Adhesive Tape

A First Aid Kit is also housed in each vehicle. The Manager is responsible for maintaining the First Aid Kit in working order.

Contents as stated above, except CPR mouth shields, are kept on vehicle key rings for Group Homes and Supervised Apartments only. For Keystone Residential Programs, staff persons are provided with their own personal CPR mouth shields.

Reviewed 6/2015

**APARTMENT MEDICATION CABINET CHECKLIST**

At the Residential Program, Apartment Medication Cabinet checks are to be done bi-monthly, preferably on Sunday. The purpose of the checklist will be to ensure that all medication cabinets are being appropriately kept and stocked.

Items to be checked:

1. Individual Oral Medications are stored in clearly labeled assigned bins.
2. Cleanliness/neatness
3. Expiration dates for all Rx: prescription, topical, standing order medications. Any medications that are expired must be removed and put into the “D” or Discontinued Basket.
4. Medication (Rx) labels have to be on all oral Rx and topical Rx medication.
5. All empty Rx, topical, standing order medications are to be removed and replaced as needed.
6. Standing Order Medications should be checked using the Standing Order List for our individuals, and are to be kept in the appropriate area.
7. Individuals have their personal nail clippers. The nail clippers are to be in individual “containers” and labeled with the individual’s name.
8. Any medication(s) not on the Standing Order list or documented on each individuals medication sheet, should be removed from the cabinet.

Reviewed 6/2015

**PSYCHOTROPIC MEDICATION**

**3/13/03**

*Psychotropic medication is defined as “substances which exert a direct effect upon the central nervous system and which are utilized as part of a treatment plan to address psychiatric disorders, or symptoms of psychiatric disorders.” Keystone’s policy prohibits the use of these medications as punishment, for the convenience of staff, or as a substitute for appropriate programming. Psychotropic medication shall be explored only after all other programmatic and environmental avenues have been explored. In the case that an individual is determined to require psychotropic medication, the goal shall be to maintain that individual on the lowest dosage possible.*

When an individual exhibits previously unidentified symptoms of mental illness or severe behavior problems, the interdisciplinary team shall meet for an in-depth discussion of causes and possible interventions. If necessary, the IDT will refer the situation to the Behavior Guidance Committee. The Behavior Guidance Committee will review all incidents pertaining to this behavior; then institute the baseline of the target behavior. After the baseline has been completed, the IDT will review the baseline information and complete the Functional Analysis of Behavior. After reviewing all available materials, if the IDT feels that it has exhausted its resources, or if program strategies/interventions are not adequate alone, a psychiatric consultation shall be requested. The President, Parent/Legal Guardian, and Behavior Guidance Committee shall be notified of this decision.

In non-emergency situations, a comprehensive medical history must be obtained and made available to the psychiatrist at or before the time of the consultation. The results of the psychiatric consultation, **including the DSM-IV diagnosis,** will be provided to the IDT, Parent/Legal Guardian and the Behavior Guidance Committee. If the consulting psychiatric recommends a psychotropic medication, and the situation is not an emergency, the following must occur:

* Informed consent shall be sought from the individual’s legal guardian
* A physical examination and laboratory work shall be completed prior to initiating any psychotropic medication

In situations that medication is recommended, **but no specific psychiatric diagnosis has been made, the following must also occur prior to implementation:**

* Review by the Behavior Guidance Committee (A physician or registered nurse and the Chair of the Human Rights Committee must be present at this meeting)
* Review by the full Human Rights Committee within 30 days of implementation

**In Emergency Situations,** where a licensed physician certifies that immediate intervention is needed to prevent serious consequences; a stat dose of medication may be administered by the nurse or designated staff. Unusual Incident Procedures should be followed, and the parent or guardian should be provided the earliest notice possible under the circumstances. The IDT shall meet within the next 5 working days. Results of the meeting shall be documented.

For the exception of emergencies, psychotropic medication shall always be prescribed in writing prior to its administration. Telephone orders are permitted in emergency situations, but the physician is required to countersign the order within 24 hours.

**Regarding informed consent:**

* If the individual’s guardian is unable to be contacted in a timely fashion on the day that the order has been written, the President may give interim approval for a 10-day period.
* New consent is needed each time there is a change in psychotropic medication, except when it is in the same generic class.

**If consent is refused by either the individual or guardian,** the IDT shall meet with that person to discuss other alternatives. If disagreement continues regarding the use of psychotropic medication, the President shall arrange for a second opinion. When informed consent is either denied or subsequently withdrawn and the President determines such refusal to be in violation of the individual’s right to treatment, he shall refer the matter to the Division Director for consideration and possible judicial action.

**Ongoing review and monitoring:**

In the case where psychotropic medication is initiated, the following shall occur:

* Direct Care, Leadership Staff, and anyone with whom the individual will be visiting/vacation shall be informed:
  1. When the medication begins
  2. The target symptom
  3. Possible side effects
  4. When the medication is changed
* Procedures of medication administration should be followed
* Side effects shall be reported to the attending physician immediately

The IDT shall review the use of psychotropic medication quarterly. Results of the review shall be documented and maintained in the individual’s medical record. These results shall be reviewed with the physician during routine visits.

