State Operated Community Program

# Reference Notebook

1. Mission / Program Introduction
2. SOCP Core Competencies
3. OAR 411-325 24 Hr. Res. Services
4. OAR 411-345 VOC/Day Services
5. AFSCME Contract
6. SOCP Employee OT Guide
7. Medication Admin. Manual
8. BVS Manual / Appendices A - E
9. Forms list (numeric/alpha)
10. SOCP Memorandums

Oregon Department of Human Services
State Operated Community Program

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2010

# SOCP

# Mission Statement / Introduction

- Mission, Vision, Goals and Values
- Program overview, web links
- SOCP Policy by number

**2010**

Oregon Department of Human Services

State Operated Community Program

# State Operated Community Program overview

## Overview

SOCP provides 24-hour care and supervision to people in Oregon with developmental disabilities who represent the most risk to the public at large, their peers, or themselves. SOCP provides residential care and vocational support, which includes health and medical care, behavioral support, personal care, vocational training, job support, education, recreation, psychological services and community integration.

SOCP is dedicated to providing the support necessary to maintain the quality of life, achieve the highest possible level of independence and promote social opportunities, which benefit the individuals and the community. Each individual residing in the program has an Individual Support Plan (ISP) that emphasizes community integration, independence, and productivity, has daily implementation agendas, and is monitored by county case management.

## Staff Employment Opportunities

SOCP hires employees through the State recruitment process. Positions available are Habilitative Training Technician 2, Mental Health Therapist, Registered Nurses, Licensed Practical Nurses, Respiratory Therapists, Principle Executive Manager A & B, Trainer/Behavior Specialists and Training and Development Specialists.

## Resources

Admission into and out of SOCP: Individuals living in SOCP enter/exit the program through referral of the County Service Coordinators.

SOCP utilizes the person centered Individual Support Plan process outlined by the State developed in conjunction with Oregon Technical Assistance Corporation (OTAC)

Oregon's Individual Support Plan System Instruction Manual (September 2009): www.otac.org

### SOCP Main webpage:

http://www.dhs.state.or.us/spd/tools/dd/socp/

### SOCP updated Policies and Procedures:

http://www.dhs.state.or.us/spd/tools/dd/socp/policy.html

### SOCP Connections Newsletters:

http://www.dhs.state.or.us/spd/tools/dd/socp/news.htm

### SOCP Training information and manuals

http://www.dhs.state.or.us/spd/tools/dd/socp/training.htm

**SOCP Forms – click on "Find a Form":**
http://www.dhs.state.or.us/spd/tools/dd/socp/forms.htm

**Oregon Administrative Rules (OAR) 411-325** (Table of Contents )
24-Hour Residential Services for Children and Adults with Developmental Disabilities:
http://www.sos.state.or.us/archives/rules/OARS_400/OAR_411/411_tofc.html
http://arcweb.sos.state.or.us/banners/rules.htm

**Oregon Administrative Rules (OAR) 411-345** (Table of Contents )
Employment and Alternative to Employment Services for Individuals with Developmental Disabilities
http://www.sos.state.or.us/archives/rules/OARS_400/OAR_411/411_tofc.html#340

**Oregon Revised Statues (ORS):**
http://www.leg.state.or.us/ors/

**DAS Statewide policies link:**
http://oregon.gov/DAS/OP/policies.shtml

**Department of Human Services (DHS):**
Department-wide Support Services (DWSS) Policies & Procedures
http://www.dhs.state.or.us/policy/admin/polindex.htm

**Seniors and People with Disabilities:** Transmittals
http://www.dhs.state.or.us/policy/spd/transmit/transmit.htm

- Action Request Transmittals (AR)
- Information Memoranda (IM)
- Policy Transmittals (PT)

**AFSCME contract link:**
http://www.dhs.state.or.us/spd/tools/dd/afscme0709.pdf

**DHS Intranet link:**
http://inise/index.php

**DHS Employee Handbook link:**
http://inside/images/stories/asd/human_resources/docs/employee_handbook.pdf

# Mission, Vision, Goals and Values

## Oregon Department of Human Services (DHS) Mission

Assisting people to become independent, healthy and safe

## Seniors and People with Disabilities (SPD) Mission

Helping seniors and people with disabilities of all ages achieve well-being through opportunities for community living, employment, family support, and services that promote independence, choice, and dignity.

## State Operated Community Program (SOCP) Mission

The State Operated Community Program (SOCP) is dedicated to providing the support necessary to maintain the quality of life, achieve the highest possible level of independence and promote social opportunities that benefit the individual and the community.

## Vision

Better outcomes for clients and communities through collaboration, integration and shared responsibility

## Goals

- People are healthy
- People are living as independently as possible
- People are safe
- People are able to support themselves and their families

## DHS Core Values

### Integrity

We maintain the highest standards of individual and institutional integrity.

### Stewardship

Because all Oregonians have a stake in the actions of public sector employees, we are accountable in action and attitude for this stewardship of the public trust.

### Responsibility

We take responsibility for our actions.

### Respect

We respect the dignity and the diversity of our colleagues, communities and people we assist.

### Professionalism

We maintain the highest standards of professionalism.

# State Operated Community Program

**operates under (2) two Oregon Administrative Rules (OARs)**

**24-Hour Residential Services**
**411-325**
http://arcweb.sos.state.or.us/rules/OARS_400/OAR_411/411_325.html

**Employment/Alternative Serv.**
**411-345**
http://arcweb.sos.state.or.us/rules/OARS_400/OAR_411/411_345.html

*SOCP policies and procedures are based on one or both of the above Oregon Administrative Rules.*

| 2.000 | 3.000 | 4.000 | 5.000 |
|---|---|---|---|
| **Program** | **Rights** | **Health** | **Safety** |
| 2.001 VOC | 3.001 BehavSupport | 4.001 Day Meds | 5.001 SafeyComm. |
| 2.0002 EntrySup.Pln | 3.002 Grievances | 4.002 FoodNutrition | 5.002 BloodPathogen |
| 2.003 Exit/Transfer | 3.003 Confidentiality | 4.003 InfectControl | 5.003 EmergPlan |
| 2.004 Family Involv. | ~~3.004 Conf. HIV~~ | 4.004 MedAdmin | 5.004 EvacDrills |
| ~~2.005 Non-Retailiate~~ | 3.005 General rights | 4.005 EmergMedProc | 5.005 IRs |
| ~~2.006 Personnel file~~ | 3.006 Individs$$$ | 4.006 ControledMed | 5.006 IndSupPlan |
| 2.007Abuse | 3.007 Inform.Consent | 4.007 IndivHealthCr | 5.007 PPE |
| 2.008 PaymentProp. | 3.008 PersonProp. | 4.008 NurseClient | 5.008 Safety Review |
| 2.009Archiving | ~~3.009 Restraint~~ | 4.009 Level of Care | 5.009 Training |
| 2.010 Training | 3.010 Fair Hearing | 4.010 MedDisposal | 5.010 Veh.Drivers |
| 2.011 Petty Cash | | 4.011 Pharmacy | |
| 2.012 VISA | | 4.012 Self-Admin. | |
| 2.013 Weather | | | |
| 2.014 On-Call | | | |

# SOCP

# Core Competencies

## DHS 4585 Core Comp Overview

### Training, In-House, Transfer and Employee Reference

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# Core Competencies

OAR 411-345-0210 requires a minimum of 6 hours training before working unassisted.
SOCP provides 3 days (24 hours) of New Employee Training at Central Office and In-House.

Employee name: _____

| | | | |
|---|---|---|---|
| Human Resources: | _____ | Date: | _____ |
| OIS Central Trainer: | _____ | Date: | _____ |
| AHA Central Trainer: | _____ | Date: | _____ |
| Documentation Trainer | _____ | Date: | _____ |
| Nurse/Med. Admin.: | _____ | Date: | _____ |
| Home assignment: | _____ | Date: | _____ |
| Home assignment: | _____ | Date: | _____ |
| Home assignment: | _____ | Date: | _____ |
| Transfer home: | _____ | Date: | _____ |
| Transfer home: | _____ | Date: | _____ |
| Transfer home: | _____ | Date: | _____ |
| 24-Hour Nurse: | _____ | Date: | _____ |
| 24-Hour Nurse: | _____ | Date: | _____ |

Site Manager *review* before returning to Central Office: _____

*See "refresher/additional" training signatures on back page.*

## Refresher / additional training:

| Training: | Signature of trainer: | *(dd/mm/yyyy)* |
|---|---|---|
| | | Date: |
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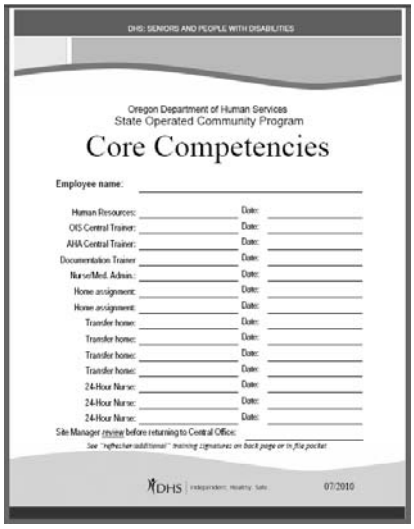
| | | Date: |

# Core Comp Training folder process

## ■DAY 1: NEO HR/HOUSE


DHS: SENIORS AND PEOPLE WITH DISABILITIES

Oregon Department of Human Services
State Operated Community Program

Core Competencies

Employee name: _____

Human Resources: _____ Date: _____
OIS Central Trainer: _____ Date: _____
AHA Central Trainer: _____ Date: _____
Documentation Trainer _____ Date: _____
Nurse/Med. Admin.: _____ Date: _____
Home assignment: _____ Date: _____
Home assignment: _____ Date: _____
Transfer home: _____ Date: _____
Transfer home: _____ Date: _____
Transfer home: _____ Date: _____
Transfer home: _____ Date: _____
24-Hour Nurse: _____ Date: _____
24-Hour Nurse: _____ Date: _____
24-Hour Nurse: _____ Date: _____
Site Manager review before returning to Central Office: _____
See "refresher-additional" training signatures on back page or in file pocket

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**Human Resources (HR)** video(s), powerpoint presentation and begin paperwork.

(Signature required on front cover - initials on the inside.)

R4= Identify right of consumer confidentiality and state examples of violation of confidentiality.

R5= Locate organization's grievance procedure for individuals supported and for the organization's employees.

R6= Identify actions defined as sexual harassment.

R8= Respect confidentiality.

S14= Use safe handling procedures when handling, preparing and storing food

M3 = Describe the mission and value statement of the organization.

Describe SOCP Weapons policy

## ■WEEKS 1 and 2: CENTRAL TRAINING

**Trainers, OIS** and **Nurse** upon completion (score of 85% or better) –trainer(s) will sign their signature on the cover and initial/date appropriate *BUFF colored* F1 Training sect.

- ***Nurse trainer will notify HR if NEO receives <85% and update tracking sheet.***
- ***Central Training "plastic sleeves" are for Medication Administration test sheets.***
  *Additional trainer signature(s) and date(s) are allowed on the Cover back page.*

| Safety | Health | Rights | Values | Mission |
|---|---|---|---|---|
| S1 – S14 | H1 – H9 | R1 – R10 | V1 – V18 | M1 – M5 |

***NOTE:*** *Refer to* ***"Core Comps paraphrased, numbered and responsibilities cheat sheet."***

## ■End of WEEK 2: VOC delivery of NEO folder(s) to assigned house

***Central Training*** *will coordinate with* ***VOC*** *for delivery of the Core Comp folders.*

***Occasionally – the folders will arrive late due to Med Admin or OIS training.***

- *In these instances, print out F2 on (green paper) and begin training w/o folder.*
- *When the folder arrives, remove the blank F2 pages and insert pages already in progress.*

***30-90 days deadlines*** *are located at the top of the"* ***NEO Class Tracking Sheet."*** *It also contains NEO class number, hire date, house, employee name, and assigned trainer(s)/evaluator(s) within the house: SM, BVS1s & 2s and nurses.*

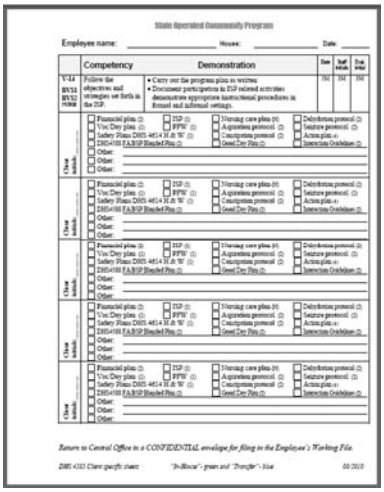
## ■IN-HOUSE TRAINING

Keep Core Comp folders in the Site Manager's office when not training.

**<u>Site Manager(s), BVS1s, BVS2s and/or Nurse(s)</u>**: Signatures are required on the cover (or back page of cover), also initial and date the appropriate In-House *GREEN* section. All competencies MUST contain a checkmark, initials or NA. *(✓, ✕ and/or NA required)*

Fill in **"Employee name"** and **"Home assignment"** at the top of the F2 Core Comp section.

- **<u>BVS2(s)</u>** *review and train the new employee – See Q&A samples of how to initial and date appropriate sections > <u>hand off to BVS1(s);</u>*
- **<u>BVS1(s)</u>** *review and train the new employee – See Q&A samples of how to initial and date appropriate sections > <u>hand off to Nurse(s);</u>*
- **<u>Nurse(s)</u>** *review and train the new employee – See Q&A samples of how to initial and date appropriate sections (if applicable) > <u>hand off to the SM.</u>*
- **<u>Site Manager(s)</u>** *Site Manager will initial appropriate sections **<u>and</u>** finalize with signature on the cover (verifying all sections are initialed and complete). See Q&A samples.*


State Operated Community Program

Employee name: _____ House: _____ Date: _____

| | Competency | Demonstration | Date | Staff initials | Sup. initial |
|---|---|---|---|---|---|
| Y-14 BVS1 BVS2 Home | Follow the objectives and strategies set forth in the ISP. | • Carry out the program plan in writing.<br>• Document participation in ISP related activities demonstrate appropriate instructional procedures in formal and informal settings. | INI | INI | INI |
| Client specific | ☐ Financial plan (2) ☐ ISP (2) ☐ Voc Day plan (2) ☐ BPW (1) ☐ Safety Plans DHS 4454 H & W (1) ☐ DHS-4580 FABSP Blended Plan (2) ☐ Nursing care plan (6) ☐ Aspiration protocol (2) ☐ Constipation protocol (2) ☐ Good Day Plan (2) ☐ Dehydration protocol (2) ☐ Seizure protocol (2) ☐ Action plan (4) ☐ Interaction Guidelines (2) ☐ Other: ☐ Other: ☐ Other: | | | | |
| Client specific | ☐ Financial plan (2) ☐ ISP (2) ☐ Voc Day plan (2) ☐ BPW (1) ☐ Safety Plans DHS 4454 H & W (1) ☐ DHS-4580 FABSP Blended Plan (2) ☐ Nursing care plan (6) ☐ Aspiration protocol (2) ☐ Constipation protocol (2) ☐ Good Day Plan (2) ☐ Dehydration protocol (2) ☐ Seizure protocol (2) ☐ Action plan (4) ☐ Interaction Guidelines (2) ☐ Other: ☐ Other: ☐ Other: | | | | |
| Client specific | ☐ Financial plan (2) ☐ ISP (2) ☐ Voc Day plan (2) ☐ BPW (1) ☐ Safety Plans DHS 4454 H & W (1) ☐ DHS-4580 FABSP Blended Plan (2) ☐ Nursing care plan (6) ☐ Aspiration protocol (2) ☐ Constipation protocol (2) ☐ Good Day Plan (2) ☐ Dehydration protocol (2) ☐ Seizure protocol (2) ☐ Action plan (4) ☐ Interaction Guidelines (2) ☐ Other: ☐ Other: ☐ Other: | | | | |
| Client specific | ☐ Financial plan (2) ☐ ISP (2) ☐ Voc Day plan (2) ☐ BPW (1) ☐ Safety Plans DHS 4454 H & W (1) ☐ DHS-4580 FABSP Blended Plan (2) ☐ Nursing care plan (6) ☐ Aspiration protocol (2) ☐ Constipation protocol (2) ☐ Good Day Plan (2) ☐ Dehydration protocol (2) ☐ Seizure protocol (2) ☐ Action plan (4) ☐ Interaction Guidelines (2) ☐ Other: ☐ Other: ☐ Other: | | | | |
| Client specific | ☐ Financial plan (2) ☐ ISP (2) ☐ Voc Day plan (2) ☐ BPW (1) ☐ Safety Plans DHS 4454 H & W (1) ☐ DHS-4580 FABSP Blended Plan (2) ☐ Nursing care plan (6) ☐ Aspiration protocol (2) ☐ Constipation protocol (2) ☐ Good Day Plan (2) ☐ Dehydration protocol (2) ☐ Seizure protocol (2) ☐ Action plan (4) ☐ Interaction Guidelines (2) ☐ Other: ☐ Other: ☐ Other: | | | | |

*Return to Central Office in a CONFIDENTIAL envelope for filing in the Employee's Working File.*

DHS 4580 Client specific sheet "In-House"- green and "Transfer"- blue 10/2010

Return to Central Office in a confidential envelope ***<u>within 90 days of hire</u>*** (or sooner) for placement in "Employee Working File."

As needed **"Client Specific In-House *(green) and Transfer (blue)*"** sheets are *available on the SOCP Training web page, FORM server (DHS 4586 Client Specific) and through Central Office.*

Employee's name ***<u>must</u>*** be at the top of the training sheet.

## ■CENTRAL OFFICE REVIEW:

**VOC Manager, BVS2 Manager and Nurse Manager** will review the returned employee core comp folders and return them to the house(s) if not complete.

Completed folders are given to the Business Manager.

## ■ FILING of FOLDERS:

**Business Manager and Support Staff** will file the completed folders in the "Employee's Working File."

## Q&A and examples:

What is 30d stand for? OARS state this ***must*** be <u>trained</u> within 30 days of hire.
What is 3M stand for? OARS state this ***must*** be <u>trained</u> within 3M or 90 days of hire.

| | SAFETY | | | Date | Staff Initials | Eval. Initial |
|---|---|---|---|---|---|---|
| | Competency | Demonstration | | | | |
| **S-9 BVS2 (N)= Nurse** | Safely operate work environment equipment: *(insert NA if not applicable)* | | | 30d | 30d | 30d |
| | **Demonstrated proper operation of equipment:** | | | 06/24/10 | SI | DH |
| | ☑ Phones/faxes | NA ☐ Tie-downs | ☑ Lifts | | SI | PK |
| | ☑ Kitchen appliances | NA ☐ Lawn/garden tools | NA ☐ Power tools | | | |
| | ☑ Fire alarm shut of | X ☐ Code /emergency alarms | ☑ Vehicles | | | |
| | NA ☐ Gas shut-off | ☑ ☐ Furnace/filter | ☑ Feeding pumps (N) PK | | | |
| | ☑ Panic buttons | ☑ ☐ Laundry room appliances | NA ☐ Generator | | | |
| | PK ☑ ☐ Medical equipment (e.g. Respiratory orientation) (N) | | ☑ ☐ Water shut-off | | | |

*Staff initials – acknowledges training/instruction.*

*S-9 requires BVS2 and/or <u>Nurse's</u> initials (if applicable). Place a checkmark, X or NA.*

| | | | | | |
|---|---|---|---|---|---|
| **S-2 SM** | Locate emergency notification information including who is to be informed of an emergency, how, and in proper order. | When presented with hypothetical emergency situation, staff present appropriate phone lists and information on individuals.<br>☑ Missing client ☑ Fire evacuation<br>☑ Emergency evacuation ☑ Natural disasters<br>☑ Emergency notification information<br>*(insert NA if not applicable)* | 30d<br>06/24 | 30d<br>SI | 30d<br>MB |

*S-2 requires the Site Managers initials.*

| | Competency | Demonstration | Date | Staff Initials | Eval. Initial |
|---|---|---|---|---|---|
| **V-14 BVS1 BVS2 NURSE** | Follow the objectives and strategies set forth in the ISP. | • Carry out the program plan as written<br>• Document participation in ISP related activities demonstrate appropriate instructional procedures in formal and informal settings. | 3M<br>08/02<br>07/22<br>07/28 | 3M<br>SI<br>SI<br>SI | 3M<br>AB<br>KF<br>PK |

**Client initials:** J. T.

☑ Financial plan (2) ☑ ISP (1) ☑ Nursing care plan (N) PK ☑ Dehydration protocol (2)
☑ Voc/Day plan (1) ☑ PFW (1) ☑ Aspiration protocol (2) ☑ Seizure protocol (2)
☑ Safety Plans DHS 4614 H & W (1) ☑ Constipation protocol (2) ☑ Action plan (1)
NA DHS 4588 FA/BSP (2) ☑ DHS 4588 Good Day Plan (2) NA DHS 4588 Interaction Guide (2)
☐ Other: _____
☐ Other: _____
☐ Other: _____
☐ Other: _____

*V-14 requires BVS1 (1), BVS2 (2) or Nurse's (N) initials for corresponding objective.*

*Must be trained within 3M (90 days of hire) and returned to Central Office.*

# F1 Central Training Core Competencies

## Safety, Health, Rights, Values, Mission

**Requirements:** Before working unassisted (without experienced co-worker)

**Central Training (F-1)** Name: _____

Home assignment: _____

| | SAFETY | | Date | Staff Initials | Eval. Initial |
|---|---|---|---|---|---|
| | **Competency** | **Demonstration** | | | |
| **S-1** | Obtain First Aid and CPR certification. (AHA) | Present current certification card from qualified first aid and CPR training. | Central Training – F1 | | |
| | | | 30d | 30d | 30d |
| **S-5** | Lift or transfer an individual or material using recognized safe body mechanics. (Lifting Safely Curriculum) | Follow general or individualized protocols such as:<br>• Use proper body mechanics<br>• Keep back straight<br>• Bend at the knees<br>• Lift using legs<br>• Use assistive lifting devices (such as back belts) | Central Training – F1 | | |
| | | | 30d | 30d | 30d |
| **S-6** | Complete documentation required for incident and accident reporting process. (NEO & OIS) | • Correctly identify situation as an incident.<br>• Notify appropriate personnel, as per approved procedures.<br>• Complete and submit form through appropriate channels. | Central Training – F1 | | |
| | | | 30d | 30d | 30d |
| **S-14** | Use safe handling procedures when handling, preparing and storing food. | The four steps of food safety are presented: (NEO)<br>• Always wash hands, cutting boards, dishes, utensils<br>• Separate raw meats, seafood and poultry<br>• Refrigerate foods immediately and cook meat thoroughly | HR – F1 | | |
| | | | 30d | 30d | 30d |

| | HEALTH | | Date | Staff Initials | Eval. Initial |
|---|---|---|---|---|---|
| | **Competency** | **Demonstration** | | | |
| **H-5** | Use appropriate infection control techniques. (AHA) | • Describe proper hand washing procedures.<br>• Describe approved isolation techniques.<br>• Describe proper use of antibacterial agent for surface cleaning. | Central Training – F1 | | |
| | | | 30d | 30d | 30d |
| **H-6** | Demonstrate appropriate medication administration and documentation. (Sign after Medication. Admin. Training) | • Verify physician's order.<br>• Follow organizations approved medication administration procedures.<br>• Administer meds according to individual's Physician's Order Sheet.<br>• Complete required documentation. | Nurse – F1 | | |
| | | | 30d | 30d | 30d |

| | RIGHTS<br>Competency | Demonstration | Date | Staff Initials | Eval. Initial |
|---|---|---|---|---|---|
| **R-1**<br>(OIS) | Identify basic civil and human rights are held by all individuals regardless of ability. | Indicate that consumers and staff have the same rights unless restricted through court action (such as guardianship). | Central Training – F1<br>30d | 30d | 30d |
| **R-2** | Identify additional rights of people with developmental disabilities who receive service from ODDS.<br>(OIS)<br>OAR 411-325-0300 | **List (orally or in writing) at least 5 rights of individual receiving services**<br>• Adequate food, housing, clothing, medical care, training<br>• Visits to and from family, friends, advocates<br>• Confidential communication<br>• Control and freedom re: personal property<br>• Privacy<br>• Protection from abuse and neglect<br>• Expression of sexuality<br>• Access to community resources<br>• Transfer within program<br>• Choice and ownership of personal affairs<br>• Appropriate services<br>• Consent to or refuse treatment<br>• Choice to participate in community activities | Central Training – F1<br>30d | 30d | 30d |
| **R-3** | Identify examples of abuse, neglect; and state the mandated reporting requirements and process.<br>**State mandated reporting procedures.**<br>**such as:**<br>(NEO)<br>DHS4624A (Adults)<br>DHS 4624C (Children)<br>Mandatory Reporting | **List orally (or in writing) 5 items from definition of abuse as defined in OAR 411-325-20**<br>• Physical assault such as hitting, kicking<br>• Neglect of care including medication, medical care, clothing, personal grooming<br>• Denying meals, clothing or aids to physical functions<br>• Use of derogatory names, ridicule, coercion, threats, cursing, intimidation<br>• Sexual exploitation<br>• Restrictions on individual freedom by seclusion<br>• Use of restraints without physician's order<br>• Financial exploitation<br>• Punishment of one individual by another<br>• Implied or direct threat of termination of residential services | Central Training – F1<br>30d | 30d | 30d |
| **R-4** | Identify right of consumer confidentiality and state examples of violation of confidentiality.<br>(NEO) | **List orally or in writing at least two examples of confidentiality such as:** All individuals' records are confidential except as otherwise<br>• Indicated by applicable rule or law<br>• Individuals have access to own records<br>• Individual can authorize release of records | HR – F1<br>30d | 30d | 30d |

| | Competency | Demonstration | Date | Staff Initials | Eval. Initial |
|---|---|---|---|---|---|
| **R-5** | Locate organization's grievance /complaints procedures for individuals supported and for the organization's employees. (NEO slide presentation #41)<br>If you feel you have been treated unfairly you are encouraged to discuss and resolve the situation with your supervisor or HR. Temporary employee's with the Employee Relations Board. http://www.dhs.state.or.us/spd/tools/dd/afscme0709.pdf | | HR – F1 | | |
| | | | 30d | 30d | 30d |
| **R-6** | Identify actions defined as sexual harassment.<br>(NEO) | **List orally (or in writing) examples such as:**<br>• Offer enticements in exchange for sexual favors<br>• Unwelcome sexual advancements<br>Verbal, graphic or physical conduct of a sexual nature which creates an offensive work environment | HR – F1 | | |
| | | | 3M | 3M | 3M |
| **R-8** | Respect confidentiality.<br>*(Specific measures to be determined by organization.)*<br>(NEO) | **Demonstrate behavior that supports individuals:**<br>• Keep medical, financial, and personal information private<br>• Privacy when communicating by phone or mail<br>• Appropriate disclosure of individual information (i.e., consent, HIPPA)<br>• Refrains from "gossiping" | HR – F1 | | |
| | | | 3M | 3M | 3M |

| | VALUES and PERSONAL REGARD | | Date | Staff Initials | Eval. Initial |
|---|---|---|---|---|---|
| | **Competency** | **Demonstration** | | | |
| **V-2** | Demonstrate behavior that indicates respect and courteousness to individuals being supported.<br>(OIS) | • Use eye contact (as appropriate).<br>• Address people by name.<br>• Talk to people rather than about them.<br>• Don't patronize or talk down to people.<br>• Listen and respond with empathy.<br>• Identify how staff's own moods, attitudes & actions impact supported individuals. | Central Training – F1 | | |
| | | | 30d | 30d | 30d |
| **V-3** | Use people first language in interactions with staff and individuals. (OIS) | • Speak of person first then the disability (if necessary).<br>• Emphasize abilities, not limitations.<br>• Do not label people as part of a disability group.<br>• Encourage person to speak for him/herself. | Central Training – F1 | | |
| | | | 30d | 30d | 30d |
| **V-4** | Describe the importance of providing choices to individuals with disabilities.<br>(OIS) | **State orally (or in writing) concepts such as:**<br>• Choice as basic need and protected right<br>• Importance of having options<br>• Importance of choice in achieving independence and integration<br>• Importance of choice in selecting goals & objectives<br>• Importance of providing opportunities for choices in daily activities (i.e., foods, work, leisure activities) | Central Training – F1 | | |
| | | | 30d | 30d | 30d |
| **V-5** | Describe the importance of supporting independence for individuals.<br>(OIS) | **State orally (or in writing) concepts such as:**<br>• Individuals must have control over their own lives.<br>• Independence does not necessarily mean doing things alone or without the support of others.<br>• A person's level of dependence on the support of others is not an indication of individual worth or value. | Central Training – F1 | | |
| | | | 30d | 30d | 30d |

| | Competency | Demonstration | Date | Staff Initials | Eval. Initial |
|---|---|---|---|---|---|
| **V-6** | Describe the importance of supporting productivity for individuals. (OIS) | **State orally (or in writing) concepts such as:**<br>• Right to engage in income-producing work<br>• Value of income level, employment status, and job advancement<br>• Value of sharing talent that contributes to a household/Community<br>• Productive time spent in alternatives to employment | Central Training – F1<br>30d | 30d | 30d |
| **V-7** | Describe the importance of supporting individuals in community activities. (OIS) | **State orally (or in writing) concepts such as:**<br>• Use by all people of common community resources<br>• Participation common community activities<br>• Adequate transportation and accessibility to community resources<br>• Community based employment or alternatives to employment<br>• Regular contact with other citizens in their communities | Central Training – F1<br>30d | 30d | 30d |
| **V-8** | Use listening and confirmation skills that increase communication.<br>(OIS) | **Demonstrate:**<br>• Use of paraphrasing and other effective listening skills<br>• Use of appropriate eye contact and individual's name<br>• Allow adequate time for a person to respond<br>• Use of communication techniques identified to be effective with individual<br>• Sensitivity to non-verbal communication | Central Training – F1<br>30d | 30d | 30d |
| **V-13** | Describe the purpose and basic components of the ISP and staff role in its implementations. | **Identify key factors such as:**<br>• Assess interests and support needs of individual<br>• Determine goals and objectives required to meet needs<br>• Identify strategies for achieving goals<br>• Collect pertinent information about achieving those goals<br>• Evaluate effectiveness of service plans and support strategies<br>• Modify plans as needed<br>• Work with other partners in plan implementation i.e. ISP team members, families, VR, other providers and the community.<br>***Central Training:*** *General ISP overview*<br>***In-House:*** *Client specific training is done at the assigned home.* | Central Training – F1<br>3M | 3M | 3M |
| **V-15** | Identify elements of the individualized planning. | **List orally or in writing:**<br>• Services are organized around the unique needs of the individual<br>• Individual is directly involved in planning process to the fullest extent possible<br>• Services are flexible and responsive to identified individual needs<br>***Training:*** *General* / ***In-House:*** *Client specific training at the assigned home.* | Central Training – F1<br>3M | 3M | 3M |
| | MISSION and POLICIES | | Date | Staff Initials | Eval. Initial |
| | **Competency** | **Demonstration** | | | |
| **M-3** | Describe the mission and value statement of the organization.<br>*Paraphrase orally or in writing.* | | HR– F1<br>3M | 3M | 3M |
| | Describe "Weapons" policy. *Paraphrase orally or in writing.* | | 30d | 30d | 30d |

# F-2 In-House Core Competencies

## Safety, Health, Rights, Values, Mission

**Requirements:** Before working unassisted *(without experienced co-worker)*

**In-House (F-2)** Name: _____ Position: _____

Date of hire: _____ Home assignment: _____

| | SAFETY | | Date | Staff Initials | Eval. Initial |
|---|---|---|---|---|---|
| | **Competency** | **Demonstration** | | | |
| **S-2**<br>**SM** | Locate emergency notification information including who is to be informed of an emergency, how, and in proper order. | When presented with hypothetical emergency situation, staff present appropriate phone lists and information on individuals.<br>☐ Missing client ☐ Fire evacuation<br>☐ Emergency evacuation ☐ Natural disasters<br>☐ Emergency notification information<br>*(insert NA if not applicable)* | 30d | 30d | 30d |
| **S-3**<br>**SM**<br>**&**<br>**BVS2** | Follow posted emergency evacuation procedures. | • Identifies what is an emergency.<br>• Locate and follow posted evacuation plan.<br>• Locate emergency exits and safe areas.<br>• Notify appropriate agency and emergency personnel. | 30d | 30d | 30d |
| **S-4**<br>**BVS2** | Demonstrate appropriate methods of support and non-physical intervention for individuals.<br>(Sign after OIS Certification) | • Correctly identify situation as potentially harmful.<br>• Seek assistance from others, if needed<br>• Use appropriate body language, tone of voice, listening skills, redirection, etc.<br>• Follow prescribed procedures & protocols for individuals | 30d | 30d | 30d |
| **S-7**<br>**BVS2** | Use safe handling and storage techniques for chemicals and cleaners | • State safe handling and storage procedures.<br>• Locate and present MSDS (Material Safety Data Sheets) as available.<br>**www.coastwidelabs.com** | 30d | 30d | 30d |
| **S-8**<br>**BVS2** | Locate safety equipment. **Present:** | ☐ First aid kit ☐ Fire extinguisher ☐ PPE<br>☐ Eye wash station ☐ MSDS (if applicable) | 30d | 30d | 30d |
| **S-9**<br>**BVS2**<br>**(N)=**<br>**nurse** | Safely operate work environment equipment: *(insert NA if not applicable)*<br>**Demonstrated proper operation of equipment:**<br>☐ Phones/faxes ☐ Tie-downs ☐ Lifts<br>☐ Kitchen appliances ☐ Lawn/garden tools ☐ Power tools<br>☐ Fire alarm shut of ☐ Code /emergency alarms ☐ Vehicles<br>☐ Gas shut-off ☐ Furnace/filter ☐ Feeding pumps (N)<br>☐ Panic buttons ☐ Laundry room appliances ☐ Generator<br>☐ Medical equipment (e.g. Respiratory orientation) (N) ☐ Water shut-off | | 30d | 30d | 30d |

| | Competency | Demonstration | Date | Staff Initials | Eval. Initial |
|---|---|---|---|---|---|
| **S-10**<br>**SM** | Recommend/suggest environmental modifications: | Recommend and make suggested modifications to environment as required for individual's safety.<br>• Identify dangerous areas and hazardous situations.<br>• Properly place equipment and objects. | 3M | 3M | 3M |
| **S-11**<br>**BVS2** | Respond to emergency by acting to protect individuals and self from harm. (Sign after OIS Certification) | **When presented with a hypothetical situation involving a person-to-person or person-to-property emergency, staff will:**<br>• Correctly identify situation as potentially harmful<br>• Seek assistance from others, if needed<br>• Use approved non-physical interventions<br>• Use appropriate least restrictive techniques of physical interventions if non-physical interventions are ineffective<br>• Complete required documentation<br>• Debrief with appropriate personnel | 3M | 3M | 3M |
| **S-12**<br>**BVS2** | Properly respond to emergency situation *(fire, explosion, accident, or other emergency, including evacuation of individuals)* or drill to ensure safety of individuals and staff. | **When presented with a hypothetical emergency situation, staff will:**<br>• Follow approved emergency procedures (as determined for location or individuals)<br>• Provide necessary assistance to individuals.<br>• Call for assistance as necessary<br>• Report situation to appropriate personnel | 3M | 3M | 3M |
| **S-13**<br>**SM** | Identify and report potential safety hazards. | • Conduct safety check.<br>• Report safety hazards to supervisor or other appropriate personnel.<br>• Suggest modifications to environment. | 3M | 3M | 3M |

| | HEALTH<br>Competency | Demonstration | Date | Staff Initials | Eval. Initial |
|---|---|---|---|---|---|
| **H-1**<br>**BVS2*** | Locate medical information for specific individuals. | Present appropriate information on individuals. | 30d | 30d | 30d |
| **H-2**<br>**BVS2*** | Respond to specific medical and health concerns of individuals. *(eg., diet, exercise, seizures, diabetes, g-tube, allergies.)* | • Follow menu as developed.<br>• Describe special dietary, seizure, and physical concerns of individuals.<br>• Describe staff responsibility in dealing with those concerns.<br>• Follow established procedures & protocols.<br>• Document in medical progress notes. | 30d | 30d | 30d |

**BVS2 when there is no nurse/client relationship.*

| | Competency | Demonstration | Date | Staff Initials | Eval. Initial |
|---|---|---|---|---|---|
| **H-3** **BVS2** | Provide personal care supports appropriate to needs of individuals (including use of adaptive equipment). Follow procedures for feeding, personal hygiene, oral hygiene, care for incontinence, use of AFOs, (braces) etc. | ☐ Sidelyer ☐ Side cans ☐ Lifts<br>☐ Wheelchair ☐ Gurney ☐ Standers<br>☐ Rocking bed ☐ Body brace ☐ AFO's<br>☐ KAFO's ☐ Hand splints ☐ Hand cones<br>☐ Crawligator ☐ Walker ☐ Wedges<br>☐ Other:_____ ☐ _____ ☐ _____ | 30d | 30d | 30d |
| **H-4** **BVS2** | Use appropriate procedures / protocols for blood/ body fluids. | • Show locations for PPE. Demonstrate "Universal Precautions" for blood borne pathogens including use and disposal of gloves, disposal of contaminated clothing, cleaning and disinfecting, etc. | 30d | 30d | 30d |
| **H-7** **BVS2** | Identify situations that require immediate medical intervention. (Sign after Med. Admin. Training) | • Identify methods individuals may use to indicate pain.<br>• Identify symptoms of acute illness such as dehydration or constipation.<br>• Seek medical assistance as needed.<br>• Notify appropriate personnel. | 30d | 30d | 30d |
| **H-8** **BVS2** | Describe individual's medication: | Describe individual's medication desired therapeutic effects and locate information about possible medication side affects.<br>• Identify and locate written information about medications used by individuals being supported.<br>• Indicate the effects and side effects that staff needs to monitor. | 3M | 3M | 3M |
| **H-9** **BVS2** | Be specific in identifying the individual's illness symptom(s) or injuries: | *(e.g., dehydration, constipation, chronic or intermittent condition, seasonal allergies, etc.)*<br>• Observe and record changes in activity level, skin color, communication, etc.<br>• Report changes to appropriate personnel.<br>• Implement appropriate action to respond to situation.<br>• Observe and respond appropriately specific changes as identified for individuals. | 3M | 3M | 3M |

| | RIGHTS<br>Competency | Demonstration | Date | Staff Initials | Eval. Initial |
|---|---|---|---|---|---|
| **R-7** **BVS2** | Protect the rights of the individuals supported. *(Specific measures to be determined by organization.)* **Demonstrate behavior that supports individuals in activities relating to:** | • Involvement in decision making and community involvement<br>• Control over finances, including earning and managing money<br>• Choice of religion, work, clothes, friendships, etc.<br>• The purchase and maintenance of personal possessions<br>• Having privacy • Voting<br>• Receiving information about rights, treatment, risks, records,<br>• Being free from abuse and neglect. | 3M | 3M | 3M |

| | | | | | |
|---|---|---|---|---|---|
| **R-9**<br>**BVS2** | Act to prevent abuse, neglect, and exploitation of individuals.<br>**Demonstrate methods to prevent abuse such as:** | • Identify events and circumstances that could bring about (i.e., responding to an aggressive situation) staff to be abusive. (self-awareness)<br>• Assess individuals' susceptibility to abuse, including self-abuse.<br>• Teach skills to decrease personal vulnerability.<br>• Follow any prevention plan in place through ISP or agency policy/protocol. | 3M | 3M | 3M |
| **R-10**<br>**SM** | Describe the role of the legal guardian.<br>**List at least two responsibilities of a legal guardian such as:** | • Provide consent on behalf of the ward (individual determined by the court to need a guardian)<br>• Assure the ward receives appropriate medical care and services<br>• Assure ward resides in least restrictive setting<br>• Provide for care, treatment, support, etc. as designated. | 3M | 3M | 3M |

| | VALUES and PERSONAL REGARD | | Date | Staff Initials | Eval. Initial |
|---|---|---|---|---|---|
| | **Competency** | **Demonstration** | | | |
| **V-1**<br>**BVS1** | Locate personal information about individuals. | • Present files or documentation that contain pertinent information such as ISP, summary sheets, and Personal Focus Worksheet (Program notebooks) | 30d | 30d | 30d |
| **V-9**<br>**BVS1** | Demonstrate behaviors that increase opportunities and individual's ability to make choices. | Measures to be determined based on preferences and needs of individuals being supported, i.e.:<br>• Involve individuals in decision making<br>• Presents opportunities for choice in daily activities (such as meal preparation, budget, clothing, break-time activities)<br>• Facilitates and respects communication of individuals | 3M | 3M | 3M |
| **V-10**<br>**BVS1** | Demonstrate behaviors that increase independence and functional skill levels of individuals. | Measures to be determined based on preferences and needs of individuals being supported.<br>• Presents choices in everyday activities<br>• Encourages use of demonstrated skills in all activities | 3M | 3M | 3M |
| **V-11**<br>**BVS1** | Demonstrate behaviors that increase productivity of individuals. | • Promote involvement of individual in household and environmental duties.<br>• Support individuals in activities that are seen as a contribution to their community/general society. | 3M | 3M | 3M |
| **V-12**<br>**BVS1** | Participate in activities & processes to support com. integration for individuals | **Measures to be determined by organization e.g.:**<br>• Supports individuals in community activities as directed in ISP<br>• Supports individuals in a variety of desired communities | 3M | 3M | 3M |
| **V-13**<br>**BVS1**<br>**BVS2** | ***Central Training:*** *General ISP overview.* ***In-House:*** *Client specific training at assigned home* ***(See client specific check boxes V-14)*** Describe the purpose and basic components of the ISP and staff role in its implementations.<br>**Identify key factors such as:**<br>• Assess interests and support needs of individual<br>• Determine goals & objectives required to meet needs<br>• Identity strategies for achieving goals<br>• Collect pertinent information about achieving those goals<br>• Evaluate effectiveness of service plans and support strategies<br>• Modify plans as needed<br>• Work with other partners in plan implementation i.e. ISP team members, families, VR, other providers and the community. | | 3M | 3M | 3M |

| | Competency | Demonstration | Date | Staff Initials | Eval. Initial |
|---|---|---|---|---|---|
| **V-14**<br>**BVS1**<br>**BVS2**<br>**NURSE** | Follow the objectives and strategies set forth in the ISP. | • Carry out the program plan as written<br>• Document participation in ISP related activities demonstrate appropriate instructional procedures in formal and informal settings. | 3M | 3M | 3M |

**Client initials:**_____

☐ Financial plan (2) ☐ ISP (1) ☐ Nursing care plan (N) ☐ Dehydration protocol (2)
☐ Voc/Day plan (1) ☐ PFW (1) ☐ Aspiration protocol (2) ☐ Seizure protocol (2)
☐ Safety Plans DHS 4614 H & W (1) ☐ Constipation protocol (2) ☐ Action plan (1)
☐ DHS4588 FA/BSP Blended Plan (2) ☐ Good Day Plan (2) ☐ Interaction Guidelines (2)
☐ Other: _____
☐ Other: _____
☐ Other: _____
☐ Other: _____

**Client initials:**_____

☐ Financial plan (2) ☐ ISP (1) ☐ Nursing care plan (N) ☐ Dehydration protocol (2)
☐ Voc/Day plan (1) ☐ PFW (1) ☐ Aspiration protocol (2) ☐ Seizure protocol (2)
☐ Safety Plans DHS 4614 H & W (1) ☐ Constipation protocol (2) ☐ Action plan (1)
☐ DHS4588 FA/BSP Blended Plan (2) ☐ Good Day Plan (2) ☐ Interaction Guidelines (2)
☐ Other: _____
☐ Other: _____
☐ Other: _____
☐ Other: _____

**Client initials:**_____

☐ Financial plan (2) ☐ ISP (1) ☐ Nursing care plan (N) ☐ Dehydration protocol (2)
☐ Voc/Day plan (1) ☐ PFW (1) ☐ Aspiration protocol (2) ☐ Seizure protocol (2)
☐ Safety Plans DHS 4614 H & W (1) ☐ Constipation protocol (2) ☐ Action plan (1)
☐ DHS4588 FA/BSP Blended Plan (2) ☐ Good Day Plan (2) ☐ Interaction Guidelines (2)
☐ Other: _____
☐ Other: _____
☐ Other: _____
☐ Other: _____

**Client initials:**_____

☐ Financial plan (2) ☐ ISP (1) ☐ Nursing care plan (N) ☐ Dehydration protocol (2)
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☐ DHS4588 FA/BSP Blended Plan (2) ☐ Good Day Plan (2) ☐ Interaction Guidelines (2)
☐ Other: _____
☐ Other: _____
☐ Other: _____
☐ Other: _____

**Client initials:**_____

☐ Financial plan (2) ☐ ISP (1) ☐ Nursing care plan (N) ☐ Dehydration protocol (2)
☐ Voc/Day plan (1) ☐ PFW (1) ☐ Aspiration protocol (2) ☐ Seizure protocol (2)
☐ Safety Plans DHS 4614 H & W (1) ☐ Constipation protocol (2) ☐ Action plan (1)
☐ DHS4588 FA/BSP Blended Plan (2) ☐ Good Day Plan (2) ☐ Interaction Guidelines (2)
☐ Other: _____
☐ Other: _____
☐ Other: _____
☐ Other: _____

| | Competency | Demonstration | Date | Staff Initials | Eval. Initial |
|---|---|---|---|---|---|
| **V-15**<br>**BVS1**<br>**BVS2** | ***Central Training:*** *General ISP overview.* ***In-House:*** *Client specific training at assigned home* ***(See client specific check boxes V-14)***<br>Identify elements of the individualized planning. **List orally or in writing:**<br>• Services are organized around the unique needs of the individual<br>• Individual is directly involved in planning process to the fullest extent possible<br>• Services are flexible and responsive to identified individual needs | | 3M | 3M | 3M |
| **V-16**<br>**BVS1** | Encourage the participation of individuals in preferred activities. | **Staff will:**<br>• Determine individual's preferences<br>• Support the scheduling of preferred activities<br>• Structure activity to allow for as much participation as possible<br>• Assure proper materials and equipment are available for activities<br>• Connect the individual to community resources. | 3M | 3M | 3M |
| **V-17**<br>**BVS2** | Demonstrate effective communication skills and strategies with individuals being supported. | Measures to be based on communication strengths and needs of individuals being supported. Suggestions include:<br>• Make recommendation on how to improve effective communication<br>• Structure activities to promote interaction<br>• Recognize and respond to various forms of communication, spoken and unspoken<br>• Respond to individual's level of communication | 3M | 3M | 3M |
| **V-18**<br>**BVS1**<br>**BVS2** | Describe key information and events for individuals being supported. | **List orally (or in writing) the following information:**<br>Background, dreams, hopes, likes/dislikes, wants, behavior profile, approved procedures and support techniques, personal characteristics | 3M | 3M | 3M |

| | MISSION and POLICIES<br>Competency | Demonstration | Date | Staff Initials | Eval. Initial |
|---|---|---|---|---|---|
| **M-1**<br>**SM** | Locate the mission and value statement of the organization. | | 30d | 30d | 30d |
| **M-2**<br>**BVS2** | Locate organization's Policy and Procedure notebook and show ability to find policies by use of the table of contents: policies, procedure documents for behavior support management, incident reports, confidentiality, consumer rights, and med administration.<br>*Policies will be reviewed in NEO and Medication Administration training.* | | 30d | 30d | 30d |
| **M-3**<br>**SM** | Describe the mission and value statement of the organization.<br>*Paraphrase orally or in writing:* | | 3M | 3M | 3M |
| **SM** | Describe "Weapons" policy. *Paraphrase orally or in writing.* | | 30d | 30d | 30d |

| | Competency Demonstration | Date | Staff Initials | Eval. Initial |
|---|---|---|---|---|
| **M-4**<br>**BVS1**<br>**BVS2** | Correctly complete all required documentation according to agency policies and procedures (i.e., correct content, within timelines, sent to correct individuals, etc.)<br>☐ Daily Log (BVS2) ☐ IRs (DHS 4595) (BVS2) | 3M | 3M | 3M |
| **M-5**<br>**SM** | Locate site copy of applicable Oregon Administrative Rules (OARs).<br>Present appropriate OARS upon request.<br>Oregon Administrative Rules (OAR) 411-325: 24-Hour Residential Services<br>http://www.sos.state.or.us/archives/rules/OARS_400/OAR_411/411_tofc.html<br>Oregon Administrative Rules (OAR) 411-345: VOC<br>http://www.sos.state.or.us/archives/rules/OARS_400/OAR_411/411_tofc.html#340<br>Oregon Revised Statues (ORS): http://www.leg.state.or.us/ors/<br>SOCP Policies and Procedures: http://www.dhs.state.or.us/spd/tools/dd/socp/policy.html | 3M | 3M | 3M |

| | Policy Transmittals / Memorandums<br>Review with new staff | Date | Staff Initials | Eval. Initial |
|---|---|---|---|---|
| **SM** | **2008_12_22_Employee Restroom Breaks**<br>2009_12_18_ SOCP Smoking Policy (IM)<br>2010_04_15_911 Emergency Services Guidelines (PT)<br>2010__05_18__Hep B / Post exposure Guidelines (IM) (and 2010_06_11)<br>2010_06_16_Employee Found Sleeping Abuse 2.006 (PT)<br>2010_06_21_3.006 Client Money / Shift Spending Log (PT)<br>2010_10_11_Guardianship / Food Handling (IM) | | | |

## State Operated Community Program

# In-House training duties / responsibilities

| Site Managers (SM) | BVS1 | BVS2 | 24-Hour Nurses |
|---|---|---|---|
| ■ Overtime | ■ Voc Payroll Data | ■ Van, trailer and vehicle training | ■ Nursing Care Plans |
| ■ 911 Emergency Services Guidelines * | ■ Client Schedules and Client Daily Planner (DHS 4587) | ■ ISP/Support Doc's/ Protocols/ Health List | ■ ISP Protocols/Support Doc's/Health List |
| ■ Code of Conduct * | ■ Task Analysis (Tool) /Self admin. | ■ SAIF / Earthquake Plan (April) | ■ Range of Motion (ROM) |
| ■ Cell Phone Usage * | ■ Safety Plan (DHS 4614 H & W) | ■ Fire Extinguishers *(add dates) | ■ Oral feeding/Stimulation (GTube) |
| ■ Dress Code * | ■ CORE Comps (DHS 4585) | ■ FA/BSP Blended Plan (DHS 4588) | Nurse/Client relationship specifics: |
| ■ House Rules* | ■ Voc Fire Drill (DHS 4637H & V) | ■ Good Day Plan (DHS 4588) | ☐ Constipation |
| ■ Memo's/Alerts/Transmittals | ■ Change Forms (DHS 4591) | ■ Interaction guidelines (DHS 4588) | ☐ Dehydration |
| ■ FMLA | ■ Job Procedures (TOOL) | ■ OIS Oversight | ☐ Aspiration |
| ■ Mandatory Reporting/Abuse* | ■ New Voc Worksite Orientation | ■ CORE Comps (DHS 4585) | ☐ Seizures |
| ■ House Finances/Petty Cash | ■ New Client Transfers | ■ Medication Follow-up/Grn sheet | ☐ Hypertension |
| ■ On-call/Call-ins | ■ PFW (OTAC) | ■ New Client Transfers | ☐ Epi pen |
| ■ Shopping Groceries/Menus | ■ Discussion Record (OTAC) | ■ Medical/Psychiatric appts. | ☐ Glucagon protocol |
| ■ Core Values | ■ Employment Evaluation (TOOL) | ■ Incident Reporting (DHS 4595) | ☐ CPAP.BIPAP care |
| ■ Time Capture/Schedule | ■ Individual Summary Sheet (ORS) | ■ Outing Log (DHS 4628) | ☐ Insulin administration |
| ■ Archiving | ■ Interest Survey (Tool) | ■ Daily Log (DHS 4629) | ☐ Diabetic protocol |
| ■ Incident Reporting (DHS 4595) | ■ Lifestyle assessment (Tool) | ■ Behavior Discuss/Action Plan | ☐ Inhaler use/nebulizers |
| ■ Agency policies/procedures | ■ Ind. Support Plan (ISP) Doc. | ■ Positioning, Lifting | ☐ Blood Glucose monitoring |
| ■ Emergency Book | | ■ Staff alerts | ☐ Other: |
| ■ Core Comps (DHS 4585) | | ■ Universal Precautions * | |
| ■ Client Finances | | ■ Hep B / Bite Protocols | |
| ■ SAIF / forms / Emp. Accd. | | | |
| ■ POLST policy * (DHS 4672) | | | |

***Trained annually -** items are trained annually and/or are contained in the "Annual Mandatory Forms packet" materials. Packet contains **Employee Tracking Record** (SM returns to Central Office) and **Employee Emergency Information** (SM keeps at the house.)