Persons receiving anti-psychotic medication need to be re-examined by a physician no less frequently then 30-day intervals. At least every 90 days, either the physician or RN shall administer the AIMS (Abnormal Involuntary Movement Scale) or other equivalent examination procedure for symptoms of Tardive Dyskinesia. The results should be recorded in the individual’s medical record and appropriate action taken as necessary.

The pharmacist, with input from the IDT, shall review and document the drug regime of each person receiving psychotropic medication at least quarterly.

Reviewed 6/2015

**EXPOSURE CONTROL PLAN**

**BLOOD BORNE PATHOGENS**

**I. PURPOSE**

In an effort to limit the incidences of illness and injury experienced by our employees, Keystone has instituted a **BLOOD BORNE PATHOGENS EXPOSURE CONTROL PLAN.**

The purpose of this plan is to protect our employees from the health hazards associated with blood borne pathogens and to provide appropriate treatment and counseling should an employee be exposed to blood borne pathogens.

Keystone is committed to providing a safe and healthful work environment for our entire staff. In pursuit of this endeavor, the following exposure control plan (ECP) is provided to eliminate or minimize occupational exposure to blood borne pathogens in accordance with OSHA standard 29 CFR 1910.1030, “Occupational Exposure to Blood Borne Pathogens.”

**II. GENERAL PROGRAM MANAGEMENT**

**A.** **RESPONSIBLE PERSONS**

There are four major “Categories of Responsibility” that are central to the effective implementation of our Exposure Control Plan. These are:

The “Exposure Control Officer”

Program Directors

Program Managers

Training Instructors

Our Staff

The following sections define the roles played by each of these groups in carrying out our plan.

* + 1. **EXPOSURE CONTROL OFFICER: Ms. Judith Foster R.N. B.S.N.**

The “Exposure Control Officer” will be responsible for overall management and support of Keystone’s Blood Borne Pathogens Compliance Program. The duties of the “Exposure Control Officer” include:

* + Overall responsibility for implementing the Exposure Control for Keystone and Associated Homes. Will maintain, review and update the ECP at least annually, on or before November 1st of every year
  + and whenever necessary to include new or modified tasks and procedures.
  + Working with other staff to develop and administer any additional blood borne pathogens related policies and practices needed to support the effective implementation of this plan.
  + Will maintain and provide all necessary personal protective equipment (PPE), engineering controls (e.g. sharps containers), labels and red bags as required by the standard. Will also ensure that adequate supplies of the aforementioned equipment are available in the appropriate sizes.
  + Collecting and maintaining a suitable reference library within the Nursing Office on the Blood Borne Pathogens Standard and Blood Born Pathogens Safety and Health Information.
  + Knowing current legal requirements concerning blood borne pathogens.
  + Will be responsible for ensuring that all medical actions required are performed and that appropriate employee health and OSHA records are maintained.
  + Will be responsible for training, documentation of training and making the written ECP available to employees, OSHA and NIOSH representatives.

**2. EXPOSURE CONTROL COMMITTEE**

The Exposure Control Committee is comprised of nursing, supervisory and administrative staff.

**3. PROGRAM DIRECTORS AND MANAGERS**

Program Directors and Managers are responsible for exposure control in their programs. These leadership persons work directly with the Exposure Control Officer and our staff to ensure that proper exposure control procedures are followed.

**4**. **EDUCATION/TRAINING COORDINATORS:**

* **Ms. Judith Foster, R.N.**
* **Ms. Charlotte Agyemang, L.P.N.**
* **Ms. Nancy Furka, L.P.N.**
* **Ms. Luce Fils-Aime, L.P.N.**
* **Ms. Christiana Anozie, R.N.**

Our Education/Training Coordinators will be responsible for providing information and training to all employees who have the potential for exposure to blood borne pathogens. Activities falling under the direction of the Coordinators include:

1. Maintaining an up-to-date list of all staff requiring Training (in conjunction with the administration).
2. In conjunction with the Exposure Control Officer, developing suitable education/training programs.
3. Scheduling periodic training seminars for pertinent staff.
4. Maintaining appropriate training documentation such as “Sign-In Sheets,” Quizzes, etc.
5. Periodically reviewing the training programs with the Exposure Control Officer, and pertinent Supervisory Personnel.

**5. OUR STAFF**

As with all of our agency’s activities, our employees have the most important role in our blood borne pathogens compliance program, for the ultimate execution of much of our Exposure Control Plan rests in their hands. Those employees who are determined to have occupational exposure to blood or other potentially infectious materials (OPIM) must comply with the procedures and work practices outlined in this ECP. In this role they must do things such as:

* 1. Know what tasks they perform that have occupational exposure.
  2. Attend the blood borne pathogens training sessions.
  3. Plan and conduct all operations in accordance with our work practice controls.

**B. AVAILABILITY OF THE EXPOSURE CONTROL PLAN**

Keystone’s Exposure Control Plan is placed in our Procedures Manual and is available to staff at any time. Copies of the manual are in the Health Services Office, each Apartment/Home, Administrative and Vocational Offices.

**III. EMPLOYEE EXPOSURE DETERMINATION**

Employees, who work directly with our residents, and/or come into contact with blood and other bodily fluids, are at the highest risk for exposure to blood borne pathogens. The employees include: **nurses, direct service staff, vocational staff, managers, assistant managers, and directors.**

Also included in the low risk group are staff who through the course of their responsibilities might come into contact with blood borne pathogens such as **maintenance and housekeeping staff.**

Employees, whose contact with our residents is limited, are considered to be a lower risk. These employees include **administrative and secretarial staff.**

**IV. PRECAUTIONS TO BE FOLLOWED**

* 1. **UNIVERSAL PRECAUTIONS**

All employees will utilize Universal Precautions. Treat all human blood and certain human bodily fluids as if they are known to be infectious.

**B. ENGINEERING CONTROLS**

One of the key aspects to our Exposure Control Plan is the use of Engineering Controls to eliminate or minimize employees’ exposure to blood borne pathogens.

The Exposure Control Officer periodically works with Program Directors and Managers to review tasks and procedures. As part of this effort, the Exposure Control Officer routinely surveys areas where engineering controls are currently employed, areas where they can be up-dated, and areas currently not employing engineering controls, but where they would be beneficial.

The results of these surveys are reexamined during our annual Exposure Control Plan review and opportunities for new or improved engineering controls are identified. Results will be presented to all staff and added to the Exposure Plan.

Additionally, the Exposure Control Officer or Designee reviews existing engineering controls for proper function and a replacement event on a monthly basis.

The following engineering controls are used through our homes:

* Hand washing facilities which are readily accessible to all employees who have the potential for exposure.
* Alcohol-based waterless hand gel or foam
* Containers for contaminated sharps and specimen containers that are:
* Puncture resistant
* Color-coded or labeled with a biohazard warning label
* Leak proof on sides and bottom
* Puncture resistant when necessary

1. **WORK PRACTICE CONTROLS**

One of the most important aspects in the prevention of infectious disease is scrupulous personal hygiene. Thorough **hand washing** with plenty of soap and water is essential. Liquid soap dispensers and disposable towels are provided in all kitchen and bathroom areas. All employees and residents must wash their hands after toileting and before and after meals. Employees should also wash their hands in between assisting each individual complete hygiene tasks. Hand washing is also essential after removing disposable or utility gloves, particularly after contact with blood.

**Hand Decontamination:**

The use of an alcohol-based waterless hand gel or foam (an antiseptic agent) to decontaminate hands is the most effective way for health care workers to reduce client infections and infection-related deaths.

Personal toiletry items must be kept separate and may not be shared by others. Specifically, this includes manual or electric razors, combs, brushes, towels, washcloths, toothbrushes, water-piks, clippers, scissors used for cutting fingernails and toe nails, or any other item which might be blood contaminated. Tooth brushes must be air–dried.

**Personal Protective Equipment (PPE)**

PPE is provided to our employees at no cost to them. Training is provided by the nursing training coordinators in the use of the appropriate PPE for the tasks and procedures employees will perform.

**How do you obtain PPE?**

* PPE is provided to you at no cost to you
* We ensure that there is a continued supply of PPE. You can stop by the office to pick up items yourself
* You should never run out of PPE. If you notice the supply is low, stop in to pick up what you need
* Program managers and their assistants are responsible for ensuring that PPE is obtained from the office and available for the staff.

Disposable latex gloves are available at Keystone for individual use. They are required when:

* 1. Obtaining a specimen
  2. Providing mouth care
  3. Assisting with toilet/menses or washing the rectal and genital areas
  4. Changing dressings
  5. Giving an enema
  6. The caregiver has cuts, “open areas,” lesions or weeping dermatitis on his/her hands.

All employees using PPE must observe the following precautions:

* Wash hands immediately or as soon as feasible after removal of gloves or other PPE
* Remove PPE after it becomes contaminated, and before leaving the work area
* Wear appropriate gloves when it can be reasonably anticipated that there may be hand contact with blood or OPIM and when handling or touching contaminated items or surfaces. Replace gloves if torn, punctured, contaminated or if their ability to function as a barrier is compromised.
* Utility gloves may be decontaminated for reuse if their integrity is not compromised. Discard utility gloves if they show signs of cracking, peeling, tearing, puncturing or deterioration.
* Never wash or decontaminate disposable gloves for reuse
* Remove immediately or as soon as feasible any garment contaminated by blood or OPIM, in such a way as to avoid contact with the outer surface.

Unless blood is evident, no special procedures need to be observed for the disposal of feces, soiled diapers, bedding, etc. However, strict observances of good sanitary practices and laundering methods should be employed. All blood soiled items such as sanitary napkins, should be double-bagged and sealed before discarding, as an appropriate precaution.

**Routine laundry** need not be done separately for those individuals with HBV. However, universal precautions must be followed for any items soiled with blood or other bodily fluids. If such items are apparent, they should be double-bagged, clearly marked, and laundered immediately with a solution of 1 cup bleach per machine of hot water. After these items are laundered, the washing machine should also be cleansed with a bleach solution of 1 cup per machine of hot water. Blankets and sheets should be laundered at least once a week. Laundry must be sorted in the laundry rooms; never in common living areas of the apartment/home. All persons sorting laundry must wear gloves.