# Transfer Core Competencies

## Safety, Health, Rights, Values, Mission

**Requirements:** Before working unassisted *(without experienced co-worker)*

**Transfer** Name: _____ Position: _____

Date of transfer: _____ House (site): _____

Evaluator(s): _____

| | SAFETY | | Date | Staff Initials | Eval. Initial |
|---|---|---|---|---|---|
| | **Competency** | **Demonstration** | | | |
| **S-2**<br>**SM** | Locate emergency notification information including who is to be informed of an emergency, how, and in proper order. | When presented with hypothetical emergency situation, staff present appropriate phone lists and information on individuals.<br>☐Missing client ☐Fire evacuation<br>☐Emergency evacuation ☐Natural disasters<br>☐Emergency notification information<br>*(insert NA if not applicable)* | 30d | 30d | 30d |
| **S-3**<br>**SM & BVS2** | Follow posted emergency evacuation procedures. | • Identifies what is an emergency.<br>• Locate and follow posted evacuation plan.<br>• Locate emergency exits and safe areas.<br>• Notify appropriate agency and emergency personnel. | 30d | 30d | 30d |
| **S-7**<br>**BVS2** | Use safe handling and storage techniques for chemicals and cleaners | • State safe handling and storage procedures.<br>• Locate and present MSDS (Material Safety Data Sheets) as available.<br>**www.coastwidelabs.com** | 30d | 30d | 30d |
| **S-8**<br>**BVS2** | Locate safety equipment. Present: | ☐First aid kit ☐Fire extinguisher<br>☐Eye wash station ☐MSDS (if applicable) | 30d | 30d | 30d |
| **S-9**<br>**BVS2**<br>**(N)= nurse** | Safely operate work environment equipment: *(insert NA if not applicable)*<br>**Demonstrated proper operation of equipment:**<br>☐ Phones/faxes ☐ Tie-downs ☐ Lifts<br>☐ Kitchen appliances ☐ Lawn/garden tools ☐ Power tools<br>☐ Fire alarm shut of ☐ Code /emergency alarms ☐ Vehicles<br>☐Gas shut-off ☐ Furnace/filter ☐ Feeding pumps (N)`<br>☐ Panic buttons ☐ Laundry room appliances ☐ Generator<br>☐ Medical equipment (e.g. Respiratory orientation) (N) ☐ Water shut-off | | 30d | 30d | 30d |
| **S-10**<br>**SM** | Recommend/suggest environmental modifications: | Recommend and make suggested modifications to environment as required for individual's safety.<br>• Identify dangerous areas & hazardous situations.<br>• Properly place equipment and objects. | 3M | 3M | 3M |

| | HEALTH | | Date | Staff Initials | Eval. Initial |
|---|---|---|---|---|---|
| | **Competency** | **Demonstration** | | | |
| **H-1**<br>**BVS2*** | Locate medical information for specific individuals. | Present appropriate information on individuals.<br>***NOTE: BVS2 when there is no nurse/client relationship.** | 30d | 30d | 30d |
| **H-2**<br>**BVS2*** | Respond to specific medical and health concerns of individuals. *(eg., diet, exercise, seizures, diabetes, g-tube, allergies.)* | • Follow menu as developed.<br>• Describe special dietary, seizure, and physical concerns of individuals.<br>• Describe staff responsibility in dealing with those concerns.<br>• Follow established procedures and protocols.<br>• Document in medical progress notes. | 30d | 30d | 30d |
| **H-3**<br>**BVS2** | Provide personal care supports appropriate to needs of individuals. | *(Included use of adaptive equipment).*<br>Follow procedures for feeding, personal hygiene, oral hygiene, care for incontinence, etc. | 30d | 30d | 30d |
| **H-6**<br>**BVS2**<br>**Nurse** | Demonstrate appropriate medication administration and documentation. | • Verify physician's order.<br>• Follow organizations approved medication administration procedures.<br>• Administer meds according to individual's Physician's Order Sheet.<br>• Complete required documentation. | 30d | 30d | 30d |
| **H-7**<br>**BVS2** | Identify situations that require immediate medical intervention. | • Identify methods individuals may use to indicate pain.<br>• Identify symptoms of acute illness such as dehydration or constipation.<br>• Seek medical assistance as needed.<br>• Notify appropriate personnel. | 30d | 30d | 30d |
| **H-8**<br>**BVS2** | Describe the desired therapeutic effects and locate information about possible side effects of medications being used by individuals. | • Identify and locate written information about medications used by individuals being supported.<br>• Indicate the effects and side effects that staff needs to monitor. | 30d | 30d | 30d |
| **H-9**<br>**BVS2** | Identify symptoms of illness or injury for individuals being supported (e.g., dehydration, constipation, chronic or intermittent condition, seasonal allergies, etc.) | • Observe and record changes in activity level, skin color, communication, etc.<br>• Report changes to appropriate personnel.<br>• Implement appropriate action to respond to situation.<br>• Observe and respond appropriately specific changes as identified for individuals. | 30d | 30d | 30d |

**BVS2 when there is no nurse/client relationship.*

| | RIGHTS | | Date | Staff Initials | Eval. Initial |
|---|---|---|---|---|---|
| | **Competency** | **Demonstration** | | | |
| **R-9**<br>**BVS2** | Act to prevent abuse, neglect, and exploitation of individuals. | **Demonstrate methods to prevent abuse such as:**<br>• Identify events and circumstances that could bring about (i.e., responding to an aggressive situation) staff to be abusive. (self-awareness)<br>• Assess individuals' susceptibility to abuse, including self-abuse.<br>• Teach skills to decrease personal vulnerability.<br>• Follow any prevention plan in place through ISP or agency policy/protocol. | 3M | 3M | 3M |

| | VALUES and PERSONAL REGARD | | Date | Staff Initials | Eval. Initial |
|---|---|---|---|---|---|
| | **Competency** | **Demonstration** | | | |
| **V-1**<br>**BVS1** | Locate personal information about individuals. | • Present files or documentation that contain pertinent information such as ISP, summary sheets, and Personal Focus Worksheet (Program notebooks) | 30d | 30d | 30d |
| **V-12**<br>**BVS1** | Participate in activities and processes that support community integration for individuals | Measures to be determined by organization e.g.:<br>• Supports individuals in community activities as directed in ISP<br>• Supports individuals in a variety of desired communities | 3M | 3M | 3M |
| **V-13**<br>**BVS1**<br>**BVS2** | Describe the purpose and basic components of the ISP and staff role in its implementations.<br>**Identify key factors such as:** | • Assess interests and support needs of individual<br>• Assess interests and support needs of individual<br>• Determine goals & objectives required to meet needs<br>• Identity strategies for achieving goals<br>• Collect pertinent information about achieving those goals<br>• Evaluate effectiveness of service plans and support strategies<br>• Modify plans as needed<br>• Work with other partners in plan implementation i.e. members, families, VR, other providers and the community. | 30d | 30d | 30d |
| **V-14**<br>**BVS1**<br>**BVS2** | Follow the objectives and strategies set forth in the ISP. | • Carry out the program plan as written<br>• Document participation in ISP related activities demonstrate appropriate instructional procedures in formal and informal settings.<br>***(SEE NEXT PAGE for client specific information)*** | 3M | 3M | 3M |
| **V-15**<br>**BVS1**<br>**BVS2** | Identify elements of the individualized planning. (NEO) | **List orally or in writing:**<br>• Services are organized around the unique needs of the individual<br>• Individual is directly involved in planning process to the fullest extent possible<br>• Services are flexible and responsive to identified individual needs | 3M | 3M | 3M |

| | Competency | Demonstration | Date | Staff Initials | Eval. Initial |
|---|---|---|---|---|---|
| **V-16**<br>**BVS1** | Encourage the participation of individuals in preferred activities.<br>**Staff will:** | • Determine individual's preferences<br>• Support the scheduling of preferred activities<br>• Structure activity to allow for as much participation as possible<br>• Assure proper materials and equipment are available for activities<br>• Connect the individual to community resources. | 30d | 30d | 30d |
| **V-18**<br>**BVS1**<br>**BVS2** | Describe key information and events for individuals being supported. | **List orally (or in writing) the following information:** Background, dreams, hopes, likes/dislikes, wants, behavior profile, approved procedures and support techniques, personal characteristics | 30d | 30d | 30d |

| | MISSION and POLICIES | | Date | Staff Initials | Eval. Initial |
|---|---|---|---|---|---|
| | **Competency** | **Demonstration** | | | |
| **M-2**<br>**BVS2** | Locate organization policy and procedure documents for behavior support management, incident reports, confidentiality, consumer rights, and med administration. | Locate the Policy and Procedure notebook and show ability to find policies using the table of contents, etc. Policies will actually be reviewed in NEO and Medication Administration training. | 30d | 30d | 30d |
| **M-5**<br>**SM** | Locate site copy of applicable Oregon Administrative Rules (OARs). | Present appropriate OARS upon request.<br>OAR 411-325: 24-Hour Residential Services<br>http://www.sos.state.or.us/archives/rules/OARS_400/OAR_411/411_tofc.html<br>OAR 411-345: VOC<br>http://www.sos.state.or.us/archives/rules/OARS_400/OAR_411/411_tofc.html#340<br>SOCP Policies and Procedures:<br>http://www.dhs.state.or.us/spd/tools/dd/socp/policy.html | 3M | 3M | 3M |

| | Competency | Demonstration | Date | Staff Initials | Eval. Initial |
|---|---|---|---|---|---|
| **V-14**<br>**BVS1**<br>**BVS2**<br>**NURSE** | Follow the objectives and strategies set forth in the ISP. | • Carry out the program plan as written<br>• Document participation in ISP related activities demonstrate appropriate instructional procedures in formal and informal settings. | 3M | 3M | 3M |

**Client initials:_____**

☐ Financial plan (2) ☐ ISP (1) ☐ Nursing care plan (N) ☐ Dehydration protocol (2)
☐ Voc/Day plan (1) ☐ PFW (1) ☐ Aspiration protocol (2) ☐ Seizure protocol (2)
☐ Safety Plans DHS 4614 H & W (1) ☐ Constipation protocol (2) ☐ Action plan (1)
☐ DHS4588 FA/BSP Blended Plan (2) ☐ Good Day Plan (2) ☐ Interaction Guidelines (2)
☐ Other: _____
☐ Other: _____
☐ Other: _____
☐ Other: _____

**Client initials:_____**

☐ Financial plan (2) ☐ ISP (1) ☐ Nursing care plan (N) ☐ Dehydration protocol (2)
☐ Voc/Day plan (1) ☐ PFW (1) ☐ Aspiration protocol (2) ☐ Seizure protocol (2)
☐ Safety Plans DHS 4614 H & W (1) ☐ Constipation protocol (2) ☐ Action plan (1)
☐ DHS4588 FA/BSP Blended Plan (2) ☐ Good Day Plan (2) ☐ Interaction Guidelines (2)
☐ Other: _____
☐ Other: _____
☐ Other: _____
☐ Other: _____

**Client initials:_____**

☐ Financial plan (2) ☐ ISP (1) ☐ Nursing care plan (N) ☐ Dehydration protocol (2)
☐ Voc/Day plan (1) ☐ PFW (1) ☐ Aspiration protocol (2) ☐ Seizure protocol (2)
☐ Safety Plans DHS 4614 H & W (1) ☐ Constipation protocol (2) ☐ Action plan (1)
☐ DHS4588 FA/BSP Blended Plan (2) ☐ Good Day Plan (2) ☐ Interaction Guidelines (2)
☐ Other: _____
☐ Other: _____
☐ Other: _____
☐ Other: _____

**Client initials:_____**

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☐ Voc/Day plan (1) ☐ PFW (1) ☐ Aspiration protocol (2) ☐ Seizure protocol (2)
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☐ Other: _____
☐ Other: _____
☐ Other: _____
☐ Other: _____

**Client initials:_____**

☐ Financial plan (2) ☐ ISP (1) ☐ Nursing care plan (N) ☐ Dehydration protocol (2)
☐ Voc/Day plan (1) ☐ PFW (1) ☐ Aspiration protocol (2) ☐ Seizure protocol (2)
☐ Safety Plans DHS 4614 H & W (1) ☐ Constipation protocol (2) ☐ Action plan (1)
☐ DHS4588 FA/BSP Blended Plan (2) ☐ Good Day Plan (2) ☐ Interaction Guidelines (2)
☐ Other: _____
☐ Other: _____
☐ Other: _____
☐ Other: _____

## State Operated Community Program

# Core Competencies: Safety, Health, Rights, Values, Mission

**Requirements:** Before working unassisted *(without experienced co-worker)*

■ Central Training (F-1) ◆ In-House (F-2) ● Transfer

Employee copy Name: _____

***For employee reference and tracking purposes.*** *Keep track and attend required trainings.*

| | SAFETY 1 - 14 | | Date Trained Initials | Date Demonstrated Initials | Eval. Initial |
|---|---|---|---|---|---|
| | **Competency** | **Demonstration** | | | |
| **S-1** ■ | Obtain First Aid and CPR certification. (AHA) | Present current certification card from qualified first aid and CPR training. | Central Training – F1<br>30d | 30d | 30d |
| **S-2** ◆● | Locate emergency notification information including who is to be informed of an emergency, how, and in proper order. | When presented with hypothetical emergency situation, staff present appropriate phone lists and information on individuals.<br>☐Missing client ☐Fire evacuation<br>☐Emergency evacuation ☐Natural disasters<br>☐Emergency notification information | 30d | 30d | 30d |
| **S-3** ◆ | Follow posted emergency evacuation procedures. | • Identifies what is an emergency.<br>• Locate and follow posted evacuation plan.<br>• Locate emergency exits and safe areas.<br>• Notify appropriate agency and emergency personnel. | 30d | 30d | 30d |
| **S-4** ◆● | Demonstrate appropriate methods of support and non-physical intervention for individuals.<br>(Sign after OIS Certification) | • Correctly identify situation as potentially harmful.<br>• Seek assistance from others, if needed<br>• Use appropriate body language, tone of voice, listening skills, redirection, etc.<br>• Follow prescribed procedures & protocols for individuals | 30d | 30d | 30d |
| **S-5** ■ | Lift or transfer an individual or material using recognized safe body mechanics.<br><br>(Lifting Safely Curriculum) | Follow general or individualized protocols such as:<br>• Use proper body mechanics<br>• Keep back straight<br>• Bend at the knees<br>• Lift using legs<br>• Use assistive lifting devices (such as back belts) | Central Training – F1<br>30d | 30d | 30d |
| **S-6** ■ | Complete documentation required for incident and accident reporting process.<br>(NEO & OIS) | • Correctly identify situation as an incident.<br>• Notify appropriate personnel, as per approved procedures.<br>• Complete and submit form through appropriate channels. | Central Training – F1<br>30d | 30d | 30d |
| **S-7** ◆ | Use safe handling and storage techniques for chemicals and cleaners | • State safe handling and storage procedures.<br>• Locate and present MSDS (Material Safety Data Sheets) as available.<br>www.coastwidelabs.com | 30d | 30d | 30d |

| | SAFETY *(continued 8 - 14)* | | Date Trained Initials | Date Demonstrated Initials | Eval. Initial |
|---|---|---|---|---|---|
| | **Competency** | **Demonstration** | | | |
| **S-8** ◆● | Locate safety equipment.<br>Present: | ☐First aid kit ☐Fire extinguisher<br>☐Eye wash station ☐MSDS (if applicable) | 30d | 30d | 30d |
| **S-9** ◆● | Safely operate work environment equipment: *(insert NA if not applicable )*<br>**Demonstrated proper operation of equipment:**<br>☐ Phones/faxes ☐ Tie-downs ☐ Lifts<br>☐ Kitchen appliances ☐ Lawn/garden tools ☐ Power tools<br>☐ Fire alarm shut of ☐ Code /emergency alarms ☐ Vehicles<br>☐Gas shut-off ☐ Furnace/filter ☐ Feeding pumps<br>☐ Panic buttons ☐ Laundry room appliances ☐ Generator<br>☐ Medical equipment (e.g. Respiratory orientation) ☐ Water shut-off | | 30d | 30d | 30d |
| **S-10** | Recommend/suggest environmental modifications: | Recommend and make suggested modifications to environment as required for individual's safety.<br>• Identify dangerous areas & hazardous situations.<br>• Properly place equipment and objects. | 3M | 3M | 3M |
| **S-11** ◆ | Utilizes the appropriate proactive, reactive and crisis strategies to support and protect the individual, peers and self from harm<br>(Sign after OIS Certification) | When presented with a hypothetical situation involving a person-to-person or person-to-property emergency, staff will:<br>• Correctly identify situation as potentially harmful<br>• Seek assistance from others, if needed<br>• Use approved non-physical interventions<br>• Use appropriate least restrictive techniques of physical interventions if non-physical interventions are ineffective<br>• Complete required documentation<br>• Debrief with appropriate personnel | 3M | 3M | 3M |
| **S-12** ◆ | Properly respond to emergency situation *(fire, explosion, accident, or other emergency, including evacuation of individuals)* or drill to ensure safety of individuals and staff. | When presented with a hypothetical emergency situation, staff will:<br>• Follow approved emergency procedures (as determined for location or individuals)<br>• Provide necessary assistance to individuals.<br>• Call for assistance as necessary<br>• Report situation to appropriate personnel | 3M | 3M | 3M |
| **S-13** ◆ | Identify and report potential safety hazards. | • Conduct safety check.<br>• Report safety hazards to supervisor or other appropriate personnel.<br>• Suggest modifications to environment. | 3M | 3M | 3M |
| **S-14** ■◆ | Use safe handling procedures when handling, preparing and storing food. | • Use appropriate handling procedures (e.g., clean area/utensils)<br>• Prepare food safely (hot foods hot, cold foods cold, etc.)<br>• Use appropriate storage techniques (e.g. clean containers, label and date contents) | 3M | 3M | 3M |

| | HEALTH 1 - 9 | | Date Trained Initials | Date Demonstrated Initials | Eval. Initial |
|---|---|---|---|---|---|
| | **Competency** | **Demonstration** | | | |
| **H-1** ◆● | Locate medical information for specific individuals. | Present appropriate information on individuals. | 30d | 30d | 30d |
| **H-2** ◆● | Respond to specific medical and health concerns of individuals. *(eg., diet, exercise, seizures, diabetes, g-tube, allergies.)* | • Follow menu as developed.<br>• Describe special dietary, seizure, and physical concerns of individuals.<br>• Describe staff responsibility in dealing with those concerns.<br>• Follow established procedures and protocols.<br>• Document in medical progress notes. | 30d | 30d | 30d |
| **H-3** ◆● | Provide personal care supports appropriate to needs of individuals (including use of adaptive equipment). Follow procedures for feeding, personal hygiene, oral hygiene, care for incontinence, use of AFOs, (braces) etc.<br>☐ Sidelyer ☐ Side cans ☐ Lifts<br>☐ Wheelchair ☐ Gurney ☐ Standers<br>☐ Rocking bed ☐ Body brace ☐ AFO's<br>☐ KAFO's ☐ Hand splints ☐ Hand cones<br>☐ Crawligator ☐ Walker ☐ Wedges<br>☐ Other _____ | | 30d | 30d | 30d |
| **H-4** ◆ | Use appropriate procedures / protocols for blood/ body fluids. | • Show locations for PPE. Describe "Universal Precautions" for blood borne pathogens including use and disposal of gloves, disposal of contaminated clothing, cleaning and disinfecting, etc. | 30d | 30d | 30d |
| **H-5** ■ | Use appropriate infection control techniques. (AHA) | • Describe proper hand washing procedures.<br>• Describe approved isolation techniques.<br>• Describe proper use: antibacterial surface cleaning agent | Central Training – F1<br>30d | 30d | 30d |
| **H-6** ■◆● | Demonstrate appropriate medication administration and documentation. (Sign after Med. Admin. Training) | • Verify physician's order.<br>• Follow organizations approved medication administration procedures.<br>• Administer meds according to individual's Physician's Order Sheet.<br>• Complete required documentation. | Nurse – F1<br>30d | 30d | 30d |
| **H-7** ◆● | Identify situations that require immediate medical intervention. | • Identify methods individuals may use to indicate pain.<br>• Identify symptoms of acute illness such as dehydration or constipation.<br>• Seek medical assistance as needed.<br>• Notify appropriate personnel. | 30d | 30d | 30d |
| **H-8** ◆● | Describe the desired therapeutic effects and locate information about possible side effects of medications being used by individuals. | • Identify and locate written information about medications used by individuals being supported.<br>• Indicate the effects and side effects that staff needs to monitor. | 3M | 3M | 3M |
| **H-9** ◆● | Be specific in identifying the individual's illness symptom(s) or injuries: *(e.g., dehydration, constipation, chronic or intermittent condition, seasonal allergies, etc.)* | • Observe and record changes in activity level, skin color, communication, etc.<br>• Report changes to appropriate personnel.<br>• Implement appropriate action to respond to situation.<br>• Observe and respond appropriately specific changes as identified for individuals. | 3M | 3M | 3M |

| | RIGHTS 1 -10 | | Date Trained Initials | Date Demonstrated Initials | Eval. Initial |
|---|---|---|---|---|---|
| | **Competency** | **Demonstration** | | | |
| **R-1** ■ | Identify basic civil and human rights are held by all individuals regardless of ability. (OIS) | Indicate that consumers and staff have the same rights unless restricted through court action (such as guardianship). | Central Training – F1 | | |
| | | | 30d | 30d | 30d |
| **R-2** ■● | Identify additional rights of people with developmental disabilities who receive service from ODDS.<br>**List (orally or in writing) at least 5 rights of individual receiving services**<br>(OIS) | As defined in OAR 309-49-150 such as:<br>• Adequate food, housing, clothing, medical care, training<br>• Visits to and from family, friends, advocates<br>• Confidential communication<br>• Control and freedom re: personal property<br>• Privacy<br>• Protection from abuse and neglect<br>• Expression of sexuality<br>• Access to community resources<br>• Transfer within program<br>• Choice and ownership of personal affairs<br>• Appropriate services<br>• Consent to or refuse treatment<br>• Choice to participate in community activities | Central Training – F1 | | |
| | | | 30d | 30d | 30d |
| **R-3** ■ | Identify examples of abuse, neglect; and state the mandatory reporting requirements and process. (NEO)<br><br>DHS4624A (Adults)<br>DHS 4624C (Children)<br>Mandatory Reporting Letter | **List orally *(or in writing)* 5 items from definition of abuse as defined in OAR 411-325-20 such as:**<br>• Physical assault such as hitting, kicking<br>• Neglect of care including medication, medical care, clothing, personal grooming<br>• Denying meals, clothing or aids to physical functions<br>• Use of derogatory names, ridicule, coercion, threats, cursing, intimidation<br>• Sexual exploitation<br>• Restrictions on individual freedom by seclusion<br>• Use of restraints without physician's order<br>• Financial exploitation<br>• Punishment of one individual by another<br>• Implied/direct threat of termination of residential services | Central Training – F1 | | |
| | | | 30d | 30d | 30d |
| **R-4** ■ | Identify right of consumer confidentiality and state examples of violation of confidentiality. | **List orally or in writing at least two examples of confidentiality such as:** (NEO)<br>All individuals' records are confidential except as otherwise<br>• Indicated by applicable rule or law<br>• Individuals have access to own records<br>• Individual can authorize release of records | HR – F1 | | |
| | | | 30d | 30d | 30d |
| **R-5** ■ | Locate organization's grievance/complaints procedure for individuals supported and for the organization's employees. (NEO – Slide #41) | Locate organization's grievance/complaints procedures for individuals supported and for the organization's employees. If you feel you have been treated unfairly you are encouraged to discuss and resolve the situation with your supervisor or HR. Temporary employee's with the Employee Relations Board.<br>http://www.dhs.state.or.us/spd/tools/dd/afscme0709.pdf | HR – F1 | | |
| | | | 30d | 30d | 30d |

| | RIGHTS *(continued 6 – 10)* | | Date Trained Initials | Date Demonstrated Initials | Eval. Initial |
|---|---|---|---|---|---|
| | **Competency** | **Demonstration** | | | |
| **R-6** ■ | Identify actions defined as sexual harassment.<br>**List orally (*or in writing*) examples such as:**<br>(NEO) | • Offer enticements in exchange for sexual favors<br>• Unwelcome sexual advancements<br>• Verbal, graphic or physical conduct of a sexual nature which creates an offensive work environment | HR – F1<br>3M | 3M | 3M |
| **R-7** ◆ | Protect the rights of the individuals supported.<br>*(Specific measures to be determined by organization.)*<br>**Demonstrate behavior that supports individuals in activities relating to:** | • Involvement in decision making and community involvement<br>• Control over finances, including earning and managing money<br>• Choice of religion, work, clothes, friendships, etc.<br>• The purchase and maintenance of personal possessions<br>• Having privacy<br>• Receiving information about rights, treatment, risks, records<br>• Being free from abuse & neglect.<br>• Voting | 3M | 3M | 3M |
| **R-8** ■ | Respect confidentiality.<br>*(Specific measures to be determined by organization.)*<br>**Demonstrate behavior that supports individuals:**<br>(NEO) | • Keep medical, financial, and personal information private<br>• Privacy when communicating by phone or mail<br>• Appropriate disclosure of individual information (i.e., consent, HIPPA)<br>• Refrains from "gossiping" | HR – F1<br>3M | 3M | 3M |
| **R-9** ◆● | Act to prevent abuse, neglect, and exploitation of individuals<br>**Demonstrate methods to prevent abuse such as:**<br>. | • Identify events and circumstances that could bring about (i.e., responding to an aggressive situation) staff to be abusive. (self-awareness)<br>• Assess individuals' susceptibility to abuse, including self-abuse.<br>• Teach skills to decrease personal vulnerability.<br>• Follow any prevention plan in place through ISP or agency policy/protocol. | 3M | 3M | 3M |
| **R-10** ◆ | Describe the role of the legal guardian.<br>**List orally (or in writing) at least two responsibilities of a legal guardian such as:** | • Provide consent on behalf of the ward (individual determined by the court to need a guardian)<br>• Assure the ward receives appropriate medical care and services<br>• Assure ward resides in least restrictive setting<br>• Provide for care, treatment, support, etc. as designated. | 3M | 3M | 3M |

**Oregon Department of Human Services – Core Values**

**Integrity:** We maintain the highest standards of individual and institutional integrity.

**Stewardship:** Because all Oregonians have a stake in the actions of public sector employees, we are accountable in action and attitude for this stewardship of the public trust.

**Responsibility:** We take responsibility for our actions.

**Respect:** We respect the dignity and the diversity of our colleagues, communities and people we assist.

**Professionalism:** We maintain the highest standards of professionalism.

| | VALUES & PERSONAL REGARD 1 –18 | | Date Trained Initials | Date Demonstrated Initials | Eval. Initial |
|---|---|---|---|---|---|
| | **Competency** | **Demonstration** | | | |
| **V-1** ◆● | Locate personal information about individuals. | • Present files or documentation that contain pertinent information such as ISP, summary sheets, and Personal Focus Worksheet (Program notebooks) | 30d | 30d | 30d |
| **V-2** ■ | Demonstrate behavior that indicates respect and courteousness to individuals being supported. (OIS) | • Use eye contact (as appropriate).<br>• Address people by name.<br>• Talk to people rather than about them.<br>• Don't patronize or talk down to people.<br>• Listen and respond with empathy.<br>• Identify how staff's own moods, attitudes and actions impact supported individuals. | Central Training – F1<br>30d | 30d | 30d |
| **V-3** ■ | Use people first language in interactions with staff and individuals (OIS) | • Speak of person first then the disability (if necessary).<br>• Emphasize abilities, not limitations.<br>• Do not label people as part of a disability group.<br>• Encourage person to speak for him/herself. | Central Training – F1<br>30d | 30d | 30d |
| **V-4** ■ | Describe the importance of providing choices to individuals with disabilities.<br>**State orally (or in writing) concepts such as:**<br>(OIS) | • Choice as basic need and protected right<br>• Importance of having options<br>• Importance of choice in achieving independence & integration<br>• Importance of choice in selecting goals & objectives<br>• Importance of providing opportunities for choices in daily activities(i.e., foods, work, leisure activities) | Central Training – F1<br>30d | 30d | 30d |
| **V-5** ■ | Describe the importance of supporting independence for individuals<br>**State orally (or in writing) concepts such as:**<br>(OIS) | • Individuals must have control over their own lives.<br>• Independence does not necessarily mean doing things alone or without the support of others.<br>• A person's level of dependence on the support of others is not an indication of individual worth or value. | Central Training – F1<br>30d | 30d | 30d |
| **V-6** ■ | Describe the importance of supporting productivity for individuals.<br>**State orally (or in writing) concepts such as:**<br>(OIS) | • Right to engage in income-producing work<br>• Value of income level, employment status, and job advancement<br>• Value of sharing talent that contributes to a household or<br>• Community<br>• Productive time spent in alternatives to employment | Central Training – F1<br>30d | 30d | 30d |

| | VALUES & PERSONAL REGARD *(continued 7 – 12)* | | Date Trained Initials | Date Demonstrated Initials | Eval. Initial |
|---|---|---|---|---|---|
| | **Competency** | **Demonstration** | | | |
| **V-7** ■ | Describe the importance of supporting individuals in community activities.<br>**State orally (or in writing) concepts such as:**<br>(OIS) | • Use by all people of common community resources<br>• Participation common community activities<br>• Adequate transportation and accessibility to community resources<br>• Community based employment or alternatives to employment<br>• Regular contact with other citizens in their communities | Central Training – F1<br>30d | 30d | 30d |
| **V-8** ■ | Use listening and confirmation skills that increase communication.<br>**Demonstrate:**<br>(OIS) | • Use of paraphrasing and other effective listening skills<br>• Use of appropriate eye contact and individual's name<br>• Allow adequate time for a person to respond<br>• Use of communication techniques identified to be effective with Individual<br>• Sensitivity to non-verbal communication | Central Training – F1<br>30d | 30d | 30d |
| **V-9** ◆ | Demonstrate behaviors that increase opportunities and individual's ability to make choices. | Measures to be determined based on preferences and needs of individuals being supported, i.e.:<br>• Involve individuals in decision making<br>• Presents opportunities for choice in daily activities *(such as meal preparation, budget, clothing, break-time activities)*<br>• Facilitates and respects communication of individuals | 3M | 3M | 3M |
| **V-10** ◆ | Demonstrate behaviors that increase independence and functional skill levels of individuals. | Measures to be determined based on preferences and needs of individuals being supported.<br>• Presents choices in everyday activities<br>• Encourages use of demonstrated skills in all activities | 3M | 3M | 3M |
| **V-11** ◆ | Demonstrate behaviors that increase productivity of individuals. | • Promote involvement of individual in household and environmental duties.<br>• Support individuals in activities that are seen as a contribution to their community/general society. | 3M | 3M | 3M |
| **V-12** ◆ | Participate in activities and processes that support community integration for individuals | Measures to be determined by organization e.g.:<br>• Supports individuals in community activities as directed in ISP<br>• Supports individuals in a variety of desired communities | 3M | 3M | 3M |

| | VALUES & PERSONAL REGARD *(continued 13 – 17)* | | Date Trained Initials | Date Demonstrated Initials | Eval. Initial |
|---|---|---|---|---|---|
| | **Competency** | **Demonstration** | | | |
| **V-13** ■● | Describe the purpose and basic components of the ISP and staff role in its implementations.<br>**Identify key factors such as:**<br>***Central Training:*** *General ISP overview.* ***In-House:*** *Client specific training at assigned home* ***(See Client specific check boxes V-14)*** | • Assess interests and support needs of individual<br>• Assess interests and support needs of individual<br>• Determine goals & objectives required to meet needs<br>• Identify strategies for achieving goals<br>• Collect pertinent information about achieving those goals<br>• Evaluate effectiveness of service plans and support strategies<br>• Modify plans as needed<br>• Work with other partners in plan implementation i.e. ISP team members, families, VR, other providers and the community. | Central Training – F1<br>3M | 3M | 3M |
| **V-14** ◆● | Follow the objectives and strategies set forth in the ISP.<br>• Carry out the program plan as written<br>• Document participation in ISP related activities demonstrate appropriate instructional procedures in formal and informal settings. | | 3M | 3M | 3M |
| | ☐ Financial plan (2) ☐ ISP (1) ☐ Nursing care plan (N) ☐ Dehydration protocol (2)<br>☐ Voc/Day plan (1) ☐ PFW (1) ☐ Aspiration protocol (2) ☐ Seizure protocol (2)<br>☐ Safety Plans DHS 4614 H & W (1) ☐ Constipation protocol (2) ☐ Action plan (1)<br>☐ DHS4588 FA/BSP Blended Plan (2) ☐ DHS4588 GDP (2) ☐ DHS4588 IG (2)<br>☐ Other: _____<br>☐ Other: _____<br>☐ Other: _____ | | | | |
| **V-15** ■● | ***Central Training:*** *General ISP overview.* ***In-House:*** *Client specific training at assigned home* ***(See client specific check boxes V-14)*** | **List orally or in writing:** Identify elements of the individualized planning.<br>• Services are organized around the unique needs of the individual<br>• Individual is directly involved in planning process to the fullest extent possible<br>• Services are flexible and responsive to identified individual needs | Central Training – F1<br>3M | 3M | 3M |
| **V-16** ◆● | Encourage the participation of individuals in preferred activities.<br>**Staff will:** | • Determine individual's preferences<br>• Support the scheduling of preferred activities<br>• Structure activity to allow for as much participation as possible<br>• Assure proper materials and equipment are available for activities<br>• Connect the individual to community resources. | 3M | 3M | 3M |
| **V-17** ◆ | Demonstrate effective communication skills & strategies with individuals being supported. | Measures to be based on communication strengths and needs of individuals being supported. Suggestions include:<br>• Make recommendation on how to improve effective communication<br>• Structure activities to promote interaction<br>• Recognize and respond to various forms of communication, spoken and unspoken<br>• Respond to individual's level of communication | 3M | 3M | 3M |

| | VALUES & PERSONAL REGARD | | Date Trained Initials | Date Demonstrated Initials | Eval. Initial |
|---|---|---|---|---|---|
| | **Competency** | **Demonstration** | | | |
| **V-18** ◆● | Describe key information and events for individuals being supported. **List orally (or in writing) the following information:** | Background, dreams, hopes, likes/dislikes, wants, behavior profile, approved procedures and support techniques, personal characteristics | 3M | 3M | 3M |
| | MISSION & POLICIES 1 - 5 | | Date Trained Initials | Date Demonstrated Initials | Eval. Initial |
| | **Competency** | **Demonstration** | | | |
| **M-1** ◆ | Locate the mission and values statement of the organization. | Locate mission and value statement located on the cover sheet of the Policy and Procedures notebook. | 30d | 30d | 30d |
| **M-2** ◆● | Locate organization policy and procedure documents for behavior support management, incident reports, confidentiality, consumer rights, and med administration. | Locate the Policy and Procedures notebook and show ability to find policies using the table of contents, etc. Policies will actually be reviewed in NEO and Medication Administration training. | 30d | 30d | 30d |
| **M-3** ■ | Describe the mission and value statement of the organization. | *Paraphrase orally or in writing* | HR – F1<br>3M | 3M | 3M |
| **M-3** ■◆ | Describe "Weapons" policy. | *Paraphrase orally or in writing.* | 30d | 30d | 30d |
| **M-4** ◆ | Correctly complete all required documentation according to agency policies and procedures (i.e., correct content, within timelines, sent to correct individuals, etc.)<br>☐ Daily Log (BVS2) ☐ IRs (DHS 4595) (BVS2) | | 3M | 3M | 3M |
| **M-5** ◆● | Locate site copy of applicable Oregon Administrative Rules (OARs). Present appropriate OARS upon request.<br>Oregon Administrative Rules (OAR) 411-325: 24-Hour Residential Services<br>http://www.sos.state.or.us/archives/rules/OARS_400/OAR_411/411_tofc.html<br>Oregon Administrative Rules (OAR) 411-345: VOC<br>http://www.sos.state.or.us/archives/rules/OARS_400/OAR_411/411_tofc.html#340<br>Oregon Revised Statues (ORS): http://www.leg.state.or.us/ors/<br>SOCP Policies and Procedures: http://www.dhs.state.or.us/spd/tools/dd/socp/policy.html | | 3M | 3M | 3M |

*The State Operated Community Program (SOCP) is dedicated to providing the support necessary to maintain the quality of life, achieve the highest possible level of independence and promote social opportunities that benefit the individual and the community.*

# Mission, Vision, Goals and Values

## Oregon Department of Human Services (DHS) Mission

Assisting people to become independent, healthy and safe

## Seniors and People with Disabilities (SPD) Mission

Helping seniors and people with disabilities of all ages achieve well-being through opportunities for community living, employment, family support, and services that promote independence, choice, and dignity.

## State Operated Community Program (SOCP) Mission

The State Operated Community Program (SOCP) is dedicated to providing the support necessary to maintain the quality of life, achieve the highest possible level of independence and promote social opportunities that benefit the individual and the community.

## Vision

Better outcomes for clients and communities through collaboration, integration and shared responsibility

## Goals

- People are healthy
- People are living as independently as possible
- People are safe
- People are able to support themselves and their families

## DHS Core Values

### Integrity

We maintain the highest standards of individual and institutional integrity.

### Stewardship

Because all Oregonians have a stake in the actions of public sector employees, we are accountable in action and attitude for this stewardship of the public trust.

### Responsibility

We take responsibility for our actions.

### Respect

We respect the dignity and the diversity of our colleagues, communities and people we assist.

### Professionalism

We maintain the highest standards of professionalism.

# SOCP common acronyms

**AFO –** Ankle Foot Orthosis (corrective brace)

**AHA –** American Heart Association

**BBP –** Bloodborne Pathogens

**BSP –** Behavior Support Plan

**BSRC –** Behavior Support Review Committee

**BVS –** Behavior/Vocational Specialist

**CDDP –** Community Developmental Disability Program

**CSM –** Clinical Services Manager

**DAS –** Department of Administrative Services

**DD –** Developmentally Disabled

**DHS –** Department of Human Services

**ER –** Emergency Room

**FA –** Functional Assessment

**HIPAA –** Health Insurance Portability and Accountability Act

**HR –** Human Resources

**IEAR –** Income and Expense Account Record

**IR –** Incident Report

**ISP –** Individual Support Plan

**KAFO's –** Knee Ankle Foot Orthosis

**MAR/TAR –** Medication Administration Record/Treatment Administration Record

**MIR –** Medical Incident Report

**MSDS –** Material Safety Data Sheets

**NEO –** New Employee Orientation

**OAR –** Oregon Administrative Rule

**ODDS –** Office of Developmental Disabilities Services

**OIS –** Oregon Intervention System

**OIT –** Office of Investigations and Training

**OR-OSHA –** State of Oregon Occupational Safety and Health Agency

**ORS –** Oregon Revised Statutes

**OSHA –** Occupational Safety and Health Administration

**PA –** Program Administrator

**PCC –** Psychiatric Crisis Center

**PD –** Position Description

**PFW –** Personal Focus Worksheet

**PM –** Program Manager

**PPE –** Personal Protective Equipment

**PPI –** Protective Physical Intervention

**PSRB –** Psychiatric Security Review Board

**PVO –** Physician Visit Order

**RTR –** Risk Tracking Record

**SAIF –** State Accident Insurance Fund

**SM –** Site Manager

**SOCP –** State Operated Community Program

**SPD –** Seniors and People with Disabilities

**VR –** Vocational Rehabilitation

**ORS Chapter 426 –** Civil Commitment of a mentally ill individual – up to 180 days

**ORS Chapter 427 –** Civil Commitment of a mentally retarded individual - up to 365 days

**801 –** The SAIF form work-related injury requiring medical treatment.

# Common medical abbreviations:

| Abbreviation | Explaination |
|---|---|
| **gtts.** | drops |
| **@** | at |
| **am** | morning |
| **BP** | Blood pressure |
| **b.i.d./bid** | Twice a day |
| **gm. or GM** | gram |
| **c̄** | with |
| **cc** | cubic centimeter |
| **hs** | Bedtime (hour of sleep) |
| **Tx** | treatment |
| **tsp** | teaspoon |
| **Hr or hr** | hour |
| **NKA** | no known allergies |
| **Rx** | Prescription |
| **D/C or d/c** | discontinued |
| **mg.** | milligrams |
| **p.o. or po** | by mouth |
| **PRN or prn** | as needed |
| **Q. or q** | every |
| **Q.4h or q4°** | every 4 hours |
| **c/o** | complaint of |
| **Wt.** | weight |

| Abbreviation | Explaination |
|---|---|
| **x** | times |
| **↑** | increase |
| **↓** | decrease |
| **TPR** | temperature, pulse, respiration |
| **WNL** | within normal limits |
| **p̄** | after |
| **QD or qd** | daily or every day |
| **Q.6h or q6°** | every 6 hours |
| **Q.8h or q8°** | every 8 hours |
| **Q.12h or q12°** | every 12 hours |
| **QID** | 4 times daily |
| **q.o.d. or qod** | every other day |
| **s̄** | without |
| **tab.** | tablet |
| **t.i.d. or tid** | three times a day |
| **NPO** | nothing by mouth |
| **oint** | ointment |
| **Tbsp** | tablespoon |
| **i** | one |
| **ii** | two |
| **iii** | three |

# Core Competencies

**Safety** (14) **Health** (9) **Rights** (10) **Values & Personal Regard** (18) **Mission** (5)

*The State Operated Community Program (SOCP) is dedicated to providing the support necessary to maintain the quality of life, achieve the highest possible level of independence and promote social opportunities that benefit the individual and the community.*

- ***Cross over exists in the Core Competency Training.*** *Some competencies are done at Central Office and in the house.*
- *Some competencies are done by more than 1 individual in the house see Duties list.* ***Example:*** *BVS1s are responsible for some ISP support documents as are the BVS2s, who also do protocols and the health list.*

## SAFETY 1 - 14

| | | |
|---|---|---|
| S-1 | Obtain First Aid and CPR certification. (AHA) | AHA ☐ |
| S-2 | Locate emergency notification information including who is to be informed of an emergency, how, and in proper order. | SM ☐ |
| S-3 | Follow posted emergency evacuation procedures. | SM ☐ BVS2 ☐ |
| S-4 | Demonstrate appropriate methods of support and non-physical intervention for individuals. | BVS2 ☐ |
| S-5 | Lift or transfer an individual or material using recognized safe body mechanics. *(Lifting Safely Curriculum).* | OIS ☐ |
| S-6 | Complete documentation required for incident and accident reporting process. *(NEO & OIS)* | OIS ☐ |
| S-7 | Use safe handling and storage techniques for chemicals and cleaners *(NEO).* *www.coastwidelabs.com* | BVS2 ☐ |
| S-8 | Locate safety equipment. *(Evacuation house maps)* http://www.dhs.state.or.us/spd/tools/dd/socp/safetynet.htm | BVS2 ☐ |
| S-9 | Safely operate any equipment used within the work environment. | BVS2 ☐ Nurse ☐ |
| S-10 | Recommend and make suggested modifications to environment as required for individual's safety. | SM ☐ |
| S-11 | Respond to emergency by acting to protect individuals and self from harm. *(OIS)* | OIS ☐ BVS2 ☐ |
| S-12 | Properly respond to emergency situation. (fire, explosion, accident, or other emergency, including evacuation of individuals) or drill to ensure safety of individuals and staff. | BVS2 ☐ |
| S-13 | Identify and report potential safety hazards. *(HRNEO Slide 43)* | SM ☐ |
| S-14 | Use safe handling procedures when handling, preparing & storing food *www.foodsafety.gov* | HR ☐ |

## HEALTH 1 - 9

| | | |
|---|---|---|
| H-1 | Locate medical information for specific individuals.<br>* **When there is NO Nurse Client Relationship** | *BVS2 ☐ |
| H-2 | Respond to specific medical & health concerns of individuals.*(eg., diet, exercise, seizures, diabetes, g-tube, allergies.)*<br>* **When there is NO Nurse Client Relationship** | *BVS2 ☐ |
| H-3 | Provide personal care supports appropriate to needs of individuals *(including use of adaptive equipment).* | BVS2 ☐ |
| H-4 | Use appropriate procedures and protocols for blood / body fluids. *(AHA)* | BVS2 ☐ |
| H-5 | Use appropriate infection control techniques. *(After Medication Administration Training)* | AHA ☐ MedTRN.RN ☐ |
| H-6 | Demonstrate appropriate medication administration and documentation. *(After Medication Administration Training)* | MedTRN.RN ☐ |
| H-7 | Identify situations that require immediate medical intervention. *(After Medication Administration Training)* | BVS2 ☐ |
| H-8 | Describe the desired therapeutic effects and locate information about possible side effects of medications being used by individuals. | BVS2 ☐ |
| H-9 | Identify symptoms of illness or injury for individuals being supported (e.g., dehydration, constipation, chronic or intermittent condition, seasonal allergies, etc.) | BVS2 ☐ |

## RIGHTS 1 - 10

| | | |
|---|---|---|
| R-1 | Identify basic civil and human rights are held by all individuals regardless of ability.*( OIS)* | OIS ☐ |
| R-2 | Identify additional rights of people with developmental disabilities who receive service from ODDS. *(OIS)* | OIS ☐ |
| R-3 | Identify examples of abuse, neglect; and state the mandated reporting requirements and process. *(NEO)* | OIS ☐ |
| R-4 | Identify right of consumer confidentiality and state examples of violation of confidentiality. *(NEO Slide 45)* | HR ☐ |
| R-5 | Locate organization's grievance procedure for individuals supported and for the organization's employees.*(HR NEO.Slide 42)* | HR ☐ |
| R-6 | Identify actions defined as sexual harassment. *(HR NEO- Slide 30)* | HR ☐ |
| R-7 | Protect the rights of the individuals supported. | BVS2 ☐ |
| R-8 | Respect confidentiality. *(NEO Slide 45, 46)* | HR ☐ |
| R-9 | Act to prevent abuse, neglect, and exploitation of individuals.<br>*(Abuse Policy and Mandatory Abuse sign-off)* | BVS2 ☐<br>HR NEO ½ day ☐ |
| R-10 | Describe the role of the legal guardian. *(Annually & Memorandums review) Considerations are on a case-by-case basis contact Clinical Service Manager.* | SM ☐ |

## VALUES and PERSONAL REGARD 1 – 18

| | | |
|---|---|---|
| V-1 | Locate personal information about individuals. | BVS1 ☐ |
| V-2 | Demonstrate behavior that indicates respect and courteousness to individuals being supported. *(OIS)* | OIS ☐ |
| V-3 | Use people's first language in interactions w/staff and individuals. *(OIS)* | OIS ☐ |
| V-4 | Describe the importance of providing choices to individuals with disabilities. *(OIS)* | OIS ☐ |
| V-5 | Describe the importance of supporting independence for individuals. *(OIS)* | OIS ☐ |
| V-6 | Describe the importance of supporting productivity for individuals. *(OIS)* | OIS ☐ |
| V-7 | Describe the importance of supporting individuals in community activities. *(OIS)* | OIS ☐ |
| V-8 | Use listening and confirmation skills that increase communication. *(OIS)* | OIS ☐ |
| V-9 | Demonstrate behaviors that increase opportunities and individual's ability to make choices. | BVS1 ☐ |
| V-10 | Demonstrate behaviors that increase independence and functional skill levels of individuals. | BVS1 ☐ |
| V-11 | Demonstrate behaviors that increase productivity of individuals. | BVS1 ☐ |
| V-12 | Participate in activities and processes that support community integration for individuals. | BVS1 ☐ |
| V-13 | Describe the purpose and basic components of the ISP and staff role in its implementations. *(OIS overview – **In-House specifics**)* | OIS ☐ BVS1 ☐ BVS2 ☐ |
| V-14 | Follow the objectives and strategies set forth in the ISP. *(OIS overview – **In-House specifics**)* | BVS1 ☐ BVS2 ☐ RN ☐ |
| V-16 | Encourage the participation of individuals in preferred activities. | BVS1 ☐ |
| V-15 | Identify elements of the individualized planning. | OIS ☐ BVS1 ☐ BVS2 ☐ |
| V-17 | Demonstrate effective communication skills and strategies with individuals being supported. | BVS2 ☐ |
| V-18 | Describe key information and events for individuals being supported. | BVS1 ☐ BVS2 ☐ |

## MISSION 1 - 5

| | | |
|---|---|---|
| M-1 | Locate the mission and values statement of the organization. | SM ☐ |
| M-2 | Locate organization policy and procedure documents for behavior support management, incident reports, confidentiality, consumer rights, and medication administration. | BVS2 ☐ |
| M-3 | Describe the mission and value statement of the organization.<br>Describe SOCP Weapons policy (Slide 36, 37) | HR ☐ Site Manager ☐<br>HR ☐ Site Manager ☐ |
| M-4 | Complete documentation according to agency policies & procedures. | BVS1 ☐ BVS2 ☐ |
| M-5 | Locate site copy of applicable Oregon Administrative Rules*(OARs)*.<br>SOCP Main Webpage: http://www.dhs.state.or.us/spd/tools/dd/socp/ | SM ☐ |

## Mandatory Annual Forms packet*

| | | | |
|---|---|---|---|
| 1 | Position Description DHS 0105 (08/07) *annually | HR | ☐ |
| 2 | Universal Precautions DHS 4640 (10/09) *annually | BVS2 | ☐ |
| 3 | Mandatory Abuse Adult/Child DHS 4624 A & C *annually | HR ☐ Site Manager* | ☐ |
| 4 | Employee Property Tracking Record DHS 4559 (10/09) *annually | (return to Central) SM | ☐ |
| 5 | Driving Record Certification (02/10) *annually | HR prehire ☐ SM * | ☐ |
| 6 | SOCP Dress Guidelines (10/09) (HR NEO Slide 24) *annually | HR ☐ SM * | ☐ |
| 7 | SOCP Employ. Emergency Info. DHS 0121 (10/09) *annually | (Keep in house) SM | ☐ |
| 8 | SOCP Cell Phone Usage (10/09) (HR NEO Slide 39, 40) *annually | HR ☐ SM * | ☐ |
| 9 | SOCP Code of Conduct (10/09) *annually | SM * | ☐ |
| 10 | SOCP House Rules (09/09) *annually | SM * | ☐ |
| 11 | SOCP Confidentiality 911/10)*annually | SM * | ☐ |
| 12 | SOCP Role of Legal Guardian (10/10) *annually | SM * | ☐ |
| 13 | SOCP Food Handling (10/10) *annually | SM * | ☐ |

## Site Manager other duties / responsibilities cheat sheet items contained 0n the F2 In-House CC back page

A Overtime
B 911 Emergency Services Guideline (***annually**)
C Memo's/Alerts/Transmittals
D FMLA
E House Finances/Petty Cash
F On-call/Call-ins
G Shopping Groceries/Menus
H Core Values (also covered by HR Slide 22)
I Time Capture/Schedule
J Archiving
K Incident Reporting (4595, 4595A, 4595B, 4595C, 4595D)
L Agency policies/procedures
M Emergency Book
N Core Comps (DHS 4585)
O Client Finances
P SAIF / forms / Emp. Accd.
Q POLST policy (DHS 4672 – ***annually**)

***ANNUALLY** through filling out the "Mandatory Annual Packets" or an annual training.

# (OAR) Oregon Administrative Rule

# Chapter 411 Division 325

## 24 Hour Residential Services for Children and Adults with Developmental Disabilities

**July 13, 2010**

Oregon Department of Human Services
State Operated Community Program

# DEPARTMENT OF HUMAN SERVICES
# SENIORS AND PEOPLE WITH DISABILITIES DIVISION
# OREGON ADMINISTRATIVE RULES

## CHAPTER 411
## DIVISION 325

## 24 HOUR RESIDENTIAL SERVICES FOR CHILDREN AND ADULTS WITH DEVELOPMENTAL DISABILITIES

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# DEPARTMENT OF HUMAN SERVICES
# SENIORS AND PEOPLE WITH DISABILITIES DIVISION
# OREGON ADMINISTRATIVE RULES

## CHAPTER 411
## DIVISION 325

## 24 HOUR RESIDENTIAL SERVICES FOR CHILDREN AND ADULTS WITH DEVELOPMENTAL DISABILITIES

### 411-325-0010 Statement of Purpose
*(Amended 8/1/2004)*

These rules prescribe standards, responsibilities, and procedures for 24-Hour Residential Programs providing services to individuals with developmental disabilities. These rules also prescribe the standards and procedures by which the Department of Human Services licenses programs to provide residential care and training to individuals with developmental disabilities.

Stat. Auth. ORS 410.070, 409.050
Stats. Implemented: ORS 443.400 - 443.455

### 411-325-0020 Definitions
*(Temporary Effective 1/1/2010 – 6/30/2010)*

(1) "24-Hour Program" means a comprehensive residential program licensed by the Department of Human Services under ORS 443.400(7) and (8), to provide residential care and training to individuals with developmental disabilities.

(2) "Abuse" means:

(a) Abuse of a child as defined in ORS 419B.005, and for the purposes of this rule, abuse of a child also means abuse as defined in OAR 407-045-0260;

(b) Abuse of an adult as defined in OAR 407-045-0260.

(3) "Abuse Investigation and Protective Services" means reporting and investigation activities as required by OAR 407-045-0300 and any

subsequent services or supports necessary to prevent further abuse as required in OAR 407-045-0310.

(4) "Administration of Medication" means the act of placing a medication in or on an individual's body by a staff member who is responsible for the individual's care.

(5) "Administrator" means the Assistant, Department of Human Services and Administrator of Seniors and People with Disabilities or that person's designee.

(6) "Adult" means an individual 18 years or older with developmental disabilities.

(7) "Advocate" means a person other than paid staff who has been selected by the individual or by the individual's legal representative to help the individual understand and make choices in matters relating to identification of needs and choices of services, especially when rights are at risk or have been violated.

(8) "Aid to Physical Functioning" means any special equipment prescribed for an individual by a physician, therapist, or dietician which maintains or enhances the individual's physical functioning.

(9) "Appeal" is the process by which a licensed provider may petition the suspension, denial or revocation of their license or application under Chapter 183, Oregon Revised Statutes, by making a written request to the Department.

(10) "Applicant(s)" means a person, agency, corporation or governmental unit, who applies for a license to operate a residential home or facility providing 24-hour comprehensive services to individuals with developmental disabilities.

(11) "Assessment" means an evaluation of an individual's needs. The evaluation is performed by a Services Coordinator or other designated Individual Support Plan team members who must use the evaluation to develop the individual's Individual Support Plan (ISP). At a minimum this includes the completion of the Personal Focus Worksheet and Risk Tracking Record.

(12) "Baseline Level of Behavior" means the frequency, duration or intensity of a behavior, objectively measured, described and documented prior to the implementation of an initial or revised behavior support plan. This baseline measure serves as the reference point by which the ongoing efficacy of the support plan is to be assessed. A baseline level of behavior shall be reviewed and reestablished at minimum yearly, at the time of the individual's support plan team meeting.

(13) "Behavior Data Collection System" is the methodology specified within the individual's behavior support plan that directs the process for recording observation, intervention and other support provision information critical to the analysis of the efficacy of the behavior support plan.

(14) "Behavior Data Summary" is a document composed by the provider agency to summarize episodes of physical intervention. This document serves as a substitution for the requirement of individual incident reports for each episode of physical intervention.

(15) "Board of Directors" means a group of individuals formed to set policy and give directions to a program designed to provide residential services to individuals with developmental disabilities. This includes local advisory boards used by multi-state organizations.

(16) "Care" means supportive services, including but not limited to, provision of room and board, supervision, protection;, and assistance in bathing, dressing, grooming, eating, management of money, transportation or recreation. Care also includes being aware of the individual's general whereabouts at all times, and monitoring the activities of the individuals while on the premises of the residence to ensure their health, safety and welfare.

(17) "Chemical Restraint" means the use of a psychotropic drug or other drugs for punishment, or to modify behavior in place of a meaningful behavior/treatment plan.

(18) "Child" means an individual under the age of 18 that has a provisional determination of developmental disability.

(19) "Choice" means the individual's expression of preference, opportunity for, and active role in decision-making related to: the selection of assessments, services, service providers, goals and activities, and verification of satisfaction with these services. Choice may be

communicated verbally, through sign language, or other communication method.

(20) "Community Developmental Disability Program" or "CDDP" means an entity that is responsible for planning and delivery of services for persons with mental retardation or other developmental disabilities in a specific geographic area of the state under a contract with the Department or a local mental health authority.

(21) "Community Developmental Disability Program Director" means the director of a community mental health and developmental disability program which operates or contracts for all services for persons with mental or emotional disturbances, drug abuse problems, mental retardation or other developmental disabilities, and alcoholism and alcohol abuse problems under the County Financial Assistance Contract with the Department of Human Services.

(22) "Competency Based Training Plan" means a written description of a provider's process for providing training to newly hired program staff. At a minimum the plan must address health, safety, rights, values and personal regard, and the provider's mission. The plan must describe competencies, training methods, timelines, how competencies of staff are determined and documented, including steps for remediation, and when a competency(ies) may be waived by a provider to accommodate a staff person's specific circumstances.

(23) "Complaint Investigation" means an investigation of any allegation which has been made to a proper authority that the program has taken an action which is alleged to be contrary to law, rule or policy that is not covered by an abuse investigation or a grievance procedure.

(24) "Condition" means a provision attached to a new or existing license, which limits or restricts the scope of the license or imposes additional requirements on the licensee.

(25) "Crisis" means a situation, as determined by a qualified Services Coordinator, that could result in civil court commitment under ORS. 427.215 through 427.300, an imminent risk of loss of the community support system for an adult or the imminent risk of loss of home for a child with no alternative resources available.

(26) "Denial" is the refusal of the Department of Human Services to issue a license to operate a 24-hour residential home/facility for children or adults because the Department has determined that the home/facility is not in compliance with one or more of these administrative rules.

(27) "Department" means Department of Human Services, Seniors and People with Disabilities, an organizational unit within the Department that focuses on the planning of services, policy development and regulation of programs for persons that have developmental disabilities.

(28) "Developmental Disability for Adults" means a disability attributable to mental retardation, autism, cerebral palsy, epilepsy, or other neurological handicapping condition that requires training or support similar to that required by individuals with mental retardation, and the disability:

(a) Originates before the individual attains the age of 22 years, except that in the case of mental retardation the condition must be manifested before the age of 18; and

(b) Has continued, or may be expected to continue, indefinitely; and

(c) Constitutes a substantial handicap to the ability of the individual to function in society; and

(d) The condition or impairment must not be otherwise primarily attributed to mental illness, substance abuse, an emotional disorder, Attention Deficit and Hyperactivity Disorder (ADHD), a learning disability, or sensory impairment; or

(e) Results in significant subaverage general intellectual functioning with concurrent deficits in adaptive behavior that are manifested during the developmental period. Individuals of borderline intelligence may be considered to have mental retardation if there is also serious impairment of adaptive behavior. Definitions and classifications must be consistent with the "Manual of Terminology and Classification in Mental Retardation" by the American Association on Mental Deficiency, 1977 Revision. Mental retardation is synonymous with mental deficiency.

(29) "Developmental Disability for Children Five Years and Younger" means the condition or impairment must not be otherwise primarily attributed to mental illness, substance abuse, an emotional disorder,

Attention Deficit and Hyperactivity Disorder (ADHD), a learning disability, or sensory impairment; and be expected to last indefinitely, and is always provisional; AND

(a) There is a standardized test demonstrating significant adaptive impairment (more than two standard deviations below the norm) in at least two of the following areas of functioning: self care; receptive and expressive language; learning; mobility and self-direction; OR

(b) There is a statement by a licensed medical practitioner that the child has a condition or syndrome that shall likely cause significant adaptive impairment in at least two of the areas listed in (28).

(30) "Developmental Disability for Children Six Years and Older" is always provisional and means:

(a) There is a diagnosis of mental retardation; OR

(b) There is a diagnosis of developmental disability; AND

(A) There is a significant adaptive impairment (more than two standard deviations below the norm) in at least two of the following areas: self-care; receptive and expressive language; learning; mobility; self-direction; AND

(B) The condition or impairment must be expected to last indefinitely and must not be otherwise primarily attributed to mental illness, substance abuse, an emotional disorder, Attention Deficit and Hyperactivity Disorder (ADHD), a learning disability, or sensory impairment; AND

(C) The individual is expected to need multiple, specialized supports indefinitely.

(31) "Direct Nursing Services" means the provision of individual-specific advice, plans or interventions, based on nursing process as outlined by the Oregon State Board of Nursing, by a nurse at the home/facility. Direct nursing service differs from administrative nursing services. Administrative nursing services include non-individual-specific services, such as quality assurance reviews, authoring health related agency policies and procedures, or providing general training for staff.

(32) "Domestic Animals" are any of various animals domesticated so as to live and breed in a tame condition. Examples of domestic animals are dogs, cats, and domesticated farm stock.

(33) "Educational Surrogate" means an individual who acts in place of a parent in safeguarding a child's rights in the special education decision-making process when the parent cannot be identified or located after reasonable efforts, when there is reasonable cause to believe that the child has a disability and is a ward of the state, or at the request of a parent or adult student.

(34) "Entry" means admission to a Department funded developmental disability service provider. For purposes of this rule "entry" means admission to a 24-hour licensed home/facility.

(35) "Executive Director" means the individual designated by a board of directors or corporate owner responsible for the administration of the program's services for individuals.

(36) "Exit" means termination from a Department funded developmental disability service provider. Exit does not mean transfer within a service provider's program within a county.

(37) "Founded Reports" means the Department of Human Services, Children, Adults, and Families Division or Law Enforcement Authority (LEA) determination, based on the evidence, that there is reasonable cause to believe that conduct in violation of the child abuse statutes or rules has occurred and such conduct is attributable to the person alleged to have engaged in the conduct.

(38) "Grievance" means a formal complaint by the individual or a person acting on his/her behalf about any aspect of the program or an employee of the program.

(39) "Guardian" means a parent for individuals under 18 years of age or a person or agency appointed by the courts who is authorized by the court to make decisions about services for the individual.

(40) "Health Care Provider" means a person licensed, certified or otherwise authorized or permitted by law of this state to administer health care in the ordinary course of business or practice of a profession, and includes a health care facility.

(41) "Health Care Representative" means:

(a) A health care representative as defined in ORS 127.505(12); or

(b) A person who has authority to make health care decisions for an individual under the provisions of OAR 411-365-0100 through 411-365-0320.

(42) "Incident Report" means a written report of any injury, accident, acts of physical aggression or unusual incident involving an individual.

(43) "Independence" means the extent to which persons with mental retardation or developmental disabilities exert control and choice over their own lives.

(44) "Individual" means an adult or a child with developmental disabilities for whom services are planned, provided and authorized by a qualified Services Coordinator.

(45) "Individual Support Plan" or "ISP" means the written details of the supports, activities and resources required for an individual to achieve personal goals. The Individual Support Plan is developed to articulate decisions and agreements made during a person-centered process of planning and information gathering. The ISP is the individual's Plan of Care for Medicaid purposes.

(46) "Individualized Education Plan" (IEP) means a written plan of instructional goals and objectives in conference with the teacher, parent/guardian, student, and a representative of the school district.

(47) "Individual Support Plan Team" or "ISP team" in comprehensive services means a team composed of the individual served, agency representatives who provide service to the individual if appropriate for in-home supports, the guardian, if any, relatives of the individual, and the Services Coordinator and other persons who are well liked by the individual.

(48) "Integration" means the use by persons with mental retardation or other developmental disabilities of the same community resources that are used by and available to other persons in the community and participation in the same community activities in which persons without a disability

participate, together with regular contact with persons without a disability. It further means that persons with developmental disabilities live in homes, that are in proximity to community resources and foster contact with persons in their community. (See ORS 427.005.)

(49) "Legal Representative" means the parent if the individual is under age 18, unless the court appoints another individual or agency to act as guardian. For those individuals over the age of 18, a legal representative means an attorney at law who has been retained by or for the adult, or a person, or agency who is authorized by the court to make decisions about services for the individual.

(50) "Licensee" means a person or organization to whom a license is granted.

(51) "Majority Agreement" means for purposes of entry, exit, transfer and annual ISP team meetings that no one member of the ISP team shall have the authority to make decisions for the team. Representatives from service provider(s), families, the CDDP, or advocacy agencies shall be considered as one member of the ISP team for the purpose of reaching majority agreement.

(52) "Mandatory Reporter" means any public or private official who, while acting in an official capacity, comes in contact with and has reasonable cause to believe that an individual with disabilities has suffered abuse, or that any person with whom the official comes in contact while acting in an official capacity, has abused the individual with disabilities. Pursuant to ORS 430.765(2) psychiatrists, psychologists, clergy and attorneys are not mandatory reporters with regard to information received through communications that are privileged under ORS 40.225 to 40.295.

(53) "Mechanical Restraint" means any mechanical device, material, object or equipment that is attached or adjacent to an individual's body that the individual cannot easily remove or easily negotiate around, and that restricts freedom of movement or access to the individual's body.

(54) "Medication" means any drug, chemical, compound, suspension or preparation in suitable form for use as a curative or remedial substance taken either internally or externally by any person.

(55) "Modified Diet" means the texture or consistency of food or drink is altered or limited. Examples include, but are not limited to, no nuts or raw

vegetables, thickened fluids, mechanical soft, finely chopped, pureed, bread only soaked in milk.

(56) "Nurse" means a person who holds a valid, current license as a Registered Nurse (RN) or Licensed Practical Nurse (LPN) from the Oregon Board of Nursing.

(57) "Nursing Care Plan" means a plan of care developed by a Registered Nurse (RN) that describes the medical, nursing, psychosocial, and other needs of the individual and how those needs shall be met. It includes which tasks shall be taught or delegated to the provider and staff.

(58) "Oregon Core Competencies" is:

> (a) A list of skills and knowledge for newly hired staff in the areas of health, safety, rights, values and personal regard, and the service provider's mission; and
>
> (b) The associated timelines in which newly hired staff must demonstrate competencies.