**General Cleaning/Housekeeping**: General-purpose utility gloves (rubber household gloves) should not be discarded after each use. They may be decontaminated and reused. A premixed germicidal solution called “Citrus II” should be used to wipe down possibly contaminated areas, such as bathroom sinks, toilets, showers, bathtubs, countertops, etc. The solution cannot be used to clean floors. Cleaning of blood or other bodily fluids must occur immediately once the spill is detected. Spill kits are available for use. Rigid daily cleaning of all possibly contaminated areas must also occur. A cleaning schedule is posted in each apartment/home.

Program Directors and Mangers are responsible to make certain that possibly contaminated areas in each program are cleaned on a daily basis. Sponges/cloths used for washing dishes must not be used to clean up spills. All pails, cans, and other receptacles used routinely are cleaned as soon as possible if visibly contaminated. Plastic bags must line each garbage receptacle and be replaced each time garbage is emptied.

Eating or drinking in possible exposure areas, such as bathrooms or laundry rooms is prohibited.

**Bins and pails:** (e.g. wash or emesis basins) are cleaned and decontaminated as soon as feasible after visible contamination.

**Broken glassware** which may be contaminated is picked up using mechanical means such as a brush and dust pan.

**Contaminated Sharps** are discarded immediately or as soon as possible in containers that are closable, puncture resistant, leak proof on sides and bottoms and labeled or color coded appropriately.

* Disposable needles and syringes should be used when injections must be given or blood specimen drawn. Care should be taken by all personnel to avoid accidental punctures when disposing of needles.
* The needles should be disposed of in the sharps container in the nurse’s office.
* All used lancets and syringes should be disposed of in a designated sharps container supplied by the nursing department, at all the group homes and apartments.
* When full, this container is delivered to the Health Services Office and eventually removed by an authorized Medical Waste Contractor. Appropriate tracking is conducted. Contaminated needles and other contaminated sharps are not bent, recapped or removed.
* Sharps containers are inspected and replaced by the Nursing Department.

Individual’s diagnosed with HBV shall be permitted to assist in meal preparation and other kitchen chores, providing their hands are free of cuts or breaks in the skin and behaviors such as drooling, licking , or sucking the fingers, etc. are not present. Remember to stress the importance of good hygiene. All individuals must wash their hands with plenty of soap and water before assisting in the kitchen. All Staff and individuals who desire to wear disposable gloves during meal preparation should be permitted to do so. Pregnant staff members should consult with their physician concerning risk of infection with a particular agent and any additional precautions that they need to take.

Should there be a need to administer CPR or Rescue Breathing to insure the safety of our employees, **disposable mouth pieces** are kept in easily accessible locations in each program’s first aid cabinet and in our vehicles. The Nursing Department and Program Managers are responsible for restocking.

**V. HEPATITIS B VACCINATION PROGRAM**

**A. VACCINATION PROGRAM**

As an additional protection, Keystone offers Hepatitis B Vaccine to our individuals and staff. This program is available, at no cost, to all employees who have occupational exposure to blood borne pathogens.

As part of their blood borne pathogens training, our staff received information regarding Hepatitis B Vaccine. Should an employee choose not to receive the vaccine, he/she will be asked to sign a waiver stating this. This is filed with the Employees Health Records in the nursing office. At a later date, should the employee decide to accept the vaccination, he/she may do so at no personal expense.

Vaccination is encouraged unless:

1. Documentation exists that the employee has previously received the series
2. Antibody testing reveals that the employee is immune, or
3. Medical evaluation shows that the vaccination is contraindicated.

Vaccination will be provided by the Director of Health Services and Nursing Team at the Nursing Office. A series of three inoculations are given over a six month period:

* Initial Injection
* 2nd Injection: One month after the First Injection
* 3rd Injection: Six months after the First Injection

**B. POST-EXPOSURE EVALUATION AND FOLLOW-UP**

Following the initial first aid (clean the wound, Flush eyes or other mucous membrane, etc.), the following activities will be performed:

* Document the routes of exposure and how the exposure occurred
  1. When the incident occurred
  2. Where the incident occurred
* Identify and document the source individual

a. What potentially infectious materials were involved in the incident

b. Type of material (blood, etc.)

* Obtain consent and make arrangements to have the source individual tested as soon as possible to determine HIV, HCV, and HBV infectivity.
* Document that the source individual’s test results were conveyed to the employee’s heath care provider.
* If the source individual is already known to be HIV, HCV and/or HBV positive, new testing need not be performed.

In an incident where exposure to blood borne pathogens may have occurred there are two things we immediately focus our efforts on:

a) Investigating the circumstances surrounding the exposure incident

b) Making sure that our employees receive medical consultations and treatment (if required) as expeditiously as possible.

The Executive Director or Designee investigates every exposure incident that occurs. This investigation is initiated within 24 hours after the incident occurs and involves gathering the following information:

1. When the incident occurred.
2. Where the incident occurred.
3. What potentially infectious materials were involved in the incident.
4. Type of material (blood, etc.).
5. Source of material.
6. Under what circumstances the incident occurred.
7. How the incident occurred.
8. Actions taken as a result of the incident.

In a case of exposure, Workmen’s Compensation guidelines are to be followed. The staff will be sent to a Hospital or to a Doctor/Facility listed for consultation in accordance to those guidelines. Information regarding the source individual’s current blood testing will be provided.

**C. HEALTH CARE PROFESSIONAL’S WRITTEN OPINION**

After the consultation, the healthcare professional provides our facility with a written opinion evaluating the exposed employee’s situation. We, in turn, furnish a copy of this opinion to the exposed employee.

In keeping with this process, emphasis on confidentiality, the written opinion will contain only the following information:

1. Whether Hepatitis B Vaccination is indicated for the employee.
2. Whether the employee has received the Hepatitis B Vaccination.
3. Confirmation that the employee has been informed of the results of the evaluation.
4. Confirmation that the employee has been told about any medical conditions resulting from the exposure incident which require further evaluation or treatment.

All other findings or diagnoses will remain confidential and will not be included in the written report; **except as required by law.**

**D. MEDICAL RECORDKEEPING**

Medical records are maintained for each employee with occupational exposure in accordance with 29 CFR 1910.1020, “Access to Employee Exposure and Medical Records.” The Director of Human Resources and Director of Health Services are responsible for setting up and maintaining these records, which include the following information:

a) Name of the employee

b) Social Security Number of the employee

c) A copy of the employee’s Hepatitis B Vaccination status

* Dates of any vaccinations
* Medical records relative to the employee’s ability to receive vaccination

d) Copies of the results of the examinations, medical testing and follow-up procedures which took place as a result of an employee’s exposure to blood borne pathogens.

As with all information in these, we recognize that is important to keep the information in these medical records confidential. We will not disclose or report this information to anyone without our employee’s written consent within 15 working days. Such requests should be sent to the Director of Human Resources. These **confidential** records are kept within the HR Office for at least the **duration of employment plus 30 years.**

**VI. INFORMATION AND TRAINING**

Having well informed and educated employees is extremely important when attempting to eliminate or minimize our employee’s exposure to blood borne pathogens. Because of this, all employees who have the potential for exposure to blood borne pathogens are put through a comprehensive training program and furnished with as much information as possible on this issue.

Training will occur upon hire and during the pre-service training and thereafter, at least annually so that our employee’s knowledge will be current.

**A. Training Topics**

The topics covered in our training program include, but are not limited to the following:

1. The Blood Borne Pathogens Standard itself.
2. The Epidemiology and Symptoms of Blood Borne Diseases.
3. The modes of transmission of blood borne pathogens.

-67-

1. Our agency’s Exposure Control Plan.
2. Appropriate methods for recognizing tasks and other activities that may involve for exposure to blood and other potentially infectious materials.
3. A review of the use and limitation of methods that will prevent or reduce exposure, including:
   * Engineering Controls
   * Work Practice Controls
   * Personal Protective Equipment
4. Selection and use of personal protective equipment including:

* Types Available
* Proper Use
* Location within our programs
* Removal
* Handling
* Decontamination
* Disposal

1. Visual warning of biohazards within our programs including labels, signs, and “color-coded” containers.
2. Information on the Hepatitis B Vaccine, including its:

* Efficacy
* Safety
* Method of Administration
* Benefits of the Vaccination
* Our Free Vaccination Program

1. Actions to take and person to contact in an emergency involving blood or other potentially infectious materials.
2. Procedures to follow if an exposure incident occurs, including incident reporting.
3. Information on the post-exposure evaluation and follow-up, including medical consultation that Keystone will provide.

**B. TRAINING METHODS**

We will provide our staff with instruction utilizing the following techniques:

* Classroom type instruction
* Videotapes
* Handouts
* Question and Answer Session

**C. RECORDKEEPING**

To facilitate the training of our employees, as well as to document the training process, we maintain training records containing the following information:

* Dates of all training sessions
* Contents/summary of the training sessions
* Names and qualifications of the instructors
* Names and job titles of employees attending the training sessions
* Post test

The Blood Borne Pathogens Instructor and the Director of Quality/Trainer will work hand-in-hand to ensure employees receive training in Blood Borne Pathogens. Presently the instructor will provide the Director of Quality/Trainer with dates the Training will be conducted during the specified month. The Director of Quality/Trainer will schedule employees accordingly. Employee Training Records/Files are kept in the Director of Quality/Trainers office.

**GLOSSARY OF TERMS**

**Biohazard Label:** A label affixed to containers of regulated waste, refrigerator/freezers and other containers used to store, transport or ship blood and other potentially infectious materials. The label must be fluorescent orange-red in color with the biohazard symbol and the word “Biohazard” on the lower part of the label.

**Blood:** Human blood, human blood components, and products made from human blood.

**Blood Borne Pathogens:** Pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, Hepatitis B Virus (HBV) and Human Immunodeficiency Virus (HIV).