(59) "Oregon Intervention System" or "OIS" means a system of providing training to people who work with designated individuals with developmental disabilities, to provide elements of positive behavior support and nonaversive behavior intervention. The system uses principles of pro-active support and describes approved physical intervention techniques that are used to maintain health and safety.

(60) "Physical Intervention" means the use of any physical action or any response to maintain the health and safety of an individual or others during a potentially dangerous situation or event.

(61) "Physical Restraint" means any manual physical holding of or contact with an individual that restricts the individual's freedom of movement.

(62) "Prescription Medication" means any medication that requires a physician prescription before it may be obtained from a pharmacist.

(63) "Productivity" means engagement in income-producing work by a person with mental retardation or other developmental disabilities which is measured through improvements in income level, employment status or job advancement or engagement by a person with mental retardation or other

developmental disabilities in work contributing to a household or community.

(64) "Protection" means necessary actions taken to prevent subsequent abuse or exploitation of the individual, to prevent self-destructive acts, and to safeguard an individual's person, property and funds.

(65) "Protective Services" means necessary actions taken to prevent subsequent abuse or exploitation of the individual, to prevent self-destructive acts, and safeguard an individual's person, property, and funds as soon as possible.

(66) "Psychotropic Medication" means a medication whose prescribed intent is to affect or alter thought processes, mood, or behavior. This includes, but is not limited to, anti-psychotic, antidepressant, anxiolytic (anti-anxiety), and behavior medications. Because a medication may have many different effects, its classification depends upon its stated, intended effect when prescribed.

(67) "Respite Care" means short-term services for a period of up to 14 days. Respite care may include both day and overnight care.

(68) "Revocation" is the action taken to rescind a 24-hour home/facility license after the Department has determined that the program is not in compliance with one or more of these administrative rules.

(69) "Self-administration of Medication" means without supervision, the individual manages and takes his/her own medication. It includes identifying his/her medication and the times and methods of administration, placing the medication internally in or externally on his or her own body without staff assistance, and safely maintaining the medication(s).

(70) "Services Coordinator" means an employee of the community developmental disability program or other agency which contracts with the County or Department, who is selected to plan, procure, coordinate, monitor individual support plan services and to act as a proponent for persons with developmental disabilities.

(71) "Service Provider" means a public or private community agency or organization that provides recognized mental health or developmental disability services and is approved by the Department or other appropriate

agency to provide these services. For the purpose of this rule "provider", "program", "applicant" or "licensee" is synonymous with "service provider."

(72) "Significant Other" means a person selected by the individual to be his/her friend.

(73) "Specialized Diet" means that the amount, type of ingredients or selection of food or drink items is limited, restricted, or otherwise specified by a physician's order. Examples include, but are not limited to, low calorie, high fiber, diabetic, low salt, lactose free, low fat diets. This does not include diets where extra or additional food is offered, without physician's orders but may not be eaten, for example, offer prunes each morning at breakfast or include fresh fruit with each meal.

(74) "Staff" means a paid employee responsible for providing services to individuals and whose wages are paid in part or in full with funds sub-contracted with the CDDP or contracted directly through the Department.

(75) "Substantiated" means an abuse investigation has been completed by the Department of Human Services or its designee and the preponderance of the evidence establishes the abuse occurred.

(76) "Support" means those services that assist an individual maintaining or increasing his or her functional independence, achieving community presence and participation, enhancing productivity, and enjoying a satisfying lifestyle. Support services may include training, the systematic, planned maintenance, development or enhancement of self-care, social or independent living skills, or the planned sequence of systematic interactions, activities, structured learning situations, or educational experiences designed to meet each individual's specified needs in the areas of integration and independence.

(77) "Suspension of License" is a temporary withdrawal of the approval to operate a 24-hour home or facility after the Department determines that the 24-hour home or facility is not in compliance with one or more of these administrative rules.

(78) "Transfer" means movement of an individual from one home/facility to another within the same county, administered by the same service provider.

(79) "Transition Plan" means a written plan for the period of time between an individual's entry into a particular service and when the individual's ISP is developed and approved by the ISP team. The plan must include a summary of the services necessary to facilitate adjustment to the services offered, the supports necessary to ensure health and safety, and the assessments and consultations necessary for the ISP development.

(80) "Unusual Incident" means those incidents involving serious illness or accidents, death of an individual, injury or illness of an individual requiring inpatient or emergency hospitalization, suicide attempts, a fire requiring the services of a fire department, or any incident requiring abuse investigation.

(81) "Variance" means an exception from a regulation or provision of these rules, which may be granted by the Department, upon written application by the provider.

(82) "Volunteer" is any individual assisting in a 24-hour home or facility without pay to support the care provided to individuals residing in the home or facility.

Stat. Auth. ORS 410.070, 409.050
Stats. Implemented: ORS 443.400 - 443.455

**411-325-0030 Issuance of License**
*(Amended 8/1/2004)*

(1) License required. No person, agency or governmental unit acting individually or jointly with any other person, agency or governmental unit will establish, conduct, maintain, manage or operate a residential home or facility providing 24-hour support services without being licensed for each home or facility.

(2) Not transferable. No license is transferable or applicable to any location, home or facility, agency, management agent or ownership other than that indicated on the application and license.

(3) Terms of license. The Department will issue a license to an applicant found to be in compliance with these rules. The license will be in effect for two years from the date issued unless revoked or suspended.

Stat. Auth. ORS 410.070, 409.050
Stats. Implemented: ORS 443.400 - 443.455

**411-325-0040 Application for Initial License**
*(Adopted 1/1/2004)*

(1) Application. At least 30 days prior to anticipated licensure the applicant must submit an application and required non-refundable fee. The application will be provided by the Department and must include all information requested by the Department.

(2) Number of beds. The application must identify the number of beds the residential home or facility is presently capable of operating at the time of application, considering existing equipment, ancillary service capability and the physical requirements as specified by these rules. For purposes of license renewal, the number of beds to be licensed must not exceed the number identified on the license to be renewed unless approved by the Department.

(3) Contracts. The initial application must include a copy of any lease agreements or contracts, management agreements or contracts, and sales agreements or contracts, relative to the operation and ownership of the home or facility.

(4) Floor Plan. The initial application must include a floor plan of the home or facility showing the location and size of rooms, exits, smoke alarms and extinguishers.

(5) Scheduled onsite-licensing inspection. Should the scheduled, onsite licensing inspection reveal that the applicant is not in compliance with these rules, as attested to on the Licensing Onsite Inspection Checklist, the onsite licensing inspection may be rescheduled at the Department's convenience.

(6) License required prior to providing services. Applicants must not admit any individual to the home or facility prior to receiving a written confirmation of licensure from the Department.

(7) Demonstrated Capability and Performance History

> (a) If an applicant fails to provide complete, accurate, and truthful information during the application and licensing process, the Department may cause initial licensure to be delayed, or may deny or revoke the license.

(b) Any applicant or person with a controlling interest in an agency will be considered responsible for acts occurring during, and relating to, the operation of such home/facility or agency for purpose of licensing.

(c) The Department may consider the background and operating history of the applicant(s) and each person with a controlling ownership interest when determining whether to issue a license.

(d) When an application for initial licensure is made by an applicant(s) who owns or operates other licensed homes or facilities in Oregon, the Department may deny the license if the applicant's existing home(s) or facility(ies) are not, or have not been, in substantial compliance with the Oregon Administrative Rules.

(8) Separate buildings. Separate licenses are not required for separate buildings located contiguously and operated as an integrated unit by the same management.

(9) Admittance of individuals. No residential home or facility will admit individuals whose care needs exceed the classification on its license without prior written consent of the Department.

Stat. Auth. ORS 410.070, 409.050
Stats. Implemented: ORS 443.400 - 443.455

**411-325-0050 License Expiration, Termination of Operations, License Return**
*(Adopted 1/1/2004)*

(1) Expiration. Unless revoked, suspended or terminated earlier, each license to operate a residential home or facility will expire two years following the date of issuance.

(2) Termination of operation.

(a) If the home or facility operation is discontinued for any reason, the license will be considered to have been terminated.

(b) Each license will be considered void immediately if the operation is discontinued by voluntary action of the licensee or if there is a change in ownership.

(3) Return of license. The license must be returned to the Department immediately upon suspension or revocation of the license or when the operation is discontinued.

Stat. Auth. ORS 410.070, 409.050
Stats. Implemented: ORS 443.400 - 443.455

**411-325-0060 Conditions on License**
*(Amended 8/1/2004)*

Attaching conditions to a license. The Department may attach conditions to the license which limit, restrict or specify other criteria for operation of the home or facility.

Stat. Auth. ORS 410.070, 409.050
Stats. Implemented: ORS 443.400 - 443.455

**411-325-0070 Renewal of License**
*(Adopted 1/1/2004)*

(1) Renewal application required. A license is renewable upon submission of an application to the Department and the payment of the required non-refundable fee, except that no fee will be required of a governmental owned home or facility.

(2) Filing of application extends date of expiration. Filing of an application and required fee for renewal before the date of expiration extends the effective date of expiration until the Department takes action upon such application. If the renewal application and fee are not submitted prior to the expiration date, the home or facility will be treated as an unlicensed home or facility subject to Civil Penalties (OAR 411-325-0460).

(3) Licensing review. The Department will conduct a licensing review of the service prior to the renewal of the license. The review will be unannounced, be conducted 30 - 120 days prior to expiration of the license, and will review compliance with OAR 411-325-0010 through 411-325-0480.

(4) Refusal to renew a license. The Department will not renew a license if the home or facility is not in substantial compliance with these rules, or if the State Fire Marshal or the authorized representative has given notice of noncompliance pursuant to ORS 479.220.

Stat. Auth. ORS 410.070, 409.050
Stats. Implemented: ORS 443.400 - 443.455

**411-325-0080 Mid-Cycle Review**
*(Amended 8/1/2004)*

(1) Mid-Cycle Review Process. The Department may conduct a mid-cycle monitoring review of the home or facility nine to fifteen months after renewal of the provider's license under the following circumstances:

(a) Failure by the provider to successfully complete licensing renewal as evidenced by two or more follow-up reviews; or

(b) Failure by the provider to successfully complete plans of correction for protective service investigations; or

(c) Upon the request of the CDDP or other Department designee, or provider.

(2) Self-Assessment Required. As part of the mid-cycle process the provider must conduct a self-assessment based upon the requirements of this rule.

(a) The provider must document the findings of the self-assessment on forms provided by the Department;

(b) The provider must develop and implement a plan of correction based upon the findings of the self-assessment; and

(c) The provider must submit the self-assessment to the local CDDP with a copy to the Department 30 days prior to the mid-cycle review.

(3) Compliance with OAR 411-325-0010 through 411-325-0480. The review will be conducted for compliance with OAR 411-325-0010 through 411-325-0480, and at the discretion of the Department the review may be announced or unannounced.

Stat. Auth. ORS 410.070, 409.050
Stats. Implemented: ORS 443.400 - 443.455

**411-325-0090 Change of Ownership, Legal Entity, Legal Status, Management Corporation**
*(Adopted 1/1/2004)*

(1) Notice of pending change in ownership, legal entity, legal status, or management corporation. The home or facility must notify the Department in writing of any pending change in the program's ownership or legal entity, legal status, or management corporation.

(2) New license required. A new license will be required upon change in a program's ownership, legal entity or legal status. The program must submit a license application and required fee at least 30 days prior to change in ownership, legal entity or legal status.

Stat. Auth. ORS 410.070, 409.050
Stats. Implemented: ORS 443.400 - 443.455

**411-325-0100 Inspections and Investigations**
*(Temporary Effective 1/1/2010 – 6/30/2010)*

(1) Inspections and investigations required. All services covered by this rule must allow the following types of investigations and inspections:

(a) Quality assurance, license renewal and onsite inspections;

(b) Complaint investigations; and

(c) Abuse investigations.

(2) Inspections and investigations by the Department, its designee or proper authority. All inspections and investigations must be performed by the Department, its designee, or proper authority.

(3) Unannounced. Any inspection or investigation may be unannounced.

(4) Required documentation. All documentation and written reports required by this rule must be:

(a) Open to inspection and investigation by the Department, its designee or proper authority; and

(b) Submitted to or be made available for review by the Department within the time allotted.

(5) Priority of investigation under (1)(c). When abuse is alleged or death of an individual has occurred and a law enforcement agency, or the Department or its designee has determined to initiate an investigation, the provider must not conduct an internal investigation. For the purposes of this section, an internal investigation is defined as conducting interviews of the alleged victim, witness, the accused person or any other person who may have knowledge of the facts of the abuse allegation or related circumstances; reviewing evidence relevant to the abuse allegation, other than the initial report; or any other actions beyond the initial actions of determining:

(a) If there is reasonable cause to believe that abuse has occurred; or

(b) If the alleged victim is in danger or in need of immediate protective services; or

(c) If there is reason to believe that a crime has been committed; or

(d) What, if any, immediate personnel actions must be taken to assure individual safety.

(6) When an abuse investigation has been initiated, the CDDP must provide notice to the program according to OAR 407-045-0290.

(7) The Department or its designee must conduct investigations prescribed in OAR 407-045-0250 through OAR 407-045-0360 and must complete an Abuse Investigation and Protective Services Report according to OAR 407-045-0320. The report must include the findings based upon the abuse investigation.

(8) When an abuse investigation has been completed, the CDDP must provide notice of the outcome of the investigation according to OAR 407-045-0320.

(9) Upon completion of the abuse investigation. Upon completion of the abuse investigation by the Department, its designee, or a law enforcement agency, a provider may conduct an investigation to determine if any personnel actions are necessary.

(10) Abuse Investigation and Protective Services Report. Upon completion of the investigation report according to OAR 407-045-0330, the sections of the report that are public records and not exempt from disclosure under the public records law shall be provided to the appropriate provider. The provider must implement the actions necessary within the deadlines listed, to prevent further abuse as stated in the report.

(11) Plan of correction. A plan of correction must be submitted to the CDDP and the Department for any noncompliance found during an inspection under this rule.

Stat. Auth. ORS 410.070, 409.050
Stats. Implemented: ORS 443.400 - 443.455

**411-325-0110 Variances**
*(Adopted 1/1/2004)*

(1) Criteria for a variance. The Department may grant a variance to these rules based upon a demonstration by the provider that an alternative method or different approach provides equal or greater program effectiveness and does not adversely impact the welfare, health, safety or rights of individuals.

(2) Variance application. The provider requesting a variance must submit, in writing, an application to the CDDP that contains the following:

(a) The section of the rule from which the variance is sought;

(b) The reason for the proposed variance;

(c) The alternative practice, service, method, concept or procedure proposed; and

(d) If the variance applies to an individual's services, evidence that the variance is consistent with a currently approved ISP according to OAR 411-325-0430.

(3) Community Developmental Disability Program review. The CDDP shall forward the signed variance request form to the Department within 30 days of receipt of the request indicating its position on the proposed variance.

(4) Department review. The Administrator or designee may approve or deny the request for a variance.

(5) Notification. The Department must notify the provider and the CDDP of the decision. This notice will be sent within 30 calendar days of receipt of the request by the Department with a copy to other relevant Department programs or offices.

(6) Appeal. Appeal of the denial of a variance request will be made in writing to the Administrator with a copy sent to the CDDP. The Administrator's decision will be final.

(7) Duration of variance. The Department will determine the duration of the variance.

(8) Written approval. The provider may implement a variance only after written approval from the Department.

Stat. Auth. ORS 410.070, 409.050
Stats. Implemented: ORS 443.400 - 443.455

**411-325-0120 Health: Medical**
*(Amended 8/1/2004)*

(1) Written policies and procedures. The program must have and implement policies and procedures that maintain and protect the physical health of individuals. Policies and procedures must address the following:

(a) Individual health care;

(b) Medication administration;

(c) Medication storage;

(d) Response to emergency medical situations;

(e) Nursing service provision, if provided ;

(f) Disposal of medications; and

(g) Early detection and prevention of infectious disease.

(2) Individual health care. The individual must receive care that promotes their health and well being as follows:

(a) The program must ensure each individual has a primary physician or primary health care provider whom he or she, the parent, guardian or legal representative has chosen from among qualified providers;

(b) The program must ensure each individual receives a medical evaluation by a qualified health care provider no less than every two years or as recommended by a physician;

(c) The program must monitor the health status and physical conditions of each individual and take action in a timely manner in response to identified changes or conditions that could lead to deterioration or harm;

(d) A physician's or qualified health care provider's written, signed order is required prior to the usage or implementation of all of the following:

(A) Prescription medications;

(B) Non prescription medications except over the counter topical;

(C) Treatments other than basic first aid;

(D) Modified or special diets;

(E) Adaptive equipment; and

(F) Aids to physical functioning.

(e) The program must implement a physician's or qualified health care provider's order.

(3) Required documentation. The program must maintain records on each individual to aid physicians, licensed health professionals and the program in understanding the individual's medical history. Such documentation must include:

(a) A list of known health conditions, medical diagnoses; known allergies and immunizations;

(b) A record of visits to licensed health professionals that include documentation of the consultation and any therapy provided; and

(c) A record of known hospitalizations and surgeries.

(4) Medication procurement and storage. All medications must be:

(a) Kept in their original containers;

(b) Labeled by the dispensing pharmacy, product manufacturer or physician, as specified per the physician's or licensed health care practitioner's written order; and

(c) Kept in a secured locked container and stored as indicated by the product manufacturer.

(5) Medication administration. All medications and treatments must be recorded on an individualized medication administration record (MAR). The MAR must include:

(a) The name of the individual;

(b) A transcription of the written physician's or licensed health practitioner's order, including the brand or generic name of the medication, prescribed dosage, frequency and method of administration;

(c) For topical medications and treatments without a physician's order, a transcription of the printed instructions from the package;

(d) Times and dates of administration or self administration of the medication;

(e) Signature of the person administering the medication or the person monitoring the self administration of the medication;

(f) Method of administration;

(g) An explanation of why a PRN (i.e., as needed) medication was administered;

(h) Documented effectiveness of any PRN (i.e., as needed) medication administration;

(i) An explanation of any medication administration irregularity; and

(j) Documentation of any known allergy or adverse drug reaction.

(6) Self-administration of medication. For individuals who independently self-administer medications, there must be a plan as determined by the ISP team for the periodic monitoring and review of the self-administration of medications.

(7) Self-administration medications unavailable to other individuals. The program must ensure that individuals able to self-administer medications keep them in a secure locked container unavailable to other individuals residing in the same residence and store them as recommended by the product manufacturer.

(8) PRN/Psychotropic medication prohibited. PRN (i.e., as needed), orders will not be allowed for psychotropic medication.

(9) Adverse medication effects safe guards. Safeguards to prevent adverse effects or medication reactions must be utilized and include:

(a) Obtaining, whenever possible, all prescription medication except samples provided by the health care provider, for an individual from a single pharmacy which maintains a medication profile for him or her;

(b) Maintaining information about each medication's desired effects and side effects;

(c) Ensuring that medications prescribed for one individual are not administered to, or self-administered by, another individual or staff member; and

(d) Documentation in the individual's record of reason why all medications should not be provided through a single pharmacy.

(10) Unused, discontinued, outdated, recalled and contaminated medications. All unused, discontinued, outdated, recalled and contaminated medications must be disposed of in a manner designed to prevent the illegal diversion of these substances. A written record of their disposal must be maintained that includes documentation of:

(a) Date of disposal;

(b) Description of the medication, including dosage strength and amount being disposed;

(c) Individual for whom the medication was prescribed;

(d) Reason for disposal;

(e) Method of disposal;

(f) Signature of the person disposing of the medication; and

(g) For controlled medications, the signature of a witness to the disposal.

(11) Direct nursing services. When direct nursing services are provided to an individual the program must:

(a) Coordinate with the nurse or nursing service and the ISP team to ensure that the services being provided are sufficient to meet the individual's health needs; and

(b) Implement the Nursing Care Plan, or appropriate portions therein, as agreed upon by the ISP team and the registered nurse.

(12) Notification. When the individual's medical, behavioral or physical needs change to a point that they cannot be met by the program, the Services Coordinator must be notified immediately and that notification documented.

Stat. Auth. ORS 410.070, 409.050
Stats. Implemented: ORS 443.400 - 443.455

**411-325-0130 Health: Food and Nutrition**
*(Amended 8/1/2004)*

(1) Well balanced diet. The provider must provide access to a well balanced diet in accordance with the U.S. Department of Agriculture.

(2) Modified or special diets. For individuals with physician or health care provider ordered modified or special diets the program must:

> (a) Have menus for the current week that provide food and beverages which consider the individual's preferences and are appropriate to the modified or special diet; and
>
> (b) Maintain documentation that identifies how modified texture or special diets are prepared and served for individuals.

(3) Number of meals. At least three meals must be made available or arranged for daily.

(4) Need and preference of individual. Foods must be served in a form consistent with the individual's need and provide opportunities for choice in food selection.

(5) Prohibited food items. Unpasteurized milk and juice or home canned meats and fish must not be served or stored in the residence.

(6) Supply of food. Adequate supplies of staple foods for a minimum of one week and perishable foods for a minimum of two days must be maintained on the premises.

(7) Sanitation. Food must be stored, prepared and served in a sanitary manner.

Stat. Auth. ORS 410.070, 409.050
Stats. Implemented: ORS 443.400 - 443.455

**411-325-0140 Health: Physical Environment**
*(Adopted 1/1/2004)*

(1) Clean and in good repair. All floors, walls, ceilings, windows, furniture and fixtures must be kept in good repair, clean and free from odors. Walls,

ceilings, and floors must be of such character to permit frequent washing, cleaning, or painting.

(2) Water and sewage. The water supply and sewage disposal must meet the requirements of the current rules of the Department of Human Services governing domestic water supply.

(3) Public water supply. A public water supply must be utilized if available. If a non-municipal water source is used, a sample must be collected yearly by the provider, sanitarian, or a technician from a certified water-testing laboratory. The water sample must be tested for coliform bacteria and action taken to ensure potability. Test records must be retained for three years.

(4) Septic tanks or other non-municipal sewage disposal systems. Septic tanks or other non-municipal sewage disposal systems must be in good working order. Incontinence garments must be disposed of in closed containers.

(5) Room temperature. The temperature within the residence must be maintained within a normal comfort range. During times of extreme summer heat, the provider must make reasonable effort to keep individuals comfortable using ventilation, fans, or air conditioning.

(6) Heat source screens. Screening for workable fireplaces and open-faced heaters must be provided.

(7) Heating and cooling devices. All heating and cooling devices must be installed in accordance with current Building Codes and maintained in good working order.

(8) Handrails. Handrails must be provided on all stairways.

(9) Swimming pools, hot tubs, saunas or spas. Swimming pools, hot tubs, saunas, or spas must be equipped with safety barriers and devices designed to prevent injury and unsupervised access.

(10) Sanitation for household pets and other domestic animals. Sanitation for household pets and other domestic animals must be adequate to prevent health hazards. Proof of current rabies vaccinations and any other vaccinations that are required for the pet by a licensed veterinarian must be maintained on the premises. Pets not confined in enclosures must be under

control and must not present a danger or health risk to individuals residing at the residence or their guests.

(11) Insects and rodents. All measures necessary must be taken to prevent the entry of rodents, flies, mosquito's and other insects.

(12) Garbage. The interior and exterior of the residence must be kept free of litter, garbage and refuse.

(13) State and local codes. Any work undertaken at a residence, including but not limited to, demolition, construction, remodeling, maintenance, repair, or replacement must comply with all applicable State and local building, electrical, plumbing and zoning codes appropriate to the individuals served.

(14) Zoning. Programs must comply with all applicable, legal zoning ordinances pertaining to the number of individuals receiving services at the residence.

Stat. Auth. ORS 410.070, 409.050
Stats. Implemented: ORS 443.400 - 443.455

**411-325-0150 Safety: General**
*(Amended 8/1/2004)*

(1) Toxic materials. All toxic materials including, but not limited to, poisons, chemicals, rodenticides and insecticides must be:

(a) Properly labeled;

(b) Stored in original container separate from all foods, food preparation utensils, linens and medications; and

(c) Stored in a locked area unless the Risk Tracking records for all individuals residing in the home document that there is no risk present.

(2) Flammable and combustible materials. All flammable and combustible materials must be properly labeled, stored and locked in accordance with State Fire Code.

(3) Knives and sharp objects. For children, knives and sharp kitchen utensils must be locked unless otherwise determined by a documented ISP team decision.

(4) Window coverings for privacy. Window shades, curtains, or other covering devices must be provided for all bedroom and bathroom windows to assure privacy.

(5) Hot water supply and temperature. Hot water in bathtubs and showers must not exceed 120 °F. Other water sources, except the dishwasher, must not exceed 140 °F.

(6) Window openings. Sleeping rooms on ground level must have at least one window readily openable from the inside without special tools that provides a clear opening of not less than 821 square inches, with the least dimension not less than 22 inches in height or 20 inches in width. Sill height must not be more than 44 inches from the floor level. Exterior sill heights must not be greater than 72 inches from the ground, platform, deck or landing. There must be stairs or a ramp to ground level. Those homes/facilities previously licensed having a minimum window opening of not less than 720 square inches are acceptable unless through inspection it is deemed that the window opening dimensions present a life safety hazard.

(7) Square footage requirement for sleeping rooms. Sleeping rooms must have 60 square feet per individual with beds located at least three feet apart.

(8) Flashlights. Operative flashlights, at least one per floor, must be readily available to staff in case of emergency.

(9) First-aid kit and manual. First-aid kits and first-aid manuals must be available to staff within each residence in a designated location. First aid kits containing any items other than band-aids, tape, bandages must be locked.

Stat. Auth. ORS 410.070, 409.050
Stats. Implemented: ORS 443.400 - 443.455

**411-325-0160 Program Management and Personnel Practices**
*(Temporary Effective 1/1/2010 – 6/30/2010)*

(1) Non-discrimination. The program must comply with all applicable state and federal statutes, rules and regulations in regard to non-discrimination in employment practices.

(2) Basic personnel policies and procedures. The program must have in place and implement personnel policies and procedures that address suspension, increased supervision, or other appropriate disciplinary employment procedures when a staff member has been identified as an accused person in an abuse investigation or when the allegation of abuse has been substantiated.

(3) Prohibition against retaliation. A community program or service provider must not retaliate against any staff who reports in good faith suspected abuse or retaliate against the child or adult with respect to any report. An accused person cannot self-report solely for the purpose of claiming retaliation.

> (a) Subject to penalty. Any community facility, community program, or person that retaliates against any person because of a report of suspected abuse or neglect shall be liable according to ORS 430.755, in a private action to that person for actual damages and, in addition, shall be subject to a penalty up to $1000, notwithstanding any other remedy provided by law.
>
> (b) Adverse action defined. Any adverse action is evidence of retaliation if taken within 90 days of a report of abuse. For purposes of this subsection, "adverse action" means any action taken by a community facility, community program or person involved in a report against the person making the report or against the child or adult because of the report and includes, but is not limited to:
>
> > (A) Discharge or transfer from the program, except for clinical reasons;
> >
> > (B) Discharge from or termination of employment;
> >
> > (C) Demotion or reduction in remuneration for services; or

(D) Restriction or prohibition of access to the program or the individuals served by the program.

(4) Competency-based staff training plan. The program must have and implement a competency-based staff-training plan, which meets, at a minimum, the competencies and timelines set forth in the Department's Oregon Core Competencies.

(5) Mandatory abuse reporting personnel policies and procedures. Any employee of a public or private community agency is required to report incidents of abuse when the employee comes in contact with and has reasonable cause to believe that an individual has suffered abuse or that any person with whom the employee comes in contact, while acting in an official capacity, has abused the individual. Notification of mandatory reporting status must be made at least annually to all employees on forms provided by the Department. All employees shall be provided with a Department produced card regarding abuse reporting status and abuse reporting. For reporting purposes the following shall apply:

(a) Agencies providing services to adults must report to the CDDP where the adult resides and if there is reason to believe a crime has been committed a report must also be made to law enforcement.

(b) Agencies providing services to children must report to DHS Child Welfare or law enforcement in the county where the child resides.

(6) Application for employment. An application for employment at the program must inquire whether an applicant has been found to have committed abuse.

(7) Criminal records checks. Any employee, volunteer, respite provider, advisor, skill trainer, or any subject individual as required under OAR 407-007-0200 to 407-007-0370 who has or will have contact with a resident of the program, must have an approved criminal records check in accordance with OAR 407-007-0200 to 407-007-0370 and under ORS 181.534

(a) The program may not use public funds to support, in whole or in part, the employment in any capacity of a person who has been hired on or after January 1, 2010, or is subject to criminal records checks after January 1, 2010 as required by administrative rule, and who has been convicted:

(A) Of a crime listed in Exhibit 325-1;

(B) In the last 10 years, of a crime involving the delivery or manufacture of a controlled substance;

(C) Of an attempt, conspiracy, or solicitation to commit a crime described in Exhibit 325-1; or

(D) Of a crime in another jurisdiction that is substantially equivalent to a crime described in Exhibit 325-1.

(b) A person does not meet the qualifications as described in this rule if the person has been hired on or after January 1, 2010, or is subject to criminal records checks after January 1, 2010 as required by administrative rule, and has been convicted:

(A) Of a crime listed in Exhibit 325-1;

(B) In the last 10 years, of a crime involving the delivery or manufacture of a controlled substance;

(C) Of an attempt, conspiracy, or solicitation to commit a crime described in Exhibit 325-1; or

(D) Of a crime in another jurisdiction that is substantially equivalent to a crime described in Exhibit 325-1.

(8) Director qualifications. The program must be operated under the supervision of a Director who has a minimum of a bachelor's degree and two years of experience, including supervision, in developmental disabilities, mental health, rehabilitation, social services or a related field. Six years of experience in the identified fields may be substituted for a degree.

(9) General staff qualifications. Any employee providing direct assistance to individuals must meet the following criteria:

(a) Be at least 18 years of age;

(b) Have approval to work based on current Oregon Department of Human Services policy and procedures for review of criminal records in OAR 407-007-0200 to 407-007-0370 and section (7) of this rule;

(c) Be literate and capable of understanding written and oral orders; be able to communicate with individuals, physicians, Services Coordinators and appropriate others; and be able to respond to emergency situations at all times;

(d) Have clear job responsibilities as described in a current signed and dated job description;

(e) Have knowledge of individuals' ISP's and all medical, behavioral and additional supports required for the individual; and

(f) Have met the basic qualifications in the program's competency based training plan.

(10) Personnel files and qualifications records. The program must maintain up-to-date written job descriptions for all employees as well as a file available to the Department or CDDP for inspection that includes written documentation of the following for each employee:

(a) Written documentation of references and qualifications being checked;

(b) Written documentation of an approved criminal record check by the Department of Human Services;

(c) Written documentation of employee notification of mandatory abuse training and reporter status prior to supervising individuals and annually thereafter;

(d) Written documentation of any founded report of child abuse or a substantiated abuse allegation;

(e) Written documentation kept current that the staff person has demonstrated competency in areas identified by the provider's competency based training plan as required by OAR 411-325-0160(4), and which is appropriate to their job description;

(f) Written documentation of 12 hours job-related inservice training annually; including documentation of training in CPR and first aid certification.

(11) Program documentation requirements. All entries required by this rule OAR 411-325-0010 to 411-325-0480 must:

(a) Be prepared at the time, or immediately following the event being recorded;

(b) Be accurate and contain no willful falsifications;

(c) Be legible, dated and signed by the person(s) making the entry; and

(d) Be maintained for no less than three years.

(12) Dissolution of program. Prior to the dissolution of a program, a representative of the governing body or owner must notify the Department 30 days in advance in writing and make appropriate arrangements for the transfer of individual's records.

Stat. Auth. ORS 410.070, 409.050
Stats. Implemented: ORS 443.400 - 443.455

**411-325-0170 Safety: Staffing Requirements**
*(Amended 8/1/2004)*

(1) General staffing requirements. Each residence must provide staff appropriate to the number of individuals served as follows:

(a) Each home or facility serving five or fewer individuals must provide at a minimum one staff on the premises when individuals are present; and

(b) Each program serving five or fewer individuals in apartments must provide at a minimum one staff on the premises of the apartment complex when individuals are present; and

(c) Each home or facility serving six or more individuals must provide a minimum of one staff on the premises for every 15 individuals during awake hours and one staff on the premises for every 15 individuals during sleeping hours, except residences licensed prior to January 1, 1990; and

(d) Each home or facility serving children, for any number of individuals, must provide at a minimum one awake night staff on the premises when individuals are present.

(2) Exceptions to minimum staffing requirements in OAR 411-325-0170(1)(a), (b) and (c) for homes or facilities serving adults. A home or facility is granted an exception to staffing requirements in OAR 411-325-0170(1)(a), (b) and (c) for adults to be home alone when the following conditions have been met:

(a) No more than two adults will be left alone in the home at any time without on staff supervision;

(b) The amount of time any adult can be left alone will not exceed five hours within a twenty-four hour period and no adult will be responsible for any other adult or child in the home or community;

(c) No individual will be left home alone without staff supervision between the hours of 11:00 P.M. and 6:00 A.M.;

(d) The adult has a documented history of being able to do the following safety measures or there is a documented ISP team decision agreeing to an equivalent alternative practice:

(A) Independently call 911 in an emergency and give relevant information after calling 911;

(B) Evacuate the premises during emergencies or fire drills without assistance in three minutes or less;

(C) Knows when, where and how to contact the provider in an Emergency;

(D) Before opening door, checks who is there;

(E) Does not invite strangers to the home/facility;

(F) Answers door appropriately;

(G) Use small appliances, sharp knives, kitchen stove and microwave safely;

(H) Self-administers medications, if applicable;

(I) Safely adjusts water temperature at all faucets; and

(J) Safely takes shower/bathes without falling.

(e) There is a documented ISP team decision annually noting team agreement that the adult meets the requirements of OAR 411-325-0170(2)(d)(A)-(J).

(3) Changes in an adult's ability to remain home alone without supervision. If at any time the adult is unable to meet the requirements in OAR 411-325-0170(2)(d)(A)-(J), the provider must not leave the adult alone without supervision. In addition, the provider must notify the adult's Services Coordinator within one working day and request that the ISP team meet to address the adult's ability to be left alone without supervision.

(4) Contract requirements for staff ratios. Each residence must meet all requirements for staff ratios as specified by contract requirements.

Stat. Auth. ORS 410.070, 409.050
Stats. Implemented: ORS 443.400 - 443.455

**411-325-0180 Safety: Individual Summary Sheets**
*(Amended 8/1/2004)*

Current one to two page summary sheet. A current one to two page summary sheet must be maintained for each individual receiving services from the program. The record must include:

(1) The individual's name, current and previous address, date of entry into the program, date of birth, sex, marital status (for individuals 18 or older), religious preference, preferred hospital, medical prime number and private insurance number where applicable, guardianship status; and

(2) The name, address and telephone number of:

(a) The individual's legal representative, family, advocate or other significant person, and for children, the child's parent or guardian, education surrogate, if applicable;

(b) The individual's preferred physician, secondary physician or clinic;

(c) The individual's preferred dentist;

(d) The individual's identified pharmacy;

(e) The individual's school, day program, or employer, if applicable;

(f) The individual's Services Coordinator, and for Department direct contracts, Department representative; and

(g) Other agency representatives providing services to the individual.

(3) For children under the age 18, any court ordered or guardian authorized contacts or limitations must also be included on the individual summary sheet.

Stat. Auth. ORS 410.070, 409.050
Stats. Implemented: ORS 443.400 - 443.455

**411-325-0185 Safety: Emergency Information**
*(Adopted 9/11/2008)*

(1) Effective September 1, 2009, a program must maintain emergency information for each individual receiving services from the program in addition to an individual summary sheet identified in OAR 411-325-0180.

(2) The emergency information must be kept current and must include:

(a) The individual's name;

(b) The provider's name, address and telephone number;

(c) The address and telephone number of the residence where the individual lives;

(d) The individual's physical description, which could include a picture and the date it was taken, and identification of:

(A) The individual's race, sex, height, weight range, hair and eye color; and

(B) Any other identifying characteristics that could assist in identifying the individual should the need arise, such as marks or scars, tattoos, or body piercings.

(e) Information on the individual's abilities and characteristics including:

(A) How the individual communicates;

(B) The language the individual uses or understands;

(C) The ability of the individual to know and take care of bodily functions; and

(D) Any additional information that could assist a person not familiar with the individual to understand what the individual can do for him or herself.

(f) The individual's health support needs including:

(A) Diagnosis;

(B) Allergies or adverse drug reactions;

(C) Health issues that a person would need to know when taking care of the individual;

(D) Special dietary or nutritional needs such as requirements around the textures or consistency of foods and fluids;

(E) Food or fluid limitations, due to allergies, diagnosis or medications the individual is taking, that may be an aspiration risk or other risk for the individual;

(F) Additional special requirements the individual has related to eating or drinking, such as special positional needs or a specific way foods or fluids are given to the individual;

(G) Physical limitations that may affect the individual’s ability to communicate, respond to instructions or follow directions; and

(H) Specialized equipment needed for mobility, positioning or other health related needs.

(g) The individual's emotional and behavioral support needs including:

(A) Mental health or behavioral diagnosis and the behaviors displayed by the individual; and

(B) Approaches to use when dealing with the individual to minimize emotional and physical outbursts.

(h) Any court ordered or guardian authorized contacts or limitations;

(i) The individual's supervision requirements and why; and

(j) Any additional pertinent information the provider has that could assist in the care and support of the individual should a natural or man-made disaster occur.

Stat. Auth. ORS 409.050, 410.070 & 443.450
Stats. Implemented: ORS 443.400 - 443.455

**411-325-0190 Safety: Incident Reports and Emergency Notifications**
*(Temporary Effective 1/1/2010 – 6/30/2010)*

(1) Incident reports. A written report that describes any incident as defined in OAR 411-325-0020(41) involving an individual must be placed in the individual's record. Such description must include:

(a) Conditions prior to or leading to the incident;

(b) A description of the incident;

(c) Staff response at the time; and

(d) Administrative review to include the follow-up to be taken to prevent a recurrence of the incident.

(2) Sent to guardian and Services Coordinator. Copies of all unusual incident reports must be sent to the individual's Services Coordinator within five working days of the incident. Upon request of the guardian, copies of

unusual incident reports shall be sent to the guardian within five working days of the incident. Such copies must have any confidential information about other individuals removed or redacted as required by federal and state privacy laws. Copies of unusual incident reports may not be provided to a guardian when the report is part of an abuse or neglect investigation.

(3) Notification of allegations of abuse and abuse investigations. The program must notify the CDDP immediately of an incident or allegation of abuse falling within the scope of OAR 407-045-0260.

(a) When an abuse investigation has been initiated, the CDDP must provide notice to the program according to OAR 407-045-0290.

(b) When an abuse investigation has been completed, the CDDP must provide notice of the outcome of the investigation according to OAR 407-045-0320.

(c) When the program receives notification of a substantiated allegation of abuse, the program must provide written notification:

(A) Immediately to the individual found to have committed abuse;

(B) At minimum annually to the:

(i) Residents of the program;

(ii) Residents' services coordinators; and

(iii) Residents' guardians.

(d) The program's written notification must include:

(A) The type of abuse as defined in OAR 407-045-0260;

(B) When the allegation was substantiated;

(C) How to request a copy of the abuse investigation and protective services report.

(4) Immediate notification for serious illness, injury or death. In the case of a serious illness, injury or death of an individual, the program must immediately notify:

(a) The individual's guardian or conservator, parent, next of kin or other significant person;

(b) The Community Developmental Disability Program; and

(c) Any agency responsible for or providing services to the individual.

(5) Emergency notification. In the case of an individual who is away from the residence, without support beyond the time frames established by the ISP team, the program must immediately notify:

(a) The individual's guardian, if any, or nearest responsible relative;

(b) The individual's designated contact person;

(c) The local police department; and

(d) The Community Developmental Disability Program.

Stat. Auth. ORS 410.070, 409.050
Stats. Implemented: ORS 443.400 - 443.455

**411-325-0200 Safety: Transportation**
*(Amended 8/1/2004)*

(1) Vehicles operated to transport individuals. Providers, including employees and volunteers who own or operate vehicles that transport individuals, must:

(a) Maintain the vehicles in safe operating condition;

(b) Comply with Department of Motor Vehicles laws;

(c) Maintain or assure insurance coverage including liability, on all vehicles and all authorized drivers; and

(d) Carry in vehicles a first aid kit.

(2) Seat belts and appropriate safety devices. When transporting, the driver must ensure that all individuals use seat belts. Individual car or booster seats will be used for transporting all children as required by law. When transporting individuals in wheel chairs, the driver must ensure that wheel chairs are secured with tie downs and that individuals wear seat belts.

(3) Drivers. Drivers operating vehicles that transport individuals must meet applicable Department of Motor Vehicles requirements as evidenced by a driver's license.

Stat. Auth. ORS 410.070, 409.050
Stats. Implemented: ORS 443.400 - 443.455

**411-325-0210 Individual/Family Involvement Policy**
*(Adopted 1/1/2004)*

(1) Individual/family involvement policy needed. The program must have and implement a written policy that addresses:

> (a) Opportunities for the individual to participate in decisions regarding the operations of the program;
>
> (b) Opportunities for families, guardians, legal representatives and significant others of the individuals served by the program to interact;
>
> (c) Opportunities for individuals, families, guardians, legal representatives and significant others to participate on the Board or on committees or to review policies of the program that directly affect the individuals served by the program.

Stat. Auth. ORS 410.070, 409.050
Stats. Implemented: ORS 443.400 - 443.455

**411-325-0220 Individual Furnishings**
*(Adopted 1/1/2004)*

(1) Bedroom furniture. Bedroom furniture must be provided or arranged for each individual and include:

> (a) A bed, including a frame unless otherwise documented by an ISP team decision, a clean comfortable mattress, a waterproof mattress cover, if the individual is incontinent, and a pillow;

(b) A private dresser or similar storage area for personal belongings which is readily accessible to the individual; and

(c) A closet or similar storage area for clothing which is readily accessible to the individual.

(2) Linens. Two sets of linens must be provided, or arranged for each individual and include:

(a) Sheets and pillowcases;

(b) Blankets, appropriate in number and type for the season and the individual's comfort; and

(c) Towels and washcloths.

(3) Personal hygiene items. Each person must be assisted in obtaining personal hygiene items in accordance with individual needs and items must be stored in a sanitary and safe manner.

Stat. Auth. ORS 410.070, 409.050
Stats. Implemented: ORS 443.400 - 443.455

**411-325-0230 Emergency Plan and Safety Review**
*(Amended 9/11/2008)*

(1) EFFECTIVE DATE. This rule shall become effective on September 1, 2009.

(2) EMERGENCY PLANNING.

(a) Providers must post the following emergency telephone numbers in close proximity to all phones used by staff.

(A) The telephone numbers of the local fire, police department, and ambulance service, if not served by a 911 emergency services; and

(B) The telephone number of the program's executive director, emergency physician and additional persons to be contacted in the case of an emergency.

(b) If an individual regularly accesses the community independently, the provider must provide the individual information about appropriate steps to take in an emergency, such as emergency contact telephone numbers, contacting police or fire personnel, or other strategies to obtain assistance.

(3) WRITTEN EMERGENCY PLAN. Providers must develop, maintain, update and implement a written emergency plan for the protection of all individuals in the event of an emergency or disaster.

(a) The emergency plan must:

(A) Be practiced at least annually. The emergency plan practice may consist of a walk-through of the duties or a discussion exercise dealing with a hypothetical event, commonly known as a tabletop exercise.

(B) Consider the needs of the individuals being served and address all natural and human-caused events identified as a significant risk for the home such as a pandemic or an earthquake.

(C) Include provisions and sufficient supplies, such as sanitation supplies, to shelter in place, when unable to relocate, for a minimum of three days under the following conditions:

(i) Extended utility outage;

(ii) No running water;

(iii) Inability to replace food or supplies; and

(iv) Staff unable to report as scheduled.

(D) Include provisions for evacuation and relocation that identifies:

(i) The duties of staff during evacuation, transporting, and housing of individuals including instructions to staff to notify the Seniors and People with Disabilities Division, local office, or designee of the plan to evacuate or the

evacuation of the home as soon as the emergency or disaster reasonably allows;

(ii) The method and source of transportation;

(iii) Planned relocation sites that are reasonably anticipated to meet the needs of the individuals in the home;

(iv) A method that provides persons unknown to the individual the ability to identify each individual by the individual's name and to identify the name of the individual's supporting provider; and

(v) A method for tracking and reporting to the Seniors and People with Disabilities Division, local office, or designee, the physical location of each individual until a different entity resumes responsibility for the individual,

(E) Address the needs of the individuals, including provisions to provide:

(i) Immediate and continued access to medical treatment with the evacuation of the individual summary sheet identified in OAR 411-325-0180 and the individual's emergency information identified in OAR 411-325-0185 and other information necessary to obtain care, treatment, food, and fluids for individuals.

(ii) Continued access to life-sustaining pharmaceuticals, medical supplies and equipment during and after an evacuation and relocation;

(iii) Behavior support needs anticipated during an emergency; and

(iv) Adequate staffing to meet the life-sustaining and safety needs of the individuals.

(b) Providers must instruct and provide training to all staff about the staffs' duties and responsibilities for implementing the emergency plan.

(c) The provider must re-evaluate and revise the emergency plan at least annually or when there is a significant change in the home.

(d) The emergency plan summary, on the form supplied by the Seniors and People with Disabilities Division, must be sent to the Seniors and People with Disabilities Division annually and upon change of ownership.

(e) Applicable parts of the emergency plan must coordinate with each applicable employment and alternative-to-employment provider to address the possibility of an emergency or disaster during work hours.

(4) QUARTERLY SAFETY REVIEW. A documented safety review must be conducted quarterly to ensure that each residence is free of hazards. The provider must keep the quarterly safety review reports for three years and must make them available upon request by the CDDP or the Seniors and People with Disabilities Division.

Stat. Auth. ORS 409.050, 410.070 & 443.450
Stats. Implemented: ORS 443.400 - 443.455

**411-325-0240 Safety: Assessment of Fire Evacuation Assistance Required**
*(Adopted 1/1/2004)*

(1) Assessment of level of evacuation assistance required. The program must assess within 24 hours of entry to the residence the individual's ability to evacuate the residence in response to an alarm or simulated emergency.

(2) Documentation of level of assistance required. The program must document the level of assistance needed by each individual to safely evacuate the residence and such documentation must be maintained in the individual's entry records.

Stat. Auth. ORS 410.070, 409.050
Stats. Implemented: ORS 443.400 - 443.455

**411-325-0250 Safety: Fire Drill Requirements and Fire Safety**
*(Amended 8/1/2004)*

(1) General fire drill requirements. The program must conduct unannounced evacuation drills when individuals are present, one per quarter each year with at least one drill per year occurring during the hours of sleep. Drills must occur at different times of the day, evening and night shifts with exit routes being varied based on the location of a simulated fire.

(2) Written fire drill documentation required. Written documentation must be made at the time of the fire drill and kept by the program for at least two years following the drill. Fire drill documentation must include:

(a) The date and time of the drill or simulated drill;

(b) The location of the simulated fire and exit route;

(c) The last names of all individuals and staff present on the premises at the time of the drill;

(d) The type of evacuation assistance provided by staff to individuals' as specified in each individual's safety plan;

(e) The amount of time required by each individual to evacuate or staff simulating the evacuation; and

(f) The signature of the staff conducting the drill.

(3) Smoke alarms or detectors and protection equipment. Smoke alarms or detectors and protection equipment must be inspected and documentation of inspections maintained as recommended by the local fire authority or State Fire Marshal.

(4) Adaptations required for sensory or physically impaired. The program must provide necessary adaptations to ensure fire safety for sensory and physically impaired individuals.

Stat. Auth. ORS 410.070, 409.050
Stats. Implemented: ORS 443.400 - 443.455

**411-325-0260 Safety: Individual Fire Evacuation Safety Plans**
*(Amended 8/1/2004)*

(1) Written fire safety evacuation plan for five or fewer individuals residing in homes, duplexes, or apartments who are unable to evacuate residence in three minutes or less, or who request not to participate in fire drills. For individuals who are unable to evacuate the residence within the required evacuation time, or who, with concurrence of the ISP team, request not to participate in fire drills, the program must develop a written fire safety and evacuation plan that includes the following:

(a) Documentation of the risk to the individual's medical, physical condition and behavioral status;

(b) Identification of how the individual will evacuate his/her residence including level of support needed;

(c) The routes to be used to evacuate the residence to a point of safety;

(d) Identification of assistive devices required for evacuation;

(e) The frequency the plan will be practiced and reviewed by the individual and staff;

(f) The alternative practices;

(g) Approval of the plan by the individual's guardian, case manager and the program director; and

(h) A plan to encourage future participation.

(2) Required documentation of practice and review of fire safety and evacuation plans. The program must maintain documentation of the practice and review of the safety plan by the individual and the staff.

Stat. Auth. ORS 410.070, 409.050
Stats. Implemented: ORS 443.400 - 443.455

**411-325-0270 Specific Standards: Safety- Fire Safety Requirements for Homes on a Single Property or on Contiguous Property Serving Six or More Individuals**
*(Amended 9/11/2008)*

(1) State of Oregon Building Codes and Fire Code. The home must provide safety equipment appropriate to the number and level of individuals served and meet the requirements of the State of Oregon Structural Specialty and the Fire Code as adopted by the State:

(a) Each residence housing six or more, but fewer than 11 individuals, or each residence that houses five or fewer individuals, but is licensed as single facility due to the total number of individuals served per the license or meets the contiguous property provision, must meet the requirements of a SR 3.3 occupancy and must:

(A) Provide and maintain permanent wired smoke alarms from a commercial source with battery back-up in each bedroom and at a point centrally located in the corridor or area giving access to each separate sleeping area and on each floor;

(B) Provide and maintain a 13D residential sprinkler system as defined in the most recent edition of the National Fire Protection Association standard; and

(C) Have simple hardware for all exit doors and interior doors that cannot be locked against exit that has an obvious method of operation. Hasps, sliding bolts, hooks and eyes, double key deadbolts, and childproof doorknobs are not permitted. Any other deadbolts must be single action release so as to allow the door to open in a single operation.

(b) Each residence housing 11 or more but fewer than 17 individuals must meet the requirements of a SR-3.2 occupancy.

(c) Each residence housing 17 or more individuals must meet the requirements of a SR 3.1 occupancy.

(2) Licensed capacity plus respite bed for homes on a single property or on a contiguous property serving six or more individuals. At no time will the number of individuals served exceed the licensed capacity, except that one additional individual may receive respite care services not to exceed two

weeks. Respite supports must not violate the safety and health sections of this rule.

(3) No admittance of person unable to appropriately respond. The program must not admit individuals functioning below the level indicated on the license for the residence.

Stat. Auth. ORS 409.050, 410.070 & 443.450
Stats. Implemented: ORS 443.400 - 443.455

**411-325-0280 Specific Standards: Safety-Fire Safety Requirements for Homes or Duplexes Serving Five or Fewer Individuals**
*(Amended 9/11/2008)*

(1) Fire safety requirements. The home or duplex must be made fire safe.

(a) A second means of egress must be provided.

(b) A class 2A10BC fire extinguisher easily accessible on each floor in the home or duplex must be provided.

(c) Permanent wired smoke alarms from a commercial source with battery back up in each bedroom and at a point centrally located in the corridor or area giving access to each separate sleeping area and on each floor must be provided and maintained.

(d) A 13D residential sprinkler system in accordance with the most recent edition of the National Fire Protection Association Code must be provided and maintained. Homes or duplexes rated as "Prompt" facilities per Chapter 3 of the 2000 edition NFPA 101 Life Safety Code are granted an exception from the residential sprinkler system requirement.

(e) Hardware for all exit doors and interior doors must be simple hardware that cannot be locked against exit and must have an obvious method of operation. Hasp, sliding bolts, hooks and eyes, double key deadbolts, and childproof doorknobs are not permitted. Any other deadbolts must be single action release so as to allow the door to open in a single operation.

(2) Exception for permanent wired smoke alarms and 13D residential sprinkler systems. A home or duplex is granted an exception to

requirements in OAR 411-325-0280(1)(c) and (d) under the following circumstances:

(a) All individuals residing in the home or duplex have demonstrated the ability to respond to an emergency alarm with or without physical assistance from staff, to the exterior and away from the home, in three minutes or less, as evidenced by three or more consecutive documented fire drills;

(b) Battery operated smoke alarms with a 10 year battery life and hush feature have been installed in accordance with the manufacturer's listing, in each bedroom, adjacent hallways, common living areas, basements, and in two-story homes, at the top of each stairway. Ceiling placement of smoke alarms is recommended. If wall mounted, smoke alarms must be between 6" and 12" from the ceiling and not within 12" of a corner. Alarms must be equipped with a device that warns of low battery condition when battery operated. All smoke alarms are to be maintained in functional condition; and

(c) A written fire safety evacuation plan is implemented that assures that staff assist all individuals in evacuating the premises safely during an emergency or fire as documented by fire drill records.

(3) Respite care. At no time will the number of individuals served at the residence exceed the maximum capacity of five including respite services. An individual may receive respite services not to exceed two weeks. Respite services must not violate the safety and health sections of this rule.

Stat. Auth. ORS 410.070, 409.050
Stats. Implemented: ORS 443.400 - 443.455

**411-325-0290 Specific Standards: Safety-Fire Safety Requirements for Apartments Serving Five or Fewer Individuals**
*(Amended 8/1/2004)*

(1) Fire safety requirements. The apartment must be made fire safe by:

(a) Providing and maintaining in each apartment battery-operated smoke alarms with a 10-year life in each bedroom and in a central location on each floor;

(b) Providing first floor occupancy apartments. Individuals who can exit in three minutes or less without assistance may be granted a variance from the first floor occupancy requirement;

(c) Providing a class 2A10BC portable fire extinguisher easily accessible in each apartment;

(d) Providing access to telephone equipment or intercom in each apartment, usable by the individual served; and

(e) Providing constantly usable unblocked exits from the apartment and apartment building.

(2) Respite care. At no time will the number of individuals served at the residence exceed the maximum capacity of five including respite services. An individual may receive respite services not to exceed two weeks. Respite services must not violate the safety and health sections of this rule.

Stat. Auth. ORS 410.070, 409.050
Stats. Implemented: ORS 443.400 - 443.455

**411-325-0300 Rights: General**
*(Amended 8/1/2004)*

(1) Abuse prohibited for adults and children. Adults as defined at 411-325-0020(6) must not be abused nor will abuse be tolerated by any employee, staff or volunteer of the program. Children as defined at 411-325-0020(18) or as defined in these rules must not be abused nor will abuse be tolerated by any employee, staff or volunteer of the program.

(2) Protection and wellbeing. The program must ensure the health and safety of individuals from abuse including the protection of individual rights, as well as, encourage and assist individuals through the ISP process to understand and exercise these rights. Except for children under the age of 18, where reasonable limitations have been placed by a parent or guardian, these rights must at a minimum provide for:

(a) Assurance that each individual has the same civil and human rights accorded to other citizens of the same age except when limited by a court order:

(b) Adequate food, housing, clothing, medical and health care, supportive services and training;

(c) Visits with family members, guardians, friends, advocates and others of the individual's choosing, and legal and medical professionals;

(d) Confidential communication including personal mail and telephone;

(e) Personal property and fostering of personal control and freedom regarding that property;

(f) Privacy in all matters that do not constitute a documented health and safety risk to the individual;

(g) Protection from abuse and neglect, including freedom from unauthorized training, treatment and chemical/mechanical/ physical restraints;

(h) Freedom to choose whether or not to participate in religious activity;

(i) The opportunity to vote for individuals over the age of 18 and training in the voting process;

(j) Expression of sexuality within the framework of State and Federal Laws, and for adults over the age of 18, freedom to marry and to have children;

(k) Access to community resources, including recreation, agency services, employment and community inclusion services, school, educational opportunities and health care resources;

(l) Individual choice for children and adults that allows for decision making and control of personal affairs appropriate to age;

(m) Services which promote independence, dignity and self-esteem and reflect the age and preferences of the individual child or adult;

(n) Individual choice for adults to consent to or refuse treatment, unless incapable, and then an alternative decision maker is allowed

to consent or refuse. For children consent to or refusal of treatment by the child's parent or guardian except as defined in statute (ORS 109.610) or limited by court order;

(o) Individual choice to participate in community activities;

(p) Access to a free and appropriate education for children and individuals under the age of 21 including a procedure for school attendance or refusal to attend.

(3) Policies and procedures. The program must have and implement written policies and procedures that protect an individual's rights as listed in OAR 411-325-0300(2)(a - p).

(4) Notification of policies and procedures. The program must inform each individual and parent or guardian orally and in writing of their rights and a description of how to exercise those rights. This must be completed at entry to the program and in a timely manner, thereafter, as changes occur. Information must be presented using language, format, and methods of communication appropriate to the individual's needs and abilities.

Stat. Auth. ORS 410.070, 409.050
Stats. Implemented: ORS 443.400 - 443.455

**411-325-0310 Rights: Confidentiality of Records**
*(Amended 8/1/2004)*

Confidentiality. All individuals' records are confidential except as otherwise provided by applicable State and Federal rule or laws.

(1) For the purpose of disclosure from individual medical records under these rules, service providers under these rules are considered "providers" as defined in ORS 179.505(1).

(2) For the purposes of disclosure from non-medical individual records, all or portions of the information contained in these records may be exempt from public inspection under the personal privacy information exemption to the public records law set forth in ORS 192.502(2).

Stat. Auth. ORS 410.070, 409.050
Stats. Implemented: ORS 443.400 - 443.455

**411-325-0320 Rights: Informal Complaints and Formal Grievances**
*(Amended 8/1/2004)*

(1) Grievances. The program must develop and implement written policies and procedures regarding individual informal complaints and formal grievances. These policies and procedures must at minimum address:

(a) Informal complaint resolution. Opportunity for an individual or someone acting on behalf of the individual to informally discuss and resolve any allegation that a program has taken action which is contrary to law, rule, or policy and that does not meet the criteria for an abuse investigation. Choosing this opportunity will not preclude the individual or someone acting on behalf of the individual to pursue resolution through formal grievance processes.

(b) Formal grievances and grievance log. A description of how the program receives and documents grievances from individual(s) and others acting on the behalf of individuals. If a grievance is associated in any way with abuse, the recipient of the grievance must immediately report the issue to the appropriate authority, the CDDP, Department for direct contracted services and notify the Executive Director or designee. The formal grievance policies and procedures must require:

(A) Investigation of the facts supporting or disproving the grievance;

(B) That the Executive Director or designee provide a formal written response to the grievant within 15 days of receipt of the grievance, unless the grievance is informally resolve to the grievant's satisfaction prior to that time. The formal written response of the Executive Director or designee must clearly inform the grievant:

(i) Of the right to appeal an adverse decision to the CDDP and how to do so, including the name, address, and phone number of the person at the CDDP to whom the appeal should be submitted;

(ii) Of the availability of assistance in appealing the grievance and how to access that assistance.

(C) That the Executive Director or designee will submit to the CDDP for review grievances that have not been resolved to the satisfaction of the grievant, where the Executive Director or designee believes that the grievant may not have the capability to appeal an adverse decision to the CDDP.

(D) The CDDP will address the appeal as provided in the Community Developmental Disability Programs Administrative Rule, OAR 411-320-0170.