**Contaminated:** The presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.

**Contaminated Sharps:** Any contaminated object that can penetrate the skin including, but not limited to, needles, scalpels, broken glass, broken capillary tubes, and exposed ends of dental wires.

**Contaminated Laundry:** Laundry that has been soiled with blood or other potentially infectious materials, or may contain sharps.

**Decontamination:** The use of physical or chemical means to remove, inactivate, or destroy blood borne pathogens on a surface or item to point where they are no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use or disposal.

**Engineering Controls:** Controls (e.g. sharps disposal container, self-sheathing needles, etc.) that isolate or remove the blood borne pathogens hazard from the workplace.

**Exposure Incident:** A specific eye, mouth, other mucous membrane, no-contact skin, or parenteral contact with blood or other potentially infectious materials that result from the performance of an employee’s duties.

**Hand Washing Facilities:** A facility providing an adequate supply of running potable water, soap, and single use towels or hot air drying machines.

**HBV:** Hepatitis B Virus

**HIV:** Human Immunodeficiency Virus

**Occupational Exposure:** Reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of an employee’s duties.

**Other Potentially Infectious Material:** The following human bodily fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, and body fluids in situations where it is difficult or impossible to differentiate between body fluids.

**Parenteral:** Piercing mucous membranes or the skin barrier through such events as needles sticks, human bites, cuts and abrasions.

**Personal Protective Equipment:** Specialized clothing or equipment worn by an employee for protection against a biohazard. General work clothes (e.g. uniforms, pants, shirts, or blouses) not intended to function as protections against a hazard are not considered to be personal protective equipment.

**Regulated Waste:** Liquid or semi-liquid blood or other potentially infectious materials; contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed; items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling; contaminated sharps; and pathological and microbiological wastes containing blood or other potentially infectious materials.

**Source individual:** Any individual, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure to an employee. Examples include, but are not limited to: hospital and clinic patients, clients in institutions for the developmentally disabled, trauma victims, clients of drug and alcohol treatment facilities, residents of hospices and nursing homes, human remains, and individuals who donate or sell blood or blood components.

**Sterilize:** The use of physical or chemical procedures to destroy all microbial life including highly resistant bacterial endospores.

**Universal Precautions:** Treating all blood and certain human body fluids as if they are known to be infectious for HIV, HBV, and other blood borne pathogens.

**Work Practice Controls:** Controls that reduce the likelihood of exposure by altering the manner in which a task is performed (e.g. prohibiting recapping of needles by a two-hand technique).

Reviewed 10/12 & 10/14 Revised 8/13 & 10/13 & 2/14 & 10/14

Reviewed 6/2015

**SYRINGE POLICY**

**EFFECTIVE DATE 01-01-04**

*Policy: Syringes and needles which are required for administration of specific medication administration shall be maintained within a locked cabinet within the Health Services Office.*

**Procedure:**

1. Syringes and needles are ordered by the Director of Health Services for use by a licensed nurse only: RN or LPN.

2. Syringes and needles are stored and maintained in a locked cabinet within the Health Services Office.

3. A “Syringe Count Control Sheet” is kept in the Nursing/Health Services Office and utilized by the Nursing Staff when a syringe is used for either an individual or employee.

4. Syringes and needles are used for the following:

* Administration of prescribed injectable medications for individuals, only.
* Administration of PPD (TB testing) for individuals and employees.
* Administration of Hepatitis B Vaccine for individual and employees.
* Administration of Pneumovax and Flu Vaccine for individuals, only.
* Administration of Tetnus for individuals, only.

1. Once a syringe and needles is used, it is not to be recapped.
2. Following use, contaminated needles and syringes are discarded in a puncture-resistant, leak-proof, bio-hazard labeled container which is maintained in a locked cabinet within the Health Service Office.
3. Disposal of contaminated medical waste (needles/syringes) is coordinated by the Director of Health Services with a licensed medical waste management facility, transported as outlined in facility Exposure Control Plan.

Reviewed 6/2015

**EPINEPHRINE AUTO-INJECTOR (EPIPEN)**

Epipen: Emergency treatment of allergic reactions to bee stings, bites, food, drugs, and other allergens, as well as idiopathic or exercise induced anaphylaxis.

Medication (Brand Name): **EPIPEN**

(Generic Name): **EPINEPERINE HYDROCHLORIDE**

Method of Administration: **INTRAMUSCULAR INJECTION**

1. DRUG FAMILY: **Bronchodialtor-Respiratory Tract Drug**

2. DESIRED EFFECT: To relieve the complications of Bronchospasm, Hypersensitivity Reaction, Anaphylaxis, Acute asthmatic Attack.

3. POSSIBLE SIDE EFFECT: Natural, expected, and unavoidable action of the drug: Palpitations, Tachycardia, Sweating, Nausea, Vomiting, Respiratory Difficulty, Pallor, Dizziness, Weakness, Tremors, Headache, Apprehension, Nervousness, Anxiety, Cardiac Arrhythmias may occur following use of the drug.

4. IS THIS A CONTROLLED SUBSTANCE? **NO**

5. ARE THERE ANY INTERACTIONS WITH OTHER DRUGS? There are no absolute contraindication to the use of epinephrine in a life threatening situation.

6. SPECIAL INSTRUCTIONS:

* Epinepherine is light sensitive and should be stored in the tube provided. Store at room temperature (59-86 degrees Fahrenheit).
* Do Not Refrigerate
* Make sure the solution in the auto-injector is not discolored or contains a precipitate.
* Inject into the anterolateral aspect of the thigh-DO NOT INJECT INTO THE BUTTOCKS-IN AN ACUTE EMERGENCY SITUATION THE AUTO INJECTOR IS USED IMMEDIATELY-THROUGH CLOTHING IF NECESSARY.
* Massage the site after IM injection to counteract possible vasoconstriction.
* NOTE EXIRATION DATE ON THE UNIT-REPLACE IT BEFORE THE EXPIRATION DATE.
* If stung by an insect: remove the insect stinger with fingernails if possible-DO NOT SQUEEZE, PINCH, NOR PUSH IT DEEPER INTO THE SKIN.

WARNING: Never put thumb, finger, or hand over black tip; needle comes out of the black tip; accidental injection into hand or feet may result in loss of blood flow to these areas; if this happens-CALL 911 OR GO IMMEDIATELY TO THE NEAREST EMERGENCY ROOM.

DO NOT REMOVE GRAY ACTIVATION CAP UNTIL READY TO USE.

SIGNS OF ANAPHYLAXIS REACTIONS:

* Flushing Apprehension
* Syncope (Dizziness)
* Tachycardia (Fast Heart Rate)
* Thready or unobtainable pulse associated with a decrease in blood pressure
* Convulsions
* Vomiting
* Diarrhea and Abdominal Cramps
* Involuntary Voiding
* Wheezing
* Dyspnea (Difficulty breathing) due to laryngeal spasms
* Rashes
* Utricaria (itching)
* Angioedema

EPIPEN is designed as an emergency support therapy only and is not a replacement or substitute for immediate medical hospital care.

**IF AN EPIPEN IS USED FOR AN ALLERGIC REACTION, CALL 911 IMMEDIATELY.**

Reviewed 6/2015

**HEPATITIS B VACCINATION POLICY**

**(Effective Date: 3/10/03)**

**Policy:** *Individuals (persons served) and staff of facilities that serve persons with* *disabilities are considered high risk for Hepatitis B. Susceptible individuals (clients) in facilities for person(s) with developmental disabilities, as well as staff persons, who work closely with clients, should be vaccinated*.

**Individuals Served/Already Vaccinated:**

a. HbSAg and HbSAb are to be done with annual lab work.

b. If positive for immunity (>10mIU/ml), only annual re-evaluation is to be conducted.

c. If negative for immunity (<10mlU/ml), a booster of Recombinant Engerix-B 20mcg/ml-1cc is to be administered.

d. Retesting for HbSAb is to be done eight weeks following administration of vaccine.

e. If the individual remains negative (<10mlU/ml), they are susceptible to Hepatitis B and should be tested for HbSAg on a yearly basis (with the annual blood work).

**Individuals Served/Not Vaccinated:**

a. Vaccinated with three dose schedule

* Initial
* 2nd: One Month after the Initial
* 3rd: Six Months after the Initial

b. Testing for immunity HbSAb is done eight weeks following the third dose of the vaccine.

* If immune, only annual re-evaluation to be done with annual blood work.
* If not immune, follow procedures as stated above (Letter “e”)

**Employees:**

1. Prospective employees are provided with an employee packet, containing information on Hepatitis. The vaccination is available at no cost to the employee, if they consent to the vaccination.
2. Employees are aware that they may speak to their primary care physician before consenting or declining the vaccination.
3. If the employee declines, the employee can waver and receive the vaccination at a later date.
4. Within a reasonable time, after date of hire (generally 10 days) the employee will receive the first to three vaccinations.
   * Initial Vaccination
   * 2nd: One Month after the Initial
   * 3rd: Six Months after the Initial
5. Post-Vaccination testing should be completed 1-2 months after the third vaccine dose for results to be meaningful. THIS IS THE RESPONSIBILITY OF THE EMPLOYEE.
6. A protective antibody response is 10 or more millinternational units (>10mlU/ml).
7. People with normal immune status who have demonstrated anti-HBs response following vaccination, booster doses of vaccine are not recommended nor is periodic anti-HBs testing.
8. Employees, who arrange for their own independent follow-up testing, if not immune, need to follow-up with their personal physician for further vaccination or testing. THE EMPLOYER IS RESPONSIBLE FOR THE INITIAL THREE DOSES OF VACCINE ONLY.
9. Employees, who initially decline receipt of the vaccine, may elect to receive the vaccine at any time during their employment.

HEPATITIS A OR C: There are no current recommendations

Reviewed 6/2015

**ABNORMAL INVOLUNTARY MOVEMENT SCALE**

**AIMS TESTING**

(Effective Date: 5/1/03)

All individuals who are receiving anti-psychotic drug therapy shall be monitored for abnormal involuntary movements.