(E) Documentation of each grievance and its resolution must be filed or noted in the grievant's record. In addition, the program must maintain a grievance log, which will, at a minimum, identify the person making the grievance, the date of the grievance, the nature of the grievance, the resolution, and the date of the resolution.

(2) Notification of policies and procedures. The program must inform each individual, parent or guardian orally and in writing, of its grievance policy and procedures. This must be done at entry to the program and in a timely manner thereafter as changes occur. Information must be presented using language, format and methods of communication appropriate to the individual's needs and abilities.

Stat. Auth. ORS 410.070, 409.050
Stats. Implemented: ORS 443.400 - 443.455

**411-325-0330 Rights: Medicaid Fair Hearings**
*(Adopted 1/1/2004)*

Medicaid service recipients policy and procedure. The program must have a policy and procedure that provides for immediate referral to the CDDP when a Medicaid recipient, parent or guardian requests a fair hearing. The policy and procedure must include immediate notice to the individual, parent or guardian of the right to a Medicaid fair hearing each time a program takes action to deny, terminate, suspend or reduce an individual's access to services covered under Medicaid.

Stat. Auth. ORS 410.070, 409.050
Stats. Implemented: ORS 443.400 - 443.455

**411-325-0340 Rights: Behavior Support**
*(Amended 8/1/2004)*

(1) Written policy required. The program must have and implement a written policy for behavior support that utilizes individualized positive behavior support techniques and prohibits abusive practices.

(2) Development of an individualized plan to alter a person's behavior. A decision to develop a plan to alter a person's behavior must be made by the ISP team. Documentation of the ISP team decision must be maintained by the program.

(3) Functional behavioral assessment required. The program must conduct a functional behavioral assessment of the behavior, which must be based upon information provided by one or more persons who know the individual. The functional behavioral assessment must include:

(a) A clear, measurable description of the behavior which includes (as applicable) frequency, duration and intensity of the behavior;

(b) A clear description and justification of the need to alter the behavior;

(c) An assessment of the meaning of the behavior, which includes the possibility that the behavior is one or more of the following:

(A) An effort to communicate;

(B) The result of medical conditions;

(C) The result of psychiatric conditions; and

(D) The result of environmental causes or other factors.

(d) A description of the context in which the behavior occurs; and

(e) A description of what currently maintains the behavior.

(4) Behavior support plan requirements. The behavior support plan must include:

(a) An individualized summary of the person's needs, preferences and relationships;

(b) A summary of the function(s) of the behavior, (as derived from the functional behavioral assessment);

(c) Strategies that are related to the function(s) of the behavior and are expected to be effective in reducing problem behaviors;

(d) Prevention strategies including environmental modifications and arrangement(s);

(e) Early warning signals or predictors that may indicate a potential behavioral episode and a clearly defined plan of response;

(f) A general crisis response plan that is consistent with the Oregon Intervention System (OIS);

(g) A plan to address post crisis issues;

(h) A procedure for evaluating the effectiveness of the plan which includes a method of collecting and reviewing data on frequency, duration and intensity of the behavior;

(i) Specific instructions for staff who provide support to follow regarding the implementation of the plan; and

(j) Positive behavior supports that includes the least intrusive intervention possible.

(5) Additional documentation requirements for implementation of behavioral support plans. Providers must maintain the following additional documentation for implementation of behavioral support plans:

(a) Written evidence that the individual, parent(s) (if applicable), guardian or legal representative (if applicable) and the ISP team are aware of the development of the plan and any objections or concerns have been documented;

(b) Written evidence of the ISP team decision for approval of the implementation of the behavior support plan; and

(c) Written evidence of all informal and positive strategies used to develop an alternative behavior.

(6) Notification of policies and procedures. The program must inform each individual and the parent(s), guardian, legal representative of the behavior support policy and procedures at the time of entry to the program and as changes occur.

Stat. Auth. ORS 410.070, 409.050
Stats. Implemented: ORS 443.400 - 443.455

**411-325-0350 Rights: Physical Intervention**
*(Amended 8/1/2004)*

(1) Circumstances allowing the use of physical intervention. The program must only employ physical intervention techniques that are included in the current approved OIS curriculum or as approved by the OIS Steering Committee. Physical intervention techniques must only be applied:

(a) When the health and safety of the individual and others are at risk, and the ISP team has authorized the procedures in a documented ISP team decision that is included in the ISP and uses procedures that are intended to lead to less restrictive intervention strategies; or

(b) As an emergency measure, if absolutely necessary to protect the individual or others from immediate injury; or

(c) As a health related protection ordered by a physician, if absolutely necessary during the conduct of a specific medical or surgical procedure, or for the individual's protection during the time that a medical condition exists.

(2) Staff training. Staff supporting an individual must be trained by an instructor certified in the Oregon Intervention System (OIS) when the individual has a history of behavior requiring physical intervention and the ISP team has determined there is probable cause for future application of physical intervention. Documentation verifying such training must be maintained in the staff's personnel file.

(3) Modification of OIS physical intervention procedures. The program must obtain the approval of the OIS Steering Committee for any modification of standard OIS physical intervention technique(s). The request for

modification of physical intervention technique(s) must be submitted to the OIS Steering Committee and must be approved in writing by the OIS Steering Committee prior to the implementation of the modification. Documentation of the approval must be maintained in the individual's record.

(4) Physical intervention techniques in emergency situations. Use of physical intervention techniques that are not part of an approved plan of behavior support in emergency situations must:

(a) Be reviewed by the program's executive director or designee within one hour of application;

(b) Be used only until the individual is no longer an immediate threat to self or others;

(c) Submit an incident report to the CDDP Services Coordinator, or other Department designee (if applicable), personal agent (if applicable), and the person's legal guardian (if applicable), no later than one working day after the incident has occurred; and

(d) Prompt an ISP team meeting if an emergency intervention is used more than three times in a six-month period.

(5) Incident report. Any use of physical intervention(s) must be documented in an incident report excluding circumstances defined in OAR 411-325-0350(7)(a-h). The report must include:

(a) The name of the individual to whom the physical intervention was applied;

(b) The date, type, and length of time the physical intervention was applied;

(c) A description of the incident precipitating the need for the use of the physical intervention;

(d) Documentation of any injury;

(e) The name and position of the staff member(s) applying the physical intervention;

(f) The name(s) and position(s) of the staff witnessing the physical intervention;

(g) The name and position of the person providing the initial review of the use of the physical intervention; and

(h) Documentation of an administrative review that includes the follow-up to be taken to prevent a recurrence of the incident by the director or his/her designee who is knowledgeable in OIS, as evident by a job description that reflects this responsibility.

(6) Copies submitted. A copy of the incident report must be forwarded within five working days of the incident, to the CDDP Services Coordinator and when applicable to the legal guardian and the personal agent.

(a) The Services Coordinator or when applicable the Department designee will receive complete copies of incident reports.

(b) Copies of incident reports will not be provided to a legal guardian, personal agent or other service providers, when the report is part of an abuse or neglect investigation.

(c) Copies provided to a legal guardian, personal agent, or other service provider must have confidential information about other individuals removed or redacted as required by federal and state privacy laws.

(d) All interventions resulting in injuries must be documented in an incident report and forwarded to the CDDP Services Coordinator or other Department designee (if applicable) within one working day of the incident.

(7) Behavior data summary. The program may substitute a behavior data summary in lieu of individual incident reports when:

(a) There is no injury to the individual or others;

(b) The intervention utilized is not a physical restraint;

(c) There is a formal written functional assessment and a written behavioral support plan;

(d) The individual's behavior support plan defines and documents the parameters of the baseline level of behavior;

(e) The physical intervention technique(s), and the behavior(s) for which they are applied remain within the parameters outlined in the individual's behavior support plan and the OIS curriculum;

(f) The behavior data collection system for recording observation, intervention and other support information critical to the analysis of the efficacy of the behavior support plan, is also designed to record items as required in support in OAR 411-325-0350(5)(a)-(c) and (e)-(h); and

(g) There is written documentation of an ISP team decision that a behavior data summary had been authorized for substitution in lieu of incident reports.

(8) Copy to CDDP. A copy of the behavior data summary must be forwarded every thirty days to the CDDP Services Coordinator or other Department designee (if applicable), or personal agent (if applicable) and the person's legal guardian (if applicable).

Stat. Auth. ORS 410.070, 409.050
Stats. Implemented: ORS 443.400 - 443.455

**411-325-0360 Rights: Psychotropic Medications and Medications for Behavior**
*(Amended 8/1/2004)*

(1) Requirements. Psychotropic medications and medications for behavior must be:

(a) Prescribed by physician or health care provider through a written order; and

(b) Monitored by the prescribing physician, ISP team and program for desired responses and adverse consequences.

(2) Balancing test. When medication is first prescribed and annually thereafter, the provider must obtain a signed balancing test from the prescribing health care provider using the DHS Balancing Test Form or by inserting the required form content into the provider's agency forms.

Providers must present the physician or health care provider with a full and clear description of the behavior and symptoms to be addressed, as well as any side effects observed.

(3) Documentation requirements. The provider must keep signed copies of these forms in the individual's medical record for seven years.

Stat. Auth. ORS 410.070, 409.050
Stats. Implemented: ORS 443.400 - 443.455

**411-325-0370 Rights: Individuals' Personal Property**
*(Adopted 1/1/2004)*

(1) Record of personal property. The program must prepare and maintain an accurate individual written record of personal property that has significant or monetary value to each individual as determined by a documented ISP team or guardian decision. The record must include:

(a) The description and identifying number, if any;

(b) Date of inclusion in the record;

(c) Date and reason for removal from the record;

(d) Signature of staff making each entry; and

(e) A signed and dated annual review of the record for accuracy.

Stat. Auth. ORS 410.070, 409.050
Stats. Implemented: ORS 443.400 - 443.455

**411-325-0380 Rights: Handling and Managing Individuals' Money**
*(Adopted 1/1/2004)*

(1) Policies and procedures. The program must have and implement written policies and procedures for the handling and management of individuals' money. Such policies and procedures must provide for:

(a) The individual to manage his/her own funds unless the ISP documents and justifies limitations to self-management;

(b) Safeguarding of an individual's funds;

(c) Individuals receiving and spending their money; and

(d) Taking into account the individual's interests and preferences.

(2) Individual written record. For those individuals not yet capable of managing their own money, as determined by the ISP Risk Tracking Record or guardian, the program must prepare and maintain an accurate written record for each individual of all money received or disbursed on behalf of or by the individual. The record must include:

(a) The date, amount and source of income received;

(b) The date, amount and purpose of funds disbursed; and

(c) Signature of the staff making each entry.

(3) Reimbursement to individual. The program must reimburse the individual any funds that are missing due to theft, or mismanagement on the part of any staff member of the program or for any funds within the custody of the program that are missing. Such reimbursement must be made within 10 working days of the verification that funds are missing.

Stat. Auth. ORS 410.070, 409.050
Stats. Implemented: ORS 443.400 - 443.455

**411-325-0390 Entry, Exit and Transfer: General**
*(Amended 8/1/2004)*

(1) Qualifications for Department funding. All individuals considered for Department funded services must:

(a) Be referred by the Community Developmental Disability Program;

(b) Be determined to have a developmental disability by the Department or its designee; and

(c) Not be discriminated against because of race, color, creed, age, disability, national origin, duration of Oregon residence, method of payment, or other forms of discrimination under applicable state or federal law.

(2) Authorization of entry into 24-Hour Residential Programs. The CDDP Services Coordinator, except in the cases of children's residential services and state operated community programs, must make authorization of entry into 24-Hour residential program. The Department must authorize admission into children's residential services and state operated community programs.

(3) Information required for entry meeting. The program must acquire the following information prior to or upon an entry ISP team meeting:

(a) A copy of the individual's eligibility determination document;

(b) A statement indicating the individual's safety skills including ability to evacuate from a building when warned by a signal device, and adjusting water temperature for bathing and washing;

(c) A brief written history of any behavioral challenges including supervision and support needs;

(d) A medical history and information on health care supports that includes, where available:

(A) The results of a physical exam made within 90 days prior to entry;

(B) Results of any dental evaluation;

(C) A record of immunizations;

(D) A record of known communicable diseases and allergies; and

(E) A record of major illnesses and hospitalizations.

(e) A written record of any current or recommended medications, treatments, diets and aids to physical functioning;

(f) Copies of documents relating to guardianship or conservatorship or health care representative or any other legal restrictions on the rights of the individual, if applicable;

(g) Written documentation that the individual is participating in out of residence activities including school enrollment for individuals under the age of 21; and

(h) A copy of the most recent Functional Behavioral Assessment, Behavior Support Plan, Individual Support Plan, and Individual Education Plan if applicable.

(4) Crisis entries from family homes. If the individual is being admitted from his or her family home and the information required in OAR 411-325-0390(3)(a)-(h) is not available, the program will ensure that they assess the individual upon entry for issues of immediate health or safety and document a plan to secure the remaining information no later than thirty days after entry. This must include a written justification as to why the information is not available.

(5) Entry meeting. An entry ISP team meeting must be conducted prior to the onset of services to the individual. The findings of the meeting must be recorded in the individual's file and include, at a minimum:

(a) The name of the individual proposed for services;

(b) The date of the meeting and the date determined to be the date of entry;

(c) The names and role of the participants at the meeting;

(d) Documentation of the pre-entry information required by OAR 411-325-0390(3)(a)-(h);

(e) Documentation of the decision to serve or not serve the individual requesting service, with reasons; and

(f) A written transition plan to include all medical, behavior and safety supports needed by the individual, to be provided to the individual for no longer than 60 days, if the decision was made to serve.

(6) Exit meeting. Each individual considered for exit must have a meeting by the ISP team before any decision to exit is made. Findings of such a meeting must be recorded in the individual's file and include, at a minimum:

(a) The name of the individual considered for exit;

(b) The date of the meeting;

(c) Documentation of the participants included in the meeting;

(d) Documentation of the circumstances leading to the proposed exit;

(e) Documentation of the discussion of strategies to prevent an exit from service (unless the individual, individual's guardian, or for a child the parent or guardian is requesting exit);

(f) Documentation of the decision regarding exit including verification of a majority agreement of the meeting participants regarding the decision; and

(g) Documentation of the proposed plan for services to the individual after the exit.

(7) Requirements for waiver of exit meeting. Requirements for an exit meeting may be waived if an individual is immediately removed from the home under the following conditions:

(a) The individual and his/her guardian or legal representative requests an immediate move from the home; or

(b) The individual is removed by a legal authority acting pursuant to civil or criminal proceedings other than detention for a child.

(8) Transfer meeting. A meeting of the ISP Team to discuss any proposed transfer of an individual must precede the decision to transfer. Findings of such a meeting must be recorded in the individual's file and include, at a minimum:

(a) The name of the individual considered for transfer;

(b) The date of the meeting or telephone call(s);

(c) Documentation of the participants included in the meeting or telephone call(s) including for a child, a parent or guardian who is participating to sign documents;

(d) Documentation of the circumstances leading to the proposed transfer;

(e) Documentation of the alternatives considered instead of transfer;

(f) Documentation of the reasons any preferences of the individual, guardian, legal representative, parent or family members cannot be honored;

(g) Documentation of a majority agreement of the participants with the decision; and

(h) The written plan for services to the individual after transfer.

Stat. Auth. ORS 410.070, 409.050
Stats. Implemented: ORS 443.400 - 443.455

**411-325-0400 Grievance of Entry, Exit and Transfer**
*(Amended 8/1/2004)*

(1) Grievances. In cases where the individual, parent or guardian objects to, or the ISP team cannot reach majority agreement regarding an entry refusal, a request to exit the program or a transfer within a program, a grievance may be filed by any member of the ISP team.

(a) In the case of a refusal to serve, the program vacancy may not be permanently filled until the grievance is resolved.

(b) In the case of a request to exit or transfer, the individual must continue to receive the same services until the grievance is resolved.

(2) Grievance to the CDDP. All grievances must be made to the CDDP Director or designee in writing, in accordance with the CDDP's dispute resolution policy. The CDDP will provide written response to the individual making the appeal within the timelines specified in the CDDP's dispute resolution policy.

(3) Grievance to the Department. In cases where the CDDP's decision is in dispute a written grievance must be made to the Department within ten days of receipt of the CDDP's decision.

(4) Department Grievance process. The Administrator or designee will review all unresolved appeals. Such review will be completed and a written response provided within 45 days of receipt of written request for Department review. The decision of the Administrator or designee will be final.

(5) Documentation required. Documentation of each grievance and its resolution must be filed or noted in the individual's record.

Stat. Auth. ORS 410.070, 409.050
Stats. Implemented: ORS 443.400 - 443.455

**411-325-0410 Respite Care Services**
*(Amended 8/1/2004)*

(1) Qualifications for respite care services. All individuals considered for respite care services funded through 24-hour residential services must:

(a) Be referred by the Community Developmental Disability Program or Department;

(b) Be determined to have a developmental disability by the Department or its designee; and

(c) Not be discriminated against because of race, color, creed, age, disability, national origin, duration of Oregon residence, method of payment, or other forms of discrimination under applicable state or federal law.

(2) Respite care plan. The individual, provider, and the guardian, legal representative, advocate, parent and family or other ISP team members (as available) must participate in an entry meeting prior to the initiation of respite care services. This meeting may occur by phone and the CDDP or Department will ensure that any critical information relevant to the individual's health and safety, including physicians' orders, will be made immediately available. The outcome of this meeting will be a written respite care plan that must take effect upon entry and be available on site, and must:

(a) Address the individual's health, safety and behavioral support needs;

(b) Indicate who is responsible for providing the supports described in the plan; and

(c) Specify the anticipated length of stay at the residence up to 14 days.

(3) Waiver of exit meeting requirement. Exit meetings are waived for individuals receiving respite care services.

(4) Waiver of appeal rights for entry, exit and transfer. Individuals receiving respite care services do not have appeal rights regarding entry, exit or transfer.

Stat. Auth. ORS 410.070, 409.050
Stats. Implemented: ORS 443.400 - 443.455

**411-325-0420 Crisis Services**
*(Amended 8/1/2004)*

(1) Qualifications for crisis services. All individuals considered for crisis services funded through 24-hour residential services must:

(a) Be referred by the Community Developmental Disability Program or Department;

(b) Be determined to have a developmental disability by the Department or its designee;

(c) Be determined to be eligible for DD Services as defined in OAR 411-325-0020(28), (29), or (30), or any subsequent revision thereof; and

(d) Not be discriminated against because of race, color, creed, age, disability, national origin, duration of Oregon residence, method of payment, or other forms of discrimination under applicable state or federal law.

(2) Support Services Plan of Care and Crisis Addendum required. Persons receiving support services under chapter 411, division 340, and receiving crisis services must have a Support Services Plan of Care and a Crisis Addendum upon entry to the program.

(3) Plan of Care required for persons not enrolled in support services. Persons, not enrolled in support services, receiving crisis services for less than 90 consecutive days must have a plan of care on entry that addresses any critical information relevant to the individual's health and safety including current physicians' orders.

(4) Risk Tracking Record required. Persons not enrolled in support services, receiving crisis services for 90 days or more must have a completed Risk Tracking Record and a Plan of Care that addresses all identified health and safety supports as noted in the Risk Tracking Record.

(5) Entry meeting required. Entry meetings are required for individuals receiving crisis services.

(6) Exit meeting required. Exit meetings are required for individuals receiving crisis services.

(7) Waiver of appeal rights for entry, exit and transfers. Individuals receiving crisis services do not have appeal rights regarding entry, exit or transfers.

Stat. Auth. ORS 410.070, 409.050
Stats. Implemented: ORS 443.400 - 443.455

**411-325-0430 Individual Support Plan**
*(Amended 8/1/2004)*

(1) Department Individual Support Plan implementation schedule. Providers must participate as scheduled in the Department ISP training and must implement the required Department ISP process after completion of training.

(2) Individual Support Plan required. A copy of each individual's ISP and supporting documentation on the required Department forms must be available at the residence within 60 days of entry and annually thereafter, unless the provider has not been trained to implement the Department ISP process. In situations where the provider has not been trained, the individual must have a completed ISP with supporting documents as required by OAR 309-041-1300 through 309-041-1370.

(3) Preparation for ISP. The following information must be collected and summarized within 45 days prior to the ISP meeting:

(a) Personal Focus Worksheet;

(b) Risk Tracking Record;

(c) Necessary protocols or plans that address health, behavioral, safety and financial supports as identified on the Risk Tracking Record;

(d) A Nursing Care Plan, if applicable, including but not limited to those tasks required by the Risk Tracking Record; and

(e) Other documents required by the ISP team.

(4) Content of Individual Support Plan. A completed ISP must be documented on the Department required form that includes the following:

(a) What's most important to the individual;

(b) Risk summary;

(c) Professional services the individual uses or needs;

(d) Action plan(s);

(e) Discussion Record;

(f) Service supports; and

(g) Signature sheet.

(5) Documentation required. The provider must maintain documentation of implementation of each support specified in OAR 411-325-0430(3)(c-e) and services noted in the individual's ISP. This documentation must be kept current and be available for review by the individual, guardian, CDDP and Department representatives.

Stat. Auth. ORS 410.070, 409.050
Stats. Implemented: ORS 443.400 - 443.455

**411-325-0440 Children's Direct Contracted Services**
*(Amended 8/1/2004)*

For purposes of this rule chapter 411, division 325, any documentation or information required to be submitted to the CDDP Services Coordinator must also be submitted to the Department Residential Services Coordinator assigned to the home or facility.

Stat. Auth. ORS 410.070, 409.050
Stats. Implemented: ORS 443.400 - 443.455

**411-325-0450 Conditions**
*(Amended 8/1/2004)*

(1) Circumstances under which conditions may be applied to a license. Conditions may be attached to a license upon a finding that:

(a) Information on the application or initial inspection requires a condition to protect the health and safety of individuals;

(b) There exists a threat to the health, safety, and welfare of an individual;

(c) There is reliable evidence of abuse, neglect, or exploitation;

(d) The home/facility is not being operated in compliance with these rules; or

(e) The provider is licensed to care for a specific person(s) only and further placements must not be made into that home or facility.

(2) Imposing conditions. Conditions that may be imposed on a licensee include:

(a) Restricting the total number of individuals that can be served;

(b) Restricting the number and support level of individuals allowed within a licensed classification level based upon the capacity of the provider and staff to meet the health and safety needs of all individuals;

(c) Reclassifying the level of individuals that can be served;

(d) Requiring additional staff or staff qualifications;

(e) Requiring additional training of provider/staff;

(f) Requiring additional documentation; or

(g) Restriction of admissions.

(3) Written notification. The provider will be notified in writing of any conditions imposed, the reason for the conditions, and be given an opportunity to request a hearing under ORS Chapter 183.310 to 183.550.

(4) Administrative review. In addition to, or in lieu of, a contested case hearing, a provider may request a review by the Administrator or designee of conditions imposed by the Department. The review does not diminish the provider's right to a hearing.

(5) Length of conditions. Conditions may be imposed for the extent of the licensure period (two years) or limited to some other shorter period of time. If the condition corresponds to the licensing period, the reasons for the condition will be considered at the time of renewal to determine if the conditions are still appropriate. The effective date and expiration date of the condition will be indicated on an attachment to the license.

Stat. Auth. ORS 410.070, 409.050
Stats. Implemented: ORS 443.400 - 443.455

**411-325-0460 Civil Penalties**
*(Amended 8/1/2004)*

(1) Long-term care facility statute applicable. For purposes of imposing civil penalties, 24-Hour residential homes and facilities licensed under ORS 443.440 to 443.455 and subsection (2) of 443.991 are considered to be long-term care facilities subject to ORS 441.705 to 441.745.

(2) Schedule and sections of rule subject to civil penalties. The Department will exercise the powers under ORS 441.705 to 441.745 and thereby issues the following schedule of penalties applicable to 24-hour residential homes and facilities:

(a) Violations of any requirement within any part of the following sections of the rule may result in a civil penalty up to $500 per day for each violation not to exceed $6,000 for all violations for any licensed 24-hour residential home or facility within a 90-day period:

(A) 411-325-0120(2), (11);

(B) 411-325-0130;

(C) 411-325-0140;

(D) 411-325-0150;

(E) 411-325-0160;

(F) 411-325-0170;

(G) 411-325-0190;

(H) 411-325-0200;

(I) 411-325-0220(1), (2);

(J) 411-325-0230;

(K) 411-325-0240, 0250, 0260, 0270, 0280 and 0290;

(L) 411-325-0300, 0310, 0320, 0330, 0340, and 0350;

(M) 411-325-0360;

(N) 411-325-0380;

(O) 411-325-0430(3), (4) and (5); and

(P) 411-325-0440.

(b) Civil penalties of up to $300 per day per violation may be imposed for violations of any section of this rule not listed in (2)(a) (A)-(N) of this section if a violation has been cited on two consecutive inspections or surveys of a 24-hour residential home or facility where such surveys are conducted by an employee of the Department.

Penalties assessed under this section will not exceed $6,000 within a 90-day period.

(3) Monitoring defined. For purposes of this rule, a monitoring occurs when a 24-hour residential home or facility is surveyed, inspected or investigated by an employee or designee of the Department or an employee or designee of the Office of State Fire Marshal.

(4) Consideration of factors when imposing civil penalties. In imposing a civil penalty pursuant to the schedule published in section (2) of this rule, the Department will consider the following factors:

(a) The past history of the program incurring a penalty in taking all feasible steps or procedures necessary or appropriate to correct any violation;

(b) Any prior violations of statutes or rules pertaining to 24-hour residential homes or facilities;

(c) The economic and financial conditions of the program incurring the penalty; and

(d) The immediacy and extent to which the violation threatens or threatened the health, safety and well-being of individuals.

(5) Due and payable. Any civil penalty imposed under ORS 443.455 and 441.710 will become due and payable when the program incurring the penalty receives a notice in writing from the Administrator or designee. The notice referred to in this section will be sent by registered or certified mail and will include:

(a) A reference to the particular sections of the statute, rule, standard, or order involved;

(b) A short and plain statement of the matters asserted or charged;

(c) A statement of the amount of the penalty or penalties imposed; and

(d) A statement of the program's right to request a hearing.

(6) Timeline to make written application for a hearing. The person representing the program, to whom the notice is addressed, will have 20 days from the date of mailing of the notice in which to make a written application for a hearing before the Department.

(7) Conduct of hearing. All hearings will be conducted pursuant to the applicable provisions of ORS Chapter 183.

(8) Failure to request a hearing within 20 days. If the program notified fails to request a hearing within 20 days, an order may be entered by the Department assessing a civil penalty.

(9) Program is found to be in violation of a license, rule, or order listed in ORS 441.701(1). If, after a hearing, the program is found to be in violation of a license, rule, or order listed in ORS 441.710(1), an order may be entered by the Department assessing a civil penalty.

(10) Remittance or reduction of a civil penalty. A civil penalty imposed under ORS 443.455 or 441.710 may re remitted or reduced upon such terms and conditions as the Administrator considers proper and consistent with individual health and safety.

(11) Civil penalty payable within 10 days after order is entered. If the order is not appealed, the amount of the penalty is payable within 10 days after the order is entered. If the order is appealed and is sustained, the amount of the penalty is payable within 10 days after the court decision. The order, if not appealed or sustained on appeal, will constitute a judgment and may be filed in accordance with the provisions of ORS 18.320 to 18.370. Execution may be issued upon the order in the same manner as execution upon a judgment of a court of record.

(12) Violation of any general order or final order. A violation of any general order or final order pertaining to a 24-hour residential home or facility issued by the Department is subject to a civil penalty in the amount of not less than $5 and not more than $500 for each and every violation.

(13) Judicial review of civil penalties. Judicial review of civil penalties imposed under ORS 441.710 will be provided under ORS 183.480, except that the court may, in its discretion, reduce the amount of the penalty.

(14) Penalties recovered. All penalties recovered under ORS 443.455 and 441.710 to 441.740 will be paid into the State Treasury and credited to the General Fund.

Stat. Auth. ORS 410.070, 409.050
Stats. Implemented: ORS 443.400 - 443.455

**411-325-0470 License Denial, Suspension, Revocation, Refusal to Renew**
*(Amended 8/1/2004)*

(1) Substantial failure to comply with rules. The Department will deny, suspend, revoke or refuse to renew a license where it finds there has been substantial failure to comply with these rules; or where the State Fire Marshal or his or her representative certifies there is failure to comply with all applicable ordinances and rules relating to safety from fire.

(2) Imminent danger to individuals. The Department will suspend the home or facility license where imminent danger to health or safety of individuals exists.

(3) Provider agency on list for Centers for Medicare and Medicaid Services excluded or debarred providers. The Department will deny, suspend, revoke or refuse to renew a license where it finds that a provider is on the current Centers for Medicare and Medicaid Services list of excluded or debarred providers.

(4) Revocation, suspension or denial done in accordance with ORS Chapter 183. Such revocation, suspension or denial will be done in accordance with rules of the Department and ORS Chapter 183.

(5) Failure to disclose requested information. Failure to disclose requested information on the application or provision of incomplete or incorrect information on the application will constitute grounds for denial or revocation of the license.

(6) Failure to implement a plan of correction or comply with a final order. The Department will deny, suspend, revoke or refuse to renew a license if the licensee fails to implement a plan of correction or comply with a final order of the Department imposing an administrative sanction, including the imposition of a civil penalty.

Stat. Auth. ORS 410.070, 409.050
Stats. Implemented: ORS 443.400 - 443.455

**411-325-0480 Criminal Penalties**
*(Adopted 1/1/2004)*

(1) Violation of ORS 443.400 to 443.455. Violation of any provision of 443.400 to 443.455 is a Class B misdemeanor.

(2) Violation of ORS 443.881. Violation of any provision of 443.881 is a Class C misdemeanor.

Stat. Auth. ORS 410.070, 409.050
Stats. Implemented: ORS 443.400 - 443.455

**Exhibit 325-1**
*(Temporary Effective 1/1/2010 – 6/30/2010)*

ORS 163.095 Aggravated murder
ORS 163.115 Murder
ORS 163.118 Manslaughter I
ORS 163.125 Manslaughter II
ORS 163.145 Criminally negligent homicide
ORS 163.149 Aggravated vehicular homicide
ORS 163.165 Assault III
ORS 163.175 Assault II
ORS 163.185 Assault I
ORS 163.187 Strangulation
ORS 163.200 Criminal mistreatment II
ORS 163.205 Criminal mistreatment I
ORS 163.225 Kidnapping II
ORS 163.235 Kidnapping I
ORS 163.263 Subjecting another person to involuntary servitude II
ORS 163.264 Subjecting another person to involuntary servitude I
ORS 163.266 Trafficking in persons
ORS 163.275 Coercion
ORS 163.355 Rape III
ORS 163.365 Rape II
ORS 163. 375 Rape I
ORS 163.385 Sodomy III
ORS 163.395 Sodomy II
ORS 163.405 Sodomy I
ORS 163.408 Unlawful sexual penetration II
ORS 163.411 Unlawful sexual penetration I
ORS 163.415 Sexual Abuse III
ORS 163.425 Sexual Abuse II
ORS 163.427 Sexual Abuse I
ORS 163.432 Online sexual corruption of a child II, if the offender reasonably believed the child to be more than five years younger than the offender
ORS 163.432 Online sexual corruption of a child I, if the offender reasonably believed the child to be more than five years younger than the offender
ORS 163.435 Contributing to the sexual delinquency of a minor
ORS 163.445 Sexual misconduct, if the offender is at least 18 years of age
ORS 163.465 Public Indecency
ORS 163.467 Private Indecency
ORS 163.525 Incest with a child victim
ORS 163.535 Abandonment of a child
ORS 163.537 Buying or selling a person under 18 years of age
ORS 163.670 Using a child in display of sexually explicit conduct
ORS 163.680 Paying for viewing a child's sexually explicit conduct
ORS 163.684 Encouraging child sexual abuse I
ORS 163.686 Encouraging child sexual abuse II
ORS 163.687 Encouraging child sexual abuse III
ORS 163.688 Possession of materials depicting sexually explicit conduct of a child I
ORS 163.689 Possession of materials depicting sexually explicit conduct of a child II
ORS 163.700 Invasion of personal privacy
ORS 164. 055 Theft I
ORS 164. 057 Aggravated Theft I
ORS 164.098 Organized retail theft
ORS 164.125 Theft of services, if charged as a felony
ORS 164.215 Burglary II
ORS 164.225 Burglary I
ORS 164.325 Arson I
ORS 164.377 Computer crime, if charged with a felony
ORS 164.405 Robbery II
ORS 164.415 Robbery I
ORS 165.022 Criminal possession of a forged instrument I
ORS 165.032 Criminal possession of a forgery device
ORS 165.800 Identity theft
ORS 165.803 Aggravated identity theft
ORS 167.012 Promoting prostitution
ORS 167.017 Compelling prostitution
ORS 167.054 Furnishing sexually explicit material to a child
ORS 167.057 Luring a minor
ORS 181.594 Sex crimes, including: Transporting child pornography into the state

# (OAR) Oregon Administrative Rule

# Chapter 411 Division 325

## 24 Hour Residential Services for Children and Adults with Developmental Disabilities

**July 13, 2010**

Oregon Department of Human Services
State Operated Community Program

# DEPARTMENT OF HUMAN SERVICES
# SENIORS AND PEOPLE WITH DISABILITIES DIVISION
# OREGON ADMINISTRATIVE RULES

## CHAPTER 411
## DIVISION 345

## EMPLOYMENT AND ALTERNATIVES TO EMPLOYMENT SERVICES FOR INDIVIDUALS WITH DEVELOPMENTAL DISABILITIES

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# DEPARTMENT OF HUMAN SERVICES
# SENIORS AND PEOPLE WITH DISABILITIES DIVISION
# OREGON ADMINISTRATIVE RULES

## CHAPTER 411
## DIVISION 345

## EMPLOYMENT AND ALTERNATIVES TO EMPLOYMENT SERVICES FOR INDIVIDUALS WITH DEVELOPMENTAL DISABILITIES

### 411-345-0010 Statement of Purpose and Statutory Authority
*(Effective 12/28/2003)*

(1) Purpose. These rules prescribe standards by which Oregon Department of Human Services approves programs that provide employment and alternatives to employment services for individuals with developmental disabilities.

(2) Statutory authority. These rules are authorized by ORS 409.050 and 410.070 and carry out the provisions of 430.610, 430.630, and 430.670.

(3) Mission Statement. One mission of the Oregon Department of Human Services is to provide support services that enhance the quality of life of persons with developmental disabilities.

> (a) Employment and alternatives to employment services are key to the service delivery system and are critical to achieving this mission. The term "Employment Services" refers to the variety of non-sheltered and sheltered services that employ individuals. Oregon Department of Human Services recognizes supported employment as a desired method of providing employment services. "Alternatives to Employment Services" includes those services for individuals whose age or condition preclude employment situations. The overall purpose of employment and alternative to employment services is to provide services that promote individuals' opportunities for integration, independence and productivity and that are based upon individual needs.

(b) The service provider is responsible for developing and implementing policies, procedures and plans that ensure that the requirements of this rule are met.

(c) In addition, the service provider must ensure compliance with all applicable local, state and federal laws and regulations that apply to the type of business it runs.

(d) As a member of each individual's ISP team, the service provider has the responsibility to participate in the ISP process as required by this rule. It is through the ISP process that local providers, advocates, family members and community mental health program representatives determine with individuals the types of services to be delivered to the individual.

(e) The purpose of this rule is to ensure that the employment and alternative to employment service provider meets basic management, programmatic, health and safety and human rights regulations for those individuals receiving services funded by the Oregon Department of Human Services.

Stat. Auth.: ORS 409.050, 410.070
Stats. Implemented: ORS 430.610, 430.630 & 430.670

**411-345-0020 Definitions**
*(Amended 7/1/2010)*

As used in these rules, the following definitions apply:

(1) "Abuse" means abuse of an adult as defined in OAR 407-045-0260.

(2) "Abuse Investigation and Protective Services" means reporting and investigation activities as required by OAR 407-045-0300 and any subsequent services or supports necessary to prevent further abuse as required in OAR 407-045-0310.

(3) "Administration of Medication" means the act of placing a medication in or on an individual's body by a staff member who is responsible for the individual's care.

(4) "Adult" means an individual 18 years or older with developmental disabilities.

(5) "Advocate" means a person other than paid staff who has been selected by the individual or by the individual's legal representative to help the individual understand and make choices in matters relating to identification of needs and choices of services, especially when rights are at risk or have been violated.

(6) "Aid to Physical Functioning" means any special equipment prescribed for an individual by a physician, therapist, or dietician that maintains or enhances the individual's physical functioning.

(7) "Alternatives to Employment Services" mean any services, conducted away from an individual's residence that addresses the academic, recreational, social, or therapeutic needs of the individuals for whom it serves.

(8) "Annual Individual Support Plan (ISP) Meeting" means an annual meeting, coordinated by a services coordinator of the community developmental disability program that is attended by the Individual Support Plan team members and other persons such as an advocate as appropriate. The purpose of the meeting is to determine needs, coordinate services and training, and develop an Individual Support Plan.

(9) "Board of Directors" mean a group of persons formed to set policy and give directions to a program designed to provide employment and alternatives to employment services for individuals with developmental disabilities. A board of directors includes local advisory boards used by multi-state organizations.

(10) "Certificate" means a document issued by the Department to a provider of employment and alternatives to employment services that certifies that the provider is eligible to receive state funds for the provision of these services.

(11) "Choice" means the individual's expression of preference, opportunity for, and active role in decision-making related to the selection of assessments, services, service providers, goals and activities, and verification of satisfaction with these services. Choice may be

communicated verbally, through sign language, or by other communication methods.

(12) "Community Based Service" means any service or program providing opportunities for the majority of an individual's time to be spent in community participation or integration.

(13) "Community Developmental Disability Program (CDDP)" means an entity that is responsible for the planning and delivery of services for individuals with developmental disabilities in a specific geographic service area of the state operated by or under a contract with the Division or a local mental health authority.

(14) "Complaint Investigation" means an investigation of any complaint that has been made to a proper authority that is not covered by an abuse investigation.

(15) "Controlled Substance" means any drug classified as Schedules 1 to 5 under the Federal Controlled Substance Act.

(16) "Department" means the Department of Human Services (DHS).

(17) "Developmental Disability" means a disability that originates in the developmental years, that is likely to continue, and significantly impacts adaptive behavior as diagnosed and measured by a qualified professional. Developmental disabilities include mental retardation, autism, cerebral palsy, epilepsy, or other neurological disabling conditions that require training or support similar to that required by individuals with mental retardation, and the disability:

> (a) Originates before the individual reaches the age of 22 years, except that in the case of mental retardation, the condition must be manifested before the age of 18;
>
> (b) Originates and directly affects the brain and has continued, or must be expected to continue, indefinitely;
>
> (c) Constitutes a significant impairment in adaptive behavior; and

(d) Is not primarily attributed to a mental or emotional disorder, sensory impairment, substance abuse, personality disorder, learning disability, or Attention Deficit Hyperactivity Disorder.

(18) "Director" means the person responsible for administration of the employment and alternatives to employment services and provision of support services for individuals.

(19) "Division" means the Department of Human Services, Seniors and People with Disabilities Division (SPD).

(20) "Employment Services" means any service that has as its primary goal the employment of individuals, including job assessment, job development, training, and ongoing supports.

(21) "Entry" means admission to a Department-funded developmental disability service.

(22) "Exit" means either termination from a Department-funded developmental disability service provider or transfer from one Department-funded program to another. Exit does not mean transfer within a service provided through the same CDDP.

(23) "Facility Based Service" means any service or program that occurs in a location serving more than eight individuals.

(24) "Founded Reports" means the Department's Children, Adults, and Families Division or Law Enforcement Authority (LEA) determination, based on the evidence, that there is reasonable cause to believe that conduct in violation of the child abuse statutes or rules has occurred and such conduct is attributable to the person alleged to have engaged in the conduct.

(25) "Incident Report" means a written report of any injury, accident, acts of physical aggression, or unusual incident involving an individual.

(26) "Independence" means the extent to which individuals with developmental disabilities exert control and choice over their own lives.

(27) "Individual" means a person with developmental disabilities for whom services are planned and provided.

(28) "Individual Support Plan (ISP)" means the written details of the supports, activities, and resources required for an individual to achieve personal goals. The Individual Support Plan is developed at minimum annually to reflect decisions and agreements made during a person-centered process of planning and information gathering. The Individual Support Plan is the individual's Plan of Care for Medicaid purposes.

(29) "Individual Support Plan (ISP) Team" means a team composed of the individual served, agency representatives who provide service to the individual (if appropriate for in-home supports), the guardian (if any), the services coordinator, and may include family or other persons requested to develop the Individual Support Plan.

(30) "Integration" means:

> (a) The use by individuals with developmental disabilities of the same community resources that are used by and available to other persons in the community;
>
> (b) Participation in the same community activities in which persons without a developmental disability participate, together with regular contact with persons without a developmental disability; and
>
> (c) Individuals with developmental disabilities live in homes that are in proximity to community resources and work and participate in activities that foster contact with persons in their community.

(31) "Legal Representative" means the parent, if the individual is under age 18, unless the court appoints another person or agency to act as guardian. For those individuals over the age of 18, a legal representative means an attorney at law who has been retained by or for the individual or a person or agency authorized by the court to make decisions about services for the individual.

(32) "Mandatory Reporter" means any public or private official who, while acting in an official capacity, comes in contact with and has reasonable cause to believe an adult with developmental disabilities has suffered abuse, or comes in contact with any person whom the official has reasonable cause to believe abused an adult with developmental

disabilities. Pursuant to ORS 430.765(2) psychiatrists, psychologists, clergy, and attorneys are not mandatory reporters with regard to information received through communications that are privileged under ORS 40.225 to 40.295.

(33) "Medication" means any drug, chemical, compound, suspension, or preparation in suitable form for use as a curative or remedial substance taken either internally or externally by any person.

(34) "Physical Restraint" means any manual physical holding of or contact with an individual that restricts the individual's freedom of movement.

(35) "Prescription Medication" means any medication that requires a physician prescription before it may be obtained from a pharmacist.

(36) "Productivity" as defined in ORS 427.005 means engagement in income producing work by an individual with developmental disabilities that is measured through improvements in income level, employment status or job advancement, or engagement by an individual with developmental disabilities in work contributing to a household or community.

(37) "Protection" means the necessary actions taken as soon as possible to prevent subsequent abuse or exploitation of the individual, to prevent self-destructive acts, and to safeguard an individual's person, property, and funds.

(38) "Psychotropic Medication" means medication the prescribed intent of which is to affect or alter thought processes, mood, or behavior including but not limited to anti-psychotic, antidepressant, anxiolytic (anti-anxiety), and behavior medications. The classification of a medication depends upon its stated, intended effect when prescribed.

(39) "Self-Administration of Medication" means the individual manages and takes his or her own medication, identifies his or her own medication and the times and methods of administration, places the medication internally in or externally on his or her own body without staff assistance upon the written order of a physician, and safely maintains the medication without supervision.

(40) "Service Provider" or "Service" means a public or private community agency or organization that provides recognized developmental disability services and is approved by the Department or other appropriate agency, to provide these services. For the purpose of these rules "provider" or "program" is synonymous with "service provider."

(41) "Services Coordinator" means an employee of the community developmental disability program or other agency that contracts with the county or Department, who is selected to plan, procure, coordinate, monitor Individual Support Plan services, and to act as a proponent for individuals with developmental disabilities.

(42) "Significant Other" means a person selected by the individual to be the individual's friend.

(43) "Staff" means a paid employee responsible for providing services to individuals and whose wages are paid in part or in full with funds contracted with the community developmental disability program or contracted directly through the Department.

(44) "Substantiated" means an abuse investigation has been completed by the Department or the Department's designee and the preponderance of the evidence establishes the abuse occurred.

(45) "Support" means assistance that individuals require, solely because of the affects of developmental disability, to maintain or increase independence, achieve community presence and participation, and improve productivity. Support is flexible and subject to change with time and circumstances.

(46) "Supported Employment" means the provision of situational assessment, job development, job training, and ongoing support necessary to place, maintain, or change the employment of an individual in an integrated work setting. Work must be performed on a full or part-time basis, averaging at least 20 hours per week for each pay period. The individual is compensated in accordance with the Fair Labor Standards Act.

(47) "These Rules" mean the rules in OAR chapter 411, division 345.

(48) "Transfer" means movement of an individual from one site to another within the same county, administered by the same service provider and which has not been addressed within the Individual Support Plan.

(49) "Transition Plan" means a written plan for the period of time between an individual's entry into a particular service and when the individual's Individual Support Plan is developed and approved by the Individual Support Plan team. The Transition Plan includes a summary of the services necessary to facilitate adjustment to the services offered, the supports necessary to ensure health and safety, and the assessments and consultations necessary for the Individual Support Plan development.

(50) "Unit of Service" means the equivalent of an individual receiving services 25 hours per week, 52 weeks per year minus the following:

> (a) Personal, vacation, or sick leave allowed by the service provider or employer;
>
> (b) Holidays as recognized by the state of Oregon; and
>
> (c) Up to 4 days for all-staff in-service training.
>
> (d) Any deviation from the 25 hours per week per individual served must be agreed to and documented by the Individual Support Plan team.

(51) "Unusual Incident" means incidents involving serious illness or accidents, death of an individual, injury or illness of an individual requiring inpatient or emergency hospitalization, suicide attempts, a fire requiring the services of a fire department, or any incident requiring an abuse investigation.

(52) “Volunteer” means any person providing services without pay to individuals receiving employment or alternatives to employment services.

Stat. Auth.: ORS 409.050 & 410.070
Stats. Implemented: ORS 430.610, 430.630, & 430.670

**411-345-0030 Issuance of Certificate**
*(Effective 12/28/2003)*

(1) Certificate required. No person or governmental unit acting individually or jointly with any other person or governmental unit will establish, conduct, maintain, manage or operate an employment or alternative to employment service without being certified.

(2) Not transferable. Each certificate is issued only for the employment or alternative to employment service and persons or governmental units named in the application. No certificate is transferable or assignable.

(3) Terms of certificate. Each certificate is issued for a maximum of three years.

(4) Service provider review. As part of the certificate renewal process the service provider must conduct a self-evaluation based upon the requirements of this rule.

> (a) The service provider must document the self-assessment on forms provided by the Department;
>
> (b) The service provider must develop and implement a plan of improvement based upon the findings of the self-evaluation; and
>
> (c) The service provider must submit these documents to the local CMHP with a copy to the Department.

(5) Department Review. The Department must conduct a review of the service provider prior to the issuance of a certificate.

Stat. Auth.: ORS 409.050, 410.070
Stats. Implemented: ORS 430.610, 430.630 & 430.670

**411-345-0040 Application for Initial Certificate and Certificate Renewal**
*(Effective 12/28/2003)*

(1) Form. The application must be on a form provided by the Department and must include all information requested by the Department.

(2) Initial Application. The applicant must identify the number and types of units of service that will be provided.

(3) Renewal application. To renew certification, the service provider must make application at least 30 days but not more than 120 days prior to the expiration date of the existing certificate. On renewal, no increase in the number of units of service shall be certified unless specifically approved by the Department.

(4) Renewal application extends expiration date. Filing of an application for renewal at least 30 days but not more than 120 days prior to the expiration date of the existing certificate extends the effective date until the Department or its designee takes action upon such application.

(5) Incomplete or incorrect information. Failure to disclose requested information on the application, or provision of incomplete or incorrect information on the application, may result in denial, revocation or refusal to renew the certificate

(6) Demonstrated capability. Prior to issuance or renewal of the certificate the applicant must demonstrate to the satisfaction of the Department that the applicant is capable of providing the types of services identified in a manner consistent with the requirements of these rules.

(7) Separate certificates. Separate certificates are required when the service provider delivers services in multiple counties to the extent that contracts with each different county are required.

Stat. Auth.: ORS 409.050, 410.070
Stats. Implemented: ORS 430.610, 430.630 & 430.670

**411-345-0050 Reciprocal Compliance**
*(Effective 12/28/2003)*

(1) Acceptance of compliance with other standards. The Department may accept compliance with other formally recognized standards as assurance of compliance with all or part of these rules.

(2) Certificate based on compliance with other standards. An Employment or Alternative to Employment service seeking a Department Certificate based on compliance with other standard must:

(a) Provide the Department with a copy of the complete detailed report from the reviewing group; and

(b) Where there are differences between other standards and Oregon Administrative Rules, the Oregon Administrative Rules will take precedence.

Stat. Auth.: ORS 409.050, 410.070
Stats. Implemented: ORS 430.610, 430.630 & 430.670

**411-345-0060 Certification Expiration, Termination of Operations, Certificate Return**
*(Effective 12/28/2003)*

(1) Expiration. Unless revoked or terminated earlier, each certificate to operate an employment or alternative to employment service will expire on the expiration date specified on the certificate.

(2) Termination of operation. If the director or director's designee of an employment or alternative to employment service discontinues operation of the certified service, the certificate terminates automatically.

(3) Return of Certificate. Each certificate in the possession of the service must be returned to the Department immediately upon suspension or revocation of the certificate, or when operation is discontinued by the holder of the certificate.

Stat. Auth.: ORS 409.050, 410.070
Stats. Implemented: ORS 430.610, 430.630 & 430.670

**411-345-0070 Change of Ownership, Legal Entity, Legal Status, Management Corporation**
*(Effective 12/28/2003)*

(1) Notice of pending change in ownership, legal entity, legal status or management corporation. The program must notify the Department in

writing of any pending change in the program's ownership or legal entity, legal status or management corporation.

(2) New certificate required. A new certificate is required upon change in a program's ownership/legal entity or legal status. The program must submit a certificate application at least 30 days prior to change in ownership/legal entity or legal status.

Stat. Auth.: ORS 409.050, 410.070
Stats. Implemented: ORS 430.610, 430.630 & 430.670

**411-345-0080 Inspections and Investigations**
*(Amended 7/1/2010)*

(1) All services covered by this rule must allow the following types of investigations and inspections:

(a) Quality assurance, certificate renewal, and on-site inspections;

(b) Complaint investigations; and

(c) Abuse investigations.

(2) The Department, the Department's designee, or proper authority shall perform all inspections and investigations.

(3) Any inspection or investigation may be unannounced.

(4) All documentation and written reports required by this rule must be:

(a) Open to inspection and investigation by the Department, the Department's designee, or proper authority; and

(b) Submitted to or made available for review by the Department within the time allotted.

(5) When abuse is alleged or death of an individual has occurred and a law enforcement agency, or the Department or the Department's designee, has determined to initiate an investigation, the service provider may not conduct

an internal investigation without prior authorization from the Department. For the purposes of this section, an internal investigation is defined as:

(a) Conducting interviews of the alleged victim, witness, the accused person, or any other persons who may have knowledge of the facts of the abuse allegation or related circumstances;

(b) Reviewing evidence relevant to the abuse allegation, other than the initial report; or

(c) Any other actions beyond the initial actions of determining:

(A) If there is reasonable cause to believe that abuse has occurred;

(B) If the alleged victim is in danger or in need of immediate protective services;

(C) If there is reason to believe that a crime has been committed; or

(D) What, if any, immediate personnel actions must be taken to assure individual safety.

(6) When an abuse investigation has been initiated, the CDDP must provide notice to the program according to OAR 407-045-0290.

(7) The Department or the Department's designee must conduct investigations as described in OAR 407-045-0250 to OAR 407-045-0360.

(8) When an abuse investigation has been completed, the CDDP must provide notice of the outcome of the Abuse Investigation and Protective Services Report according to OAR 407-045-0320.

(9) Upon completion of the abuse investigation by the Department, the Department's designee, or a law enforcement agency, the service provider may conduct an investigation to determine if any other personnel actions are necessary.

(10) Upon completion of the Abuse Investigation and Protective Services Report, according to OAR 407-045-0330 the sections of the report that are public records and not exempt from disclosure under the public records law must be provided to the appropriate service provider. The service provider must implement the actions necessary within the deadlines listed, to prevent further abuse as stated in the report.

(11) A plan of improvement must be submitted to the CDDP and the Division for any noncompliance found during an inspection under this rule.

Stat. Auth.: ORS 409.050 & 410.070
Stats. Implemented: ORS 430.610, 430.630, & 430.670

**411-345-0090 Alternative Methods, Variances**
*(Effective 12/28/2003)*

(1) Criteria for a variance. Variances may be granted to a service provider if the service provider lacks the resources needed to implement the standards required by chapter 411, division 345, if implementation of the proposed alternative services, methods, concepts or procedures would result in services or systems that meet or exceed the standards in these rules or if there are other extenuating circumstances.

(2) Variance application. The service provider requesting a variance must submit in writing, an application to the CMHP that contains the following:

(a) The section of the rule from which the variance is sought;

(b) The reason for the proposed variance;

(c) The alternative practice, service, method, concept or procedure proposed; and

(d) A plan and timetable for compliance with the section of the rule from which the variance is sought.

(3) Community Mental Health Program Review. The CMHP must forward signed documentation to the Department within 30 days of the receipt of the request for variance indicating its position on the proposed variance.

(4) Department review. The Administrator for the Department or designee may approve or deny the request for a variance.

(5) Notification. The Department must notify the provider and the CMHP of the decision. This notice must be sent within 30 days of the receipt of the request by the Department with a copy to other relevant sections of the Department.

(6) Appeal application. Appeal of the denial of a variance request must be made in writing to the Administrator of the Department, whose decision is final.

(7) Duration of Variance. The duration of the variance must be determined by the Department.

(8) Written approval. The provider may implement a variance only after written approval from the Department.

Stat. Auth.: ORS 409.050, 410.070
Stats. Implemented: ORS 430.610, 430.630 & 430.670

**411-345-0100 Program Management**
*(Amended 7/1/2010)*

(1) NONDISCRIMINATION. The service must comply with all applicable state and federal statutes, rules, and regulations in regard to nondiscrimination in employment practices.

(2) PROHIBITION AGAINST RETALIATION. A community program or service provider may not retaliate against any staff that reports in good faith suspected abuse or retaliate against the individual with respect to any report. An accused person may not self-report solely for the purpose of claiming retaliation.

> (a) Any community facility, community program, or person that retaliates against any person because of a report of suspected abuse or neglect shall be liable according to ORS 430.755, in a private action to that person for actual damages and, in addition, shall be subject to a penalty up to $1000, notwithstanding any other remedy provided by law.

(b) Any adverse action is evidence of retaliation if taken within 90 days of a report of abuse. Adverse action means only those actions arising solely from the filing of an abuse report. For purposes of this subsection, "adverse action" means any action taken by a community facility, community program, or person involved in a report against the person making the report or against the adult because of the report and includes but is not limited to:

(A) Discharge or transfer from the community program, except for clinical reasons;

(B) Discharge from or termination of employment;

(C) Demotion or reduction in remuneration for services; or

(D) Restriction or prohibition of access to the community program or the individuals served by the program.

(3) DOCUMENTATION REQUIREMENTS. All entries required by these rules, unless stated otherwise, must:

(a) Be prepared at the time, or immediately following the event being recorded;

(b) Be accurate and contain no willful falsifications;

(c) Be legible, dated, and signed by the person making the entry; and

(d) Be maintained for no less than three years.

(4) PROVIDER SERVICE PAYMENT LIMITATION.

(a) Effective February 1, 2010, monthly service rates, as authorized in Division payment and reporting systems for individuals enrolled in employment and alternatives to employment services and paid to certified providers for delivering employment or alternatives to employment services as described in these rules, shall be limited to a maximum of $1,800 per month.

(b) An exception to the provider service payment limitation, only for costs of directly supporting the individual served, may be granted by the Division if documentation supports the following criteria are met:

(A) The individual has a current behavior or health condition, as well as a documented history of such, posing a risk to the individual's health and welfare or that of others; AND

(B) The individual has a current employment and alternatives to employment service rate and ISP requiring at least 1:1 staffing for purposes of meeting behavioral or medical support needs; AND

(C) Steps have been taken to address the existing behavior or condition within the $1,800 cap and there is continued risk to health and safety of self or others, regardless of setting.

(c) Special conditions shall be required in the provider contract. The Division or the Division's designee shall monitor services to assure their delivery and the continued need for additional funds.

(5) INDEPENDENCE, PRODUCTIVITY, AND INTEGRATION. As stated in ORS 427.007 the service must have a written policy that states that each individual's ISP is developed to meet each of the following:

(a) Employment and activities that address each individual's level of independence;

(b) Employment and activities that address each individual's productivity; and

(c) Employment and activities that address each individual's integration into the local community.

(6) DISSOLUTION OF SERVICE. Prior to the dissolution of a service, a representative of the governing body or owner of the service must notify the Department in writing 30 days in advance and make appropriate arrangements for the transfer of individual records.

Stat. Auth.: ORS 409.050 & 410.070
Stats. Implemented: ORS 430.610, 430.630, & 430.670

**411-345-0110 Rights: General**
*(Effective 12/28/2003)*

(1) Abuse prohibited. Any adult as defined by OAR 411-345-0020(4) or any individual as defined by 411-345-0020(27) must not be abused nor will abuse be condoned by any employee, staff or volunteer of the program.

(2) Policies and procedures. The service must have and implement written policies and procedures that protect individuals' rights during the hours the individual is receiving services. The service must encourage and assist individuals to understand and exercise these rights. These policies and procedures must at a minimum provide for:

(a) Assurance that each individual has the same civil and human rights accorded to other citizens;

(b) Adherence to all applicable state and federal labor rules and regulations;

(c) Opportunities for individuals to be productive;

(d) Services that promote independence and that are appropriate to the age and preferences of the individual;

(e) Confidentiality of personal information regarding the individual;

(f) Adequate medical and health care, supportive services and training;

(g) Opportunities for visits to legal and medical professionals when necessary;

(h) Private communication, including personal mail and access to a telephone, consistent with the service provider's policies for all employees;

(i) Personal property and fostering of personal control and freedom regarding that property;

(j) Protection from abuse and neglect, including freedom from unauthorized training, treatment and chemical/mechanical restraints

(k) Freedom from unauthorized personal restraints; and

(l) Transfer of individuals within a program follows OAR 411-345-0140(6).

(3) Notification of policies and procedures. The service must inform each individual and parent/guardian/advocate orally and in writing of its rights policy and procedures and a description of how to exercise them at entry to the service and, in a timely manner, as changes occur.

Stat. Auth.: ORS 409.050, 410.070
Stats. Implemented: ORS 430.610, 430.630 & 430.670

**411-345-0120 Rights: Confidentiality of Records**
*(Effective 12/28/2003)*

Confidentiality. All individuals' records are confidential except as otherwise provided by applicable rule or laws.

(1) For the purpose of disclosure from individual medical records under these rules, service providers under these rules will be considered "providers" as defined in ORS 179.505(1) and 179.505 will be applicable.

(2) For the purposes of disclosure from non-medical individual records, all or portions of the information contained in those records may be exempt from public inspection under the personal privacy information exemption to the public records law set forth in ORS 192.502(2).

Stat. Auth.: ORS 409.050, 410.070
Stats. Implemented: ORS 430.610, 430.630 & 430.670

**411-345-0130 Rights: Grievances**
*(Effective 12/28/2003)*

(1) Policies and procedures. The service must implement written policies and procedures for individuals' grievances. These policies and procedures must, at a minimum, provide for:

(a) Receipt of grievances from individual(s) or others acting on his/her behalf. If the grievance is associated in any way with abuse or the violation of the individual's rights, the recipient of the grievance must immediately report the issue to the program's director or designee and the CMHP;

(b) Investigation of the facts supporting or disproving the grievance;

(c) Taking appropriate actions on grievances within five working days following receipt of the grievance;

(d) Submission to the Program Director. If the grievance is not resolved it must be submitted to the Program Director for review. Such review must be completed and a written response provided within 15 days;

(e) Submission to the Community Mental Health Program. If the grievance is not resolved by the Program Director it may be submitted to the Community Mental Health Program for review. Such review must be completed and a written response provided within 30 days;

(f) Submission to the Administrator. If the grievance is not resolved by the Community Mental Health Program it may be submitted to the Administrator of the Department for review. Such review must be completed and a written response provided within 45 days of submission. The decision of the Administrator or designee is final;

(g) Documentation of each grievance and its resolution in the grievant's record. If a grievance resulted in disciplinary action against a staff member, the documentation must include a statement that disciplinary action was taken.

(2) Copies of all grievances to case manager. Copies of the documentation on all grievances must be sent by the service to the case manager within 15 working days of initial receipt of the grievance.

(3) Notification of policy and procedures. The service must inform each individual and parent/guardian/advocate orally and in writing at entry to the service and as changes occur of the service's grievance policy and procedures and a description of how to utilize them.

Stat. Auth.: ORS 409.050, 410.070
Stats. Implemented: ORS 430.610, 430.630 & 430.670

**411-345-0140 Entry, Exit and Transfer: General**
*(Effective 12/28/2003)*

(1) Qualifications for Department funding. Unless the circumstances in 411-345-0140(1)(f) apply, all individuals considered for Department-funded services must:

(a) Be referred by the Community Mental Health Program;

(b) Be determined to have a developmental disability by the Department or its designee;

(c) Not be discriminated against because of race, color, creed, age, disability, national origin, gender, religion, duration of Oregon residence, method of payment or other forms of discrimination under applicable state or Federal law;

(d) Be 18 years of age or older;

(e) Be an individual also receiving residential services that are paid or regulated by the Department, excluding Semi-Independent Living Programs certified under OAR chapter 309, division 41, and including, but not limited to, services in:

(A) A Comprehensive Residential Service regulated by OAR chapter 411, division 325;

(B) An adult foster home regulated by OAR chapter 309, division 40;

(C) A Supported Living program regulated by OAR chapter 411, division 305; or

(D) An individual's own or family home when the individual receives Comprehensive In-Home Support services which are provided according to OAR chapter 411, division 330 and which cost over $20,000 annually.

(f) Individuals who meet the conditions of OAR 411-345-0140(1)(a) through (d), live in their own or family home, do not meet the conditions of 411-345-0140(1)(e), and are enrolled in Employment or Alternative to Employment services as of June 30, 2003, may be eligible for Employment or Alternative to Employment services governed by these rules until the date designated by the Department for transfer to Support Services governed by OAR chapter 411, division 340.

(2) Information required for entry meeting. The service must acquire the following information prior to an entry ISP team meeting:

(a) Written documentation that the individual has been determined to have a developmental disability;

(b) A statement indicating the individual's safety skills including ability to evacuate from a building when warned by a signal device;

(c) A brief written history of any behavioral challenges;

(d) Documentation of the individual's current physical condition, including any physical limitations that would affect employment;

(e) Documentation of any guardian or conservator, or any other legal restriction on the rights of the individual, if applicable; and

(f) A copy of the most recent ISP, if applicable.

(3) Entry meeting. An entry ISP Team meeting must be conducted prior to the initiation of services to the individual. The findings of the entry meeting must be recorded in the individual's file and include at a minimum:

(a) The name of the individual proposed for services;

(b) The date of the meeting;

(c) The date determined to be the date of entry;

(d) Documentation of the participants at the meeting;

(e) Documentation as required by OAR 411-345-0190(4) and 411-345-0200;

(f) Documentation of the pre-entry information required by OAR 411-345-0140(2)(a-f);

(g) Documentation of the proposed transition plan as defined in the Community Developmental Disability Programs Chapter 411, Division 320 for services to be provided if the decision was made to serve;

(h) Documentation of the type of employment or alternative to employment service the individual will receive. This service must be one of the following:

(A) Supported employment;

(B) Community based service;

(C) Facility based services; or

(D) A combination of the above.

(i) Documentation of the decision to serve or not serve the individual requesting service, with reasons.

(4) Exit meeting. Each individual considered for exit must have a meeting by the ISP Team before any decision to exit is made. Findings of such a meeting must be recorded in the individual's file and include at a minimum:

(a) The name of the individual considered for exit;

(b) The date of the meeting;

(c) Documentation of the participants included in the meeting;

(d) Documentation of the circumstances leading to the proposed exit;

(e) Documentation of the discussion of the strategies to prevent an exit from service (unless the individual is requesting exit);

(f) Documentation of the decision regarding exit including verification of a majority agreement of the meeting participants regarding the decision; and

(g) Documentation of the proposed plan for services to the individual after the exit.

(5) Requirements for waiver of exit meeting. Requirements for an exit meeting may be waived if an individual is immediately removed from the service under the following conditions:

(a) The individual and his/her guardian requests an immediate removal from the service; or

(b) The individual is removed by a legal authority acting pursuant to civil or criminal proceedings.

(6) Transfer decision. A decision to transfer an individual within a service provider may be made by the ISP team. Findings of the ISP team must be recorded in the individual's file and include at a minimum:

(a) The name of the individual considered for transfer;

(b) The date of the meeting or telephone call(s);

(c) Documentation of the participants included in the meeting or telephone call(s);

(d) Documentation of the circumstances leading to the proposed transfer;

(e) Documentation of the alternatives considered, including transfer;

(f) Documentation of the reasons why any preferences of the individual, legal representative or family members cannot be honored;

(g) Documentation of a majority agreement of the participants regarding the decision; and

(h) The written plan for services to the individual after transfer.

Stat. Auth.: ORS 409.050, 410.070
Stats. Implemented: ORS 430.610, 430.630 & 430.670

**411-345-0150 Entry, Exit and Transfer: Appeal Process**
*(Effective 12/28/2003)*

(1) Procedures. In cases where the individual and parent/guardian/advocate object to, or the ISP team cannot reach majority agreement regarding an admission refusal, a request to exit the program, or a transfer within a service, an appeal may be filed by any member of the ISP team.

(a) In the case of a refusal to admit, the unit of service must be held vacant and the payment for the service will continue.

(b) In the case of a request to exit or transfer, the individual must continue to receive the same services received prior to the appeal until the appeal is resolved.

(2) Appeal to the County. All appeals must be made in writing to the Community Mental Health Program Director or his/her designee for decision using the county's appeal process. The Community Mental Health Program Director or designee will make a decision within 30 working days of receipt of the appeal and notify the appellant of the decision in writing.

(3) Appeal to the Department. The decision of the Community Mental Health Director may be appealed by the individual, his/her parent,

guardian, advocate or the provider by notifying the Department in writing within ten working days of receipt of the county's decision.

(a) A committee must be appointed by the Administrator for the Department or the Administrator's designee every two years, and must be composed of a Department representative, an employment or alternative to employment service representative and a developmental disability case management representative.

(b) In case of a conflict of interest, as determined by the Administrator of the Department or designee, alternative representatives will be temporarily appointed by the Administrator or designee to the committee;

(c) The committee will review the appealed decision and make a written recommendation to the Administrator of the Department or designee within 45 working days of receipt of the notice of appeal;

(d) The Administrator of the Department or designee must make a decision on the appeal within ten working days after receipt of the recommendation from the committee; and

(e) If the decision is for admission or continued placement and the service refuses admission or continued placement, the funding for that unit of service may be withdrawn by the contractor.

Stat. Auth.: ORS 409.050 & 410.070
Stats. Implemented: ORS 430.610, 430.630 & 430.670

**411-345-0160 Rights: Plan**
*(Effective 12/28/2003)*

Individual support plan available. A copy of each individual's Individual Support Plan must be available at the service within 60 days of entry and updated at least annually or as changes occur.

Stat. Auth.: ORS 409.050, 410.070
Stats. Implemented: ORS 430.610, 430.630 & 430.670

**411-345-0170 Rights: Behavior Intervention**
*(Effective 12/28/2003)*

(1) Written policy. The service must have and implement a written policy concerning behavior intervention procedures. The service must inform the individual and his/her legal guardian of the behavior intervention policy and procedures at the time of entry and as changes occur.

(2) Implementation of a program to alter an individual's behaviors. A decision to implement a program to alter an individual's behavior must be made by the ISP team and the program must be described fully in the individual's ISP. The program must:

(a) Emphasize the development of the functional alternative behavior and positive approaches and positive behavior intervention;

(b) Use the least intervention possible;

(c) Ensure that abusive or demeaning intervention must never be used; and

(d) Be evaluated by the service provider through timely review of specific data on the progress and effectiveness of the procedures.

(3) Documentation requirements. Documentation regarding the behavior program must include:

(a) Documentation that the individual, the guardian, and ISP team are fully aware of and consent to the program in accordance with the ISP process as defined in the Community Developmental Disability Programs Rule OAR chapter 411, division 320;

(b) Documentation of all prior programs used to develop an alternative behavior; and

(c) A written record of a functional analysis of the behavior which is defined as:

(A) A clear, measurable description of the behavior to include frequency, duration, intensity and severity of the behavior;

(B) A clear description of the need to alter the behavior;

(C) An assessment of the meaning of the behavior, which includes the possibility that the behavior is:

(i) An effort to communicate;

(ii) The result of medical conditions;

(iii) The result of environmental causes; or

(iv) The result of other factors.

(d) A description of the conditions which precede the behavior in question;

(e) A description of what appears to reinforce and maintain the behavior; and

(f) A clear and measurable procedure which will be used to alter the behavior and develop the functional alternative behavior.

Stat. Auth.: ORS 409.050, 410.070
Stats. Implemented: ORS 430.610, 430.630 & 430.670

**411-345-0180 Rights: Physical Restraints**
*(Effective 12/28/2003)*

(1) Circumstances when physical restraint allowed. The service must only employ physical restraint:

(a) As part of an Individual Support Plan that may be prescribed by a physician and meets the requirements of OAR 411-345-0170;

(b) As an emergency measure, but only if absolutely necessary to protect the individual or others from immediate injury; or

(c) As a health-related protection prescribed by a physician, but only if absolutely necessary for individual protection during the time that a medical condition exists.

(2) Staff training. Staff members who reasonably anticipate needing to apply restraint as part of an individual's ongoing training program must be trained by a Department-approved trainer. Documentation verifying such training must be maintained in his/her personnel file.

(3) Physical restraints in emergency situations. Physical restraints in emergency situations must:

(a) Be authorized by the program's director or designee, or physician;

(b) Be authorized within one hour of application of restraint or within one hour of the beginning of the next working day;

(c) Result in the immediate notification of the individual's case manager;

(d) Be used only until the individual is calm; and

(e) Prompt an ISP meeting if used more than three times in a six month period.

(4) Avoid physical injury. Physical restraint must be designed to avoid physical injury to the individual and to minimize physical discomfort.

(5) Incident report. All use of physical restraint must be documented in an incident report. The report must include:

(a) The name of the individual to whom the restraint was applied;

(b) The date, type and length of time, of restraint application;

(c) The name and position of the person authorizing the use of the restraint;

(d) The name of the staff member(s) applying the restraint; and

(e) Description of the incident.

(6) Copy to CMHP. A copy of the incident report must be forwarded within five working days of the incident to the Community Mental Health Program.

Stat. Auth.: ORS 409.050 & 410.070
Stats. Implemented: ORS 430.610, 430.630 & 430.670

**411-345-0190 Health and Safety: Medical Services**
*(Effective 12/28/2003)*

(1) Confidentiality. All individuals' records must be kept confidential as described in OAR 411-345-0120(1).

(2) Written polices and procedures. The service must have and implement written policies and procedures which describe the medical management system including medication administration, early detection and prevention of infectious disease, self-administration of medication, drug disposal, emergency medical procedures including the handling of bodily fluids, and confidentiality of medical records.

(3) Individual care. Individuals must receive care that promotes their health and well being, as follows:

(a) The service must observe the health and physical condition of individuals and take action in a timely manner in response to identified changes in condition that could lead to deterioration or harm;

(b) The service must assist individuals with the use and maintenance of prosthetic devices as necessary for the activities of the service;

(c) The service must share information regarding medical conditions with the individual's residential provider, if any, and case manager, with the individual's knowledge; and

(d) The service must provide rest and lunch periods at least as required by applicable law unless the individual's needs dictate additional time.

(4) Documentation. The service must maintain records on each individual to aid physicians, medical professionals and the service in understanding the individual's medical history and current treatment program. These records must be kept current and organized in a manner that permits staff and medical persons to follow easily the individual's course of treatment. Such documentation must include:

(a) A medical history obtained prior to entry to the program that includes, where available:

(A) A copy of a record of immunizations;

(B) The status of Hepatitis B screening; and

(C) A list of known communicable diseases and allergies.

(b) A record of the individual's current medical condition which includes:

(A) A copy of all current orders for medication administered at the program site;

(B) A list of all current medications;

(C) A record of visits to medical professionals, consultants or therapists if facilitated or provided by the service.

(5) Written physician's order. The administration of medication at the employment or alternative to employment site must be avoided whenever possible. When medications, treatments or special diets must be administered or monitored for self-administration, the service must:

(a) Obtain a copy of a written order, signed by a physician or physician's designee, prescribing the medication or other medical service; and

(b) Follow written orders.

(6) PRN/Psychotropic medication prohibited. PRN orders must not be accepted for psychotropic medication.

(7) Requirement for medications. All medications administered or monitored in the case of self-administration must be:

(a) Properly labeled as specified per physician written order;

(b) Kept secured, unavailable to any other individual and stored as prescribed; and

(c) Recorded on an individualized Medication Administration Record (MAR), including treatments and PRN orders.

(8) Medication Administration Record (MAR) requirements. The MAR shall include:

(a) The name of the individual;

(b) The brand name and/or generic name of the medication, including the prescribed dosage and frequency of administration as contained on physician order and medication;

(c) Times and dates the administration or self-administration of the medication occurs

(d) The signature of the staff administering the medication or monitoring the self-administration of the medication;

(e) Method of administration;

(f) Documentation of any known allergies or adverse reactions to a medication;

(g) Documentation and an explanation of why a PRN medication was administered and the results of such administration; and

(h) An explanation of any medication administration irregularity with documentation of administrative review by the service's executive director or designee.

(9) Adverse effects safeguards. Safeguards to prevent adverse medications reactions shall be utilized that include:

(a) Maintaining information about each prescribed medication's effects and side-effects;

(b) Communicating any concerns regarding any medication usage, effectiveness or effects to the residential provider and/or Case Manager; and

(c) Prohibiting the use of one individual's medications by another.

(10) Unused, discontinued, outdated, or recalled drugs and drug containers. No unused, discontinued, outdated, or recalled drugs, or drug containers with worn, illegible or missing labels may be kept at the employment or alternative to employment service. All unused, discontinued, outdated, or recalled drugs and drug containers with worn, illegible or missing labels must be promptly disposed of in a manner consistent with federal statutes and designed to prevent illegal diversion of the substances into the possession of people other than for whom it was prescribed. A written record must be maintained by the service provider of all disposed drugs and must include:

(a) Date of disposal;

(b) A description of the medication, including amount

(c) The individual for whom the medication was prescribed

(d) The reason for disposal;

(e) The method of disposal; and

(f) Signature of staff disposing.

(11) Self-administration of medication. For any individual who is self-administering medication the service must:

(a) Have documentation that a training program was initiated with approval of the individual's ISP team or that training for the individual is unnecessary;

(b) If necessary, have a training program that is consistent with the self-administration training program in place at the individual's residence;

(c) If necessary, have a training program that provides for retraining when there is a change in dosage, medication or time of delivery;

(d) Have specific supports identified and documented for the individual when training has been deemed unnecessary; and

(e) Provide for an annual review, at a minimum, as part of the ISP process, upon completion of the training program or when training for the individual has been deemed necessary by the ISP team.

(12) Self-administration medications kept secured. The service provider must ensure that individuals able to self-administer medications keep them secured, unavailable to any other person and stored as prescribed.

(13) Notification. When the individual's medical, behavioral or physical needs change to a point that they cannot be met by the service, the case manager must be notified immediately. The ISP team will determine alternative placement or arrangement if necessary.

Stat. Auth.: ORS 409.050, 410.070
Stats. Implemented: ORS 430.610, 430.630 & 430.670

**411-345-0200 Health and Safety: Individual Summary Sheets**
*(Effective 12/28/2003)*

Current one to two page record. A current one to two page record must be maintained at the service's primary place of business for each individual receiving services. The record must include:

(1) The individual's name, current address, home phone number, date of entry into the program, date of birth, sex, social security number, social

security beneficiary account number, preferred hospital, CAF number where applicable, guardianship status; and

(2) The name, address and telephone number of:

(a) The individual's legal representative, spouse, family, advocate and/or other designated contact person;

(b) The individual's preferred physician, secondary physician and/or clinic;

(c) The individual's preferred dentist for emergency use;

(d) The individual's case manager;

(e) Other agencies and representatives providing services to the individual; and

(f) The individual's employment/alternative to employment site(s) if different from the service's primary place of business.

Stat. Auth.: ORS 409.050, 410.070
Stats. Implemented: ORS 430.610, 430.630 & 430.670

**411-345-0210 Health and Safety: Personnel**
*(Amended 7/1/2010)*

(1) BASIC PERSONNEL POLICIES AND PROCEDURES. The service must have in place and implement personnel policies and procedures that address suspension, increased supervision, or other appropriate disciplinary employment procedures when a staff member has been identified as an accused person in an abuse investigation. The service must also have in place and implement personnel policies and procedures that address disciplinary and termination of employment when the allegation of abuse has been substantiated.

(2) MANDATORY ABUSE REPORTING PERSONNEL POLICIES AND PROCEDURES. Any employee of a private agency that contracts with a CDDP is a mandatory reporter. Notification of mandatory reporting status must be made at least annually to all employees on forms provided by the

Department. All employees must be provided with a Department-produced card regarding abuse reporting status and abuse reporting.

(3) APPLICATION FOR EMPLOYMENT. An application for employment at the service must inquire whether an applicant has had any founded reports of child abuse or substantiated abuse.

(4) CRIMINAL RECORDS CHECKS. Any employee, volunteer, advisor, or any subject individual defined by OAR 407-007-0200 to 407-007-0370, who has or will have contact with an individual of the service, must have an approved criminal records check in accordance with OAR 407-007-0200 to 407-007-0370 and under ORS 181.534.

(a) Effective July 28, 2009, the service may not use public funds to support, in whole or in part, any person as described in section (4) of this rule in any capacity who has been convicted of any of the disqualifying crimes listed in OAR 407-007-0275.

(b) Section (4)(a) of this rule does not apply to employees of the service provider who were hired prior to July 28, 2009 and remain in the current position for which the employee was hired.

(c) Any employee, volunteer, advisor, or any subject individual as defined by OAR 407-007-0200 to 407-007-0370 must self-report any potentially disqualifying condition as described in OAR 407-007-0280 and OAR 407-007-0290. The person must notify the Department or designee within 24 hours.

(5) DIRECTOR QUALIFICATIONS. The service must be operated under the supervision of a Director who has a minimum of a bachelor's degree and two years of experience, including supervision, in developmental disabilities, social services, mental health, or a related field. Six years of experience, including supervision, in the field of developmental disabilities or a social services or mental health field may be substituted for a degree.

(6) STAFF QUALIFICATIONS. Any staff who supervises individuals must:

(a) Be at least 18 years of age;

(b) Be capable of performing the duties of the job as described in a current job description which he or she has signed and dated; and

(c) If hired on or after July 28, 2009, not have been convicted of any of the disqualifying crimes listed in OAR 407-007-0275.

(7) PERSONNEL FILES AND QUALIFICATION RECORDS. The service must maintain a personnel file on each staff person. In addition, the service must maintain the following on each staff person in a file available to the Department or the Department's designee for inspection:

(a) Written documentation that references and qualifications were checked;

(b) Written documentation of six hours of pre-service training prior to supervising individuals including mandatory abuse reporting training;

(c) Documentation that CPR and first-aid certification were obtained from a recognized training agency within three months of employment and kept current if needed to meet the staffing requirements as described in OAR 411-345-0220(1)(b)(A) and (B);

(d) Written documentation of 12 hours of job-related in-service training annually;

(e) Written documentation of employees' notification of mandatory reporter status;

(f) Written documentation of any founded report of child abuse or substantiated abuse;

(g) Written documentation of an approved criminal records check by the Department; and

(h) Written documentation of any complaints filed against the staff person and the results of the complaint process, including, if any, disciplinary action.

Stat. Auth.: ORS 409.050 & 410.070
Stats. Implemented: ORS 430.610, 430.630, & 430.670

**411-345-0220 Health and Safety: Staffing Requirements**
*(Effective 12/28/2003)*

(1) General staffing requirements. Each employment/alternative to employment service must provide direct service staff appropriate to the number and level of individuals served, as follows:

(a) Supported employment and community based services must provide adequate direct service staff to ensure initial program and site development, training and ongoing support to ensure that individual's basic health, safety and rights are met. Individuals receiving services through supported employment or community based sites must be contacted in person by a staff member a minimum of two times per month.

(b) Facility based services must provide adequate direct service staff to ensure that individual's basic health, safety and rights are met. When individuals are present the service must provide and document that there are staff trained in the following areas:

(A) At least one staff member on duty with CPR certification at all times;

(B) At least one staff member on duty with current First Aid certification at all times;

(C) At least one staff member on duty with training to meet other specific medical need(s) as determined through the ISP process; and

(D) At least one staff member on duty with training to meet other specific behavior intervention need(s) as determined through the ISP process.

(2) Contract requirements for direct service staff ratios. Each service must meet all additional requirements for direct service staff ratios and specialized training as specified by contract requirements.

Stat. Auth.: ORS 409.050, 410.070
Stats. Implemented: ORS 430.610, 430.630 & 430.670

**411-345-0230 Health and Safety: Incident Reports and Emergency Notifications**
*(Amended 7/1/2010)*

(1) INCIDENT REPORTS. A written report that describes any injury, accident, act of physical aggression, or unusual incident involving an individual must be placed in the individual's record. Such description must include:

(a) Conditions prior to or leading to the incident;

(b) A description of the incident;

(c) Staff response at the time; and

(d) Administrative review and follow-up to be taken to prevent a recurrence of the injury, accident, physical aggression, or unusual incident.

(2) SENT TO SERVICES COORDINATOR. Copies of all unusual incident (as defined by OAR 411-345-0020) reports must be sent to the services coordinator within five working days of the incident.

(3) NOTIFICATION OF ALLEGATIONS OF ABUSE AND ABUSE INVESTIGATIONS. The program must notify the CDDP immediately of an incident or allegation of abuse falling within the scope of OAR 407-045-0260.

(4) IMMEDIATE NOTIFICATION. In the case of an unusual incident requiring emergency response, the service must immediately notify:

(a) The individual's legal guardian or conservator, parent, next of kin, designated contact person, and other significant person;

(b) The CDDP;

(c) The individual's residential provider, if applicable; and

(d) Any other agency responsible for the individual.

(5) MISSING PERSON NOTIFICATION. In the case of an individual who is missing or absent without supervision beyond the time frames established by the ISP team, the service must immediately notify:

(a) The individual's designated contact person;

(b) The individual's guardian, if any, or nearest responsible relative;

(c) The individual's residential provider, if applicable;

(d) The local police department; and

(e) The CDDP.

Stat. Auth.: ORS 409.050 & 410.070
Stats. Implemented: ORS 430.610, 430.630, & 430.670

**411-345-0240 Health and Safety: Emergency Plan**
*(Effective 12/28/2003)*

(1) Written Plan. A written emergency plan must be developed and implemented and must include instructions for staff in the event of fire, explosion, accident, or other emergency including evacuation of individuals served.

(2) Posting of emergency information: Facility Based Services.

(a) The telephone numbers of the local fire, police department and ambulance service, or "911" service where available, must be posted by designated telephone(s); and

(b) The telephone numbers of the Director, and other persons to be contacted in case of emergency must be posted by designated telephone(s).

(3) Emergency information: Community Based Service.

(a) The telephone numbers of the local fire, police department and ambulance service, or "911" service where available, must be posted by designated telephone(s); and

(b) The telephone numbers of the Director, emergency physician and other persons to be contacted in case of emergency must be made available to the service site personnel department or responsible supervisor.

(4) Quarterly safety review. A documented safety review must be conducted quarterly to ensure that the service site is free of hazards. These reports must be kept in a central location by the service provider for three years.

Stat. Auth.: ORS 409.050, 410.070
Stats. Implemented: ORS 430.610, 430.630 & 430.670

**411-345-0250 Health and Safety: Evacuation Drills**
*(Effective 12/28/2003)*

(1) Training. The service must train all individuals immediately upon entry to the service site to leave the site in response to an alarm or other emergency signal and to cooperate with assistance to exit the site.

(2) Drill requirements for Facility Based Services. Each service must conduct an unannounced evacuation drill each month when individuals are present;

(a) Exit routes must vary based on the location of a simulated fire.

(b) Any individual failing to evacuate the service site unassisted within the established time limits set by the local fire authority for the site must be provided specialized training and support in evacuation procedures. The training must be included in the individual's ISP.

(c) Written documentation must be made at the time of the drill and kept by the program for at least two years following the drill. It must include:

(A) The date and time of the drill;

(B) The location of the simulated fire;

(C) The last names of all individuals and staff present in the service area at the time of the drill;

(D) The amount of time required by each individual to evacuate if the individual needs more than the established time limit; and

(E) The signature of the staff conducting the drill.

(3) Drill requirements for individuals who are medically fragile or have severe physical limitations. In sites providing services to individuals who are medically fragile or have severe physical limitations, requirements of evacuation drill conduct may be modified. The modified plan must:

(a) Be developed with the local fire authority, case manager, and the service provider designee; and

(b) Be presented as a variance request per OAR 411-345-0090(2)(a) through (d).

(4) Adaptations required for sensory or physically impaired. The service must provide necessary adaptations to ensure fire safety for sensory and physically impaired individuals.

Stat. Auth.: ORS 409.050, 410.070
Stats. Implemented: ORS 430.610, 430.630 & 430.670

**411-345-0260 Health and Safety: Physical Environment**
*(Effective 12/28/2003)*

(1) Health and Safety Inspections: Community Based Services. All supported employment and community based services must ensure that the site has no known health or safety hazards in its immediate environment and that individuals are trained to avoid recognizable hazards.

(2) Health and Safety Inspections: Owned, leased, or rented buildings and property. The service must assure that at least once every three years health and safety inspection(s) will be conducted.

(a) The inspection(s) must cover all areas and buildings where services are delivered to individuals, administrative offices and storage areas.

(b) The inspection(s) may be performed by:

(A) Oregon Occupational Safety and Health Division;

(B) The service's workers compensation insurance carrier; or

(C) An appropriate expert such as a licensed safety engineer or consultant as approved the Department; and

(D) The Oregon Health Department, when necessary.

(c) The inspection(s) must cover:

(A) Hazardous material handling and storage;

(B) Machinery and equipment used by the service;

(C) Safety equipment;

(D) Physical environment; and

(E) Food handling, when necessary.

(d) The documented results of the inspection, including recommended modifications or changes, and documentation of any resulting action taken must be kept by the provider for five years.

(3) Health and Safety: Fire and Life Safety Inspections for Owned, Leased, or Rented Buildings and Property. The service provider must ensure that each service site has annual fire and life safety inspections performed by the local fire authority or a Deputy State Fire Marshal. The documented results of the inspection, including documentation of recommended

modifications or changes, and documentation of any resulting action taken must be kept by the provider for five years.

Stat. Auth.: ORS 409.050, 410.070
Stats. Implemented: ORS 430.610, 430.630 & 430.670

**411-345-0270 Health and Safety: Vehicles and Drivers**
*(Effective 12/28/2003)*

(1) Vehicles operated to transport individuals. Services that own or operate vehicles that transport individuals must:

(a) Maintain the vehicles in safe operating condition;

(b) Comply with Department of Motor Vehicles laws;

(c) Maintain insurance coverage; and

(d) Carry in vehicles a fire extinguisher and first-aid kit.

(2) Drivers. Drivers operating vehicles to transport individuals must meet applicable Department of Motor Vehicles requirements.

Stat. Auth.: ORS 409.050, 410.070
Stats. Implemented: ORS 430.610, 430.630 & 430.670

**411-345-0280 Individual/Family Involvement**
*(Effective 12/28/2003)*

Policy Needed. The program must have and implement a written policy that addresses:

(1) Opportunities for the individual to participate in decisions regarding the operations of the program;

(2) Opportunities for families, guardians, and significant others of the individuals served by the program to interact; or

(3) Opportunities for individuals, families, guardians, and significant others to participate on the Board or on committees of the program or to review

policies of the program that directly affect the individuals served by the program.

Stat. Auth.: ORS 409.050, 410.070
Stats. Implemented: ORS 430.610, 430.630 & 430.670

**411-345-0290 Certificate Denial, Suspension, Revocation, Refusal to Renew**
*(Amended 7/1/2010)*

(1) The Department may deny, revoke, or refuse to renew a certificate when it finds the service, or any person holding five percent or greater financial interest in the service:

(a) Demonstrates substantial failure to comply with these rules such that the health, safety, or welfare of individuals is jeopardized and fails to correct the noncompliance within 30 calendar days of receipt of written notice of non-compliance;

(b) Has demonstrated a substantial failure to comply with these rules such that the health, safety, or welfare of individuals is jeopardized during two inspections within a six year period (for the purpose of this subsection, "inspection" means an onsite review of the service site by the Department for the purpose of investigation or certification);

(c) Has demonstrated a failure to comply with applicable laws relating to safety from fire;

(d) Has been convicted of any crime that would have resulted in an unacceptable criminal records check upon hiring or authorization of service;

(e) Has been convicted of a misdemeanor associated with the operation of employment and alternatives to employment services;

(f) Falsifies information required by the Department to be maintained or submitted regarding care of individuals, employment and alternatives to employment services finances, or individuals' funds; or

(g) Has been found to have permitted, aided, or abetted any illegal act that has had significant adverse impact on individual health, safety, or welfare.

(2) In any case where the Department finds a serious and immediate threat to individual health and safety and sets forth the specific reasons for such findings, the Department may, by written notice to the certificate holder, immediately suspend a certificate without a pre-suspension hearing and the service may not continue operation.

(3) Following a Department finding that there is a substantial failure to comply with these rules such that the health, safety, or welfare of individuals is jeopardized, or that one or more of the events listed in section (1) of this rule has occurred, the Department may issue a notice of certificate revocation, denial, or refusal to renew.

(4) Following the notice issued pursuant to section (3) of this rule, the Department shall provide the certificate holder an opportunity for an informal conference within 10 calendar days from the date of the notice.

(5) Following issuance of a notice of certificate revocation, denial, or refusal to renew, the Department shall provide the opportunity for a hearing pursuant to OAR 411-345-0300.

Stat. Auth.: ORS 409.050 & 410.070
Stats. Implemented: ORS 430.610, 430.630, & 430.670

**411-345-0300 Hearings**
*(Effective 12/28/2003)*

(1) Hearing Rights. An applicant for a certificate, or a certificate holder, upon written notice from the Department of denial, suspension, revocation or refusal to renew a certificate, may request a hearing pursuant to the Contested Case Provisions of ORS chapter 183.

(2) Request for hearing. Upon written notification by the Department of revocation, denial or refusal to renew a certificate, pursuant to OAR 411-345-0300(1) the applicant/certified program will be entitled to a hearing in accordance with ORS chapter 183 within 60 days of receipt of notice. The request for hearing must include an admission or denial of each factual

matter alleged by the Department and must affirmatively allege a short plain statement of each relevant affirmative defense the applicant/certified program may have.

(3) Hearing rights under OAR 411-345-0290(2). In the event of a suspension of a certificate pursuant to 411-345-0290(2) and during the first 30 days after the suspension of a certificate, the certified program will be entitled to a fair hearing within 10 days after its written request to the Department for a hearing regarding certificate suspension. Any hearing requested after the end of the 30 day period following certificate suspension will be treated as a request for hearing under OAR 411-345-0300(2).

(4) Issue at hearing on denial or revocation pursuant to OAR 411-345-0290(1)(a). The issue at a hearing on certification denial, revocation or refusal to renew a certificate pursuant to 411-345-0290(1)(a) is limited to whether the service was/is in compliance at the end of the 30 calendar days following written notice of non-compliance.

Stat. Auth.: ORS 409.050, 410.070
Stats. Implemented: ORS 430.610, 430.630 & 430.670

# (OAR) Oregon Administrative Rule

# Chapter 411 Division 345

## Employment and Alternative to Employment Services for Individuals with Developmental Disabilities

**July 2010**

Oregon Department of Human Services

State Operated Community Program

# DEPARTMENT OF HUMAN SERVICES
# SENIORS AND PEOPLE WITH DISABILITIES DIVISION
# OREGON ADMINISTRATIVE RULES

## CHAPTER 411
## DIVISION 345

## EMPLOYMENT AND ALTERNATIVES TO EMPLOYMENT SERVICES FOR INDIVIDUALS WITH DEVELOPMENTAL DISABILITIES

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# DEPARTMENT OF HUMAN SERVICES
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## CHAPTER 411
## DIVISION 345

## EMPLOYMENT AND ALTERNATIVES TO EMPLOYMENT SERVICES FOR INDIVIDUALS WITH DEVELOPMENTAL DISABILITIES

### 411-345-0010 Statement of Purpose and Statutory Authority
*(Effective 12/28/2003)*

(1) Purpose. These rules prescribe standards by which Oregon Department of Human Services approves programs that provide employment and alternatives to employment services for individuals with developmental disabilities.

(2) Statutory authority. These rules are authorized by ORS 409.050 and 410.070 and carry out the provisions of 430.610, 430.630, and 430.670.

(3) Mission Statement. One mission of the Oregon Department of Human Services is to provide support services that enhance the quality of life of persons with developmental disabilities.

> (a) Employment and alternatives to employment services are key to the service delivery system and are critical to achieving this mission. The term "Employment Services" refers to the variety of non-sheltered and sheltered services that employ individuals. Oregon Department of Human Services recognizes supported employment as a desired method of providing employment services. "Alternatives to Employment Services" includes those services for individuals whose age or condition preclude employment situations. The overall purpose of employment and alternative to employment services is to provide services that promote individuals' opportunities for integration, independence and productivity and that are based upon individual needs.

(b) The service provider is responsible for developing and implementing policies, procedures and plans that ensure that the requirements of this rule are met.

(c) In addition, the service provider must ensure compliance with all applicable local, state and federal laws and regulations that apply to the type of business it runs.

(d) As a member of each individual's ISP team, the service provider has the responsibility to participate in the ISP process as required by this rule. It is through the ISP process that local providers, advocates, family members and community mental health program representatives determine with individuals the types of services to be delivered to the individual.

(e) The purpose of this rule is to ensure that the employment and alternative to employment service provider meets basic management, programmatic, health and safety and human rights regulations for those individuals receiving services funded by the Oregon Department of Human Services.

Stat. Auth.: ORS 409.050, 410.070
Stats. Implemented: ORS 430.610, 430.630 & 430.670

**411-345-0020 Definitions**
*(Amended 7/1/2010)*

As used in these rules, the following definitions apply:

(1) "Abuse" means abuse of an adult as defined in OAR 407-045-0260.

(2) "Abuse Investigation and Protective Services" means reporting and investigation activities as required by OAR 407-045-0300 and any subsequent services or supports necessary to prevent further abuse as required in OAR 407-045-0310.

(3) "Administration of Medication" means the act of placing a medication in or on an individual's body by a staff member who is responsible for the individual's care.

(4) "Adult" means an individual 18 years or older with developmental disabilities.

(5) "Advocate" means a person other than paid staff who has been selected by the individual or by the individual's legal representative to help the individual understand and make choices in matters relating to identification of needs and choices of services, especially when rights are at risk or have been violated.

(6) "Aid to Physical Functioning" means any special equipment prescribed for an individual by a physician, therapist, or dietician that maintains or enhances the individual's physical functioning.

(7) "Alternatives to Employment Services" mean any services, conducted away from an individual's residence that addresses the academic, recreational, social, or therapeutic needs of the individuals for whom it serves.

(8) "Annual Individual Support Plan (ISP) Meeting" means an annual meeting, coordinated by a services coordinator of the community developmental disability program that is attended by the Individual Support Plan team members and other persons such as an advocate as appropriate. The purpose of the meeting is to determine needs, coordinate services and training, and develop an Individual Support Plan.

(9) "Board of Directors" mean a group of persons formed to set policy and give directions to a program designed to provide employment and alternatives to employment services for individuals with developmental disabilities. A board of directors includes local advisory boards used by multi-state organizations.

(10) "Certificate" means a document issued by the Department to a provider of employment and alternatives to employment services that certifies that the provider is eligible to receive state funds for the provision of these services.

(11) "Choice" means the individual's expression of preference, opportunity for, and active role in decision-making related to the selection of assessments, services, service providers, goals and activities, and verification of satisfaction with these services. Choice may be

communicated verbally, through sign language, or by other communication methods.

(12) "Community Based Service" means any service or program providing opportunities for the majority of an individual's time to be spent in community participation or integration.

(13) "Community Developmental Disability Program (CDDP)" means an entity that is responsible for the planning and delivery of services for individuals with developmental disabilities in a specific geographic service area of the state operated by or under a contract with the Division or a local mental health authority.

(14) "Complaint Investigation" means an investigation of any complaint that has been made to a proper authority that is not covered by an abuse investigation.

(15) "Controlled Substance" means any drug classified as Schedules 1 to 5 under the Federal Controlled Substance Act.

(16) "Department" means the Department of Human Services (DHS).

(17) "Developmental Disability" means a disability that originates in the developmental years, that is likely to continue, and significantly impacts adaptive behavior as diagnosed and measured by a qualified professional. Developmental disabilities include mental retardation, autism, cerebral palsy, epilepsy, or other neurological disabling conditions that require training or support similar to that required by individuals with mental retardation, and the disability:

> (a) Originates before the individual reaches the age of 22 years, except that in the case of mental retardation, the condition must be manifested before the age of 18;
>
> (b) Originates and directly affects the brain and has continued, or must be expected to continue, indefinitely;
>
> (c) Constitutes a significant impairment in adaptive behavior; and

(d) Is not primarily attributed to a mental or emotional disorder, sensory impairment, substance abuse, personality disorder, learning disability, or Attention Deficit Hyperactivity Disorder.

(18) "Director" means the person responsible for administration of the employment and alternatives to employment services and provision of support services for individuals.

(19) "Division" means the Department of Human Services, Seniors and People with Disabilities Division (SPD).

(20) "Employment Services" means any service that has as its primary goal the employment of individuals, including job assessment, job development, training, and ongoing supports.

(21) "Entry" means admission to a Department-funded developmental disability service.

(22) "Exit" means either termination from a Department-funded developmental disability service provider or transfer from one Department-funded program to another. Exit does not mean transfer within a service provided through the same CDDP.

(23) "Facility Based Service" means any service or program that occurs in a location serving more than eight individuals.

(24) "Founded Reports" means the Department's Children, Adults, and Families Division or Law Enforcement Authority (LEA) determination, based on the evidence, that there is reasonable cause to believe that conduct in violation of the child abuse statutes or rules has occurred and such conduct is attributable to the person alleged to have engaged in the conduct.

(25) "Incident Report" means a written report of any injury, accident, acts of physical aggression, or unusual incident involving an individual.

(26) "Independence" means the extent to which individuals with developmental disabilities exert control and choice over their own lives.

(27) "Individual" means a person with developmental disabilities for whom services are planned and provided.

(28) "Individual Support Plan (ISP)" means the written details of the supports, activities, and resources required for an individual to achieve personal goals. The Individual Support Plan is developed at minimum annually to reflect decisions and agreements made during a person-centered process of planning and information gathering. The Individual Support Plan is the individual's Plan of Care for Medicaid purposes.

(29) "Individual Support Plan (ISP) Team" means a team composed of the individual served, agency representatives who provide service to the individual (if appropriate for in-home supports), the guardian (if any), the services coordinator, and may include family or other persons requested to develop the Individual Support Plan.

(30) "Integration" means:

> (a) The use by individuals with developmental disabilities of the same community resources that are used by and available to other persons in the community;
>
> (b) Participation in the same community activities in which persons without a developmental disability participate, together with regular contact with persons without a developmental disability; and
>
> (c) Individuals with developmental disabilities live in homes that are in proximity to community resources and work and participate in activities that foster contact with persons in their community.

(31) "Legal Representative" means the parent, if the individual is under age 18, unless the court appoints another person or agency to act as guardian. For those individuals over the age of 18, a legal representative means an attorney at law who has been retained by or for the individual or a person or agency authorized by the court to make decisions about services for the individual.

(32) "Mandatory Reporter" means any public or private official who, while acting in an official capacity, comes in contact with and has reasonable cause to believe an adult with developmental disabilities has suffered abuse, or comes in contact with any person whom the official has reasonable cause to believe abused an adult with developmental

disabilities. Pursuant to ORS 430.765(2) psychiatrists, psychologists, clergy, and attorneys are not mandatory reporters with regard to information received through communications that are privileged under ORS 40.225 to 40.295.

(33) "Medication" means any drug, chemical, compound, suspension, or preparation in suitable form for use as a curative or remedial substance taken either internally or externally by any person.

(34) "Physical Restraint" means any manual physical holding of or contact with an individual that restricts the individual's freedom of movement.

(35) "Prescription Medication" means any medication that requires a physician prescription before it may be obtained from a pharmacist.

(36) "Productivity" as defined in ORS 427.005 means engagement in income producing work by an individual with developmental disabilities that is measured through improvements in income level, employment status or job advancement, or engagement by an individual with developmental disabilities in work contributing to a household or community.

(37) "Protection" means the necessary actions taken as soon as possible to prevent subsequent abuse or exploitation of the individual, to prevent self-destructive acts, and to safeguard an individual's person, property, and funds.

(38) "Psychotropic Medication" means medication the prescribed intent of which is to affect or alter thought processes, mood, or behavior including but not limited to anti-psychotic, antidepressant, anxiolytic (anti-anxiety), and behavior medications. The classification of a medication depends upon its stated, intended effect when prescribed.

(39) "Self-Administration of Medication" means the individual manages and takes his or her own medication, identifies his or her own medication and the times and methods of administration, places the medication internally in or externally on his or her own body without staff assistance upon the written order of a physician, and safely maintains the medication without supervision.

(40) "Service Provider" or "Service" means a public or private community agency or organization that provides recognized developmental disability services and is approved by the Department or other appropriate agency, to provide these services. For the purpose of these rules "provider" or "program" is synonymous with "service provider."

(41) "Services Coordinator" means an employee of the community developmental disability program or other agency that contracts with the county or Department, who is selected to plan, procure, coordinate, monitor Individual Support Plan services, and to act as a proponent for individuals with developmental disabilities.

(42) "Significant Other" means a person selected by the individual to be the individual's friend.

(43) "Staff" means a paid employee responsible for providing services to individuals and whose wages are paid in part or in full with funds contracted with the community developmental disability program or contracted directly through the Department.

(44) "Substantiated" means an abuse investigation has been completed by the Department or the Department's designee and the preponderance of the evidence establishes the abuse occurred.

(45) "Support" means assistance that individuals require, solely because of the affects of developmental disability, to maintain or increase independence, achieve community presence and participation, and improve productivity. Support is flexible and subject to change with time and circumstances.

(46) "Supported Employment" means the provision of situational assessment, job development, job training, and ongoing support necessary to place, maintain, or change the employment of an individual in an integrated work setting. Work must be performed on a full or part-time basis, averaging at least 20 hours per week for each pay period. The individual is compensated in accordance with the Fair Labor Standards Act.

(47) "These Rules" mean the rules in OAR chapter 411, division 345.

(48) "Transfer" means movement of an individual from one site to another within the same county, administered by the same service provider and which has not been addressed within the Individual Support Plan.

(49) "Transition Plan" means a written plan for the period of time between an individual's entry into a particular service and when the individual's Individual Support Plan is developed and approved by the Individual Support Plan team. The Transition Plan includes a summary of the services necessary to facilitate adjustment to the services offered, the supports necessary to ensure health and safety, and the assessments and consultations necessary for the Individual Support Plan development.

(50) "Unit of Service" means the equivalent of an individual receiving services 25 hours per week, 52 weeks per year minus the following:

> (a) Personal, vacation, or sick leave allowed by the service provider or employer;
>
> (b) Holidays as recognized by the state of Oregon; and
>
> (c) Up to 4 days for all-staff in-service training.
>
> (d) Any deviation from the 25 hours per week per individual served must be agreed to and documented by the Individual Support Plan team.

(51) "Unusual Incident" means incidents involving serious illness or accidents, death of an individual, injury or illness of an individual requiring inpatient or emergency hospitalization, suicide attempts, a fire requiring the services of a fire department, or any incident requiring an abuse investigation.

(52) “Volunteer” means any person providing services without pay to individuals receiving employment or alternatives to employment services.

Stat. Auth.: ORS 409.050 & 410.070
Stats. Implemented: ORS 430.610, 430.630, & 430.670

**411-345-0030 Issuance of Certificate**
*(Effective 12/28/2003)*

(1) Certificate required. No person or governmental unit acting individually or jointly with any other person or governmental unit will establish, conduct, maintain, manage or operate an employment or alternative to employment service without being certified.

(2) Not transferable. Each certificate is issued only for the employment or alternative to employment service and persons or governmental units named in the application. No certificate is transferable or assignable.

(3) Terms of certificate. Each certificate is issued for a maximum of three years.

(4) Service provider review. As part of the certificate renewal process the service provider must conduct a self-evaluation based upon the requirements of this rule.

> (a) The service provider must document the self-assessment on forms provided by the Department;
>
> (b) The service provider must develop and implement a plan of improvement based upon the findings of the self-evaluation; and
>
> (c) The service provider must submit these documents to the local CMHP with a copy to the Department.

(5) Department Review. The Department must conduct a review of the service provider prior to the issuance of a certificate.

Stat. Auth.: ORS 409.050, 410.070
Stats. Implemented: ORS 430.610, 430.630 & 430.670

**411-345-0040 Application for Initial Certificate and Certificate Renewal**
*(Effective 12/28/2003)*

(1) Form. The application must be on a form provided by the Department and must include all information requested by the Department.

(2) Initial Application. The applicant must identify the number and types of units of service that will be provided.

(3) Renewal application. To renew certification, the service provider must make application at least 30 days but not more than 120 days prior to the expiration date of the existing certificate. On renewal, no increase in the number of units of service shall be certified unless specifically approved by the Department.

(4) Renewal application extends expiration date. Filing of an application for renewal at least 30 days but not more than 120 days prior to the expiration date of the existing certificate extends the effective date until the Department or its designee takes action upon such application.

(5) Incomplete or incorrect information. Failure to disclose requested information on the application, or provision of incomplete or incorrect information on the application, may result in denial, revocation or refusal to renew the certificate

(6) Demonstrated capability. Prior to issuance or renewal of the certificate the applicant must demonstrate to the satisfaction of the Department that the applicant is capable of providing the types of services identified in a manner consistent with the requirements of these rules.

(7) Separate certificates. Separate certificates are required when the service provider delivers services in multiple counties to the extent that contracts with each different county are required.

Stat. Auth.: ORS 409.050, 410.070
Stats. Implemented: ORS 430.610, 430.630 & 430.670

**411-345-0050 Reciprocal Compliance**
*(Effective 12/28/2003)*

(1) Acceptance of compliance with other standards. The Department may accept compliance with other formally recognized standards as assurance of compliance with all or part of these rules.

(2) Certificate based on compliance with other standards. An Employment or Alternative to Employment service seeking a Department Certificate based on compliance with other standard must:

(a) Provide the Department with a copy of the complete detailed report from the reviewing group; and

(b) Where there are differences between other standards and Oregon Administrative Rules, the Oregon Administrative Rules will take precedence.

Stat. Auth.: ORS 409.050, 410.070
Stats. Implemented: ORS 430.610, 430.630 & 430.670

**411-345-0060 Certification Expiration, Termination of Operations, Certificate Return**
*(Effective 12/28/2003)*

(1) Expiration. Unless revoked or terminated earlier, each certificate to operate an employment or alternative to employment service will expire on the expiration date specified on the certificate.

(2) Termination of operation. If the director or director's designee of an employment or alternative to employment service discontinues operation of the certified service, the certificate terminates automatically.

(3) Return of Certificate. Each certificate in the possession of the service must be returned to the Department immediately upon suspension or revocation of the certificate, or when operation is discontinued by the holder of the certificate.

Stat. Auth.: ORS 409.050, 410.070
Stats. Implemented: ORS 430.610, 430.630 & 430.670

**411-345-0070 Change of Ownership, Legal Entity, Legal Status, Management Corporation**
*(Effective 12/28/2003)*

(1) Notice of pending change in ownership, legal entity, legal status or management corporation. The program must notify the Department in

writing of any pending change in the program's ownership or legal entity, legal status or management corporation.

(2) New certificate required. A new certificate is required upon change in a program's ownership/legal entity or legal status. The program must submit a certificate application at least 30 days prior to change in ownership/legal entity or legal status.

Stat. Auth.: ORS 409.050, 410.070
Stats. Implemented: ORS 430.610, 430.630 & 430.670

**411-345-0080 Inspections and Investigations**
*(Amended 7/1/2010)*

(1) All services covered by this rule must allow the following types of investigations and inspections:

(a) Quality assurance, certificate renewal, and on-site inspections;

(b) Complaint investigations; and

(c) Abuse investigations.

(2) The Department, the Department's designee, or proper authority shall perform all inspections and investigations.

(3) Any inspection or investigation may be unannounced.

(4) All documentation and written reports required by this rule must be:

(a) Open to inspection and investigation by the Department, the Department's designee, or proper authority; and

(b) Submitted to or made available for review by the Department within the time allotted.

(5) When abuse is alleged or death of an individual has occurred and a law enforcement agency, or the Department or the Department's designee, has determined to initiate an investigation, the service provider may not conduct

an internal investigation without prior authorization from the Department. For the purposes of this section, an internal investigation is defined as:

(a) Conducting interviews of the alleged victim, witness, the accused person, or any other persons who may have knowledge of the facts of the abuse allegation or related circumstances;

(b) Reviewing evidence relevant to the abuse allegation, other than the initial report; or

(c) Any other actions beyond the initial actions of determining:

(A) If there is reasonable cause to believe that abuse has occurred;

(B) If the alleged victim is in danger or in need of immediate protective services;

(C) If there is reason to believe that a crime has been committed; or

(D) What, if any, immediate personnel actions must be taken to assure individual safety.

(6) When an abuse investigation has been initiated, the CDDP must provide notice to the program according to OAR 407-045-0290.

(7) The Department or the Department's designee must conduct investigations as described in OAR 407-045-0250 to OAR 407-045-0360.

(8) When an abuse investigation has been completed, the CDDP must provide notice of the outcome of the Abuse Investigation and Protective Services Report according to OAR 407-045-0320.

(9) Upon completion of the abuse investigation by the Department, the Department's designee, or a law enforcement agency, the service provider may conduct an investigation to determine if any other personnel actions are necessary.

(10) Upon completion of the Abuse Investigation and Protective Services Report, according to OAR 407-045-0330 the sections of the report that are public records and not exempt from disclosure under the public records law must be provided to the appropriate service provider. The service provider must implement the actions necessary within the deadlines listed, to prevent further abuse as stated in the report.

(11) A plan of improvement must be submitted to the CDDP and the Division for any noncompliance found during an inspection under this rule.

Stat. Auth.: ORS 409.050 & 410.070
Stats. Implemented: ORS 430.610, 430.630, & 430.670

**411-345-0090 Alternative Methods, Variances**
*(Effective 12/28/2003)*

(1) Criteria for a variance. Variances may be granted to a service provider if the service provider lacks the resources needed to implement the standards required by chapter 411, division 345, if implementation of the proposed alternative services, methods, concepts or procedures would result in services or systems that meet or exceed the standards in these rules or if there are other extenuating circumstances.

(2) Variance application. The service provider requesting a variance must submit in writing, an application to the CMHP that contains the following:

(a) The section of the rule from which the variance is sought;

(b) The reason for the proposed variance;

(c) The alternative practice, service, method, concept or procedure proposed; and

(d) A plan and timetable for compliance with the section of the rule from which the variance is sought.

(3) Community Mental Health Program Review. The CMHP must forward signed documentation to the Department within 30 days of the receipt of the request for variance indicating its position on the proposed variance.

(4) Department review. The Administrator for the Department or designee may approve or deny the request for a variance.

(5) Notification. The Department must notify the provider and the CMHP of the decision. This notice must be sent within 30 days of the receipt of the request by the Department with a copy to other relevant sections of the Department.

(6) Appeal application. Appeal of the denial of a variance request must be made in writing to the Administrator of the Department, whose decision is final.

(7) Duration of Variance. The duration of the variance must be determined by the Department.

(8) Written approval. The provider may implement a variance only after written approval from the Department.

Stat. Auth.: ORS 409.050, 410.070
Stats. Implemented: ORS 430.610, 430.630 & 430.670

**411-345-0100 Program Management**
*(Amended 7/1/2010)*

(1) NONDISCRIMINATION. The service must comply with all applicable state and federal statutes, rules, and regulations in regard to nondiscrimination in employment practices.

(2) PROHIBITION AGAINST RETALIATION. A community program or service provider may not retaliate against any staff that reports in good faith suspected abuse or retaliate against the individual with respect to any report. An accused person may not self-report solely for the purpose of claiming retaliation.

> (a) Any community facility, community program, or person that retaliates against any person because of a report of suspected abuse or neglect shall be liable according to ORS 430.755, in a private action to that person for actual damages and, in addition, shall be subject to a penalty up to $1000, notwithstanding any other remedy provided by law.

(b) Any adverse action is evidence of retaliation if taken within 90 days of a report of abuse. Adverse action means only those actions arising solely from the filing of an abuse report. For purposes of this subsection, "adverse action" means any action taken by a community facility, community program, or person involved in a report against the person making the report or against the adult because of the report and includes but is not limited to:

(A) Discharge or transfer from the community program, except for clinical reasons;

(B) Discharge from or termination of employment;

(C) Demotion or reduction in remuneration for services; or

(D) Restriction or prohibition of access to the community program or the individuals served by the program.

(3) DOCUMENTATION REQUIREMENTS. All entries required by these rules, unless stated otherwise, must:

(a) Be prepared at the time, or immediately following the event being recorded;

(b) Be accurate and contain no willful falsifications;

(c) Be legible, dated, and signed by the person making the entry; and

(d) Be maintained for no less than three years.

(4) PROVIDER SERVICE PAYMENT LIMITATION.

(a) Effective February 1, 2010, monthly service rates, as authorized in Division payment and reporting systems for individuals enrolled in employment and alternatives to employment services and paid to certified providers for delivering employment or alternatives to employment services as described in these rules, shall be limited to a maximum of $1,800 per month.

(b) An exception to the provider service payment limitation, only for costs of directly supporting the individual served, may be granted by the Division if documentation supports the following criteria are met:

(A) The individual has a current behavior or health condition, as well as a documented history of such, posing a risk to the individual's health and welfare or that of others; AND

(B) The individual has a current employment and alternatives to employment service rate and ISP requiring at least 1:1 staffing for purposes of meeting behavioral or medical support needs; AND

(C) Steps have been taken to address the existing behavior or condition within the $1,800 cap and there is continued risk to health and safety of self or others, regardless of setting.

(c) Special conditions shall be required in the provider contract. The Division or the Division's designee shall monitor services to assure their delivery and the continued need for additional funds.

(5) INDEPENDENCE, PRODUCTIVITY, AND INTEGRATION. As stated in ORS 427.007 the service must have a written policy that states that each individual's ISP is developed to meet each of the following:

(a) Employment and activities that address each individual's level of independence;

(b) Employment and activities that address each individual's productivity; and

(c) Employment and activities that address each individual's integration into the local community.

(6) DISSOLUTION OF SERVICE. Prior to the dissolution of a service, a representative of the governing body or owner of the service must notify the Department in writing 30 days in advance and make appropriate arrangements for the transfer of individual records.

Stat. Auth.: ORS 409.050 & 410.070
Stats. Implemented: ORS 430.610, 430.630, & 430.670

**411-345-0110 Rights: General**
*(Effective 12/28/2003)*

(1) Abuse prohibited. Any adult as defined by OAR 411-345-0020(4) or any individual as defined by 411-345-0020(27) must not be abused nor will abuse be condoned by any employee, staff or volunteer of the program.

(2) Policies and procedures. The service must have and implement written policies and procedures that protect individuals' rights during the hours the individual is receiving services. The service must encourage and assist individuals to understand and exercise these rights. These policies and procedures must at a minimum provide for:

(a) Assurance that each individual has the same civil and human rights accorded to other citizens;

(b) Adherence to all applicable state and federal labor rules and regulations;

(c) Opportunities for individuals to be productive;

(d) Services that promote independence and that are appropriate to the age and preferences of the individual;

(e) Confidentiality of personal information regarding the individual;

(f) Adequate medical and health care, supportive services and training;

(g) Opportunities for visits to legal and medical professionals when necessary;

(h) Private communication, including personal mail and access to a telephone, consistent with the service provider's policies for all employees;

(i) Personal property and fostering of personal control and freedom regarding that property;

(j) Protection from abuse and neglect, including freedom from unauthorized training, treatment and chemical/mechanical restraints

(k) Freedom from unauthorized personal restraints; and

(l) Transfer of individuals within a program follows OAR 411-345-0140(6).

(3) Notification of policies and procedures. The service must inform each individual and parent/guardian/advocate orally and in writing of its rights policy and procedures and a description of how to exercise them at entry to the service and, in a timely manner, as changes occur.

Stat. Auth.: ORS 409.050, 410.070
Stats. Implemented: ORS 430.610, 430.630 & 430.670

**411-345-0120 Rights: Confidentiality of Records**
*(Effective 12/28/2003)*

Confidentiality. All individuals' records are confidential except as otherwise provided by applicable rule or laws.

(1) For the purpose of disclosure from individual medical records under these rules, service providers under these rules will be considered "providers" as defined in ORS 179.505(1) and 179.505 will be applicable.

(2) For the purposes of disclosure from non-medical individual records, all or portions of the information contained in those records may be exempt from public inspection under the personal privacy information exemption to the public records law set forth in ORS 192.502(2).

Stat. Auth.: ORS 409.050, 410.070
Stats. Implemented: ORS 430.610, 430.630 & 430.670

**411-345-0130 Rights: Grievances**
*(Effective 12/28/2003)*

(1) Policies and procedures. The service must implement written policies and procedures for individuals' grievances. These policies and procedures must, at a minimum, provide for:

(a) Receipt of grievances from individual(s) or others acting on his/her behalf. If the grievance is associated in any way with abuse or the violation of the individual's rights, the recipient of the grievance must immediately report the issue to the program's director or designee and the CMHP;

(b) Investigation of the facts supporting or disproving the grievance;

(c) Taking appropriate actions on grievances within five working days following receipt of the grievance;

(d) Submission to the Program Director. If the grievance is not resolved it must be submitted to the Program Director for review. Such review must be completed and a written response provided within 15 days;

(e) Submission to the Community Mental Health Program. If the grievance is not resolved by the Program Director it may be submitted to the Community Mental Health Program for review. Such review must be completed and a written response provided within 30 days;

(f) Submission to the Administrator. If the grievance is not resolved by the Community Mental Health Program it may be submitted to the Administrator of the Department for review. Such review must be completed and a written response provided within 45 days of submission. The decision of the Administrator or designee is final;

(g) Documentation of each grievance and its resolution in the grievant's record. If a grievance resulted in disciplinary action against a staff member, the documentation must include a statement that disciplinary action was taken.