* All individuals receiving anti-psychotic drug therapy are to have an AIMS test performed by the prescribing psychiatrist and/or licensed nurse (RN/LPN).
* Testing is to be initiated on all individuals currently receiving anti-psychotic drug therapy.
* Thereafter, the AIMS test is to be initiated with all new orders for the major anti-psychotic agents, i.e. Thorazine, Clozaril, Prolixin, Haldol., Loxitane, Serentil, Zyprexa, Trilifon, Risperdol, Mellaril, Navane, Stelazine, Seroquel.
* All testing is to be repeated every three months, if the individual remains on the drug.
* Forms are maintained in the “Psychoactive Medication” section of the medical record which is maintained in the Health Services Office/Nursing Dept.
* Comparisons of testing that demonstrate an increase in involuntary movements are to be reported to the consulting psychiatrist, as well as the primary care physician.
* General Information:

1. The AIMS scale is used to assess the existence and severity of the movement side effects associated with the anti-psychotic medication and recommended to be done before or when the anti-psychotic agent is first introduced and every three months thereafter.

2. A movement disorder is one of the major side effects of anti-psychotic drug use, which includes:

A. **Pseudoparkinsonism**

* Cogwheel Rigidity: A type of stiffness which a limb yields in a jerky fashion when moved by the examiner.
* Bradykinesia, Akinesia: Extreme slowness in movement and difficulty in initiating movement.
* Tremor: Trembling or shaking of a limb, the head, or other body part. The typical Parkinson tremor is usually most prominent at rest and decreases with movement. Tremor of the hand is often referred to a “Pill Rolling” as the tremor resembles someone trying to roll a pill between the thumb and either the index or middles finger.
* Loss of Postural Reflexes: The individual assumes a stooped posture and has difficulty maintaining stability while changing body position, such as moving from sitting to standing.
* Accessory Symptoms: Mask-like face, drooling, dysphagia (difficulty swallowing or speaking) oily sweaty skin, fatigue, weakness, shifting gait, slowed speech.

B. **Akathisia**

* Restlessness
* Difficulty in sitting still
* Strong urge to move about
* May present as agitation

C. **Acute Dystoic Reaction**

* Torticollis: Hypertoxicity of the neck muscles resulting in the head being drawn to one side with the chin pointing toward the opposite side.

D. **Tardive Dyskinesia:**

* Facial: Buccolingual (cheek/mouth-tongue) masticatory (chewing) forward, backward or lateral (sideways) movements of the tongue or chewing movements of the tongue-sucking, puckering lip smacking, or chewing movement of the mouth.
* Extremities: Choriform movements (muscle twitching), irregular, spasmodic, involuntary movements of the arms or legs. Athetoid movement-slow writhing, involuntary movements of the fingers and hands or toes and feet.
* Trunk: Pelvic thrashing, hypertension of the spine, rocking and swaying.

Reviewed 6/2015

**ASSESSING ABNORMAL INVOLUNTARY MOVEMENT DURING ANTI-PSYCHOTIC DRUG THERAPY**

The regulations focus a great deal of attention on the use of anti-psychotic drugs. The requirements call for the performance of “abnormal involuntary movement” (AIM) tests upon initiation of anti-psychotic therapy and every three months thereafter.

The Abnormal Involuntary Movement Scale (AIMS) is one commonly used test. It consists of a simple examination procedure and a rating scale. Following administration of the AIMS, results are compared to previous evaluations. It is this comparison (not a specific score) that provides meaningful information regarding the development or increase of involuntary movements.

**ABNORMAL INVOLUNTARY MOVEMENT SCALE (AIMS): EXAMINATION**

Either before or after completing the Examination Procedure, observe the individual unobtrusively, at rest. The chair to be use in this examination is to be hard and firm without arms.

* Ask the individual whether there is anything in his/her mouth, if there is, remove it.
* Ask the individual about the current condition of his/her teeth. Ask the individual if he/she wears dentures. Do teeth or dentures bother the individual now?
* Ask the individual whether he/she notices any movements in the mouth, face, hands, or feet. If yes, as to describe and to what extent they currently bother the individual or interfere with his/her activities.
* Have the individual sit in a chair with hands on knees, legs slightly apart, and feet flat on floor-look at the entire body for movements while in this position.
* Ask the individual to sit with hands hanging unsupported. If male, between legs: if female and wearing a dress, hanging over the knees-observe hands and other body areas.
* Ask the individual to open his/her mouth-observe tongue at rest within the mouth-do this twice.
* Ask the individual to protrude his/her tongue-observe abnormalities of tongue movements.
* Ask the individual to tap his/her thumb with each finger, as rapidly as possible for 10-15 seconds; separately with right hand, then with the left hand-observe facial and leg movements.
* Flex and extent the individual’s left and right arms-one at a time-note any rigidity.
* Ask the individual to stand up-observe profile-observe all body areas again, hips included.
* Ask the individual to extend both arms outstretched in from with palms down-observe trunk and legs.
* Have the individual walk a few paces, turn, and walk back to the chair-observe hands and gait-do this twice.

Reviewed 6/2015