(2) Copies of all grievances to case manager. Copies of the documentation on all grievances must be sent by the service to the case manager within 15 working days of initial receipt of the grievance.

(3) Notification of policy and procedures. The service must inform each individual and parent/guardian/advocate orally and in writing at entry to the service and as changes occur of the service's grievance policy and procedures and a description of how to utilize them.

Stat. Auth.: ORS 409.050, 410.070
Stats. Implemented: ORS 430.610, 430.630 & 430.670

**411-345-0140 Entry, Exit and Transfer: General**
*(Effective 12/28/2003)*

(1) Qualifications for Department funding. Unless the circumstances in 411-345-0140(1)(f) apply, all individuals considered for Department-funded services must:

(a) Be referred by the Community Mental Health Program;

(b) Be determined to have a developmental disability by the Department or its designee;

(c) Not be discriminated against because of race, color, creed, age, disability, national origin, gender, religion, duration of Oregon residence, method of payment or other forms of discrimination under applicable state or Federal law;

(d) Be 18 years of age or older;

(e) Be an individual also receiving residential services that are paid or regulated by the Department, excluding Semi-Independent Living Programs certified under OAR chapter 309, division 41, and including, but not limited to, services in:

(A) A Comprehensive Residential Service regulated by OAR chapter 411, division 325;

(B) An adult foster home regulated by OAR chapter 309, division 40;

(C) A Supported Living program regulated by OAR chapter 411, division 305; or

(D) An individual's own or family home when the individual receives Comprehensive In-Home Support services which are provided according to OAR chapter 411, division 330 and which cost over $20,000 annually.

(f) Individuals who meet the conditions of OAR 411-345-0140(1)(a) through (d), live in their own or family home, do not meet the conditions of 411-345-0140(1)(e), and are enrolled in Employment or Alternative to Employment services as of June 30, 2003, may be eligible for Employment or Alternative to Employment services governed by these rules until the date designated by the Department for transfer to Support Services governed by OAR chapter 411, division 340.

(2) Information required for entry meeting. The service must acquire the following information prior to an entry ISP team meeting:

(a) Written documentation that the individual has been determined to have a developmental disability;

(b) A statement indicating the individual's safety skills including ability to evacuate from a building when warned by a signal device;

(c) A brief written history of any behavioral challenges;

(d) Documentation of the individual's current physical condition, including any physical limitations that would affect employment;

(e) Documentation of any guardian or conservator, or any other legal restriction on the rights of the individual, if applicable; and

(f) A copy of the most recent ISP, if applicable.

(3) Entry meeting. An entry ISP Team meeting must be conducted prior to the initiation of services to the individual. The findings of the entry meeting must be recorded in the individual's file and include at a minimum:

(a) The name of the individual proposed for services;

(b) The date of the meeting;

(c) The date determined to be the date of entry;

(d) Documentation of the participants at the meeting;

(e) Documentation as required by OAR 411-345-0190(4) and 411-345-0200;

(f) Documentation of the pre-entry information required by OAR 411-345-0140(2)(a-f);

(g) Documentation of the proposed transition plan as defined in the Community Developmental Disability Programs Chapter 411, Division 320 for services to be provided if the decision was made to serve;

(h) Documentation of the type of employment or alternative to employment service the individual will receive. This service must be one of the following:

(A) Supported employment;

(B) Community based service;

(C) Facility based services; or

(D) A combination of the above.

(i) Documentation of the decision to serve or not serve the individual requesting service, with reasons.

(4) Exit meeting. Each individual considered for exit must have a meeting by the ISP Team before any decision to exit is made. Findings of such a meeting must be recorded in the individual's file and include at a minimum:

(a) The name of the individual considered for exit;

(b) The date of the meeting;

(c) Documentation of the participants included in the meeting;

(d) Documentation of the circumstances leading to the proposed exit;

(e) Documentation of the discussion of the strategies to prevent an exit from service (unless the individual is requesting exit);

(f) Documentation of the decision regarding exit including verification of a majority agreement of the meeting participants regarding the decision; and

(g) Documentation of the proposed plan for services to the individual after the exit.

(5) Requirements for waiver of exit meeting. Requirements for an exit meeting may be waived if an individual is immediately removed from the service under the following conditions:

(a) The individual and his/her guardian requests an immediate removal from the service; or

(b) The individual is removed by a legal authority acting pursuant to civil or criminal proceedings.

(6) Transfer decision. A decision to transfer an individual within a service provider may be made by the ISP team. Findings of the ISP team must be recorded in the individual's file and include at a minimum:

(a) The name of the individual considered for transfer;

(b) The date of the meeting or telephone call(s);

(c) Documentation of the participants included in the meeting or telephone call(s);

(d) Documentation of the circumstances leading to the proposed transfer;

(e) Documentation of the alternatives considered, including transfer;

(f) Documentation of the reasons why any preferences of the individual, legal representative or family members cannot be honored;

(g) Documentation of a majority agreement of the participants regarding the decision; and

(h) The written plan for services to the individual after transfer.

Stat. Auth.: ORS 409.050, 410.070
Stats. Implemented: ORS 430.610, 430.630 & 430.670

**411-345-0150 Entry, Exit and Transfer: Appeal Process**
*(Effective 12/28/2003)*

(1) Procedures. In cases where the individual and parent/guardian/advocate object to, or the ISP team cannot reach majority agreement regarding an admission refusal, a request to exit the program, or a transfer within a service, an appeal may be filed by any member of the ISP team.

(a) In the case of a refusal to admit, the unit of service must be held vacant and the payment for the service will continue.

(b) In the case of a request to exit or transfer, the individual must continue to receive the same services received prior to the appeal until the appeal is resolved.

(2) Appeal to the County. All appeals must be made in writing to the Community Mental Health Program Director or his/her designee for decision using the county's appeal process. The Community Mental Health Program Director or designee will make a decision within 30 working days of receipt of the appeal and notify the appellant of the decision in writing.

(3) Appeal to the Department. The decision of the Community Mental Health Director may be appealed by the individual, his/her parent,

guardian, advocate or the provider by notifying the Department in writing within ten working days of receipt of the county's decision.

(a) A committee must be appointed by the Administrator for the Department or the Administrator's designee every two years, and must be composed of a Department representative, an employment or alternative to employment service representative and a developmental disability case management representative.

(b) In case of a conflict of interest, as determined by the Administrator of the Department or designee, alternative representatives will be temporarily appointed by the Administrator or designee to the committee;

(c) The committee will review the appealed decision and make a written recommendation to the Administrator of the Department or designee within 45 working days of receipt of the notice of appeal;

(d) The Administrator of the Department or designee must make a decision on the appeal within ten working days after receipt of the recommendation from the committee; and

(e) If the decision is for admission or continued placement and the service refuses admission or continued placement, the funding for that unit of service may be withdrawn by the contractor.

Stat. Auth.: ORS 409.050 & 410.070
Stats. Implemented: ORS 430.610, 430.630 & 430.670

**411-345-0160 Rights: Plan**
*(Effective 12/28/2003)*

Individual support plan available. A copy of each individual's Individual Support Plan must be available at the service within 60 days of entry and updated at least annually or as changes occur.

Stat. Auth.: ORS 409.050, 410.070
Stats. Implemented: ORS 430.610, 430.630 & 430.670

**411-345-0170 Rights: Behavior Intervention**
*(Effective 12/28/2003)*

(1) Written policy. The service must have and implement a written policy concerning behavior intervention procedures. The service must inform the individual and his/her legal guardian of the behavior intervention policy and procedures at the time of entry and as changes occur.

(2) Implementation of a program to alter an individual's behaviors. A decision to implement a program to alter an individual's behavior must be made by the ISP team and the program must be described fully in the individual's ISP. The program must:

(a) Emphasize the development of the functional alternative behavior and positive approaches and positive behavior intervention;

(b) Use the least intervention possible;

(c) Ensure that abusive or demeaning intervention must never be used; and

(d) Be evaluated by the service provider through timely review of specific data on the progress and effectiveness of the procedures.

(3) Documentation requirements. Documentation regarding the behavior program must include:

(a) Documentation that the individual, the guardian, and ISP team are fully aware of and consent to the program in accordance with the ISP process as defined in the Community Developmental Disability Programs Rule OAR chapter 411, division 320;

(b) Documentation of all prior programs used to develop an alternative behavior; and

(c) A written record of a functional analysis of the behavior which is defined as:

(A) A clear, measurable description of the behavior to include frequency, duration, intensity and severity of the behavior;

(B) A clear description of the need to alter the behavior;

(C) An assessment of the meaning of the behavior, which includes the possibility that the behavior is:

(i) An effort to communicate;

(ii) The result of medical conditions;

(iii) The result of environmental causes; or

(iv) The result of other factors.

(d) A description of the conditions which precede the behavior in question;

(e) A description of what appears to reinforce and maintain the behavior; and

(f) A clear and measurable procedure which will be used to alter the behavior and develop the functional alternative behavior.

Stat. Auth.: ORS 409.050, 410.070
Stats. Implemented: ORS 430.610, 430.630 & 430.670

**411-345-0180 Rights: Physical Restraints**
*(Effective 12/28/2003)*

(1) Circumstances when physical restraint allowed. The service must only employ physical restraint:

(a) As part of an Individual Support Plan that may be prescribed by a physician and meets the requirements of OAR 411-345-0170;

(b) As an emergency measure, but only if absolutely necessary to protect the individual or others from immediate injury; or

(c) As a health-related protection prescribed by a physician, but only if absolutely necessary for individual protection during the time that a medical condition exists.

(2) Staff training. Staff members who reasonably anticipate needing to apply restraint as part of an individual's ongoing training program must be trained by a Department-approved trainer. Documentation verifying such training must be maintained in his/her personnel file.

(3) Physical restraints in emergency situations. Physical restraints in emergency situations must:

(a) Be authorized by the program's director or designee, or physician;

(b) Be authorized within one hour of application of restraint or within one hour of the beginning of the next working day;

(c) Result in the immediate notification of the individual's case manager;

(d) Be used only until the individual is calm; and

(e) Prompt an ISP meeting if used more than three times in a six month period.

(4) Avoid physical injury. Physical restraint must be designed to avoid physical injury to the individual and to minimize physical discomfort.

(5) Incident report. All use of physical restraint must be documented in an incident report. The report must include:

(a) The name of the individual to whom the restraint was applied;

(b) The date, type and length of time, of restraint application;

(c) The name and position of the person authorizing the use of the restraint;

(d) The name of the staff member(s) applying the restraint; and

(e) Description of the incident.

(6) Copy to CMHP. A copy of the incident report must be forwarded within five working days of the incident to the Community Mental Health Program.

Stat. Auth.: ORS 409.050 & 410.070
Stats. Implemented: ORS 430.610, 430.630 & 430.670

**411-345-0190 Health and Safety: Medical Services**
*(Effective 12/28/2003)*

(1) Confidentiality. All individuals' records must be kept confidential as described in OAR 411-345-0120(1).

(2) Written polices and procedures. The service must have and implement written policies and procedures which describe the medical management system including medication administration, early detection and prevention of infectious disease, self-administration of medication, drug disposal, emergency medical procedures including the handling of bodily fluids, and confidentiality of medical records.

(3) Individual care. Individuals must receive care that promotes their health and well being, as follows:

(a) The service must observe the health and physical condition of individuals and take action in a timely manner in response to identified changes in condition that could lead to deterioration or harm;

(b) The service must assist individuals with the use and maintenance of prosthetic devices as necessary for the activities of the service;

(c) The service must share information regarding medical conditions with the individual's residential provider, if any, and case manager, with the individual's knowledge; and

(d) The service must provide rest and lunch periods at least as required by applicable law unless the individual's needs dictate additional time.

(4) Documentation. The service must maintain records on each individual to aid physicians, medical professionals and the service in understanding the individual's medical history and current treatment program. These records must be kept current and organized in a manner that permits staff and medical persons to follow easily the individual's course of treatment. Such documentation must include:

(a) A medical history obtained prior to entry to the program that includes, where available:

(A) A copy of a record of immunizations;

(B) The status of Hepatitis B screening; and

(C) A list of known communicable diseases and allergies.

(b) A record of the individual's current medical condition which includes:

(A) A copy of all current orders for medication administered at the program site;

(B) A list of all current medications;

(C) A record of visits to medical professionals, consultants or therapists if facilitated or provided by the service.

(5) Written physician's order. The administration of medication at the employment or alternative to employment site must be avoided whenever possible. When medications, treatments or special diets must be administered or monitored for self-administration, the service must:

(a) Obtain a copy of a written order, signed by a physician or physician's designee, prescribing the medication or other medical service; and

(b) Follow written orders.

(6) PRN/Psychotropic medication prohibited. PRN orders must not be accepted for psychotropic medication.

(7) Requirement for medications. All medications administered or monitored in the case of self-administration must be:

(a) Properly labeled as specified per physician written order;

(b) Kept secured, unavailable to any other individual and stored as prescribed; and

(c) Recorded on an individualized Medication Administration Record (MAR), including treatments and PRN orders.

(8) Medication Administration Record (MAR) requirements. The MAR shall include:

(a) The name of the individual;

(b) The brand name and/or generic name of the medication, including the prescribed dosage and frequency of administration as contained on physician order and medication;

(c) Times and dates the administration or self-administration of the medication occurs

(d) The signature of the staff administering the medication or monitoring the self-administration of the medication;

(e) Method of administration;

(f) Documentation of any known allergies or adverse reactions to a medication;

(g) Documentation and an explanation of why a PRN medication was administered and the results of such administration; and

(h) An explanation of any medication administration irregularity with documentation of administrative review by the service's executive director or designee.

(9) Adverse effects safeguards. Safeguards to prevent adverse medications reactions shall be utilized that include:

(a) Maintaining information about each prescribed medication's effects and side-effects;

(b) Communicating any concerns regarding any medication usage, effectiveness or effects to the residential provider and/or Case Manager; and

(c) Prohibiting the use of one individual's medications by another.

(10) Unused, discontinued, outdated, or recalled drugs and drug containers. No unused, discontinued, outdated, or recalled drugs, or drug containers with worn, illegible or missing labels may be kept at the employment or alternative to employment service. All unused, discontinued, outdated, or recalled drugs and drug containers with worn, illegible or missing labels must be promptly disposed of in a manner consistent with federal statutes and designed to prevent illegal diversion of the substances into the possession of people other than for whom it was prescribed. A written record must be maintained by the service provider of all disposed drugs and must include:

(a) Date of disposal;

(b) A description of the medication, including amount

(c) The individual for whom the medication was prescribed

(d) The reason for disposal;

(e) The method of disposal; and

(f) Signature of staff disposing.

(11) Self-administration of medication. For any individual who is self-administering medication the service must:

(a) Have documentation that a training program was initiated with approval of the individual's ISP team or that training for the individual is unnecessary;

(b) If necessary, have a training program that is consistent with the self-administration training program in place at the individual's residence;

(c) If necessary, have a training program that provides for retraining when there is a change in dosage, medication or time of delivery;

(d) Have specific supports identified and documented for the individual when training has been deemed unnecessary; and

(e) Provide for an annual review, at a minimum, as part of the ISP process, upon completion of the training program or when training for the individual has been deemed necessary by the ISP team.

(12) Self-administration medications kept secured. The service provider must ensure that individuals able to self-administer medications keep them secured, unavailable to any other person and stored as prescribed.

(13) Notification. When the individual's medical, behavioral or physical needs change to a point that they cannot be met by the service, the case manager must be notified immediately. The ISP team will determine alternative placement or arrangement if necessary.

Stat. Auth.: ORS 409.050, 410.070
Stats. Implemented: ORS 430.610, 430.630 & 430.670

**411-345-0200 Health and Safety: Individual Summary Sheets**
*(Effective 12/28/2003)*

Current one to two page record. A current one to two page record must be maintained at the service's primary place of business for each individual receiving services. The record must include:

(1) The individual's name, current address, home phone number, date of entry into the program, date of birth, sex, social security number, social

security beneficiary account number, preferred hospital, CAF number where applicable, guardianship status; and

(2) The name, address and telephone number of:

(a) The individual's legal representative, spouse, family, advocate and/or other designated contact person;

(b) The individual's preferred physician, secondary physician and/or clinic;

(c) The individual's preferred dentist for emergency use;

(d) The individual's case manager;

(e) Other agencies and representatives providing services to the individual; and

(f) The individual's employment/alternative to employment site(s) if different from the service's primary place of business.

Stat. Auth.: ORS 409.050, 410.070
Stats. Implemented: ORS 430.610, 430.630 & 430.670

**411-345-0210 Health and Safety: Personnel**
*(Amended 7/1/2010)*

(1) BASIC PERSONNEL POLICIES AND PROCEDURES. The service must have in place and implement personnel policies and procedures that address suspension, increased supervision, or other appropriate disciplinary employment procedures when a staff member has been identified as an accused person in an abuse investigation. The service must also have in place and implement personnel policies and procedures that address disciplinary and termination of employment when the allegation of abuse has been substantiated.

(2) MANDATORY ABUSE REPORTING PERSONNEL POLICIES AND PROCEDURES. Any employee of a private agency that contracts with a CDDP is a mandatory reporter. Notification of mandatory reporting status must be made at least annually to all employees on forms provided by the

Department. All employees must be provided with a Department-produced card regarding abuse reporting status and abuse reporting.

(3) APPLICATION FOR EMPLOYMENT. An application for employment at the service must inquire whether an applicant has had any founded reports of child abuse or substantiated abuse.

(4) CRIMINAL RECORDS CHECKS. Any employee, volunteer, advisor, or any subject individual defined by OAR 407-007-0200 to 407-007-0370, who has or will have contact with an individual of the service, must have an approved criminal records check in accordance with OAR 407-007-0200 to 407-007-0370 and under ORS 181.534.

(a) Effective July 28, 2009, the service may not use public funds to support, in whole or in part, any person as described in section (4) of this rule in any capacity who has been convicted of any of the disqualifying crimes listed in OAR 407-007-0275.

(b) Section (4)(a) of this rule does not apply to employees of the service provider who were hired prior to July 28, 2009 and remain in the current position for which the employee was hired.

(c) Any employee, volunteer, advisor, or any subject individual as defined by OAR 407-007-0200 to 407-007-0370 must self-report any potentially disqualifying condition as described in OAR 407-007-0280 and OAR 407-007-0290. The person must notify the Department or designee within 24 hours.

(5) DIRECTOR QUALIFICATIONS. The service must be operated under the supervision of a Director who has a minimum of a bachelor's degree and two years of experience, including supervision, in developmental disabilities, social services, mental health, or a related field. Six years of experience, including supervision, in the field of developmental disabilities or a social services or mental health field may be substituted for a degree.

(6) STAFF QUALIFICATIONS. Any staff who supervises individuals must:

(a) Be at least 18 years of age;

(b) Be capable of performing the duties of the job as described in a current job description which he or she has signed and dated; and

(c) If hired on or after July 28, 2009, not have been convicted of any of the disqualifying crimes listed in OAR 407-007-0275.

(7) PERSONNEL FILES AND QUALIFICATION RECORDS. The service must maintain a personnel file on each staff person. In addition, the service must maintain the following on each staff person in a file available to the Department or the Department's designee for inspection:

(a) Written documentation that references and qualifications were checked;

(b) Written documentation of six hours of pre-service training prior to supervising individuals including mandatory abuse reporting training;

(c) Documentation that CPR and first-aid certification were obtained from a recognized training agency within three months of employment and kept current if needed to meet the staffing requirements as described in OAR 411-345-0220(1)(b)(A) and (B);

(d) Written documentation of 12 hours of job-related in-service training annually;

(e) Written documentation of employees' notification of mandatory reporter status;

(f) Written documentation of any founded report of child abuse or substantiated abuse;

(g) Written documentation of an approved criminal records check by the Department; and

(h) Written documentation of any complaints filed against the staff person and the results of the complaint process, including, if any, disciplinary action.

Stat. Auth.: ORS 409.050 & 410.070
Stats. Implemented: ORS 430.610, 430.630, & 430.670

**411-345-0220 Health and Safety: Staffing Requirements**
*(Effective 12/28/2003)*

(1) General staffing requirements. Each employment/alternative to employment service must provide direct service staff appropriate to the number and level of individuals served, as follows:

(a) Supported employment and community based services must provide adequate direct service staff to ensure initial program and site development, training and ongoing support to ensure that individual's basic health, safety and rights are met. Individuals receiving services through supported employment or community based sites must be contacted in person by a staff member a minimum of two times per month.

(b) Facility based services must provide adequate direct service staff to ensure that individual's basic health, safety and rights are met. When individuals are present the service must provide and document that there are staff trained in the following areas:

(A) At least one staff member on duty with CPR certification at all times;

(B) At least one staff member on duty with current First Aid certification at all times;

(C) At least one staff member on duty with training to meet other specific medical need(s) as determined through the ISP process; and

(D) At least one staff member on duty with training to meet other specific behavior intervention need(s) as determined through the ISP process.

(2) Contract requirements for direct service staff ratios. Each service must meet all additional requirements for direct service staff ratios and specialized training as specified by contract requirements.

Stat. Auth.: ORS 409.050, 410.070
Stats. Implemented: ORS 430.610, 430.630 & 430.670

**411-345-0230 Health and Safety: Incident Reports and Emergency Notifications**
*(Amended 7/1/2010)*

(1) INCIDENT REPORTS. A written report that describes any injury, accident, act of physical aggression, or unusual incident involving an individual must be placed in the individual's record. Such description must include:

(a) Conditions prior to or leading to the incident;

(b) A description of the incident;

(c) Staff response at the time; and

(d) Administrative review and follow-up to be taken to prevent a recurrence of the injury, accident, physical aggression, or unusual incident.

(2) SENT TO SERVICES COORDINATOR. Copies of all unusual incident (as defined by OAR 411-345-0020) reports must be sent to the services coordinator within five working days of the incident.

(3) NOTIFICATION OF ALLEGATIONS OF ABUSE AND ABUSE INVESTIGATIONS. The program must notify the CDDP immediately of an incident or allegation of abuse falling within the scope of OAR 407-045-0260.

(4) IMMEDIATE NOTIFICATION. In the case of an unusual incident requiring emergency response, the service must immediately notify:

(a) The individual's legal guardian or conservator, parent, next of kin, designated contact person, and other significant person;

(b) The CDDP;

(c) The individual's residential provider, if applicable; and

(d) Any other agency responsible for the individual.

(5) MISSING PERSON NOTIFICATION. In the case of an individual who is missing or absent without supervision beyond the time frames established by the ISP team, the service must immediately notify:

(a) The individual's designated contact person;

(b) The individual's guardian, if any, or nearest responsible relative;

(c) The individual's residential provider, if applicable;

(d) The local police department; and

(e) The CDDP.

Stat. Auth.: ORS 409.050 & 410.070
Stats. Implemented: ORS 430.610, 430.630, & 430.670

**411-345-0240 Health and Safety: Emergency Plan**
*(Effective 12/28/2003)*

(1) Written Plan. A written emergency plan must be developed and implemented and must include instructions for staff in the event of fire, explosion, accident, or other emergency including evacuation of individuals served.

(2) Posting of emergency information: Facility Based Services.

(a) The telephone numbers of the local fire, police department and ambulance service, or "911" service where available, must be posted by designated telephone(s); and

(b) The telephone numbers of the Director, and other persons to be contacted in case of emergency must be posted by designated telephone(s).

(3) Emergency information: Community Based Service.

(a) The telephone numbers of the local fire, police department and ambulance service, or "911" service where available, must be posted by designated telephone(s); and

(b) The telephone numbers of the Director, emergency physician and other persons to be contacted in case of emergency must be made available to the service site personnel department or responsible supervisor.

(4) Quarterly safety review. A documented safety review must be conducted quarterly to ensure that the service site is free of hazards. These reports must be kept in a central location by the service provider for three years.

Stat. Auth.: ORS 409.050, 410.070
Stats. Implemented: ORS 430.610, 430.630 & 430.670

**411-345-0250 Health and Safety: Evacuation Drills**
*(Effective 12/28/2003)*

(1) Training. The service must train all individuals immediately upon entry to the service site to leave the site in response to an alarm or other emergency signal and to cooperate with assistance to exit the site.

(2) Drill requirements for Facility Based Services. Each service must conduct an unannounced evacuation drill each month when individuals are present;

(a) Exit routes must vary based on the location of a simulated fire.

(b) Any individual failing to evacuate the service site unassisted within the established time limits set by the local fire authority for the site must be provided specialized training and support in evacuation procedures. The training must be included in the individual's ISP.

(c) Written documentation must be made at the time of the drill and kept by the program for at least two years following the drill. It must include:

(A) The date and time of the drill;

(B) The location of the simulated fire;

(C) The last names of all individuals and staff present in the service area at the time of the drill;

(D) The amount of time required by each individual to evacuate if the individual needs more than the established time limit; and

(E) The signature of the staff conducting the drill.

(3) Drill requirements for individuals who are medically fragile or have severe physical limitations. In sites providing services to individuals who are medically fragile or have severe physical limitations, requirements of evacuation drill conduct may be modified. The modified plan must:

(a) Be developed with the local fire authority, case manager, and the service provider designee; and

(b) Be presented as a variance request per OAR 411-345-0090(2)(a) through (d).

(4) Adaptations required for sensory or physically impaired. The service must provide necessary adaptations to ensure fire safety for sensory and physically impaired individuals.

Stat. Auth.: ORS 409.050, 410.070
Stats. Implemented: ORS 430.610, 430.630 & 430.670

**411-345-0260 Health and Safety: Physical Environment**
*(Effective 12/28/2003)*

(1) Health and Safety Inspections: Community Based Services. All supported employment and community based services must ensure that the site has no known health or safety hazards in its immediate environment and that individuals are trained to avoid recognizable hazards.

(2) Health and Safety Inspections: Owned, leased, or rented buildings and property. The service must assure that at least once every three years health and safety inspection(s) will be conducted.

(a) The inspection(s) must cover all areas and buildings where services are delivered to individuals, administrative offices and storage areas.

(b) The inspection(s) may be performed by:

(A) Oregon Occupational Safety and Health Division;

(B) The service's workers compensation insurance carrier; or

(C) An appropriate expert such as a licensed safety engineer or consultant as approved the Department; and

(D) The Oregon Health Department, when necessary.

(c) The inspection(s) must cover:

(A) Hazardous material handling and storage;

(B) Machinery and equipment used by the service;

(C) Safety equipment;

(D) Physical environment; and

(E) Food handling, when necessary.

(d) The documented results of the inspection, including recommended modifications or changes, and documentation of any resulting action taken must be kept by the provider for five years.

(3) Health and Safety: Fire and Life Safety Inspections for Owned, Leased, or Rented Buildings and Property. The service provider must ensure that each service site has annual fire and life safety inspections performed by the local fire authority or a Deputy State Fire Marshal. The documented results of the inspection, including documentation of recommended

modifications or changes, and documentation of any resulting action taken must be kept by the provider for five years.

Stat. Auth.: ORS 409.050, 410.070
Stats. Implemented: ORS 430.610, 430.630 & 430.670

**411-345-0270 Health and Safety: Vehicles and Drivers**
*(Effective 12/28/2003)*

(1) Vehicles operated to transport individuals. Services that own or operate vehicles that transport individuals must:

(a) Maintain the vehicles in safe operating condition;

(b) Comply with Department of Motor Vehicles laws;

(c) Maintain insurance coverage; and

(d) Carry in vehicles a fire extinguisher and first-aid kit.

(2) Drivers. Drivers operating vehicles to transport individuals must meet applicable Department of Motor Vehicles requirements.

Stat. Auth.: ORS 409.050, 410.070
Stats. Implemented: ORS 430.610, 430.630 & 430.670

**411-345-0280 Individual/Family Involvement**
*(Effective 12/28/2003)*

Policy Needed. The program must have and implement a written policy that addresses:

(1) Opportunities for the individual to participate in decisions regarding the operations of the program;

(2) Opportunities for families, guardians, and significant others of the individuals served by the program to interact; or

(3) Opportunities for individuals, families, guardians, and significant others to participate on the Board or on committees of the program or to review

policies of the program that directly affect the individuals served by the program.

Stat. Auth.: ORS 409.050, 410.070
Stats. Implemented: ORS 430.610, 430.630 & 430.670

**411-345-0290 Certificate Denial, Suspension, Revocation, Refusal to Renew**
*(Amended 7/1/2010)*

(1) The Department may deny, revoke, or refuse to renew a certificate when it finds the service, or any person holding five percent or greater financial interest in the service:

(a) Demonstrates substantial failure to comply with these rules such that the health, safety, or welfare of individuals is jeopardized and fails to correct the noncompliance within 30 calendar days of receipt of written notice of non-compliance;

(b) Has demonstrated a substantial failure to comply with these rules such that the health, safety, or welfare of individuals is jeopardized during two inspections within a six year period (for the purpose of this subsection, "inspection" means an onsite review of the service site by the Department for the purpose of investigation or certification);

(c) Has demonstrated a failure to comply with applicable laws relating to safety from fire;

(d) Has been convicted of any crime that would have resulted in an unacceptable criminal records check upon hiring or authorization of service;

(e) Has been convicted of a misdemeanor associated with the operation of employment and alternatives to employment services;

(f) Falsifies information required by the Department to be maintained or submitted regarding care of individuals, employment and alternatives to employment services finances, or individuals' funds; or

(g) Has been found to have permitted, aided, or abetted any illegal act that has had significant adverse impact on individual health, safety, or welfare.

(2) In any case where the Department finds a serious and immediate threat to individual health and safety and sets forth the specific reasons for such findings, the Department may, by written notice to the certificate holder, immediately suspend a certificate without a pre-suspension hearing and the service may not continue operation.

(3) Following a Department finding that there is a substantial failure to comply with these rules such that the health, safety, or welfare of individuals is jeopardized, or that one or more of the events listed in section (1) of this rule has occurred, the Department may issue a notice of certificate revocation, denial, or refusal to renew.

(4) Following the notice issued pursuant to section (3) of this rule, the Department shall provide the certificate holder an opportunity for an informal conference within 10 calendar days from the date of the notice.

(5) Following issuance of a notice of certificate revocation, denial, or refusal to renew, the Department shall provide the opportunity for a hearing pursuant to OAR 411-345-0300.

Stat. Auth.: ORS 409.050 & 410.070
Stats. Implemented: ORS 430.610, 430.630, & 430.670

**411-345-0300 Hearings**
*(Effective 12/28/2003)*

(1) Hearing Rights. An applicant for a certificate, or a certificate holder, upon written notice from the Department of denial, suspension, revocation or refusal to renew a certificate, may request a hearing pursuant to the Contested Case Provisions of ORS chapter 183.

(2) Request for hearing. Upon written notification by the Department of revocation, denial or refusal to renew a certificate, pursuant to OAR 411-345-0300(1) the applicant/certified program will be entitled to a hearing in accordance with ORS chapter 183 within 60 days of receipt of notice. The request for hearing must include an admission or denial of each factual

matter alleged by the Department and must affirmatively allege a short plain statement of each relevant affirmative defense the applicant/certified program may have.

(3) Hearing rights under OAR 411-345-0290(2). In the event of a suspension of a certificate pursuant to 411-345-0290(2) and during the first 30 days after the suspension of a certificate, the certified program will be entitled to a fair hearing within 10 days after its written request to the Department for a hearing regarding certificate suspension. Any hearing requested after the end of the 30 day period following certificate suspension will be treated as a request for hearing under OAR 411-345-0300(2).

(4) Issue at hearing on denial or revocation pursuant to OAR 411-345-0290(1)(a). The issue at a hearing on certification denial, revocation or refusal to renew a certificate pursuant to 411-345-0290(1)(a) is limited to whether the service was/is in compliance at the end of the 30 calendar days following written notice of non-compliance.

Stat. Auth.: ORS 409.050, 410.070
Stats. Implemented: ORS 430.610, 430.630 & 430.670

# AFSCME Contract

## State of Oregon and American Federation of State, County and Municipal Employees Local 1246-3

2009-2011

Oregon Department of Human Services

State Operated Community Program

DHS | Independent. Healthy. Safe.

## State Operated Community Program

# SOCP Officers and Stewards – revised 01/06/2010

| President: | Exec. Vice President | Vice President |
|---|---|---|
| Brian Lewis (River Road – exp. 8/10) | Berely Mack (Charles – exp. 08/11) | Linda Havlinek (Brooks – exp. 8/11) |
| | | Doug Vincent (Silverton exp. 8/11) |
| | | Les Jackson (Madison – exp. 08/11) |

| Treasurer: | Secretary: | Exec Board: | Trustees: | Chief Steward: |
|---|---|---|---|---|
| • Katrina Brink (Tigard - exp. 8/10) | • Rose Darcey (Shoreline – exp. 8/11) | • Susan LaCross (Brooks- exp. 8/10)<br>• Clara Harris (Ina – exp. 8/11) | • Christina Brown (Macleay – exp. 8/11)<br>• Don Salchenberg (Madison)<br>• Eric Salazar (Ina) | • Meta Hopper (South)<br>• Lisa Neal (North) |

# SOCP Stewards

| House name: | Steward: | Alternates: |
|---|---|---|
| 48th (Salem) | Tami Trevino | |
| Adell (Salem) | Ricardo Guillen | |
| Brooks (Salem) | Wayne Wellman, Susan LaCross | |
| Cade (Salem) | Juanita Clark | Kaye Eli |
| Charles St. (Newberg) | | Lisa Smith |
| Discovery (Salem) | Ted Shyrock | |
| Eliot 1, 2, 3 (Portland) | Iva Moravek, David VanBysteren | Sheri Barker, Jackie Swofford |
| Forsythia (Springfield) | Marietta Hopper | |
| Gath (Salem) | | |
| Halsey (Gresham) | | |
| Hampden Ln. (Salem) | Sylvia Garcia | Roger Mannion |
| Hawthorne (Portland) | Mark Spiker | Jennifer Hill |
| Ina (Milwaukie) | | Eric Salazar |
| James St. (Newberg) | Sheila Boyd | Amanda Linville |
| Jody Pl. (Lebanon) | | |
| Macleay (Salem) | Christina Brown | |

| | | |
|---|---|---|
| Madison (Portland) | Adah Lvoy, Manu Kamanda | |
| Martha Court (Eugene) | Glenn Hayes | |
| Milton (Salem) | Crystal Paul, Pat Martin | |
| Oak (Lebanon) | | |
| River Road (Eugene) | David Boes, Lanell Cockran | |
| Shoreline (Salem) | Rose Darcey | |
| Silverton | Doug Vincent | John Snyder |
| Tigard | Jennifer Spencer | Carl Morrison |
| Turner | Tricia Landers | Kurt Cogswell |
| Voc Coordinator | Debra Eades | Cathy LaFournaise |
| Weirich (Lebanon) | | |
| Willamina | Amanda Sigl, Debra Prock | |

| **Bargaining Team Members:** | |
|---|---|
| 2009 – 2011 Contract: | Brian Lewis, Linda Havlinek, Andy Batten, Les Jackson, Karina Brink |
| Central Table Bargaining: | Brian Lewis |

| **SOCP Officer Assignments: January 6, 2010** | |
|---|---|
| Christina Brown | Oak St. Weirich Jody Place |
| Katrina Brink | Tigard |
| Rose Darcy | Shoreline Cade |
| Linda Havlinek | 48th Brooks Discovery Milton |
| Meta Hopper | Martha Ct. Forsythia |
| Les Jackson | Halsey Madison Hawthorne |
| Susan LaCross | Gath Adell Turner |
| Brian Lewis | River Road |
| Berely Mack | Charles St. Willamina James |
| Eric Salazar | Float |
| Doug Vincent | Hampden Silverton |

# 2011 Monthly AFSCME Local 1246
## Executive Board and Steward meetings/training sessions

**Officers Only** meetings 2 – 5 p.m.
**Officers & Stewards** meetings 2 – 6:30 p.m.
**Stewards** meetings start at 4 p.m.

| Month | Officers meet | Officers and Stewards |
|---|---|---|
| January | 5th and 19th at 2 p.m. | 5th at 4 p.m. |
| February | 2nd and 16th at 2 p.m. | 2nd at 4 p.m. |
| March | 2nd and 16th at 2 p.m. | 2nd at 4 p.m. |
| April | 6th and 20th at 2 p.m. | 6th at 4 p.m. |
| May | 4th and 18th at 2 p.m. | 4th at 4 p.m. |
| June | 1st and 15th at 2 p.m. | 1st at 4 p.m. |
| July | 6th and 20th at 2 p.m. | 6th at 4 p.m. |
| August | 3rd and 17th at 2 p.m. | 3rd at 4 p.m. |
| September | 7th and 21st at 2 p.m. | 7th at 4 p.m. |
| October | 5th and 19th at 2 p.m. | 5th at 4 p.m. |
| November | 2nd and 16th at 2 p.m. | 2nd at 4 p.m. |
| December | 7th and 21st at 2 p.m. | 7th at 4 p.m. |

If meetings change Human Resources will be notified in advance.

***Note:*** *"Officers Only" meetings end at 5 p.m., "Joint meetings" with stewards end about 6:30 p.m.*

# AGREEMENT

BETWEEN

THE

STATE OF OREGON

DEPARTMENT of ADMINISTRATIVE SERVICES

AND

AMERICAN FEDERATI0N OF STATE,
COUNTY AND MUNICIPAL EMPLOYEES,
LOCAL 1246-3

FOR THE

DHS-STATE OPERATED COMMUNITY PROGRAM

**2009 - 2011**

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## PREAMBLE

This agreement is made and entered into by the State of Oregon, hereinafter referred to as the "Employer", acting by and through its Department on behalf of the DHS-Seniors and People With Disabilities, State Operated Community Services unit, hereinafter referred to as the "Division", and the American Federation of State, County and Municipal Employees Local 1246, (Community Services Unit) Council 75, hereinafter referred to as the "Union".

## ARTICLE 1 - RECOGNITION

Section 1.

The Employer recognizes the Union as the sole and exclusive bargaining agent for all classified employees who are employed at DHS-Seniors and People With Disabilities, State Operated Community Program, excluding Client Advocates, managerial, supervisory and confidential employees as defined in ORS 243.650 and any other employees certified by the ERB as a separate bargaining unit. The parties agree that the term "classified employee" does not include temporary employees appointed under the provisions of ORS 240.380 or part-time employees who regularly work thirty-two (32) hours or less per month.

Section 2.

Any dispute concerning bargaining unit composition shall be resolved by the Employment Relations Board. If the Employer establishes a new position which is not clearly excluded from the bargaining unit under ORS 243.650 or reclassifies an existing bargaining unit position, the Employer shall notify the Union in writing seven (7) days following the action, as to whether or not it believes the classification to be within the bargaining unit. The Union must notify the Employer in writing within ten (10) days from receipt of the notification if it disagrees about the inclusion or exclusion of the classification in the bargaining unit or the matter becomes closed. If notice of the disagreement is received within the ten (10)-day period, the parties shall meet within fourteen (14) days of the above notification to discuss the matter. If an agreement is not reached within thirty (30) days, the Union may submit the matter to the Employment Relations Board. Should the matter not be submitted to the Employment Relations Board within the specified thirty (30) day period, the matter shall be considered resolved.

Section 3.

This Agreement incorporates the sole and complete agreement between the parties resulting from negotiations held pursuant to the provisions of ORS 243.650 et. seq. It is acknowledged that, during negotiations which resulted in this Agreement, each party had the unlimited right and opportunity to make demands and proposals with respect to any subject or matter for collective bargaining, and that understandings and agreements arrived at by the parties after the exercise of that right and opportunity are set forth in this Agreement. Therefore, the parties, for the life of this Agreement, each voluntarily and unqualifiedly waives the right, if any, and agrees that the other shall not be obligated to bargain collectively with respect to any subject or matter covered by this Agreement. The Union further agrees to waive the right to bargain over any other mandatory subject of bargaining during the life of the Agreement. This Agreement shall not be modified in whole or in part except by another written instrument duly executed by the Employer and the Union.

Section 4.

The parties agree that the Human Resource Management Division Rules and Practices and Division procedures relating to their implementation are without effect upon the Employer or members of the bargaining unit.

Section 5.

a. Should the Division change a written policy or issue a new policy which affects the working conditions of the bargaining unit members, and the working condition(s) is a mandatory subject of bargaining, notice will be given to the Union. If the Union believes such action to be unreasonable and the issue is a mandatory subject of bargaining, then, within seven (7) days of the date upon which the Union knows, the Union shall request that the Employer negotiate such matter.

b. If the Union is not notified of such change regarding a mandatory subject of collective bargaining the policy shall be null and void, unless extended by mutual agreement.

Section 6.

Any meeting requested under this Article shall occur within five (5) days of:

a. The Union's request to negotiate when the parties are in agreement that the subject is a mandatory subject of bargaining; or

b. An Employment Relations Board ruling that the issue is a mandatory subject of bargaining.

If agreement is reached, it shall be reduced to writing and signed by both parties. If the parties are unable to reach agreement within fourteen (14) days following the negotiations and the Union continues to believe the written policy to be unreasonable, it shall notify the Employer of its intent to subject the matter to arbitration. Such written notification must be made during the fifteen (15) day period immediately following the above mentioned fourteen (14) day period. Failure to file such written notification within the prescribed time shall be understood by both parties to waive the Union's right to any further objection.

Section 7.

Should the Union decide to carry the matter to arbitration, the parties shall meet within the five (5) days immediately following receipt of notification of the Union's desire to arbitrate to select an arbitrator. Selection of an arbitrator shall be prescribed in Article 14, Grievance Procedure.

Section 8.

The parties agree that the decision or award of the arbitrator shall be final and binding on each of the parties and that they will abide thereby, unless the award is vacated pursuant to ORS 240.086. The power of the arbitrator in this process shall be limited to determining whether the policy, procedure or rule is unreasonable. If the arbitrator's ruling is that the policy, procedure or rule is unreasonable, the Division shall immediately withdraw the policy, procedure or rule. Unreasonable for purposes of this article means that the balance of reason is in favor of not making the change. In other words, the negative effect upon bargaining unit members outweighs the need or benefit to the Employer.

Section 9.

The arbitrator fee and expenses shall be paid by the losing party. If, in the opinion of the arbitrator, neither party can be considered the losing party, then such expenses shall be apportioned as in the arbitrator's judgment is equitable. All other expenses shall be borne exclusively by the party requiring the service or item for which payment is made.

Section 10.

Time limits specified in this procedure must be observed, unless either party requests a specific extension of time which, if agreed to, must be stipulated in writing and shall become part of the record.

Section 11.

The terms of this Agreement shall be applied equally to all members of the bargaining unit.

## ARTICLE 2 - EFFECT OF LAWS AND RULES

This Agreement is subject to all applicable existing and future laws of the State of Oregon. In the event of a conflict between a provision of this Agreement and a rule or regulation of the Department of Administrative Services or any of its Divisions, the terms of this Agreement shall prevail.

## ARTICLE 3 - LABOR/MANAGEMENT COMMITTEE

Section 1.

The parties agree to establish joint labor/management committees as mutually agreed to consider issues on a topical basis.

The intent of these committees is to facilitate communication between the parties by providing a forum for discussion of issues not addressed by the contract such as staff morale, operational methods and procedures, attendance, safety, and other policies of the Division which affect the working conditions of the employees when such policies are not mandatory subjects of bargaining. The committee shall not become involved in individual grievances nor shall the committee meetings be construed as formal contract negotiations.

Section 2.

A steering committee (small group) for labor/management committee (LMC) activity shall be established. It shall be composed of the AFSCME staff representatives, SOCP Local President and VP's and one alternate chosen by the Board, Human Resource (HR) Manager, the Program Director and two Program Administrators. The steering committee shall meet monthly to share information and discuss issues which might be appropriate for further LMC activity.

Section 3.

The large committee shall be comprised of the small group members plus all other Executive Board members (including the Chief Steward), Program Managers and the Safety Officer.

The large committee shall meet quarterly.

## ARTICLE 4 - AVAILABILITY OF THE PARTIES TO EACH OTHER

The parties agree that representatives of the Employer and the Union are each obligated to meet at reasonable times, at the request of the other party, for discussion of the Agreement, its interpretation, continuation, or modification. Both parties pledge to meet expeditiously and in good faith.

## ARTICLE 5 - NO STRIKE OR LOCKOUT

The Employer agrees that during the term of this Agreement, the Employer shall not cause or permit any lockout of employees from their work. In the event an employee is unable to perform his/her assigned duties because equipment or facilities are not available due to a strike, work stoppage, or slow down by any other employees, such inability to provide work shall not be deemed a lockout.

During the term of this Agreement, the Union shall neither cause nor counsel the members of bargaining units for which it has been certified, or for which recognition has been extended by the Employer, to strike, walk out, slow down or commit other acts of work stoppage.

Upon notification, confirmed in writing by the Employer or Division to the Union that certain bargaining unit employees covered by this Agreement are engaging in strike activity in violation of this Article, the Union shall, upon receipt of a mailing list, advise such striking employees in writing, with a copy to the Employer and Division, to return to work immediately. Such notification by the Union shall not constitute an admission that it has caused or counsel led such strike activity. The notification to employees covered by this Agreement by the Union shall be made at the request of the Employer or Division.

## ARTICLE 6 - MAINTENANCE OF STANDARDS AND BENEFITS

The Division shall not issue any directives or written statements that have any effect of the standard of employment relations matters established by this Collective Bargaining Agreement unless such directives or statements have been agreed upon with the Union. Nothing in this Section is intended to inhibit the SOCP from issuing directives and/or statements which interpret or effectuate a contractual obligation; however, a copy of such statements or directives shall be sent to the Union prior to distribution.

## ARTICLE 7 - NONDISCRIMINATION

Section 1.

The Employer and the Union agree to continue their policies of not unlawfully discriminating against any employee or applicant for employment because of race, color, religion, sex, national origin, age, mental or physical disability, marital status, ~~or~~ political affiliation or sexual orientation.

Section 2.

Any and all complaints alleging any form of unlawful discrimination which are brought to the Union for processing will be submitted directly to the Administrator or designee. If the complaint is not satisfactorily resolved within thirty (30) calendar days of its submission at the Administrator level, the employee may, if he/she chooses to proceed with the complaint, file the complaint with the Bureau of Labor and Industries or the Equal Employment Opportunity Commission (EEOC) for final resolution.

Discrimination complaints will not be subject to the grievance procedure contained in this Agreement unless the Bureau of Labor and Industries or other such body declines jurisdiction in the matter. If the Bureau of Labor and Industries or other such body declines jurisdiction, then the employee may file a written grievance within thirty (30) calendar days from the date the Bureau of Labor and Industries declines jurisdiction of the complaint.

Section 3.

Sexual orientation discrimination complaints will be subject to the grievance procedure beginning at Step 3 until such time as the Bureau of Labor and Industries may be given jurisdiction over such matters. Should the Bureau of Labor and Industries be given jurisdiction, such complaints will be processed in the same manner as complaints in Sections 1 and 2.

Section 4.

Sexual harassment is considered a form of sex discrimination. No employees shall be subjected to sexual harassment by the Employer, Union or other bargaining unit members.

## ARTICLE 8 - MANAGEMENT'S RIGHTS

The parties agree that the Employer and the SOCP have the right to operate and manage including, but not limited to, the right to maintain order and efficiency; to direct employees and to determine job assignments and working schedules; to determine the methods, means, and personnel to be used; to implement improved operational methods and procedures; to determine staffing requirements; to determine the kind and location of facilities; to determine whether the whole or any part of the operation shall continue to operate; to select and hire employees; to promote and transfer employees; to suspend, reduce, demote, discharge for just cause as stated in Article 15, Discipline and Discharge, or take other proper disciplinary action against employees; to lay off employees; and to promulgate rules, regulations, and personnel policies, provided that such right shall not be exercised so as to violate any of the specific provisions of this Agreement.

## ARTICLE 9 - UNION SECURITY

Section 1. Union Activities.

The SOCP agrees to inform all new employees hired into positions included in the bargaining unit of the Union's exclusive representation status, and shall provide all present and future employees in the bargaining unit with a copy of the Agreement. The SOCP and the Union shall share equally in the cost of the preparation of the Agreement. The SOCP agrees to allow a duly certified Union representative thirty (30) minutes to speak to new employees about the Union's exclusive representation status, its benefits, and services available to the membership. This time will not be used for discussion of labor/management disputes.

If the Union representative is an employee of the SOCP, he/she will be allowed time off without loss of pay to make the presentation.

The SOCP agrees to inform all new employees hired into positions included in the bargaining unit of the Union’s exclusive representation status, and shall have available at the work site a copy of the collective bargaining agreement with AFSCME.

Section 2. AFSCME Staff Representatives.

The Union will notify the SOCP in writing of its staff representative of the Local, Council 75, or International, American Federation of State, County and Municipal Employees, AFL-CIO. Upon proper introduction and notice, the representative shall have reasonable access to the premises of the SOCP during all working hours to conduct Union business. These representatives shall observe the security regulations of the SOCP. Such visits are not to interfere with the normal flow of work.

Section 3.

Unless otherwise provided in this Agreement, the internal business of the Union shall be conducted by the employees during non-duty time.

Section 4. Union Stewards.

a. The Union shall notify the SOCP Human Resources Manager or designee of the selection of Stewards and their alternates. The Union shall be allowed one (1) Steward and alternate per work site. Eliot (and other multiple house sites as they are developed) shall be allowed two (2) stewards and their alternates. Staff shall utilize the assistance of an in-house Steward where appropriate. When this is not appropriate a Steward from a nearby house may be used by the employee.

b. Stewards may receive but not solicit grievances from the bargaining unit, and may discuss complaints and grievances of employees in the bargaining unit on the premises and time of the SOCP where that time coincides with the employees regularly scheduled hours, but only to such extent that it does not neglect, retard or interfere with the work and duties of the Stewards or with the work or duties of employees. Stewards shall be granted reasonable time off during regularly scheduled working hours without loss of pay or other benefits to investigate bargaining unit grievances upon notice to their immediate supervisor. Release in such instances may not be immediate. If the permitted activities would interfere with either the Steward's or the grievant's duties, the direct supervisor(s) shall, within the next working day, arrange a mutually satisfactory time for the requested activities. No more than one (1) Steward shall be involved in the same grievance. No overtime costs shall accrue to the Employer as a result of such activities outside regularly scheduled hours.

Officers of the local who are members of this bargaining unit may process grievances but will be held to the same restrictions set forth for Stewards as specified above in this section.

Willful disregard for these procedures may result in loss of pay for unauthorized leave or disciplinary action.

c. The Division agrees there shall be no reprisal, coercion, intimidation or discrimination against any Steward for the conduct of the functions described in this Article.

d. At the Union's request, with thirty (30) days notices, Stewards for the Union shall be granted personal leave, accrued vacation leave, accrued compensatory time or leave of absence without pay to attend the Union's Steward training session. When a Steward cannot attend due to a work emergency, the local president will be notified by the Steward.

e. Executive Board Officers of Local 1246 shall provide their immediate supervisor and personnel office with a list of prescheduled regular monthly Board meetings. Board officers from this bargaining unit shall then be allowed to attend at least two (2) regularly scheduled Board meetings per month. Attendance will be either on the basis of leave without pay or use of comp time, vacation, or personal leave.

f. Meetings of the Executive Board specifically requested by the SOCP, and mutually agreed to by the Union, which are held at locations, times and dates requested by the SOCP shall be on the basis of no loss of pay for attending Board members from this bargaining unit, but SOCP will incur no overtime liability nor will a Board member receive compensation for attending such meetings scheduled during a time that the employee would not normally be scheduled for work.

Section 5. Bulletin Boards.

The SOCP agrees to furnish and maintain in each work area a bulletin board in a convenient place to be used exclusively by the Union for the posting of official Union notices only. The Union shall keep the bulletin boards neat and orderly. The Union agrees that it will not post material that is

profane, obscene, or defamatory of the SOCP or Employer or its representatives or employees. Materials which violate this subsection shall not be posted.

Section 6. Use of Facilities.

Upon request and approval of the House Manager, the Union shall be allowed to use a designated section of the facilities of the SOCP to meet with its' members when such facilities are available and the meeting would not interfere with the business of the SOCP.

Section 7. Discrimination Based on Union Activities.

Allegations by employees of discrimination or harassment for protected Union activity shall not be subject to the grievance procedure; however, such allegations may be filed at the Employment Relations Board pursuant to ORS 243.650 et. seq.

Section 8.

Officer(s) shall be allowed to attend special house meetings agreed upon by Human Resources for the purpose of addressing major conflicts between staff/staff and/or management and staff.

Section 9. AFSCME President Leave.

a. Long Term. Upon written request from the Executive Director of AFSCME Council 75 to DAS Labor Relations Unit, one (1) President/designee from an AFSCME Council 75 Central Table participating Agency shall be given release time from his/her position for a period of time up to one (1) year for the performance of Union duties related to the collective bargaining relationship. However, if the Union President/designee or Executive Director requests release time for less than his/her full regular schedule, such release time shall be subject to the Employer's approval based on the operating needs of the employee's work unit. AFSCME shall, within thirty (30) days of payment to the employee, reimburse the State for payment of appropriate salary, benefits, paid leave time, pension, and all other employer-related costs. Where this reimbursement is expressly prohibited by law or funding source, the employee shall be granted a leave of absence but the Employer will not be responsible for continuing to pay the employee's salary and benefits. AFSCME shall indemnify and hold the State harmless against any and all claims, damages, suits, or other forms of liability which may arise out of any action taken or not taken by the State for the purpose of complying with this provision.

b. Short Term. Upon written request from the Executive Director of AFSCME Council 75 to DAS Labor Relations Unit and the Agency's Human Resource Manager, up to four (4) Presidents/designees from AFSCME Council 75 Central Table participating Agencies shall be given release time from his/her position for a period of time up to three (3) months for the performance of Union duties related to the collective bargaining relationship. Only one (1) employee from a bargaining unit and a total of four (4) employees from all Central Table Participating bargaining units may be on such leave at any one (1) period in time. Such requests will be granted unless the affected Agency can demonstrate that the employee's absence would adversely impact the operating needs of the employee's work unit. If granted, such time may also be taken on an intermittent basis. AFSCME shall, within thirty (30) days of payment to the employee, reimburse the State for payment of appropriate salary, benefits, paid leave time, pension, and all other employer-related costs. Where this reimbursement is expressly prohibited by law or funding source, the employee shall be granted a leave of absence but the Employer will not be responsible for continuing to pay the employee's salary and benefits.

Section 13. Names of Retirees.

Effective September 1, 2009, the Employer will send a monthly report to the Union of the names of individuals that have retired the previous month. For purposes of this Agreement, a retiree shall be defined as a person who has given the Agency written notice that he/she is separating from State service by retirement and that person has actually separated from State service.

## ARTICLE 10 - DUES DEDUCTION/FAIR SHARE

Section 1.

On the first pay period of each month, the DHS shall deduct from the wages of employees in the bargaining unit who are members of the Union, and who have requested such deductions pursuant to ORS 292.055, a sum equal to Union dues. This deduction shall begin on the first payroll period following such authorization and shall continue from month to month for the life of this Agreement.

Section 2.

Employees in the bargaining unit who are not members of the Union shall make payments in lieu of dues to the Union. Payments in lieu of dues shall be equivalent to regular Union dues. Effective the first of the month following the month in which this Agreement is last signed and on each pay period thereafter, the DHS will deduct from the wages of each bargaining unit employee who is not a Union member the payments in lieu of dues required by this Section. Similar deductions will be made in a similar manner from the wages of new bargaining unit employees who did not become members of the Union within thirty (30) days after the effective date of their employment. The DHS shall remit a payment of all said deductions to the Union by the fifteenth (15th) of the month after the deductions are made. Said payments shall be accompanied by a listing of the names and Identification numbers of all employees from whom deductions are made.

Section 3.

Dues and payments in lieu of dues for employees working less than twenty (20) hours or less per week will be on a prorated basis as outlined by Union policy.

Section 4.

During the life of this Agreement, the Union will notify the DHS monthly of individuals who have become members of the Union and to whom the Fair Share provisions of this Section will not thereafter apply.

Section 5.

Any employee who is a member of a church or religious body having bona fide religious tenets or teachings which prohibit association with a labor organization, or the payment of dues to it, shall pay an amount of money equivalent to regular Union dues to a non-religious charity, or to another charitable organization mutually agreed upon by the employee affected and the Union. The employee shall furnish written proof to the DHS that this has been done. Notwithstanding an employee's claim of exemption under this Section, the DHS shall deduct payments in lieu of dues from the employee's wages pursuant to this Section, until agreement has been reached between the employee and the Union.

Section 6.

The Union shall provide the DHS's Payroll Office with the Union application/authorization forms. The DHS shall supply said applications to prospective members, and shall process completed applications, forwarding the original to the Union immediately upon receipt.

Section 7. Deductions.

The DHS agrees to deduct monthly membership dues from the pay of those individuals who request deductions in writing. The amount to be deducted shall be certified to the DHS by the treasurer of the Union, and the aggregate deductions shall be remitted monthly, together with an itemized statement, to the treasurer of the Union. Failure on the part of the DHS to deduct authorized dues/fair share shall not result in a deduction of more than double the monthly dues in any one (1) month to recover past dues.

The DHS shall furnish to the Union monthly, a list of the names, classifications and home addresses of employees in the bargaining unit as well as a list of those employees who have terminated from the bargaining unit that month.

Section 8.

The Union agrees that it will indemnify, defend, and save the Employer and DHS harmless from all suits, actions, proceedings and claims against the Employer, Division or persons acting on behalf of the Employer or DHS whether for damages, compensation, reinstatement, or a combination thereof arriving out of the DHS's implementation of this Article.

## ARTICLE 11 - EMPLOYEE STATISTICS

The Labor Relations Unit and the DHS will, upon request of the Union, provide any regularly produced computer runs containing non-confidential statistics of the Union's bargaining unit members. This will include one (1) printout annually showing names and addresses of all bargaining unit employees. Any costs incurred in photocopying these statistical reports under this agreement shall be billed to the Union.

## ARTICLE 12 - EMPLOYEE RIGHTS

Section 1.

Off-duty activities of employees will not subject them to disciplinary action by the SOCP unless such activities constitute just cause for discipline or discharge.

Section 2.

Employees who are the subject of a formal SOCP complaint of merit or investigation shall be assured the following rights. This section shall not apply to criminal investigations under the jurisdiction of the State Police or other law enforcement agency.

a. The employee shall not be deprived of any of his/her constitutional or civil rights guaranteed by the federal and state constitutions and law where potential criminal charges are involved. If an employee or the Union claims a violation of the above, such allegation shall not be subject to the grievance procedure, but can be appealed to the appropriate court of law.

b. The employee shall be informed in writing of the nature of the complaint or charges before the employee is required to respond to questions concerning the complaint or charges. At the employee's request, the document will be sent to his/her address by certified mail. Such interview

shall occur during employee paid time. This section shall not apply to criminal investigations under the jurisdiction of the State Police or other law enforcement agency.

c. If the employee is required to respond to a formal complaint or charge, the employee shall have the right to Union Representation prior to and/or during the interview. If the employee so elects, he/she may opt to have his/her attorney present. If the employee elects to have his/her attorney present, the Union remains the representative unless the Union declares otherwise in writing.

d. OIT Investigations. Interviews for those involved in the situation will occur within ten (10) working days of the complaint being received by the Office of Investigation and Training. Management will make an effort to schedule interviews as close to regular shift as possible. Off-duty staff may be mandated and/or called back to work to participate in these interviews on off-duty time. Participation in an interview after the ten (10)-day period is expected; however, no employee will be mandated to attend such an interview on off-duty time.

The meeting to determine the outcome of the allegation will occur within seven (7) days of the report being received by management.

Upon return to regular duty, management will verbally inform the employee if the allegation was substantiated, unsubstantiated or found to be inconclusive and if the matter has been referred to personnel for further action. Written confirmation will follow.

e. The employee shall not be required to take or be subjected to any lie detector device as a condition of continued employment.

f. Formal complaints or charges made to an employee which are not verified or proven shall not be recorded and placed in the employee's personnel file or used in any subsequent performance evaluation.

Section 3. Incident Reports.

If an Incident Report is received by the SOCP which reflects critically against the employee, the SOCP shall notify the employee at the earliest practical time unless premature notification could prejudice a criminal investigation.

Upon request, the employee may inspect and receive a copy of an Incident Report involving him/her unless such inspection could prejudice a criminal investigation. At the employee's request, such copy will be sent to his/her address by certified mail.

## ARTICLE 13 - PERSONNEL FILES

Section 1.

With one (1) Human Resources office working day notice, an employee may, upon request, inspect the contents of his/her official personnel file except for confidential reports from previous employers. No grievance material shall be kept in the personnel file.

Section 2.

No information reflecting critically upon an employee shall be placed in the employee personnel file that does not bear the signature of the employee. The employee shall be required to sign such material to be placed in his/her personnel file provided the following disclaimer is attached:

> "Employee's signature confirms only that the supervisor had discussed and given a copy of the material to the employee, and does not indicate agreement or disagreement."

If employee is not available within a reasonable period of time or the employee refuses to sign the material, the SOCP may place the material in the file provided a statement has been signed by two

(2) management representatives and a copy of the document was mailed to the employee at his/her address of record and a copy to the Union.

Section 3.

If the employee believes that any of the above material is incorrect or a misrepresentation of facts, he/she shall be entitled to prepare in writing his/her explanation or opinion regarding the prepared material. This shall be included as part of his/her personnel file until the material is removed.

Section 4.

An employee may include his/her personnel file, copies of any relevant material he/she wishes, such as letters of favorable comment, licenses, certificates, college course credits, or any other material which relates credibility on the employee. Material reflecting caution, consultation, warning, admonishment or reprimand shall be removed from the personnel file after two (2) years upon request of the employee, and given to the employee. Any period of leave of absence without pay that is more than fifteen (15) days shall extend the retention period for that duration of leave.

Section 5.

An employee may, upon request, obtain copies of any of the contents of his/her personnel file except for confidential reports from previous employers.

## ARTICLE 14 - GRIEVANCE PROCEDURE

Section 1.

A grievance shall be any disagreement or dispute which arises concerning the application, meaning or interpretation of this Agreement. The written grievance shall be filed using the procedure in Section 2. ***Overtime grievances shall be submitted directly to the Human Resource Manager.***

Section 2.

Any employee, with notice to the Union, or the Union on the employee's behalf may file a grievance at Step 1 in writing with his/her immediate supervisor, with a copy to the HR Manager within thirty (30) calendar days of the alleged action or that date the employee or the Union knew or should have known of the alleged action. The parties agree it is in their mutual interest to resolve problems at the lowest level possible and, therefore will communicate openly at all steps of the process either by phone conversation or meeting.

Grievances shall not be frivolous and shall be submitted on the AFSCME Grievance Form and shall contain the articles alleged to have been violated, the specific reasons why the employee feels the articles were violated, and the specific remedy(s) requested. Any grievance that does not fulfill these standards may be found invalid by an arbitrator.

Step 1.

a. The Union or the immediate supervisor may request a meeting with the other party to discuss the grievance. The supervisor, grievant or steward shall not be required to meet during non-work hours, however, the parties understand that schedules may preclude such meeting unless someone volunteers to attend on non-duty time. If a meeting is held the immediate supervisor's detailed response will be reduced to writing within fifteen (15) calendar days from the date of receipt of the grievance. A copy of the response will be sent to the Union and to the HR Manager.

b. If no meeting occurs in accordance with (a) above, the immediate supervisor shall give a detailed response in writing within seven (7) calendar days from the date of receipt of the grievance. A copy will be sent to the Union and the HR Manager.

Step 2. If the grievance is not resolved at Step 1, it may be appealed to the Program Administrator within fifteen (15) calendar days after the supervisor's response was due.

a. The Union or Program Administrator may request a meeting with the other party to discuss the grievance. The Program Administrator, Union steward or grievant shall not be required to meet during non-duty hours, however, the parties understand that schedules may preclude such a meeting unless someone volunteers to attend on non-duty time.

If a meeting is held the Program Administrator's detailed response will be reduced to writing within fifteen (15) calendar days from the date of receipt of the grievance. A copy of the response will be sent to the Union and to the HR Manager.

b. If the Program Administrator does not wish to meet in accordance with (a) above, he/she shall respond in writing to the grievance within seven (7) calendar days from the date of receipt of the grievance. A copy of the response will be sent to the Union and to the HR Manager.

Step 3. If the grievance remains unresolved at Step 2, it may be appealed to the HR Manager or his/her designee within fifteen (15) calendar days after the response at Step 2 is due. The HR Manager or his/her designee shall respond by either arranging a meeting or responding with a written decision within fifteen (15) days. If a meeting is held the HR Manager or his/her designee shall respond to the employee or Union within fifteen (15) days from the date of the meeting.

Step 4. If the grievance remains unresolved at Step 3, the Union may appeal to the Department of Administrative Services within fifteen (15) calendar days following the receipt of the response at Step 3. The Department of Administrative Services shall respond within fifteen (15) calendar days after receipt of the grievance.

In the event the response from the Department of Administrative Services is acceptable to the Union, such response shall have the same force and effect as a decision or award of an arbitrator, and shall be final and binding on all and they will abide thereby.

Section 3.

Time limits may be extended by agreement of the parties confirmed in writing.

Section 4.

The Union or the grievant shall not expand upon the original elements and substance of the written grievance. Prior to Step 3 of the Grievance Procedure, the Union or the employee may however, modify for the purpose of clarity, the articles cited as being violated and the remedy requested prior to filing at Step 3 of the Grievance Procedure. Improper expansions may, however, be the basis for an arbitrator to find a grievance invalid if the Employer has identified the problem by the Step 4 response.

All so called "group" grievances must be specific at the initial step of the grievance procedure and must detail the articles violated, the employees affected and the reasons for both. Issues of vagueness and/or overbreadth remaining at the time of arbitration may be the basis for an arbitrator to find a group grievance invalid.

Section 5. Arbitration.

a. Any grievance, having progressed through the steps as outlined in this Agreement and remaining unresolved following Department of Administrative Services response, may be submitted by the Union to arbitration for settlement. To be valid, a request for arbitration must be in writing and mailed or delivered to the Department of Administrative Services within fifteen (15) calendar days of

the receipt of the response from the Department of Administrative Services with a copy to the Employment Relations Board requesting a panel of five (5) Oregon arbitrators be sent to each side.

Failure to file for arbitration within the specified fifteen (15) calendar day period shall constitute forfeiture of claim and the case shall be considered closed by all parties.

If the grievance is to be submitted to arbitration, a prearbitration meeting may be held. The meeting shall include both the Department of Administrative Services and the SOCP meeting with the Union in an attempt to formulate a submission agreement to be forwarded to the arbitrator.

b. In the event that arbitration becomes necessary, the Union and the Employer will select an arbitrator by alternately striking names, with the moving party striking first, from an Employment Relations Board list one (1) name at a time until one (1) name remains on the list. The name remaining on the list shall be accepted by the parties as the arbitrator. The arbitration hearing shall commence as soon as possible thereafter, unless otherwise mutually agreed by the parties.

c. Should the Union fail to actively pursue scheduling of the case for arbitration within one-hundred twenty (120) days of its appeal to arbitration, the case will be considered to be closed and withdrawn.

d. The parties agree that the decision or award of the arbitrator shall be final and binding on each of the parties and that they will abide thereby. The arbitrator shall have no authority to add to, subtract from or change any of the terms of this Agreement, to change an existing wage rate or establish a new wage rate. The arbitrator shall have the power to return a grievant to employee status, with or without back pay and benefits, or to mitigate or cancel the penalty as equity suggests under the facts, or to provide any other relief sought which is otherwise proper under the Agreement. The arbitrator's authority regarding reclassifications shall be addressed in Article 43, Reclassification Procedure.

e. The arbitrator's fee and expenses shall be paid by the losing party. If, in the opinion of the arbitrator, neither party can be considered the losing party, then such expenses shall be apportioned as in the arbitrator's judgment is equitable. All other expenses shall be borne exclusively by the party requiring the service or item for which payment is to be made.

Section 6.

Once a bargaining unit member files a grievance, the employee shall not be required to discuss the subject matter of the grievance without the presence of the Union representative if the employee elects to be represented by the Union.

Section 7.

If at any step of the grievance procedure, the Employer or SOCP fails to issue a response within the specified time limits set forth in this Agreement, the grievance shall be submitted in writing to the next step of the grievance procedure unless withdrawn by the grievant or the Union. If the employee or Union fails to meet the time limits specified herein, the grievance will be considered withdrawn and cannot be resubmitted.

Steps referred to in this Article may be waived by mutual agreement.

## ARTICLE 15 - DISCIPLINE AND DISCHARGE

Section 1.

Progressive discipline shall normally consist of a step of informal discipline (a verbal) which may be noted in a supervisory file followed by formal steps of discipline (written reprimand, suspension, termination, reduction in pay or vacation account, or demotion) which shall be placed in the employee’s personnel file. The principles of progressive discipline shall be used except when the

nature of the problem requires an immediate suspension, termination, reduction of pay, reduction in vacation accrual, or demotion. A regular status FLSA-non exempt employee may be suspended, reduced in pay, demoted, or dismissed only for just cause. A regular status FLSA-exempt employee may be suspended consistent with the salary status requirements of the FLSA, reduced in leave accrual, demoted, or dismissed only for just cause.

Section 2.

A written predismissal notice shall be given to a regular-status employee against whom a charge is presented. Such notice shall include the known complaints, facts and charges, and a statement that the employee may be dismissed. The employee shall be afforded an opportunity to refute such charges or present mitigating circumstances to the Appointing Authority or his/her designee at a time and date set forth in the notice, which date shall not be less than seven (7) calendar days from the date the notice was received, unless an earlier time is requested by the employee and agreed to by the Program. The employee shall be permitted to have an official representative present. The Appointing Authority may suspend the employee with pay or without pay or the employee may be allowed to continue work, as specified within the predismissal notice.

Section 3.

a. The dismissal of a regular-status employee may be appealed by the Union to the Department of Administrative Services, Labor Relations Unit, pursuant to Article 14, Section 2, Step 4. The appeal must state the reasons for the appeal and be submitted to the Labor Relations Unit in writing within ten (10) calendar days from the effective date of the dismissal. If not resolved at that level and properly appealed to arbitration pursuant to the grievance procedure, such appeal shall be heard by the arbitrator, and the final decision and order of the arbitrator shall be made thirty (30) calendar days following the close of the hearing.

b. A FLSA-non exempt employee reduced in pay, demoted, or suspended shall receive written notice of the discipline with the specific charges and facts supporting the discipline. A FLSA-exempt employee who is demoted, suspended without pay consistent with the salary status requirements of the FLSA, or reduced in leave accrual shall receive written notice of the discipline with the specific charges and facts supporting the discipline. Where discipline is imposed as reduced leave accrual, such action shall be equivalent to a reduction in pay for a non exempt employee (if the leave is reduced to .5 hour, the agency can round up and if less than .5 hour, the agency can round down). The reduction of pay, reduction in leave accrual, demotion and/or suspension of a regular status employee may be appealed to Step 3 of the Grievance Procedure within ten (10) calendar days from the effective date of the action. If the appeal is not resolved at Step 3, the Union may appeal the action to the Department of Administrative Services, Labor Relations Unit within fifteen (15) calendar days after receiving the response from the Program. The Labor Relations Unit shall respond to the grievance within fifteen (15) calendar days. If the grievance is unresolved, the Union may submit the issue to arbitration within fifteen (15) calendar days after receiving the response from the Labor Relations Unit.

c. Appeals of reprimands shall be filed at the level of the issuing authority pursuant to the grievance procedure.

d . Trial service removals shall not be subject to Article 14, Grievance Procedure or this article.

Section 4.

It is the intent of the Program that discipline not be administered in the presence of other employees or the public, whenever possible.

Section 5.

Upon request, an employee shall have the right to Union representation during any investigatory interview that the employee reasonably believes could result in disciplinary action. The employee will have the opportunity to consult with a local Union Steward or Field Representative before the interview, but such designation shall not cause an undue delay.

## ARTICLE 16A - TRIAL SERVICE

Section 1.

a. All new employees appointed to a position shall serve a six (6) month trial service period.

b. All employees promoted within the SOCP shall serve a six (6) month trial service period.

c. Employee's who leave employment while in initial trial service shall be required to serve a new six (6) month trial service period upon return.

d. Regular status employees who return to employment within two (2) years into the same classification previously held shall not serve a trial service period.

Section 2. Initial Trial Service.

The supervisor shall evaluate the employee's work habits and ability to perform his/her duties satisfactorily within the trial service period. At any time during the trial service period the SOCP may remove an employee.

If the trial service indicates that such employee is unable or unwilling to perform his/her duties satisfactorily or that his/her work habits and dependability do not merit his/her continuance in the position, he/she shall be given a period of time to correct the deficiencies prior to removal. Upon request of the employee, he/she shall receive a written evaluation as to why he/she does not meet the criteria of the position.

Section 3. Promotional Trial Service.

If a performance deficiency exists, review will occur between the supervisor, union (at the employee's option) and employee and the results documented unless immediate removal is deemed necessary by management. If a work deficiency based plan is developed, as a result of the above meeting for a promotional trial service employee, trial service will be extended up to three (3) months.

Section 4.

If such employee was previously a regular status employee in another position in the classified service immediately prior to his/her present appointment, he/she shall be reinstated to his/her former position, or, upon mutual agreement with the employee, a vacancy in his/her former classification unless charges are filed and he/she is discharged as provided in Article 15.

Section 5.

An employee who is transferred to another position in the same class, or different class at the same or lower salary level in the SOCP prior to completion of the trial service period, shall complete the trial service period in the latter position by adding the service in the former position.

Section 6.

An employee who is on an approved leave without pay shall have the trial service period extended by the number of days of the leave without pay.

Section 7.

An employee may not bid out of the work site until initial trial service has been completed.

## ARTICLE 16B - POSITION DESCRIPTIONS/PERFORMANCE APPRAISAL

Section 1. Position Descriptions.

Individual position descriptions shall be reduced to writing and delineate the duties assigned to an employee's position. A dated copy of the position description shall be given to the employee.

Section 2. Performance Appraisal.

The employee shall be rated by his/her immediate supervisor. The performance appraisal shall be reviewed by the next higher level supervisor. The rater shall discuss the performance appraisal with the employee. The employee shall have the opportunity to provide his/her comments to be attached to the performance appraisal. The employee shall sign the performance appraisal and that signature shall only indicate that the employee has read the performance appraisal. A copy shall be provided the employee at this time.

If there are any changes or recommendations to be made in the performance appraisal after the rater has discussed it with the employee, the performance appraisal shall be returned to the rater for discussion with the employee before these changes are made. The employee shall have the opportunity to comment on the changes. The employee shall sign the new performance appraisal and that signature shall only indicate that the employee has read the performance appraisal. A copy shall be provided the employee at this time.

All written comments provided by the employee shall be attached to the performance appraisal. The submission of any comments shall not abridge the right of the employee to grieve the performance appraisal.

Every employee shall receive a performance appraisal at the end of a trial service period, and at least annually thereafter by the employee's eligibility date even if the employee is at the maximum rate for his/her class.

Performance appraisals shall not be arbitrable unless it results in denial of a step increase.

## ARTICLE 17 - SALARIES

Section 1. Retirement.

a. Public Employees Retirement System (“PERS”) Members.

For purposes of this Section 1, “employee” means an employee who is employed by the State on August 28, 2003 and who is eligible to receive benefits under ORS Chapter 238 for service with the State pursuant to Section 2 of Chapter 733, Oregon Laws 2003.

Retirement Contributions. On behalf of employees, the State will continue to “pick up” the six percent (6%) employee contribution, payable pursuant to law. The parties acknowledge that various challenges have been filed that contest the lawfulness, including the constitutionality, of various aspects of PERS reform legislation enacted by the 2003 Legislative Assembly, including Chapters 67 (HB 2003) and 68 (HB 2004) of Oregon Laws 2003 (“PERS Litigation”). Nothing in this Agreement shall constitute a waiver of any party’s rights, claims or defenses with respect to the PERS Litigation.

b. Oregon Public Service Retirement Plan Pension Program Members.

For purposes of this Section 2, "employee" means an employee who is employed by the State on or after August 29, 2003 and who is not eligible to receive benefits under ORS Chapter 238 for service with the State pursuant to Section 2 of Chapter 733, Oregon Laws 2003.

Contributions to Individual Account Programs. As of the date that an employee becomes a member of the Individual Account Program established by Section 29 of Chapter 733, Oregon Laws 2003 and pursuant to Section 3 of that same chapter, the State will pay an amount equal to six percent (6%) of the employee's monthly salary, not to be deducted from the salary, as the employee's contribution to the employee's account in that program. The employee's contributions paid by the State under this Section 2 shall not be considered to be "salary" for the purposes of determining the amount of employee contributions required to be contributed pursuant to Section 32 of Chapter 733, Oregon Laws 2003.

c. Effect of Changes in Law (Other than PERS Litigation).

In the event that the State's payment of a six percent (6%) employee contribution under Section 1 or under Section 2, as applicable, must be discontinued due to a change in law, valid ballot measure, constitutional amendment, or a final, non-appealable judgment from a court of competent jurisdiction (other than in the PERS Litigation), the State shall increase by six percent (6%) the base salary rates for each classification in the salary schedules in lieu of the six percent (6%) pick-up. This transition shall be done in a manner to assure continuous payment of either the six percent (6%) contribution or a six percent (6%) salary increase.

For the reasons indicated above, or by mutual agreement, if the State ceases paying the applicable six percent (6%) pickup and instead provides a salary increase for eligible bargaining unit employees during the term of the Agreement, and bargaining unit employees are able, under then-existing law, to make their own six percent (6%) contributions to their PERS account or the Individual Account Program account, as applicable, such employees' contributions shall be treated as "pre-tax" contributions pursuant to Internal Revenue Code, Section 414(h)(2).

~~Section 2. General Salary Increases.~~

~~a. Salaries - Effective July 1, 2007, salary schedules shall be adjusted upward by three percent (3%), but not less than eighty dollars ($80.00). Effective November 1, 2008, salary schedules shall be adjusted upward by three and two-tenths percent (3.2%), but not less than eighty-five dollars ($85.00).~~

~~Effective November 1, 2008, implement a truncation of salary ranges 5 through 10 as follows:~~

| ~~Salary Range:~~ | ~~Truncated Steps~~ |
|---|---|
| ~~SR 5~~ | ~~1 through 6~~ |
| ~~SR 6~~ | ~~1 through 5~~ |
| ~~SR 7~~ | ~~1 through 4~~ |
| ~~SR 8~~ | ~~1 through 3~~ |
| ~~SR 9~~ | ~~1 through 2~~ |
| ~~SR 10~~ | ~~1~~ |

~~b. Effective July 1, 2007, the following classification shall be adjusted as indicated:~~

~~Licensed Respiratory Care Tech from SR 20 to SR 22~~

~~c. Effective July 1, 2007, all employees will retain their current salary rate in the new range except that employees whose current rate is below the first step of the new range shall be moved to the first step in the new range and a new salary eligibility date of July 1, 2008 will be~~

~~assigned. All other employees will retain their current salary rate until their next salary eligibility date, or until their restored former salary eligibility date. Further advancement in the new salary range shall be as allowed by contract.~~

## ARTICLE 18 - PAY DAY AND PAY ADVANCES

Section 1.

All employees, except those whose paychecks must be rewritten because of time loss or attachment, shall normally be paid no later than the first day of the month. When the payday occurs on Monday through Friday, payroll checks shall be released to employees at 9:00 a.m. on that day at the Home. When payday falls on a Saturday, Sunday or holiday, paychecks shall be made available after 9:00 a.m. on the last business day (M-F) of the month at the Home. Graveyard shift employees may pick their paychecks up at the end of their shift at the Home, providing a prior written request is submitted to Business Management (each time there is a change in their request). The release day for December paychecks dated January 1 shall be the first banking day in January to avoid December's paycheck being included in the prior year's earnings for tax purposes. If, due to an error, no paycheck is generated or an error of more than fifty dollars ($50.00) is made, a check will be issued within two (2) business office working days once the time has been verified by payroll. Such checks will not be counted a pay advance under Section 3.

Section 2.

When an employee is not scheduled to work on payday, the paycheck may be released prior to payday if the paycheck is available and the employee has completed the "Request for Release of Paycheck" form AD20. However, the employee may not cash or deposit the check prior to the normal release day and time. Any violation of this provision shall be cause for the employee to be notified that they shall not be further able to have their paycheck released prior to payday.

Section 3.

The parties agree that pay advances will be given upon request, but that in no instance will an employee be given more than four (4) pay advances in any one (1) calendar year (January 1 through December 31). However, the employee’s comp time balance must be paid off prior to receiving the fourth pay advance. The amount of the advance shall not exceed sixty percent (60%) of gross pay earned, but shall be at least one hundred dollars ($100.00). Pay advance requests must be submitted in writing, to DHS Payroll.

## ARTICLE 19 - RECOUPMENT OF WAGE AND BENEFIT OVERPAYMENTS/ UNDERPAYMENTS

Section 1. Overpayments.

a. In the event that an employee receives wages or benefits from the Agency to which the employee is not entitled, regardless of whether the employee knew or should have known of the overpayment, the Agency shall notify the employee in writing of the overpayment which will include information supporting that an overpayment exists and the amount of wages and/or benefits to be repaid. For purposes of recovering overpayments by payroll deduction, the following shall apply:

1. The Agency may, at its discretion, use the payroll deduction process to correct any overpayment made within a maximum period of two (2) years before the notification.

2. Where this process is utilized, the employee and Agency shall meet and attempt to reach mutual agreement on a repayment schedule within thirty (30) calendar days following written notification.
3. If there is no mutual agreement at the end of the thirty (30) calendar day period, the Agency shall implement the repayment schedule stated in sub (4) below.
4. If the overpayment amount to be repaid is more than five percent (5%) of the employee's regular monthly base salary, the overpayment shall be recovered in monthly amounts not exceeding five percent (5%) of the employee's regular monthly base salary. If an overpayment is less than five percent (5%) of the employee's regular monthly base salary, the overpayment shall be recovered in a lump sum deduction from the employee's paycheck. If an employee leaves Agency service before the Agency fully recovers the overpayment, the remaining amount may be deducted from the employee's final check.

b. An employee who disagrees with the Agency's determination that an overpayment has been made to the employee may grieve the determination through the grievance procedure.

c. The Article does not waive the Agency's right to pursue other legal procedures and processes to recoup an overpayment made to an employee at any time.

Section 2. Underpayments.

a. In the event the employee does not receive the wages or benefits to which the record/documentation has for all times indicated the employer agreed the employee was entitled, the Agency shall notify the employee in writing of the underpayment. This notification will include information showing that an underpayment exists and the amount of wages and/or benefits to be repaid. The Agency shall correct any such underpayment made within a maximum period of two (2) years before the notification.

b. This provision shall not apply to claims disputing eligibility for payments which result from this agreement. Employees claiming eligibility for such things as leadwork, work out of classification pay or reclassification must pursue those claims pursuant to the timelines elsewhere in this Agreement.

## ARTICLE 20 - SALARY ADMINISTRATION

Section 1. Merit Increases, Granting of or Denial of.

a. Employees shall be eligible for annual merit increases on their eligibility date provided the employee is not at the top step of the salary range of his/her classification.

b. Every employee shall receive a performance appraisal at the end of a trial service period, and at least annually thereafter by the employee's eligibility date, even if the employee is at the maximum rate for his/her classification.

c. Salary administration shall be based upon a performance-based system. Employees shall be granted an annual performance pay increase on their eligibility date if the employee is not at the top of the salary range of their classification, and provided the employee's performance has not been deficient. Employees who do not receive an annual performance pay increase shall receive timely notice of deficient performance or conduct during the evaluation period. Employees shall receive a notice related to the deficiencies as they are noted prior to the completion of the performance evaluation period. Such notice shall provide the employee with reasonable opportunity to correct the problem prior to the end of the evaluation period.

Performance based pay shall include the following considerations:

1. Classification specifications developed and promulgated by the DAS.
2. An individual position description, reduced to writing.
3. Trial service work reviews.
4. Disciplinary action.

The above considerations shall be the primary factors upon which an employee's performance is judged and upon which annual performance pay decisions are determined.

d. Eligibility Dates. Employees shall be eligible for salary increases at the first of the month following intervals of:

1. Annual periods after the initial date of hire until the employee has reached the top step in his/her salary range. However, should an employee be promoted during the first year of service with the Employer, the employee shall not receive this increase, but shall be eligible for increases in part (2).
2. The first six (6) months after promotion and annual periods thereafter until the employee has reached the top step in his/her salary range unless the employee has voluntarily demoted and is returning to the higher classification. Upon return to the higher classification, the employee shall retain the SED and the step they would have received, had they not demoted.

e. See attached Letter of Agreement (Step Freeze Advancement and Add/Drop Steps).

Section 2. Salary on Promotion.

a. An employee shall be given no less than an increase to the next higher rate in the new salary range effective on the date of the promotion and on the first of the month following completion of six (6) months trial service after promotion and annually thereafter until the employee has reached the top step of the salary range unless the employee has voluntarily demoted within the last twelve (12) months and is returning to the higher classification. Upon return to the higher classification within twelve (12) months of the voluntary demotion the employee shall retain the SED and the step they would have received had they not demoted**.**

b. If an employee is removed from promotional trial service, he/she shall be restored to his/her prior economic and employment status including any step increase which may have occurred.

Section 3. Submissions of Salary Increases.

Salary increases must be made to be effective on the first day of the month and must be submitted prior to the proposed effective date. However, retroactive six (6) month and annual salary increases to correct errors of oversights and retroactive payments resulting from grievance settlements will be authorized.

The effective date for six (6) month and annual salary increases must be the first day of the month. In no event shall any retroactivity exceed twelve (12) months from the date upon which the oversight or error is brought to the SOCP's attention in writing or, in the case of a grievance settlement, the date the grievance was filed in writing.

Section 4. Salary on Demotion.

Whenever an employee demoted to a job classification in a salary range that has a salary rate the same as the previous step, the employee's salary shall be maintained at that step in the lower range.

Whenever an employee demotes to a job classification in a salary range which does not have a corresponding salary step with the employee's previous salary, but is within the salary range, the employee's salary shall be maintained at the current rate until the next eligibility date. At the employee's next eligibility date, if qualified, the employee shall be granted a salary rate increase of

one full step within the new salary range plus that amount that their current salary is below the next higher rate in the salary range. This increase shall not exceed the highest rate in the new salary range.

Whenever employees demote to a job classification in a lower range, but their previous salary is above the highest step for that range, the employee shall be paid at the highest step in the new salary range.

Section 5. Effect of Break in Service.

When an employee separates from state service and subsequently returns to state service, except as a temporary employee, the employee's salary eligibility date shall be determined as follows:

a. Return from Layoff List. When a former employee who was laid off is recalled, he/she will be paid at the step he/she was at the time of layoff. An employee's previous salary eligibility date, adjusted by the amount of break in service, shall be restored.

b. Return from Reemployment. When a former employee is, within a two (2) year period of time, reemployed to a position in the same classification in which he/she was previously employed, or in a related classification with the same salary range, he/she shall be paid at or below the step at which he/she was being paid at the time of his/her termination. If a person is reemployed in a position in a classification with a lower salary range than that of his/her previous position, he/she may be paid at any step in the lower salary range not exceeding the rate he/she was being paid in the higher classification, except where exceptional circumstances justify the payment of a higher rate. The previous eligibility date, adjusted by the amount of break in service, shall represent the earliest salary eligibility date following return. However, the salary eligibility date may be established by the SOCP as the first of the month in any future month up to twelve (12) months from the date of reemployment.

Section 6. Salary on Lateral Transfer.

An employee's salary shall remain the same when transferring from one position to another within the bargaining unit which has the same salary range.

## ARTICLE 21 - INSURANCE

Section 1.

An Employer contribution will be made for each eligible employee who has at least eighty (80) paid regular hours in the month.

The contribution for eligible participating part-time employees with eighty (80) or more hours paid time for the month will be prorated based on the ratio of paid regular hours to full time hours to the nearest full percent.

Effective January 1, 2009 through December 31, 2009, the Employer shall make a contribution sufficient to cover the premium costs for the PEBB health, dental and basic life benefits chosen by each eligible full-time employee who has at least eighty (80) paid regular hours in a month.

Section 2.

For plan year January 1, 2010 through December 31, 2010, the Employer will increase its monthly contributions by up to five percent (5%) of the actual monthly composite resulting for plan year 2009, should the cost of insurance premiums increase by that amount or more.

For plan year January 1, 2011 through December 31, 2011, the Employer will increase its monthly contributions by up to five percent (5%) of the actual monthly composite resulting from plan year 2010.

Should rates for 2010 or 2011 exceed the employer contribution, the parties shall jointly petition the Public Employees Benefit Board to use reserve funding to support any premium increase above five percent (5%) during either plan year.

The parties may jointly petition the PEBB to do as follows: Employees who live in counties where the PEBB considers there to be an insufficient number of preferred primary care providers within the PPO network will receive the same level of benefits when they use a non-preferred primary care provider as they would using a preferred primary care provider.

## ARTICLE 22 - DIFFERENTIALS

Section 1. Shift Differential.

a. Shift differential shall apply to all employees in the bargaining unit except temporary appointments and part-time employees working less than thirty-two (32) hours per month. In order to qualify for shift differential, an employee must be in a job classification which is allocated to the salary range 22 or below. An employee shall be paid a shift differential of seventy-five cents ($.75) per hour for each hour or major portion thereof for work between 6:00 p.m. and 6:00 a.m. and for each hour or major portion thereof for work on Saturday and Sunday. "Major portion thereof" is defined as thirty (30) minutes or more of an hour.

b. Shift differential shall not be applied to base rates in the computation of payments for periods of leaves with pay, except administrative leave with pay. Shift differential shall be included in computation of overtime or penalty payments.

Where an employee is placed on administrative leave with pay during an abuse investigation or disciplinary investigation, and that employee agrees to volunteer to be placed on M-F, day shift without penalty for the period of the investigation, that employee shall continue to be paid any shift differential for which he/she would normally work.

c. Effective October 1, 2005, shift differentials for LPN's shall be one dollar and thirty-five cents ($1.35) per hour for all hours worked as specified in Section 1a.

Section 2. Signing Differential.

a. A differential of five percent (5%) will be available to be paid to employees (including but not limited to HTT2's and Trainers) whose position requires the effective communication in ASL/English sign language. Such payment will be made in accordance with the level of effective communication in ASL/English sign language assigned by management, meets the special qualifications.

b. With application of the differential at a particular home and where an individual who requires effective communication in ASL/English is receiving services, the parties shall meet to consider contract modifications appropriate to such articles as order of overtime offers and time off requests.

c. Management retains the right to determine when and where ASL/English SQ's are assigned to a position. Should management remove ASL/English SQ's from a position, it will provide thirty (30)-days advance notice to AFSCME.

Section 3. A Bilingual Differential.

A differential of five percent (5%) of base pay shall be paid to an employee who is formally assigned in their position description to interpret to or from another language to English.

Section 4. Leadwork Differential.

a. Leadwork differential shall be defined as a differential for employees who have been formally assigned by their supervisor in writing, "leadwork" duties for ten (10) consecutive days or longer provided the leadwork duties are not included in the classification specification for the employee's positions.

b. Leadwork is where, on a reoccurring basis, the employee has been directed to perform substantially all of the following functions: orient and train new employees, assign and review work, give directions to workers concerning work procedures.

c. The leadwork differential shall be five percent (5%) beginning from the first day the duties were formally assigned in writing for the full period of the assignment.

## ARTICLE 23 - ON CALL

Section 1.

Employees shall be paid one (1) hour of pay at the regular straight time rate for each six (6) hours of assigned standby duty. Employees who are assigned standby duty for less than six (6) hours shall be paid on a prorated basis.

Section 2.

An employee shall be on standby duty when required to be available for work outside his/her normal working hours and meet all the following conditions: 1) The employee is required to leave word with the SOCP where he/she can be contacted during a specified period of time, whether by phone or agency issued beeper; and 2) The employee is required and must be prepared to immediately commence full time work if the need arises.

Section 3.

An employee shall not be on standby time once he/she actually commences performing assigned duties and receives the appropriate rate of pay for time worked.

Section 4.

No employee is eligible for any premium pay compensation while on standby duty except as expressly stated in this article.

Section 5.

Standby duty time shall not be counted as time worked in the computation of overtime compensation.

## ARTICLE 24 - REPORTING PAY

An employee who is scheduled to work his/her regular shift and reports to work and there is not work available for him/her may be excused from duty by Management, but shall be paid at his/her regular rate for the shift of work scheduled.

## ARTICLE 25 - CALL BACK TIME

Section 1.

An employee who is called back to work outside his/her regular shift, will receive the appropriate rate of compensation in accordance with this agreement for hours actually worked, but in no event will the employee be paid less than four (4) hours at the straight time rate of pay.

Section 2.

This provision will not apply when call back results from employee oversight (e.g., taking home necessary keys, equipment necessary at the worksite, etc.). If such a call is made to a Behavior/Vocational Specialist which requires professional judgment while he/she is off duty, such time shall be counted and recorded as time worked in fifteen (15) minute increments. The employee would not be required to remain at home or available unless on standby.

## ARTICLE 26 - WORK OUT OF CLASS

Section 1.

The SOCP agrees to compensate a regular status employee assigned in writing to assume the major distinguishing duties of a position in a higher classification, in the absence of an incumbent, where such assignment is for more than five (5) consecutive work days at a rate of five percent (5%), or the bottom step of the higher range where no salary overlap exists between ranges.

When such assignments are made to work out of classification for more than five (5) consecutive work days, the employee shall be compensated for all hours worked beginning from the first day of the assignment and for the full period of that particular assignment. The SOCP agrees that it will not abuse its privilege granted under this section and that decisions to assign or not assign out of classification work will be on a good faith basis.

Section 2.

This higher class work will be entered into the employee's personnel file and shall be one (1) criteria utilized where annual performance appraisals or periodic promotional ratings are made.

## ARTICLE 27 - SENIORITY

Unless otherwise indicated in this Agreement, seniority means continuous service with the SOCP. In cases where two (2) or more employees have the same seniority with the SOCP, former service at Fairview Training Center which is contiguous with service in this bargaining unit will apply to break the tie.

Except for job incurred injury, all leave without pay that exceeds ninety (90) consecutive calendar days shall be deducted from the computation of continuous service. Continuous service means uninterrupted employment with the SOCP except for layoff. An interruption in service occurs only through separation from the SOCP which is of a six (6)-month duration or longer.

Seniority lists shall be prepared by the SOCP, updated periodically, and made available in each work site as well as a copy sent to the Union every six (6) months.

## ARTICLE 28 - WORK WEEK AND WORK SCHEDULING

Section 1.

The work week shall begin at 00:01 a.m. Sunday and end at 12:00 Midnight the following Saturday. A work day shall be a period of twenty-four (24) hours commencing at the start of the employee's first assigned shift and shall remain fixed at that period for the whole of the work week, except for flex/alternate work schedules.

Section 2.

This article shall not be considered as a guarantee of hours of work per day or per week.

Section 3.

a. A regular work schedule is a work schedule with various starting and stopping time with at least two (2) consecutive days off and at least fifty-six (56) hours between the last shift worked and the beginning of the employees new work week. The hours and days off are those that were posted and successfully bid on. Overtime shall be paid after the number of hours scheduled to work (over eight (8)) is exceeded and/or over forty (40) hours in a work week.

b. An alternate work schedule is a work schedule which varies from the original posting which was successfully bid on. An employee who has completed initial trial service may develop an alternate work schedule and submit the proposed schedule to the Site manager for recommendation. The Site manager will forward the proposed schedule and recommendations to the HR Director for determination. A copy of the approval/denial shall be provided to the Union. Submission of the proposed schedule shall normally be October 1 through October 31 with an effective date of January 1 of each year. The approval shall be good for up to one (1) year.

Requests received outside the October time period shall be considered.

Requests received for temporary Position Trades not to exceed ninety (90) days and occasional Shift Exchanges may be submitted to and may be approved by the Site manager.

Overtime shall be paid after the number of hours schedule to work (minimum eight (8)) is exceeded and/or over forty (40) hours in a work week. If either employee vacates their position during this period, the remaining employee shall return to his/her position within ten (10) days. During the ten (10) day period the position will be posted one (1) time. If there is not an employee who bids the remaining alternate schedule, the remaining employee will go back to their original schedule.

Employees who wish to discontinue their alternate schedules may do so as long as Program needs are not negatively affected. An alternate schedule for an individual may be rescinded by management when (1) operational needs of the agency are not being met, (2) needs of the client(s) are not being met, and/or (3) as a corrective measure to avoid further discipline. Employees who discontinue their alternate schedule may reapply in the following October request period.

c. A flex schedule is mutually agreed upon in advance by the employee and the manager. It is posted in advance and varies the shifts, hours of work and days off. Overtime is paid after the number of hours scheduled to work (over eight (8)) is exceeded and/or over forty (40) hours in a work week. This flex shift is specific to Program Analysts, Behavior/Vocational Specialists 1 and 2, Vocational Coordinators, Maintenance Worker(s) and part time HTT2's. HTT2 staff on a regular schedule can work with their manager to, on an occasional basis, flex their schedule within the workweek provided there is no negative impact to clients and overtime costs are not incurred.

d. A two/sixteen plus eight (2/16 + 8) schedule will consist of sixteen (16) hours on one day, sixteen (16) hours on another and an additional eight (8) hours. The additional eight (8) hours of work will be scheduled by mutual agreement between the employees and the supervisor based on bona fide operating requirements.

Conflicts shall be dealt with by rotating the requested time off among employees desiring the time on a periodic basis (e.g., monthly basis) beginning with the most senior employee.

e. A vacation relief schedule has varied hours, shifts and days off. A VR will not be scheduled for more than eight (8) hours unless filling in for an alternate work schedule or unless mutually agreed with management. Every good faith effort shall be made to allow ten (10) hours between shifts. The VR may waive this obligation. When a vacation request of forty (40) hours or more is submitted they will be given two (2) days off before and after the forty (40) hour time period. Overtime shall be paid after the number of hours scheduled to work (over eight (8)) is exceeded or over forty (40) hours in a work week. For purposes of overtime the last shift worked determines the placement on the rotation list.

f. Hours and days off for part-time employees are mutually agreed upon between the employee and manager. Part-time schedules may be established using guidelines A through F above.

Section 4.

Except for employees filling relief positions, or when employees are changing shifts or employees working flex/alternate work schedules, all full-time employees in the bargaining unit shall be scheduled for five (5) consecutive days of work and two (2) consecutive days off within each work week. Saturday and Sunday will be considered consecutive days off within the work week. In no instance shall a vacation relief be scheduled to work more than forty (40) hours without a day off unless mutually agreed upon with the employee and the supervisor.

Section 5.

Work schedules will be published ten (10) days in advance of the effective date except for designated relief positions/assignments. Established work scheduled will not be changed with less than ten (10)-days advance notice except when operating requirements of the SOCP require it. In no instance shall any schedule be changed by more than two (2) hours without a forty-eight (48)-hour notice unless the schedule change is voluntary on the part of the employee. This section does not apply to permanent schedule changes.

Section 6.

An employee on a regular work schedule shall not be subjected to scheduled double back.

Section 7. Short Term Temporary Switch Guidelines Within Worksite. Staff may switch shifts or portions of shifts and days off. Conclusion of the switch must occur within a one (1) week schedule if on an alternate schedule and within a two (2) week period, fourteen (14) days if on an eight (8) hour schedule. No overtime costs will be incurred when switching of shifts is approved.

Section 8. Backfill of Positions When an Employee is on Leave.

If an employee is scheduled to be gone for one (1) month or more, the Site Manager shall assess the current needs of the house and shall post no more than two (2) current/revised schedules. Assignment posting shall last three (3) calendar days and no employee shall be awarded more than one (1) assignment. Management will determine how to cover the remaining workload needs.

This is a voluntary, temporary trade based on seniority. It is not considered a lateral transfer.

Section 9. Meal Periods and Rest Breaks.

a. All full-time employees shall be granted a non-duty meal period during their shifts. Non-duty meal periods shall be scheduled in the middle of the work shift or as near thereto as possible, and shall be no less than thirty (30) minutes.

When an authorized management representative designates that certain employees are not permitted to leave their work site during the meal break, employee meal breaks shall be considered duty time.

b. Each employee shall be afforded rest breaks totaling fifteen (15) minutes or a fifteen (15) minute block of time for each four (4) hours worked. The rest breaks shall be allowed as near the mid-point of each four (4) hours of the shift as possible, unless the employee requests otherwise.

Section 10. State Paid Meals.

a. Employees whose eight (8) hour or longer schedules do not include a duty free meal break may participate in one (1) regularly scheduled meal with clients per shift. It is expected that by eating with the clients, these meals will model appropriate dining and socialization behavior. Variance may be approved by the site manager.

b. Meals-Outings.

1. When commercially purchased meals outside the home are part of a client's ISP or an outing approved by management for development of socialization skills, the employee will be provided at state expense the same or similar meal in terms of cost and low cal/diabetic or other special dietary restrictions as the clients. All staff authorized to attend the outing are eligible for the provision of state meals.

2. No snacks or drinks will be provided to employees at state expense when the employee is accompanying a client on an incidental outing where the client pays for his/her own treats. Employees may choose to join the client at their own expense.

3. If a BSP payoff involves an outing with the purchase of a meal and that outing is over prior to the scheduled meal time, no commercial meal shall be supplied to the employee by the state.

Section 11.

When the employee is required by the agency to travel, the actual travel time shall be considered time worked. Where required travel is outside an employee's regular work hours (excluding normal commuting time), the employer may temporarily modify the employee's weekly schedule without daily overtime or schedule change penalty. Where such schedule modification still results in the need for additional work hours, the employee shall be paid the appropriate rate of pay for all time worked over forty (40) hours in that workweek.

## ARTICLE 29 - OVERTIME

Section 1.

This article is intended only to provide a basis for the calculation of overtime and none of its provisions shall be construed as a guarantee of any minimum or maximum hours of work or weeks of work to any employee or to any group of employees.

Section 2.

Employees shall be compensated at the rate of one and one-half (1 1/2) times the regular rate of pay for overtime worked under the following conditions, but in no event shall such compensation be received twice for the same hours:

a. Employees on a Regular or Alternate Work Schedule shall receive overtime compensation for all hours worked in excess of regularly scheduled hours in a workday or in excess of forty (40) hours in any one (1) work week.

b. Part-Time Employees scheduled for less than forty (40) hours in a week shall receive straight time for additional time worked rather than overtime until the hours worked exceed eight (8) or ten (10) regularly scheduled hours per day and/or forty (40) hours per work week. Part-time employees on alternate work schedules shall not receive overtime until they exceed forty (40) hours per work week.

Section 3.

All time for which an employee is compensated at the regular straight time rate of pay except On-Call, Article 17 and Reporting Pay, Article 18 shall be counted as time worked.

Section 4.

When an employee requests a change in his/her work schedule and it is approved by Management, all of that employee's reporting time and overtime compensation associated with the changed schedule shall be waived. However, employees who exceed forty (40) hours in a work week shall be compensated at the overtime rate for all hours in excess of forty (40).

Section 5. Eligibility for Overtime Compensation.

Employees shall receive time and one-half (1 1/2) their regular hourly rate unless the position is executive, professional or technical as these words are defined by the Fair Labor Standards Act.

If the position is determined to be professional, administrative or executive, compensation of overtime shall be received as comp time at one hour for every hour worked in excess of eight (8) or forty (40).

Section 6.

a. Any trained employee, regardless of classification, may volunteer for overtime and shall be placed on the appropriate volunteer or mandatory lists. Transferring employees shall be considered "in house" for overtime lists beginning with their first scheduled shift as long as the employee is trained. At no time shall an employee work more than seventeen (17) hours in any twenty-four (24) hour period unless there is an extreme emergency or the employee has requested because of a special event and the manager has approved. When overtime is needed to maintain staffing levels the following procedure shall be used:

1. Unscheduled & Prearranged Voluntary Overtime.

A. Unscheduled Overtime. Volunteers shall first be sought from staff who are scheduled to be on duty and actually working immediately prior to the overtime hours to be worked. Volunteers shall then be sought from staff who are scheduled to be on duty but are on authorized paid leave immediately prior to the overtime hours to be worked.

For vacation reliefs, the last regularly scheduled shift worked will determine what an employee's regular shift is for the purpose of this article. Staff utilizing accrued time shall be called by rotation list. When offering overtime, the caller will make every effort to specify the number of hours to be worked.

Respiratory Therapists (RT): When the regularly scheduled RT will not be on duty, the other RT's will be offered overtime on a rotating basis. If there is no RT available to work the overtime the duties may be assumed by another bargaining unit.

LPN's: When the regularly scheduled LPN will not be on duty, the other LPN's will be offered overtime on a rotating basis. If there is no LPN available to work the overtime the duties may be assumed by another bargaining unit.

B. If no one volunteers to work the overtime under A above, the voluntary overtime list shall then be utilized to fill the overtime requirement. Utilizing the unscheduled

voluntary overtime list, assignments will be made in rotation except in extenuating circumstances. An employee shall be considered eligible for overtime based on the majority of hours spent on a shift on that day. If the hours are an even split between two (2) shifts, the eligibility shall be based on the shifts starting time. Once assigned to a given shift, that employee moves to the bottom of the unscheduled voluntary overtime list. Staff on SAIF/Administrative Leave, etc., are rotated on the voluntary list the same as a "no answer." After accepting an overtime assignment, if the employee fails to fulfill his/her overtime obligation, his/her name will move to the bottom of all voluntary overtime lists, unless management agrees extenuating circumstances are found to exist.

C. Prearranged Voluntary Overtime. When management is notified of an absence the first four (4) days will be covered by this section and the needed prearranged overtime will be posted in all houses for assignment from the prearranged voluntary overtime list but in-house staff shall be given first selection. Houses utilizing shifts exceeding eleven (11) hours will post for seven (7) days. Article 29, Section 6 will be followed for adjustment of vacation relief positions.

Once assigned to a given shift, that employee moves to the bottom of the prearranged voluntary overtime list. Should the assigned overtime become unavailable, the employee's name shall be restored to the place on the list where the name would have been had the overtime not been offered without undoing other assigned overtime. After accepting an overtime assignment, should the employee fail to fulfill the assigned overtime, his/her name will be moved to the bottom of all voluntary lists for a thirty (30)-day period of time unless management agrees extenuating circumstances are found to exist.

2. Unscheduled Voluntary Overtime Two (2) Hours or Less.

A. Volunteers shall first be sought from staff who are scheduled to be on duty immediately prior to the overtime hours to be worked. Staff utilizing accrued time shall be called by rotation list. An employee shall be considered eligible for overtime based on the majority of hours spent on a shift on that day. If the hours are an even split between two (2) shifts, the eligibility shall be based on the shifts starting time. When two (2) or less hours overtime is required, the employee must be available to work the entire period.

B. Utilizing the unscheduled voluntary overtime list, assignments will be made in rotation except in extenuating circumstances. Such assignments will not result in movement on the rotation list.

C. A staff member who has refused an assignment does give up all rights to compensation should the overtime actually be either less or more than two (2) hours.

3. Expanded Voluntary Overtime Lists.

If 75% of the employees in a home want an expanded overtime list there will be a list developed. Each home that has three (3) or more mandatory overtimes in a six (6) month period (January-June and July–December) shall have an expanded list of volunteers unless 100% of the employees in the home agree to no expanded overtime list in December and June. Each home will maintain its own expanded list of trained volunteers from other homes. The list will be used after prescheduled overtime has been assigned prior to making mandatory overtime assignments. Extended overtime lists established in this section are subject to renewal two (2) times per year in December and June. When the list is established names will be put in seniority order. Names may be added outside of the two (2) renewal periods if the employee has recently transferred out of the home between training periods and has current training.

Employees on the expanded overtime list shall be scheduled for mandatory training for the home. If they are unable to attend the training their names will be removed from that expanded overtime list for that home. If an employee refuses two (2) expanded overtime opportunities for a home in six (6) months they will be removed from that list for the current six (6) month period. Management may look at extenuating circumstances.

If an employee from the expanded list accepts an overtime assignment, they must be able to arrive at the overtime worksite within one (1) hour. His/her name will go to the bottom of that list; however, the assignment will not affect his/her own in-home rotation lists. If the employee is on duty immediately before or after the overtime assignment, reasonable travel time shall be paid to that employee at the appropriate rate. Travel time is paid only when going between two (2) houses. Should the employee not work the accepted overtime assignment, his/her name will be placed on the bottom of all voluntary lists for a thirty (30)-day period of time unless management agrees extenuating circumstances are found to exist.

When staff are working overtime at other work sites immediately before or after their regular shifts, reasonable travel time (not to exceed one (1) hour) between the shifts will be paid. Travel time to/from work before/after the double shifts is not paid. Every effort should be made to relieve staff working overtime before their regular shift so they can report to their home in as timely a way as possible. If an employee is going to be late due to traveling between homes, it is the employee's responsibility to notify his primary home. This should be done in a timely way so arrangements can be made to cover for them.

Mileage is not paid for staff traveling to other homes for expanded overtime training. Travel time for such training is considered work time only when it occurs on an employee's regularly scheduled shift. Training time is considered on-duty time.

4. Mandatory overtime assignment. When there is not sufficient number of volunteers for (1), (2), and (3), above, Management may select and assign, on a rotating basis, the most junior trained employee in the work unit who is on duty to work overtime.

b. Management will make a good faith effort to avoid requiring an employee to work a mandatory overtime on a consecutive day after working overtime the previous day.

No employee shall work more than seventeen (17) hours in a twenty-four (24)-hour period unless there is an extreme emergency or the employee has requested for a special purpose and the manager has approved.

c. Management will give a minimum of one (1)-hour notice of any overtime to be worked, whenever possible.

d. An employee who refuses a mandatory opportunity shall be rotated to the bottom of all in-house voluntary overtime list.

e. When an employee is required (mandated) to work at least four (4) hours beyond a full shift and when that fact was not known to the employee prior to beginning of the first shift, then upon request, up to one (1) hour of Employer paid time will be allowed between the shifts. If an employee has volunteered to work the overtime then they may take one (1) hour between the shifts but that one (1) hour is not Employer-paid time. The purpose of this time is to make arrangements necessary when the worker is to be away from home unexpectedly at the discretion of the Employer. It is, of course, recognized that bona fide emergencies may exist that would preclude granting time off. Such instances will, however, be held to a minimum and only genuine emergencies will prevent the allowance of such time. When such time is denied between shifts, such time will be allowed at the earliest possible time in the subsequent shift. If a genuine emergency prevents granting of one (1) hour during the second shift, such time shall be accrued as comp time at straight rate.

f. Once assigned to work a mandatory overtime and if the employee fails to meet the overtime obligation, their name will remain at the top of the mandatory overtime list until a mandatory overtime obligation is met. Management may look at extenuating circumstances. If a failure to meet a mandatory overtime occurs a second time progressive discipline could begin.

Section 7.

Any employee who refuses any overtime opportunity relinquishes his/her rights to that overtime opportunity.

Section 8.

Overtime shall be compensated on the basis of the nearest tenth of an hour.

Section 9.

Employees shall have the option of receiving cash or accruing compensatory time for working an overtime unless management has notified employees of a limitation in the form of compensation. Cash/comp time must be designated by the employee prior to the submission of the final time sheet.

Section 10.

No application of this article shall be construed or interpreted to provide for compensation for overtime at a rate exceeding time and one-half (1-1/2) to effect a "pyramiding" of overtime and all forms of premium pay.

Section 11.

No employee shall be scheduled to work more than sixteen (16) hours in a twenty-four (24)-hour period. Where the employee's schedule requires a change in shift, there shall be at least an eight (8)-hour break in work time.

Section 12.

Should an employee who has been called in for an overtime assignment arrive at the worksite prepared to work overtime and overtime is not needed, the employee shall be allowed to work for a minimum of two (2) hours and not rotated on the list; however, an employee working more than two (2) hours will be rotated on the list. Employees will only be compensated for time worked.

Section 13.

In order to facilitate attendance at voluntary staff meetings which include multiple shifts, employees, employees may adjust their work schedules with the mutual agreement of management so as to ensure that attendance at the meeting does not result in overtime.

Section 14. Outings.

An employee may voluntarily waive the daily overtime compensation associated with an outing by his/her work schedule to maintain a forty (40) hour work week. However, employees who exceed forty (40) hours work in a week shall be compensated at the overtime rate for all hours in excess of forty (40).

If staff are required to provide an outing, staff shall be compensated at the overtime rate for hours worked in excess of their normal work shift or forty (40) hours in a work week. The staff involved in the planning shall have first right to work the outing. The prearranged voluntary overtime list shall be used secondarily.

Section 15.

Employees occupying positions which have been determined by the Agency to be executive, administrative or professional as defined by the Fair Labor Standards Act shall receive time off for authorized time worked in excess of forty (40) hours in a workweek.

The rate of compensation shall be one (1) hour off for one (1) hour of overtime worked. Time off shall be used within the fiscal year earned or shall be lost. The scheduling of time off shall be

consistent with provisions for requesting accrued leave time or Agency practice whichever is applicable. Nothing in this article modifies, amends or eliminates any specific language in any agreement or Agency practice to modify an employee's work schedule during the same workweek in which authorized overtime is worked.

## ARTICLE 30 - VACATION LEAVE

Section 1.

After having served in the State Service for six (6) full calendar months, full-time, classified employees shall be credited with six (6) days of vacation leave thereafter vacation leave shall be accumulated as follows:

| | |
|---|---|
| After 6 months through 5th year | 12 work days for each full 12 calendar months of service (8 hours per month) |
| After 5th year through 10th year | 15 work days for each full 12 calendar months of service (10 hours per month) |
| After 10th year through 15th year | 18 work days for each 12 full calendar months of service (12 hours per month) |
| After 15th year through 20th year | 21 work days for each 12 full calendar months of service (14 hours per month) |
| After 20th year through 25th year | 24 work days for each 12 full calendar months of service (16 hours per month) |
| After 25th year | 27 work days for each 12 full calendar months of service for (18 hours per month) |

A full-time employee working less than a full calendar month shall accrue vacation leave on a pro rata basis (except for Union business leave), provided that the employee works thirty-two (32) hours or more in that month. If an employee has a break in service during the first six (6) months of employment that does not exceed two (2) years, the employee may be given credit for the time worked prior to the break in service. In order to facilitate the administration of leave records, vacation leave may be accrued on a monthly basis for employees who have completed six (6) full calendar months of service. Vacation leave shall not accrue during a leave of absence without pay, or educational leave with pay, the duration of which exceeds fifteen (15) calendar days.

Section 2.

Compensation for use of accrued vacation shall be at the employee's prevailing straight time rate of pay.

Section 3.

In the event of an employee's death, all monies due him/her for accumulated vacation or salary shall be paid as provided by law.

Section 4.

Vacation credit shall continue to be earned while an employee is using paid leave.

Section 5.

Service with a jury shall be considered time worked.

Section 6.

Time spent in actual State Service or military, educational, or job-incurred disability leave without pay shall be considered as time in the State Service in determining the length of service for vacation accrual rate.

Section 7.

Vacation hours may accumulate to a maximum of three hundred and twenty-five (325) hours; however, in the event of separation or layoff any unused vacation up to only two hundred and fifty (250) hours will be paid to the employee. To avoid losing vacation, the employee must request vacation leave as provided in Article 33, except where the employee is on an on-the-job injury or extended sick leave where cash payment of not more than forty (40) hours shall be made.

Section 8.

Part-time employees shall accrue vacation leave and shall earn eligibility for additional vacation credits only in those months during which the employee has worked thirty-two (32) hours or more. Such leave shall be accumulated on a pro rata basis.

A part-time employee shall not be eligible to take initial vacation leave until the employee has worked thirty-two (32) hours or more in each of six (6) calendar months. Vacation leave shall not accrue during a leave of absence without pay or educational leave with pay the duration of which exceed fifteen (15) calendar days.

| | |
|---|---|
| First month through 60th month | 12 work days for each 12 full calendar months of service (8 hours per month) |
| 6lst month through 120th month | 15 work days for each 12 full calendar months of service (10 hours per month) |
| 121st month through 180th month | 18 work days for each 12 full calendar months of service (12 hours per month) |
| 181st month through 240th month | 21 work days for each 12 full calendar months of service (14 hours per month) |
| 240th month through 300th month | 24 work days for each 12 full calendar months of service (16 hours per month) |
| After 300th month | 27 work days for each 12 full calendar months of service (18 hours per month) |

Section 9.

Employees transferring into this bargaining unit shall be allowed to transfer up to eighty (80) hours of accrued vacation credit. The balance of vacation credit shall be paid for at the time of transfer.

Section 10.

An employee who is laid off or terminates after six (6) full calendar months of State service shall be paid upon separation from State service for accrued vacation time. An employee on military leave or educational leave of absence without pay in excess of thirty (30) days shall be paid for vacation leave accrued up to the end of the last full month of service at his/her request, however, the Agency reserves the right to pay off such time should the leave extend beyond twelve (12) months.

## ARTICLE 31 - VACATION LEAVE DONATION

Section 1.

The HR Manager of the SOCP may allow employees, on a case-by-case basis and without setting precedent, to transfer accumulated vacation/comp leave to an eligible co-worker in the Agency who has exhausted accumulated leave while recuperating from an extended and continuing illness or injury to the employee or his/her immediate family members as specified in Article 36. When notice is sent out for a leave bank, information shall include: name of employee, work site and years of service with the SOCP and the State. Additional information is optional and must be submitted by the applicant.

Section 2.

The transfer of accumulated vacation/comp leave and the utilization of such leave shall be subject to the following:

a. Employees on Workers' Compensation or parental leave may not participate in this program either as Donors or Donees.
b. All donated leave shall be posted to the Donee's sick leave account in appropriate proportion. Donated hours shall not exceed the hours necessary to cover for the qualifying absence.
c. All accumulated vacation/comp leave hours must be donated in blocks of two (2) hours or more. All hours of leave donated from co-workers will be converted into an hourly rate and then applied to the Donee's account at his or her hourly rate for employees with three (3) or more years of continuous service. Donee's with between six (6) months and three (3) years of continuous service shall have the average hourly cost of the State's insurance contribution included in the total which the Donor's time will cover except where the Donee is on qualified Federal Family Medical Leave in which case the cost of insurance will not be included in the calculation.
d. Employees eligible to receive donated hours are those employees with more than six (6) months continuous service. The Donee's recognized service date will be used to establish eligibility. Article 45 provisions regarding length of service and breaks in service shall be applicable.
e. Nothing in this agreement shall prevent donations being made to or received from Department of Human Resources employees outside the bargaining unit.
f. Applicants for leave donation shall apply in writing to the HR Manager accompanied by the treating physician's written statement certifying that the illness or injury involved will continue beyond the date the employee is projected to exhaust all accumulated leave and has a duration of at least twenty (20) calendar days. The leave bank shall begin with the first hour of leave without pay. Donated leave may be used intermittently.
g. Upon determination that an employee's request satisfied requirements found in section 1 of this article, the HR Manager shall approve a bank not to exceed the hours needed.
h. The terms of this Article shall be strictly enforced. There will be no exceptions granted to the terms of this Article.
i. Donated vacation leave or compensatory time may be provided to employees in other AFSCME Central Table participating agencies subject to the approval of the appointing authorities for the involved agencies.

## ARTICLE 32 - HOLIDAYS

Section 1.

The following compensable holidays shall be recognized:

a. New Year's Day on January 1.
b. Martin Luther King's day on the third Monday in January.
c. President's Day on the third Monday in February.
d. Memorial Day on the last Monday in May.
e. Independence Day on July 4th.
f. Labor Day on the first Monday in September.
g. Veteran's Day on November 11.
h. Thanksgiving Day on the fourth Thursday in November.
i. Christmas Day on December 25.
j. Every day appointed by the Governor of the State of Oregon as a holiday.

For Office Specialists, Trade Maintenance Workers, Program Analysts, Behavior/Vocational Specialists 1 and 2 and Training and Development Specialists, when a holiday specified in this section falls on a Saturday, the proceeding Friday shall be recognized as the holiday. When a holiday specified in this Section falls on a Sunday the following Monday shall be recognized as the holiday.

Seven (7)-day/twenty-four (24)-hour continuous operation classification employees (Licensed Practical Nurses, HTT 2, MHTT, Respiratory Therapists) will observe the holiday on the actual day it occurs

Section 2.

Full-time employees except those on leave without pay status for a full shift the day before or the day after the recognized holiday shall be compensated at the straight rate for eight (8) hours for each recognized holiday listed in Section 1. All part-time employees shall be compensated at the straight time rate on a pro rata basis for each recognized holiday during the month in which the employee works thirty-two (32) hours or more. This holiday compensation is called holiday pay. Recognized holidays which occur during vacation or sick leave will be charged as a holiday rather than vacation or sick leave.

Section 3.

Employees who are required to work on recognized holidays shall be entitled to their regular pay plus compensatory time or cash, at the employer's option, for all such time worked at the rate of time and one-half (1-1/2). The rate at which an employee shall be compensated for working on a holiday shall not exceed the rate of time and one-half (1-1/2) in addition to the holiday pay.

For employees working twelve (12) or sixteen (16) hour shifts (including overtime), employees will receive time and one-half (1-1/2) for all hours worked on the holiday and twelve (12) or sixteen (16) hours holiday compensation time credited, respectively.

Any other employee assuming an extended beyond eight (8) hour position after November 1, 2001 will either revert to eight (8) hour shifts during a holiday work week or will receive time and one-half (1-1/2) for all hours worked on a holiday plus eight (8) hours compensation time credit.

Section 4.

The employee will receive compensatory time off or cash, at the employer's option, for holiday time worked. Such scheduled time off shall be subject to Article 26 (Scheduling of Compensatory Time Off).

Section 5.

For any employee not working the holiday due to a regularly scheduled day off, they will be credited with eight (8) hours compensation.

Section 6.

Employees shall normally be notified of holiday work schedules at the time work schedules are posted as provided in Section 5, Article 27 (Work Week and Work Scheduling) in all work units except in situations over which the SOCP has no control. The SOCP will determine staffing levels for work units which must be staffed on holidays in relations to the anticipated work load in each unit. Employees whose regular work day is a holiday shall be given an opportunity to request to work or not to work on the holiday. Such request shall be granted on the basis of SOCP seniority and in keeping with the operating needs of the SOCP. Should not enough employees request to work on a holiday, the SOCP shall assign the work to employees with the least SOCP seniority from those regularly scheduled to work who are qualified to perform the particular tasks. When an employee wants to take time off, he/she must submit a request no later than seven (7) calendar days before the posting of the unit work schedule.

Any employee who works in a position which is longer than eight (8) hours a day and who takes the holiday off as a leave day will continue to receive eight (8) hours holiday credit and must use appropriate accrued leave or leave without pay for the balance of the regularly scheduled shift.

Section 7.

In addition to the holidays specified in this article, full-time employees shall receive eight (8) hours of paid leave. Part-time employees shall receive a prorated share of eight (8) hours of paid leave. Paid leave granted in this section shall be accrued by all employees employed as of the day before Thanksgiving or Christmas of each year. Employees who are employed as of the day before Thanksgiving may request the option of using this paid leave on the workday before or after Thanksgiving, Christmas, or New Year’s Day. Employee who become employed after Thanksgiving but before Christmas may request the State option of using this paid leave on the workday before or after Christmas or the workday before or after New Year’s Day. If the employee chooses not to take one of the aforementioned days, another day may be mutually agreed upon, provided such time is taken off by November 1 of the following year.

Employees working thirty-two (32) hours per month or more shall receive paid leave on a pro rata basis. Employees may request the option of using the paid leave on the work day before or after Thanksgiving, Christmas, or the work day before or after New Year's Day, or when these days are not available to an employee, another day of the employee's choice.

Section 8. Medical and Behavior Homes.

In addition to the compensatory time provided in Section 3 of this Article, employees who work overtime on a holiday shall receive time and one-half (1-1/2) compensation for all overtime hours worked.

## ARTICLE 33 - SCHEDULING ACCRUED TIME OFF

Section 1.

Any request for use of accrued time off, excluding sick time, for thirty-two (32) hours or more shall require a notice of seven (7) office days. Requests shall be responded to within seven (7) calendar days.

Any request for use of accrued time off, excluding sick leave, under thirty-two (32) hours shall require a minimum of two (2) office days notice. Requests received shall be responded to within one (1) regular office day.

Requesting/Scheduling Accrued Time Off. If employees choose to use their seniority one (1) time during the period February 1 through the end of January to assure a particular time off, they must submit their requests during the three (3) designated open sign-up periods:

April for the months June/July/August/September
August for the months October/November/December/January
December for the months February/March/April/May

1. Person granted time off pursuant to 2005-2007 agreement must be honored through 3-08
2. Any requests received 8-07 through 3-08 is based on a) availability and b) new contract language
3. Requests granted for 4-1-07 through 3-31-08 under the 2005-07 contract, once granted, cannot be bumped by the use of seniority
4. Requests cannot go beyond the designated months attached to the sign up period. Example: In October I can only request time off for the months of October through January

The length of time requested off may vary. Ties shall be broken by lot. Seniority is only used when two or more employees want the same time off and an agreement between the employees cannot be reached. A block of time can be any length of time. Whether an employee uses his or her seniority to take a one (1) day block of time or a ten (10) day block of time, the seniority has been used.

Timelines may be waived by management except for the seniority request period.

In no case shall accrued time usage be denied if the work unit can meet work unit determined staffing requirements and levels and a bona fide emergency does not exist.

If seniority has been used to get a vacation slot and that slot is returned, that employee's seniority still has been used.

Section 2.

If management is not available then employees shall utilize the house protocol for taking time off in the absence of the manager. Accrued time may be taken in time increments of less than a full shift.

Section 3. Comp Time Accrual and Payment.

Subject to Articles 29, Overtime and 32, Holidays, an employee may accrue up to one hundred (100) hours compensatory time. Any hours accrued shall be paid in cash by the DHS at the employee's request no more than once per month. Comp time earned in the current month is not eligible for cash out. The request will be processed and the payout included on the first of the month or mid-month payroll run provided it is received in the DHS payroll office by 10:00 a.m. on the business day prior to payroll cutoff. In the event comp time cannot be paid due to budgetary constraints, the employee may request and shall be granted an emergency draw provided the employee has not already received a draw that month.

Within the last two (2) or first two (2) months of a biennial budget period, the Agency may, at its discretion, cash out comp time accruals to no less than fifty (50) hours per employee unless the employee has pre-authorized plans to utilize said time; cash outs below fifty (50) hours shall only occur with the mutual agreement of the employee.

Section 4.

If an employee is granted a lateral transfer, his/her choice of vacation made during his/her previous assignment will need to be resubmitted and approved based on staffing needs.

Section 5.

Employees who are vacation relief shall be entitled to schedule vacation in a manner which guarantees two (2) days off before and two (2) days off following each block of forty (40) hours which they use.

An employee's request for vacation time off shall not be denied because a designated vacation relief is being used to cover a regular shift.

## ARTICLE 34 - PERSONAL LEAVE

Section 1.

All employees after completion of initial trial service shall be entitled to receive personal leave days in the following manner, provided they are in pay status for 1,040 hours for each fiscal year:

a. All full-time employees shall be entitled to twenty-six (26) hours of personal leave with pay each fiscal year.

b. Part-time, seasonal and job share employees shall be granted such leave in a prorated amount of twenty-six (26) hours based on the same percentage, or fraction of month, they are hired to work provided it is anticipated that they will work 1,040 hours during the fiscal year.

Section 2.

Should any part-time employee fail to work 1,040 hours for the fiscal year, the value of personal leave time used may be recovered from the employee's July paid August check or final check, whichever comes first.

Section 3.

Personal leave shall not be cumulative from year to year nor is any unused leave compensable in any other manner.

Section 4.

Such leave may be used by an employee for any purpose he/she desires and may be taken at times mutually agreeable to the work unit and the employee. Employees who have prescheduled on any of the three (3) annual vacation sign ups and have approved vacation blocks, may at the time of the vacation period replace prescheduled and approved vacation hours with available personal leave hours.

## ARTICLE 35 - LEAVE WITH PAY

Employees shall be granted a leave of absence with pay in accordance with Sections 1-4 and 7.

Section 1. Service with a Jury (including jury selection process).

The employee may keep any money paid by the court for service on a jury. Whenever possible, subject to SOCP operating requirements, employees selected by proper authority for jury duty will at the employee's request, be placed on a day shift schedule during the period they are obligated to report and/or serve jury service; however, days worked will not be changed. The Employer shall not suffer any penalty payments for the change in the work schedule of the employee on jury duty. (See also, Article 36, Section 6.)

Section 2.

Appearance before a Court, Legislative Committee, or Judicial or Quasi-Judicial Body as a witness in response to a subpoena or other direction by proper authority for matters other than the

employee's officially assigned duty. An employee may keep any money paid in connection with the appearance. (See also, Article 36, Section 6.)

Section 3.

Taking part without pay in a search and rescue operation at the specific request of any law enforcement agency, the Administrator of the Board of Aeronautics, the United States Forest Service, or any legal organization of Civil Defense, for a period of not more than five (5) working days.

Section 4.

Other authorized duties in connection with State business.

Section 5.

An employee who has been employed in State service for six (6) months or more who is a member of the National Guard or any Reserve component of the Armed Forces of the United States, is entitled to leave of absence from employee duty as provided by ORS 408.290. (See also, Article 36, Section 4.)

Section 6.

Subject to availability of fiscal and staffing resources, an employee may be granted an educational leave in which the SOCP may defray a part or all of the cost, either through allotment or through payment of a salary. Each request for leave must be approved by the HR Manager or his/her designee. Vacation leave shall not accrue during an educational leave with pay, the duration of which exceeds fifteen (15) calendar days.

Section 7.

Any time proclaimed by the Governor as a leave of absence with pay which is intended to apply to employees covered by this Agreement.

Section 8. Pre-Retirement Counseling Leave.

Within ten (10) years of the employee's compulsory retirement date, or within one (1) year of the date upon which federal reduced retirement benefits would first be available, each employee shall be granted up to three and one-half (3-1/2) days leave with pay to pursue bona fide pre-retirement counseling programs. The employee shall request the use of leave provided in this article at least five (5) days prior to the intended date of use.

Authorization for use of pre-retirement counseling leave shall not be withheld unless the SOCP determines that the use of such leave shall handicap the efficiency of the employee's working unit.

When the dates requested for pre-retirement counseling leave cannot be granted for the above reason, the SOCP shall offer the employee the choice from three (3) other sets of dates. The leave herein discussed may be used to investigate and assemble the employee's retirement program, including PERS, Social Security, Insurance and other retirement income.

Section 9.

On recognized federal and state election days, the work will be arranged to allow the employees the opportunity to vote.

Section 10. Job Interview Leave.

Interview Leave shall be allowed pursuant to the following:

a. Employees, subject to providing reasonable notice and receiving prior management approval, shall be allowed agency paid time to interview for positions within their agency when such interview (s) occurs during their work hours. An Appointing Authority or designee shall determine the appropriate amount of time for the interview and whether the time taken for interviews is excessive. Such determination is not subject to the grievance procedure.

b. Employees, subject to providing reasonable notice and receiving prior management approval, shall be allowed up to two (2)hours of agency paid time to interview for positions with another state agency when such interviews(s) occurs during their work hours. An Appointing Authority or designee shall determine whether the amount of time requested for the interview is appropriate and whether the time taken for interview is excessive. Such determination is not subject to the grievance procedure.

   Interview leave time approved and taken to interview with another state agency that exceeds two (2) hours of agency paid time must be recorded as accrued leave, leave without pay, or managed through approved flex time within the same workweek.

c. All interview leave time approved under Guidelines a and b must be recorded as IT on the employee's timesheet/time reporting period.

d. Interview leave used shall not count as time worked for purposes of overtime.

e. An agency shall not incur any employee reimbursement costs.

Section 11. Bereavement Leave.

Notwithstanding the Hardship Leave or Sick Leave eligibility criteria of the affected collective bargaining agreements, employees shall be eligible for a maximum of twenty-four (24) hours paid bereavement leave, prorated for part-time employees. The Agency may request documentation. If additional earned leave is needed, an employee may request to use earned sick leave credits, or leave without pay, at the option of the employee for any period of absence from employment to discharge the customary obligations arising from a death in the immediate family or the employee's spouse. Employees may, with prior authorization, use accrued vacation leave or compensatory time. Regular and Trial Service employees may be eligible to receive up to forty (40) hours of donated leave, to be used consecutively. The employee must have exhausted all available accumulated leave and qualify to receive hardship leave. For purposes of this Article, "immediate family" shall include the employee's or the employee spouse's parent, wife, husband, child, brother, sister, grandmother, grandfather, grandchild, or the equivalent of each for domestic partners, or another member of the immediate household.

## ARTICLE 36 - LEAVES OF ABSENCE WITHOUT PAY

Section 1.

Application for leave of absence without pay will be in writing and submitted to the immediate supervisor.

Section 2.

In instances where in the opinion of the SOCP the work of the SOCP shall not be handicapped by the temporary absence of an employee, the employee may be granted a leave of absence without pay or educational leave without pay for up to one (1) year, subject to SOCP approval. Any authorized leave of absence without pay does not constitute separation from State service.

Section 3.

Time spent on leave without pay in excess of ninety (90) consecutive calendar days shall not be considered as service in determining the employee's eligibility date for a salary increase unless such time has been spent on leave resulting from job-incurred disability or military leave consistent with Veterans' Reemployment Rights Leave, Title 38, USC Chapter 43. Additionally, the employee shall not be eligible to accrue vacation or sick leave hours.

Section 4.

An employee who has received official notice from the National Guard or any reserve component of the armed forces of the United States shall be given such military leave without pay as may be provided by law. However, reduction in salary will not be made for an FLSA-exempt employee on temporary military leave except for full work week increments where such leave causes an absence of one (1) or more full work weeks. (See also, Article 35, Section 5.)

Section 5. Peace Corps Leave Without Pay.

Upon completion of his/her service in the Peace Corps, a regular employee shall have the right to return to a position in the same classification as his/her last held position and at the prevailing salary rate without loss of seniority or other employment rights.

Section 6. Court Appearance Leave Without Pay.

An employee may request and shall be granted leave without pay for the time required to make an appearance as a plaintiff or defendant in a civil or criminal court proceeding that is not connected with the employee's officially assigned duties. However, such reduction in salary will not be made for an FLSA exempt employee to testify in court or at a deposition except for full work week increments where such testimony causes an absence of one (1) or more full work weeks. (See also, Article 35, Sections 1 & 2.)

Section 7. Family Medical Leave.

Each employee shall be granted a leave of absence for a reasonable period of time, but not to exceed twelve (12) weeks per year pursuant to the provisions of the State and Federal Family Leave Acts.

a. When an employee has received approval for Family Medical leave without pay that exceeds fifteen (15) calendar days, the employee shall, before being placed on leave without pay status exhaust all but twenty-four (24) hours of sick leave and exhaust all accrued vacation time unless covered by another insurance company. The employee may, at his or her option, utilize any or all accrued compensatory time during this period.

b. Intermittent. When an employee qualifies for Intermittent FMLA, the employee must use sick and/or vacation leave. The employee, at his or her option, may utilize any or all accrued compensatory time.

c. While an employee is on leave without pay status, he/she shall not be allowed to use accrued time in order to retain the Employer's contribution for insurance plans, however, it is understood that the employer shall continue to provide its contribution to insurance through a period of leave without pay which qualifies as Federal Family Medical Leave.

d. This section shall not be used by employees to circumvent Article 30, Vacation Leave.

Section 8.

a. When an employee has received approval for leave without pay that exceeds fifteen (15) calendar days other than State or Federal Family Medical Leave, the employee shall, before being placed on leave without pay status:

1. exhaust all accrued compensatory time off;
2. reduce the number of hours of accrued vacation leave to twenty-four (24) hours.

b. While an employee is on leave without pay status, he/she shall not be allowed to use accrued time intermittently to retain the Employer's contribution for insurance plans.

c. This section shall not be used by employees to circumvent Article 29, Vacation Leave.

d. In cases where the leave of absence is requested because of medical reasons accompanied by a signed physician's statement, subsection (a) (2) will be utilized at the option of the employee.

Section 9.

Unauthorized absences of employees from duty shall be deemed to be absence without leave (AWOL) and may be grounds for disciplinary action by the SOCP. Employees may be allowed to cover such absences with accrued compensatory time or vacation time if the SOCP considers extenuating circumstances existed. An employee who absents him/herself for five (5) consecutive work days without authorized leave shall be deemed to have resigned.

## ARTICLE 37 - INCLEMENT WEATHER/ROAD HAZARDS

When employees are late due to road closures or traffic curtailment they may be allowed to use accrued leave to cover the absence. Such approval will be considered on a case-by-case basis.

While the Site Manager has the authority to approve time off pursuant to this section, any denial of a request to use vacation/comp time/personal business leave shall require both the Site Manager and Program Administrator's signature.

Section 1.

a. The Employer/Agency designated official(s) may close or curtail offices, facilities, or operations because of inclement weather or weather-related hazardous conditions. The Employer/Agency will announce such closure or curtailment to employees. The Employer/ Agency will strive to make its decision to close and/or postpone day shift no later than 5 am; however, the parties recognize that changing conditions may require further adjustment. The Employer/Agency may provide this information through methods such as pre-designated internet web sites, phone trees, radio stations and/or television media. The Agency shall notify employees of these designations and post the notices on Agency bulletin boards by November 1st of each year. Notifications do not apply to employees who are required to report to work. Essential employees/positions shall be designated by the Agency by November 1 of each year. Such designations may be modified with two weeks advance notice to the affected employee(s).

b. Where the Employer/Agency has announced a delayed opening pursuant to Section 1a, employees are responsible for continuing to monitor the reporting sites for updated information related to the delay or potential closure. Employees may be allowed up to two hours commuting time as reasonably needed to report for work after a delayed opening has been announced. Where an employee arrives late due to this extended commute, he/she may cover the time with accrued vacation, compensatory time off, personal leave or approved leave without pay.

Section 2.

When the Employer/Agency notifies employees not to report to work pursuant to Section 1, prior to the beginning of the work shift the following applies:

a. FLSA Non-Exempt Employees. Non-exempt employees shall not be paid for the period of the closure. However, employees shall be allowed to use accrued vacation, compensatory time off, personal leave or approved leave without pay for the absence(s).

   A non-exempt employee arriving at work after the Employer/Agency has announced a closure or curtailment of operations may be directed to leave work and if so directed shall not be paid for the remainder of the shift unless utilizing accrued leave as described above. An employee who actually begins work shall be entitled to pay for all actual hours worked.

b. FLSA Exempt Employees. The exempt employee shall be paid for the work shift. An FLSA exempt employee may be required to use paid leave or leave without pay where the closure applies to that employee for one or more full workweek(s)

Section 3.

When in the judgment of the Employer/Agency, inclement weather or weather-related hazardous conditions require the closing of the work place following the beginning of an employee's work shift, the employee shall be paid for the remainder of his/her work shift.

Section 4. Alternate Work Sites.

Employees may be assigned or authorized to report to work at an alternative work site(s) and be paid for the time worked. Employees who are unable to report to their assigned house/worksite may work in any house they are able to report to safely. The employee is to notify their manager of the situation so that they receive compensation for working. If the employee is not trained on the clients behavior plans for that house they shall not be primary staff or work alone with clients.

Section 5. Late or Unable to Report.

Where the Agency remains open and an employee notifies his/her supervisors that he/she is unable to report to work, or will be late, due to inclement weather or weather-related hazardous conditions, the employee shall be allowed to use accrued vacation leave, compensatory time off, personal leave or approved leave without pay.

Section 6. Employees on Pre-scheduled Leave.

If an employee is on pre-scheduled leave the day of the closure, the employee will be compensated according to the approved leave.

Section 7. Make-up Time Provisions.

Subject to Agency operating requirements and supervisory approval, employees who do not work pursuant to Sections 2 and 5 of this Article may make-up part or all of their work time missed during the same workweek. In no instance will time worked during the make-up period result in overtime being charged to the Agency. The Employer/Agency shall not be liable for any penalty or overtime payments when employees are authorized to make up work.

Section 8.

Employees who are unable to report to work due to inclement weather and/or weather-related hazardous conditions may be allowed to work from home with prior approval of their supervisor.

## ARTICLE 38 - SICK LEAVE

Section 1.

Employees shall accrue eight (8) hours of sick leave for each full month of work. Employees working less than a full month, but at least thirty-two (32) hours per month shall accrue sick leave on a pro rata basis.

Section 2.

Employees who have been separated from the State service and return to a position, except as a temporary, within two (2) years, shall have unused sick leave credits accrued during the previous employment restored.

Section 3.

Actual time worked and all leave with pay (except for educational leave) shall be included in determining the pro rata accrual of sick leave credits each month, provided that the employee works thirty-two (32) hours or more that month. Leave without pay resulting from authorized leave for Union activities or on-the-job injury shall not cause sick leave proration unless that leave extends beyond fourteen (14) days. Employees shall be eligible to utilize sick leave immediately upon accrual.

Section 4.

Employees who have earned sick leave credits shall be eligible for sick leave for any period of absence from employment which is due to the employee's illness, bodily injury, disability resulting from pregnancy, necessity for medical or dental care, exposure to contagious disease, attendance upon members of the employee's immediate family (employee's parents, wife, husband, children, foster children, brother, sister, grandmother, grandfather, grandchildren, son-in-law, daughter-in-law, or another member of the immediate household) where the employee's presence is required because of illness or death in the immediate family of the employee or the employee's spouse. The employee shall make other arrangements, within a reasonable period of time, for the attendance upon children or other persons in the employee's care. An employee may prearrange use of sick leave as per this section with reasonable notice and the SOCP will accommodate such reasonable request. Certification of the attending physician or practitioner may be required by the SOCP to support the employee's claim for sick leave if the employee is absent in excess of seven (7) consecutive days, or if the SOCP has reason to believe that the employee is abusing sick leave privileges. The SOCP may also require such certificate from an employee to determine whether the employee should be allowed to return to work where the SOCP has reason to believe that the employee's return to work would be a health hazard to either the employee or to others. Any costs associated with the supplying of a certificate shall be borne by the employee. In cases of pregnancy, the SOCP may require a certificate from the attending physician to determine if the employee should be allowed to work.

Section 5. Sick Leave Usage for Non-Job-Incurred Injury.

Employees in sick leave-without-pay status shall not be authorized to use accrued vacation leave or accrued compensatory time leave in lieu of LWOP unless such leave is pre-authorized by their supervisor or the employee is on authorized OFLA leave or authorized FMLA leave.

Section 6.

The employee shall have all his/her accrued sick leave credits transferred when the employee is transferred to a different State agency.

Section 7.

A note from a doctor does not, in and of itself, authorize a leave pursuant to this Article.

## ARTICLE 39 - WORKERS' COMPENSATION

Section 1.

All on-the-job accidents or exposure to serious communicable diseases are to be reported to the-SOCP on the appropriate SOCP occupational injury report form. All incidents and injuries must be reported as soon as possible, but always before leaving the premises, unless prevented from doing so due to the need for emergency medical treatment, or unawareness of the injury but in all cases, upon lost time or medical attention. If emergency medical treatment is required, the employee must, at a minimum, notify the supervisor within twenty-four (24) hours after receiving the emergency medical treatment and report in person to complete forms as soon as physically able.

Section 2. Temporary Modified Assignment.

If an employee is released by the attending physician for return to a temporary modified assignment, and the employee is not medically stationary but is expected to be able to resume full duties of his/her previous position within ninety (90) days, the SOCP shall offer such work as the employee is capable of performing and which as determined by the SOCP is available during the ninety (90)-day period. These temporary modified assignments shall first include opportunities within the State Operated Community Programs. If no suitable assignments are thus available, then the assignments shall next include opportunities within the Seniors and People With Disabilities. If no suitable assignments are thus available, then the assignments shall next include the Department of Human Services. If no suitable assignments are available within DHS, then the assignments shall include opportunities within the executive branch of state government. Such short term assignments shall be made without regard to procedures for Voluntary Transfers Within Class and Demotions, Article 40. If the employee refuses such assignment, the SOCP will notify SAIF of the refusal. An offer of modified employment may be refused by the worker without the termination of temporary total disability benefits if the offer: (A) Requires a commute that is beyond the physical capacity of the worker according to the worker's attending physician; or (B) Is at a work site more than 35 miles one way from the injured worker's worksite or the distance of the employee's regular commute whichever is greater.

Section 3. Return to Regular Duty.

a. Demand to Return. Upon initial request to return from on-the-job injury to a permanent position, certification by the attending physician that the physician releases the employee to return to his/her regular employment shall be prima facie evidence that the employee should be able to perform such duties. This does not, however, preclude the SOCP from obtaining further information relative to the Employee's condition.

b. Demand to Return to Former Position or Classification. Upon demand to return, an employee who has sustained a compensable injury and is medically stationary shall be reinstated to his/her former position, or a position of the employee's choice within the SOCP which the SOCP determined is available and suitable, provided that the employee is not disabled from performing the duties of such position. The employee shall have the automatic right to reinstatement to his/her former position in accordance with State laws and regulations.

c. Demand to Return to Other Position(s) That Is Available and Suitable. Employees requiring a change in work assignment on return from on-the-job injury which is deemed by the

attending physician to limit an employee's work capabilities on a permanent basis for more than ninety (90) days shall be assigned if possible by the SOCP in the same classification or a classification in the same salary range which he/she is capable of performing or a higher classification at a higher salary range if the SOCP deems appropriate and the employee is capable of performing the job and is qualified for the job. If not possible, other assignments shall be offered in accordance with State laws and regulations. Employees changing their work assignment under the provisions of this Section are not subject to Article 40, Voluntary Transfers Within Class and Demotion) or Article 42, Promotion). The Union shall be notified of such transfers.

Section 4.

When an employee chooses any of the Options #1-4 below, salary paid for a period of sick leave resulting from a condition incurred on the job and also covered by Workers' Compensation, shall be equal to the difference between the Workers' Compensation for lost time and the employee's regular salary rate. In such instances, prorated charges will be made against accrued sick leave, and/or vacation leave, and/or compensation time:

Option #1 - An employee may choose to use accrued sick leave during the period in which Workers' Compensation is being received.

Option #2 - An employee may choose to use accumulated compensatory time during the period in which Workers' Compensation is being received.

Option #3 - An employee may choose to use accumulated vacation and/or personal leave time during the period in which Workers' Compensation is being received.

Option #4 - An employee may choose to use any combination of Option #1, #2, and/or #3 during the period in which Workers' Compensation is being received.

Option #5 - An employee may choose not to use any accumulated leave time during the period in which the Workers' Compensation is being received. If an employee chooses this option they will be placed on approved sick leave without pay status.

An employee shall choose which option(s) they want to use as soon as possible within the pay period in which their compensable time loss from work began. Where the injury or illness occurs within the last two days of the pay period, the employee shall make his/her election by the time the next mid-month time sheet is submitted. Once they have chosen their option(s), a change in option may not be made during the entire period of time the employee is on compensable injury leave status unless approved by the Agency.

When an employee chooses any of the Options #1-4 above, and when that accumulated time is exhausted, they will be placed on approved sick leave without pay status during the period in which Workers' Compensation is being received.

An employee on FMLA due to a workers' compensation claim shall be able to exercise the above options.

## ARTICLE 40 - VOLUNTARY TRANSFERS WITHIN CLASS AND DEMOTIONS

The purpose of this procedure is to provide an orderly means for employees to request transfers to vacant positions in the bargaining unit in the same classification or demotions to vacant positions in lower classifications.

Section 1. General.

a. This procedure applies first to voluntary transfers, second to demotions of employees to fill vacant positions.

b. This procedure will be used as the first step in filling all vacancies in the SOCP.

c. A vacancy shall be defined as an unfilled position the SOCP intends to fill.

d. In Section 2 (a and b) the employee with the greatest seniority with the SOCP (then FTC if tied) shall be selected unless the employee is disqualified by the SOCP for job-related reasons. No level of discipline shall stop an in house transfer. A salary reduction that is not one (1) year old shall stop any out of house transfer. Special circumstances may be appealed to the SOCP Administrator.

e. An employee must submit in writing for a bid to be valid. That bid must be rescinded in writing prior to the close of posting if the employee does not want to be considered for the bid.

f. Once an employee is awarded a position which is out of that employee's house, that employee must remain in the new house for at least ninety (90) days.

Section 2. Procedure. Class Transfers and Demotions.

a. SOCP Human Resources shall post vacancies for a minimum of seven (7) calendar days. All vacancies posted shall include information regarding the vacant position's shift, days off, work area and general summary of duties.

b. Current employees desiring to transfer into a current posted vacancy will submit the transfer request in writing to SOCP Human Resources and must be received by closing date and time as stated in the posting. The bid must be rescinded in writing prior to the close of the posting if the employee doesn't want to be considered for the bid. Once awarded, the position must be accepted.

c. Positions will be awarded in the following order based on agency seniority:

1. in-house, same class,
2. in-house, demotion,
3. out-of-house, same class,
4. out-of-house demotion,
5. trial service in-house,
6. promotional trial service out-of-house,
7. if no SOCP employees bid, position will be filled using hiring list which at a minimum includes reemployment, statewide layoff and open competition

d. Announcements will be sent to each house, once a week, which lists the positions awarded, location, and seniority date.

e. Future transfer bids within the house shall be allowed; however, the employee's bid shall be considered last for a period of ninety (90) days, from date position awarded, before going out of house and/or being given to anyone on trial service. Rehired employees shall be considered as in-house transfer bids (considered last for ninety (90) days).

f When an employee is awarded a position at a new worksite, they shall be considered part of that worksite no later than ten (10) calendar days after the award.

g. If the most senior employee is denied a lateral transfer to another worksite, he/she shall receive a written explanation of the denial, upon request.

Section 3.

Assignments of trial service employees for on the job training may be made without regard to provisions of this Article.

Section 4.

The provisions of this article are superseded for transfers effected in accordance with the Article on Workers' Compensation.

## ARTICLE 41 - INVOLUNTARY TRANSFERS

Section 1.

This Article applies to involuntary transfers of regular status employees from one position to another position in the same classification.

Section 2.

The SOCP shall not arbitrarily transfer an employee for disciplinary reasons.

Section 3.

When it is necessary to fill a vacancy through an involuntary transfer because of SOCP operating requirements, the SOCP shall assign the most junior qualified employee in the work unit. The employee shall be notified ten (10) days before the transfer occurs.

Section 4.

When, in the opinion of the SOCP, it becomes necessary to administratively transfer a particular employee, the SOCP shall notify the employee and the Union of the transfer and the reasons for it. The Union shall be notified before such transfer occurs. The SOCP shall not transfer an employee for arbitrary or capricious reasons.

Section 5.

When a vacancy occurs in the work unit from which the employee was transferred and is not filled by a regular status employee within the work unit from which the employee was transferred, he/she will have first priority of filling that vacancy if the employee has submitted a transfer bid pursuant to Article 40. Prior to any denial, a meeting will be held between the employee, Union and Agency to discuss the situation.

## ARTICLE 42 - PROMOTIONS

Section 1.

The Program desires to fill vacancies with the best qualified applicants available. Within that context, the Program intends to insure that protected classes are given an opportunity to compete for all promotional openings within the bargaining unit. Subject to the requirements of affirmative action and equal employment opportunity, if two (2) or more employees are equally qualified for the position, which qualifications will include but not be limited to work performance and work history, the promotion shall be given to the employee who has the greatest seniority with the SOCP.

Section 2.

The Program has a high priority for developing internal candidates for promotional opportunities. The Program will make on-going training and work experience available to employees, and will make a good faith effort to adjust employees' schedules to allow them to participate. Training opportunities will be posted in the same location as job announcements. The Program will insure that every promotional candidate will be offered an interview. If there are five (5) or more promotional candidates who accept an interview for a single vacancy, the Program will not consider external candidates.

Section 3.

SOCP promotion lists (per Section 2 above) shall be established by classification and consist of the names of all employees of the SOCP who has passed the appropriate promotion test.

Section 4.

When an employee is denied a promotion, he/she has the right to establish with the hiring authority a mutually agreeable time, date and place to discuss the matter. If the employee is still unsatisfied with the decision he/she may file a grievance under Article 14, Grievance Procedure of the contract.

Section 5.

The Program shall post all promotional job announcements on the Human Resources bulletin board and send copies to work units as they occur.

Section 6.

Two (2) employees shall be appointed to be on each of the interview panels. The Union shall provide Human Resources with a list of a minimum of six (6) employees from each classification from which management will make appointments.

## ARTICLE 43 - LIMITED DURATION APPOINTMENTS

Section 1.

Persons may be hired for special studies or projects of uncertain or limited duration which are subject to the continuation of a grant, contract, award or legislative funding for a specific project. Such appointments shall be for a stated period normally not exceeding two (2) years but shall expire upon the earlier termination of the special study or projects.

Section 2.

a. No newly hired person on a limited duration appointment shall be entitled to any layoff rights under this Agreement.

b. An employee appointed from regular status in the SOCP to a limited duration appointment in the SOCP shall be reinstated to his/her former position in the SOCP when the limited duration appointment is terminated.

Section 3.

A person accepting a limited duration appointment shall be notified of the conditions of the appointment and acknowledge in writing that they accept that appointment under these conditions. Such notification shall include the following:

a. That the appointment is of limited duration.
b. The appointment may cease at any time.
c. That persons who accept a limited duration appointment shall have no layoff rights under this Agreement except those provided under Section 2 (b) of this Article.
d. That in all other respects, limited duration appointees have all rights and privileges of other classified employees including but not limited to wages, benefits, and Union representation under this Agreement.

Section 4.

New employees can be hired into permanent positions under Limited Duration status under the following conditions:

a. The position has been temporarily vacated due to job rotation, limited duration, extended leaves,
b. The position is known to have limited work and funding, not to exceed two (2) years.

## ARTICLE 44 - JOB SHARING

Section 1.

"Job share position" means a full-time position in classified service may be held by more than one (1) individual on a shared time basis whereby individuals holding the position each work less than full-time but not more than full-time combined.

Section 2.

Job sharing is a voluntary program. Any employee who wishes to participate in job sharing may submit a written request to their immediate supervisor to be considered for a job share position. The immediate supervisor shall determine if job sharing is appropriate for a specific position. The requesting employee shall be responsible for recruiting another employee for the job share position. The SOCP Human Resources will maintain a list of employees requesting to job share, and upon request will give the list to employees requesting to job share.

Section 3.

Job sharing employees shall accrue vacation leave, sick leave, and holiday pay based on a prorate of hours worked in a month during which the employee has worked thirty-two (32) hours or more. Individual salary review dates will be established for job share employees.

Section 4.

Job sharing employees shall be entitled to share the full Employer paid insurance benefits for one full-time position based on the prorate of regular hours scheduled per month. The Employer contribution for insurance benefits in a job share position is limited to the amount authorized for one full-time employee. Each job share employee shall have the right to pay the difference between the Employer paid insurance benefits and the full premium amount through payroll deduction.

Section 5.

If one (1) job share employee vacates the position, or if a vacancy exists and if the immediate supervisor determines that job sharing is not appropriate for the position, or if the employee remaining is unable to recruit qualified SOCP employees, in the opinion of the SOCP, for the job share position, the remaining employee shall have the right to assume the position on a full-time basis. Upon approval of the immediate supervisor, the remaining employee may elect to transfer to a vacant part-time position in the same classification or to voluntarily demote. If the above conditions are not available or not acceptable, the employee agrees to resign.

## ARTICLE 45 - RECLASSIFICATION PROCEDURE

The parties shall use the following procedure to process reclassification requests.

Section 1.

The SOCP shall furnish class specifications at the request of the Union or the employee.

Section 2.

When an employee requests, in writing, that his/her position be reviewed for reclassification, the employee shall submit a completed Position Description Form and written explanation for a proposed reclassification request to Human Resources. It is recommended that the employee and supervisor develop a Position Description that they mutually agree upon. Should the employee disagree with the description of duties in the revised Position Description following its review by his/her supervisor, the written explanation will include a complete discussion of those areas of disagreement.

Section 3.

a. The SOCP shall conduct a classification audit and review the merits of the request. The employee and Union shall be notified within thirty (30) days of the request as to SOCP's findings.

b. If the findings indicate reclassification is justified, the DHS shall decide whether to seek legislative approval or to remove the duties from the position.

Section 4.

If a reclassification request, as approved, does not receive the necessary legislative approval required by ORS 291.371, the SOCP shall immediately change the duties of the employee to conform to the prior classification.

Section 5.

The effective date of a reclassification implemented under this Article shall not be later than the first of the month following legislative approval. Retroactive pay, to the date of the employee's request, will be paid if the employee has been performing the work in question for that period of time. The anniversary date for future step increases shall be established as the first of the month following twelve (12) months in the new classification.

Section 6.

Any employee reclassified downward will retain their current rate of pay in the previous classification. It shall remain at that rate until a rate in the salary range of the new classification exceeds it, at which time the employee's salary shall be adjusted to that step and the salary review eligibility date shall be established one (1) year from that date, provided the employee is not at the maximum of the salary range to which the employee was reclassified. When a position is reclassified to another class with the same pay level or to a class that carries a lower salary range, the employee occupying that position shall be accorded corresponding employment in the new classification.

Section 7.

Any employee reclassified upward shall move into the new range at the closest step that is higher than their current rate but not less than a four and one-half percent (4.5%) increase except where such increase would exceed the top step of the new salary range.

Section 8.

If an employee is involuntarily classified downward or an employee's reclassification request is denied, the employee may appeal the decision to binding arbitration under this article of the Agreement. The appeal must be in writing and sent to the Labor Relations Unit of the Department of Administrative Services within fifteen (15) calendar days of the date of the SOCP's decision or the date that decision was due. The appeal must state the reasons why the decision was inappropriate. If

the arbitrator finds the SOCP's decision inappropriate, his/her authority shall extend only to referring the issue back to the SOCP for reconsideration. The Arbitrator shall have no power to substitute his/her discretion for the SOCP's discretion on classification matters. The Arbitrator shall retain continuous jurisdiction over reconsideration decisions by the SOCP under the same standards as set forth above in this Section. This section shall supersede Section 7 of Article 14, Grievance Procedure on the delineation of the Arbitrator's authority on matters addressed in this Article.

## ARTICLE 46 - REVIEW OF CLASSIFICATION SERIES

Section 1.

It is agreed and understood that procedures for establishing new proposed classifications and for material revision of existing classifications will provide reasonable opportunity for review and input by the Union prior to implementation.

Section 2.

The parties shall negotiate the salary range for new and materially revised classifications.

Section 3.

Implementation of a salary adjustment or rate change agreed upon in the salary negotiations shall be effective the first of the month following legislative approval of the negotiated salary, unless otherwise specified in the negotiated agreement.

Section 4.

The Union may recommend classification studies to be conducted by the Human Resource Services Division including the reasons for the need for such studies.

## ARTICLE 47 - LAYOFF

The following procedure applies only to bargaining unit members employed in this bargaining unit and further precludes bargaining unit employees of all other state agencies from displacing any Department bargaining unit member. There shall be no cross-bumping between bargaining units in the Department.

Section 1.

A layoff is defined as a separation from the service for involuntary reasons, other than resignation, not reflecting discredit on an employee. An employee and the Union shall be given written notice of layoff at least fifteen (15) days before the effective date stating the reasons for the layoff.

Section 2.

Geographic areas:

1. Linn, Lane
2. Yamhill, Polk, Marion
3. Multnomah, Clackamas, Washington

Section 3.

The layoff procedure shall occur in the following manner:

a. Management shall determine the specific positions to be vacated; however, prior to management's determination of which positions will be laid off, management may allow impacted classification employees to volunteer for layoff or demotion.

b. Permanent, full-time, regular status employees may displace permanent, full-time or permanent, part-time employees with less service credits under the options specified in Section 3c. Permanent, part-time employees may not displace any permanent, full-time regular employee.

c. A regular status employee notified of a pending layoff shall select one (1) of the following options and communicate such choice, in writing, to the HR Manager within fourteen (14) calendar days from the date of receipt of the written layoff notice.

d. Eliot will be considered a single worksite for the purpose of this article.

e. Options

1. The employee will displace the employee in the same class with the lowest service credits first, in the worksite, and if no opportunity exists, second, in the geographic area, and if no opportunity exists, lastly on a statewide basis.
2. The employee will displace the employee in a lower class with the lowest service credits first in the worksite, and if no opportunity exists, second, in the geographic area, and if no opportunity exists, lastly on a statewide basis.
3. The employee may opt to be laid off.

An employee exercising Option 1 or 2 must meet the minimum qualifications of the position as stated in the class specifications plus any special qualifications stated in the position description and must be capable of performing the specific requirements of the position within thirty (30) days. The Department shall determine if the employee is capable of performing such duties.

If the employee cannot meet these requirements, he/she shall be entitled similar consideration to the position with the incumbent having the next higher service credit in the worksite geographic area and so on.

Section 4.

Any employee displaced by another employee in the Department exercising his/her option under Section 3 may exercise the options available under Section 3.

Section 5. Job Share.

a. For the purpose of this Article, individuals filling a job sharing position which totals a full-time equivalent at the time of calculation of service credit shall be considered as one (1) full-time equivalent, or, as two (2) part-time employees. This determination shall be made by the Department.

b. Service credit for prior non-job-share time shall be determined by giving the employee one (1) point per month for any full-time worked and pro rata credit for each month spent on the job in less than full-time capacity.

c. Service credit for a current full-time equivalent job share position shall be determined by giving the employee one (1) point per month for each continuous month spent on the job share if the two (2) employees are to be treated as a full-time equivalent for purposes of layoff. Seniority for prior noncontinuous job share time shall be calculated on the same basis as part-time service. Total seniority for employees in the job share position will be determined by averaging the two (2) individuals' scores.

d. If employees in a job share position are to be treated as part-time employees, seniority for the position shall be determined on a prorated basis as per part-time seniority computation.

Any employee displaced by another employee exercising options under Section 3(e)(1) and (2) may also exercise any option under Section 3(e).

Section 6.

Computation of service credits for employees shall be made as follows:

a. One (1) point per month for each full month of unbroken service in the State excluding temporary service. A break in service is a separation or interruption of employment without pay of more than two (2) years. All part-time service shall be credited on a prorated basis. Periods of authorized leave without pay other than for Union activity or periods of leave less than ninety (90) days will be deducted from seniority calculations. When a layoff is announced, seniority scores shall be frozen on that date until the layoff and any subsequent bumping activity is completed.

b. If two (2) or more employees have equal service credit, the tie shall be broken by length of continuous service 1) with the SOCP and 2) in classification. If ties between employees still exist, the order of layoff shall be determined by the Department in such a manner as to conserve for the Department the service of the most qualified employee.

c. Service credits shall be recorded within the following categories: permanent full-time, and permanent part-time.

Section 7.

Any employee demoted in lieu of layoff may request at that time and shall be paid for all accrued compensatory time at the rate being earned prior to demotion in lieu of layoff.

Section 8. Recall Lists.

Names of regular employees who have separated from the service of the State in good standing by recall or who have demoted in lieu of layoff shall be placed on layoff lists in seniority order established by the classification from which the employee was laid off or demoted in lieu of layoff.

Employees may remain on layoff for up to two (2) years and shall not loose previously accrued seniority when employed within two (2) years.

Section 9. Recall.

Employees who are on a recall list shall be recalled by beginning with the employee with the highest seniority who meets all of the minimum qualifications for the position's classification and who is capable of performing the specific requirements of the position as stated on the position description within thirty (30) days. The thirty (30) day time period is for the purposes of orienting an employee to the position, not training the employee to do the work. Therefore, it is necessary that the employee can perform all of the duties and responsibilities of the position as determined by the Department prior to being recalled to the position.

If an employee on a recall list is offered a position in the geographic area from which he/she demoted or was laid off, he/she shall have one (1) right of refusal. Upon a second refusal, however, the employee's name will be removed from the recall list.

An employee appointed to a position from a recall list shall be removed from all other layoff lists.

Section 10. Temporary Employment.

If an existing temporary appointment is necessary in any geographic area and is expected to last longer than five (5) calendar days and there is a layoff list for that classification in the geographic

area, employees on the layoff list shall first be offered the temporary appointment prior to hiring any other temporary. Not accepting a temporary job does not constitute a right of refusal under this Section. This shall only apply to employees separated from state service. Such employees shall be appointed as a temporary employee and will not be eligible for any benefits covered under this Agreement.

Section 11.

Any temporary interruption of employment because of lack of work or unexpected or unusual reasons which do not exceed fifteen (15) consecutive days, shall not be considered a layoff if, at the termination of such conditions, employees are to be returned to employment. Such interruptions of employment shall be recorded and reported as leave without pay; however, reduction in salary will not be made for an FLSA-exempt employee on temporary interruption of employment except for full work week increments where such interruption causes an absence of one (1) or more full work weeks. Employees affected by a temporary interruption of employment shall be released by SOCP seniority within the affected work unit.

When the Employer declares that a temporary interruption of employment should be considered because of lack of funds, either party may provide the other with written notice to meet and discuss possible terms of such interruption or alternative options. Such meeting must occur within thirty (30) days of the declaration. Terms and alternatives shall be subject to mutual agreement by the Union and the Employer. The parties agree that any and all discussions that take place under this Section shall not be subject to the Complete Agreement articles of any of the agreements or constitute interim negotiations under PECBA. In addition, the parties will not be required to use the dispute resolution process contained in the PECBA.

Section 12.

Any employee laid off shall be paid for all accrued vacation and compensatory time at the rate being earned at the time of layoff.

Section 13.

Whenever there is an SOCP vacancy the Department intends to fill and an SOCP Recall List exists for that classification, it shall be used after the lateral transfer procedure has been used.

Section 14.

Actions taken pursuant to this Article shall not be subject to Article 52, Moving Allowance and Reimbursement of Househunting Costs.

Section 15. Secondary Recall Rights.

a. Application: These rights apply to all employees in bargaining units represented by AFSCME at Central Table negotiations as well as the Department of Corrections and Board of Parole except employees who are laid off during initial trial service.

b. Definitions:

1. Geographic Areas, for the purpose of secondary recall, are each location for which an employee may indicate his/her willingness to relocate on the state's PD100.

2. Agency Layoff Lists are intra-agency layoff lists, as defined in each AFSCME Central Table Agency and/or Department of Corrections and Board of Parole bargaining unit Contract.

3. Secondary Recall List is an inter-agency layoff list, which consists of regular status employees who have been separated by layoff from Union-represented positions in AFSCME Central Table Agencies and/or Department of Corrections and Board of Parole and who have elected to be placed on such list, consistent with the definitions of geographic areas defined above.

c. Coordination with Filling of Vacancy and Layoff Articles. The recall options provided herein shall be consistent with the priority of recall to positions from layoff within an Agency, as specified within each Agency's contract, except that recall from Agency Layoff Lists shall take precedence over recall from the Secondary Recall List.

d. Procedures:

1. Placement on the Secondary Recall List.

A. Regular status employees who are separated from the service of the State in good standing (meaning no record of economic disciplinary sanctions in his/her personnel file) by layoff or transferred outside state government due to intergovernmental transfer shall, in addition to their right to be placed on the Agency Layoff List, be given the option of electing placement on the Secondary Recall List by geographic area for other AFSCME represented bargaining units which utilize the same or successor classification from which they were laid off. The term of eligibility of candidates placed on the list shall be two (2) years from the date of layoff. When an employee is prohibited from participating in the secondary recall process due to the presence of an economic disciplinary sanction in his/her personnel file, that employee may request and shall be placed on the secondary recall list for the remainder of the two (2) years eligibility following layoff once the discipline has remained in the file for the length of time required by the agency's contract.

B. Employees who elect to be placed on the Secondary Recall List shall specify in writing the AFSCME Central Table and/or Department of Corrections and Board of Parole bargaining units and geographic areas to which they are willing to be recalled.

2. Use of the Secondary Recall List.

A. After the exhaustion of the Agency Layoff List for a specific classification within a geographic area, the Secondary Recall List shall be used to fill all positions within a specific classification and geographic area consistent with Section (c) above, until such secondary list is exhausted.

B. To be eligible for appointment from the Secondary Recall List, a laid off employee on such list must meet the minimum qualifications for the classification and any special qualifications for the position.

C. Agencies shall utilize the Secondary Recall List to fill positions by calling for certifications from the list of the five (5) most senior employees who meet the minimum qualifications for the classification and any special qualifications for the position to be filled by selecting one of the five (5) so certified. Seniority for this purpose shall be computed as described per the layoff article of each Agency's contract.

D. Where fewer than five (5) eligible employees remain on the Secondary Recall List, the Agency shall select one (1) of these employees who meets the minimum qualifications for the class and any special qualifications for the position.

3. Appointments/Refusals of Appointments from the Secondary Recall List.

A. A laid off employee on the Secondary Recall List who is offered an appointment from the list and refuses to accept the appointment shall have his/her name removed from the Secondary Recall List; however, an agency will not remove an employee's name from the Secondary Recall List where that individual had been a day shift employee and subsequently refuses the offer of a position with swing shift or night shift hours.

B. Employees appointed to positions from the Secondary Recall List shall have their names removed from their Agency Layoff List(s) and the Secondary Recall List.

C. Employees appointed to positions from the Secondary Recall List shall serve a trial service period not to exceed three (3) full months except that employees hired into the Offender Information and Sentence Unit as Prison Term Analyst (PTA) shall serve a trial service period consistent with the DOC agreement. Administration of the trial service period shall be consistent with the hiring Agency's contract. However, employees who fail to successfully complete this trial service period shall have their names restored to the Agency Layoff List(s) on which they previously had standing. Restoration to the Agency Layoff List(s) shall be for the remaining period of eligibility that existed at the time of appointment from the Secondary Recall List. An employee may also petition the DAS-Labor Relations Unit to also be restored to the Secondary Recall List for the remainder of the initial twenty-four (24)-month recall period where the trial service removal was not related to potential misconduct warranting an economic or dismissal sanction. In no instance shall the DAS-Labor Relations Unit's decision be grievable.

D. Employees appointed to positions from the Secondary Recall List shall not be entitled to moving expenses.

## ARTICLE 48 - RETURN TO CLASSIFIED SERVICE FROM EXEMPT OR CLASSIFIED SERVICE

Section 1.

Voluntary demotion of a Management Service employee to a position in the bargaining unit will not occur until the provisions of Article 40, Section 2, Voluntary Transfers Within Class and Demotions, which affect lateral transfers have been completed. After compliance with Article 40, Section 2 the Management Service employee may voluntarily demote into the bargaining unit before provisions of Article 42, Promotions must be considered.

Section 2.

After termination of Unclassified or Exempt Service or removal from the Management Service, for reasons other than specified by ORS 240.555, an employee may be restored to a classification or equivalent to the predecessor classification in which he/she held full-time, regular status in the SOCP prior to appointment to the Unclassified, Management or Exempt Services. To be restored, the employee must meet position qualifications and shall be subject to the Collective Bargaining Contract where applicable; that is to say Article 47, Layoff of the Collective Bargaining Contract.

## ARTICLE 49 - PERSONAL PROPERTY REIMBURSEMENT

When an employee submits a timely completed property damage claim form involving personal property damaged by a resident, which is complete as prescribed by the Department of Human Services, the Department shall reimburse no later than fourteen (14) calendar days from receipt of the completed and approved claim.

## ARTICLE 50 - STATE CARS AND MILEAGE REIMBURSEMENT

Section 1.

No employee shall use his/her private vehicle in the pursuit of official business without the specific authorization of the SOCP. Employees will not be authorized to regularly and routinely

transport clients in an employee's private vehicle nor will they be instructed to use their private vehicle except in the case of a medical necessity.

Official business is defined as assigned duties or required training.

Section 2.

Mileage is not paid for staff traveling to other homes for expanded overtime training. If there is an existing state car available at the home, it is possible to negotiate use of it. Ultimately it is the responsibility of the employee being training to get to the expanded home.

Section 3.

Mileage Allowance: Reimbursements and procedures for authorized private vehicle usage will be in accordance with Oregon Accounting Manual, Policy No. 40.10.00.PO, and its successors. Changes in this policy will be automatically incorporated into this contract article.

Section 4.

Employees shall report in writing any unsafe vehicle to the Motor Pool Superintendent or designated SOCP personnel. The report shall contain the license number of the vehicle, date of occurrence, and the details concerning the unsafe condition.

## ARTICLE 51 - TRAVEL REIMBURSEMENT

Section 1.

Travel Allowance: Reimbursements and procedures will be in accordance with Oregon Accounting Manual, Policy No. 40.10.00.PO, and its successors. Changes in this policy will be automatically incorporated into this contract article.

Employee's residence is the actual dwelling place of the employee, determined without regard to any other legal or mailing address. Receipts for lodging must be attached to the Travel Expense Detail Sheet before reimbursement shall be made.

Section 2. Expenses for Meals.

Notwithstanding Section 1, expenses for meals shall be reimbursed when the employee is responsible for providing a meal for an individual who is in the care, custody, or control of the state when pre-approved by management or in an emergency situation.

Section 3.

If an employee is assigned by the SOCP to accompany residents on off-residence activities, the SOCP shall reimburse the employee for out-of-pocket expenses directly related to the resident's planned activity. Receipts will be required before reimbursement shall be approved. Unless use of petty cash has been approved, pre-approved or emergency-based reimbursement requests shall be submitted to the Site Administrator using the Travel Expense Reimbursement form.

Section 4.

The reimbursement check will be available no later than twenty (20) working days from the date that proper and complete documentation.

## ARTICLE 52 - MOVING ALLOWANCE & REIMBURSEMENT OF HOUSEHUNTING COSTS

Employees transferred to a new official station of the SOCP at the order of the SOCP (not volunteers) shall be reimbursed as follows:

Reimbursements and procedures will be in accordance with Department of Administrative Services, Human Resource Services Division Policy 40.055.10, and its successors. Changes in this policy will be automatically incorporated into this contract article.

## ARTICLE 53 - SAFETY

Section 1.

The Employer agrees to provide a safe and healthy work environment insofar as practicable.

Section 2.

Proper safety devices and clothing shall be provided by the SOCP for all employees engaged in work where such devices are necessary. Such equipment, where provided, must be used.

Section 3.

If an employee claims that an assigned job or assigned equipment is unsafe or might unduly endanger his/her health and, for that reason refuses to do that job or use the equipment, the employee shall immediately give the reasons for this conclusion to his/her supervisor, in writing, and may exercise his/her right to request an immediate determination by a representative of the appropriate governmental agency (such as OSHA, Fire Marshal, Joint Safety Committee) as to the safety of the job in question. The supervisor may agree or choose to make the request. A Union Steward may decline to accompany the governmental agency representative and employee during this determination.

Section 4.

Pending determination provided for in the above Section, the employee shall be given suitable work elsewhere. If no suitable work is available, the employee shall be sent home.

Section 5.

Time lost by the employee as a result of any refusal to perform work on the grounds that it is unsafe or might unduly endanger his/her health, shall not be paid by the SOCP unless the employee's claim is upheld.

Section 6.

The Union shall have the opportunity to present information and participate in discussions with the SOCP's Safety Committee meeting. The Union will be notified before the scheduled meeting.

Section 7.

SOCP will continue to provide existing accommodations to permit ill or injured employees to lie down until disposition of need.

## ARTICLE 54 - HAZARD EXPOSURE

Section 1. Immunization and Testing.

If in the conduct of official duties an employee is exposed to communicable diseases which would require immunization or testing, or if required by the SOCP, the employee shall be provided immunization against or testing for such communicable disease without cost to the employee and without deduction from accrued sick leave.

Section 2. Medical Monitoring.

Regular medical monitoring will be provided where needed as required by law or at the recommendation of the Safety Committee. An employee's records pertaining to medical monitoring shall be accessible to that employee and the Union.

## ARTICLE 55 - TRAINING AND EDUCATION

Section 1.

The SOCP will pay incurred tuition/registration and allowable travel expenses and salary when the SOCP directs an employee to attend training. Subject to funding and staffing needs, employees may request SOCP-sponsored training and will be considered based on job relatedness with the employee's current position. The SOCP shall make available all relevant training and education opportunity information that it has available to it and will post such information on work site bulletin boards.

Section 2.

Subject to SOCP operating requirements, employees may be granted time off with pay to take job related education courses or training sessions.

Section 3.

The SOCP will consider the Union education committee's written input on the development of new inservice training programs. The committee may, upon request, review and obtain appropriate training materials and information.

Section 4.

Employees shall be responsible for all costs for courses necessary for maintenance of professional licenses and certificates unless management agrees the course(s) is pertinent to the employee's job assignment.

Section 5.

All employees shall receive a minimum of twelve (12) hours of training annually.

Section 6.

All employees shall have the equal opportunity to apply for and be considered for training programs regardless of current classification. Participation shall be based on 1) relevance to current job duties, 2) relevance to promotional opportunity, 3) staffing/budget needs and FLSA liability.

## ARTICLE 56 - MEDICINE AND TREATMENT DUTIES

Prior to any administration of medications or application of treatments each employee shall receive training on proper administration and treatment techniques as well as documentation requirements.

## ARTICLE 57 - NEGOTIATIONS

The Employer agrees to release up to five (5) employees with the Employer paying for the release provided there are not more than two (2) employees from the same address, for attendance at negotiating sessions during the period of negotiations. Negotiations shall be conducted during normal working hours unless otherwise agreed upon. The employee must give prior notice to the supervisor and attendance records will be mutually maintained by management and AFSCME negotiators. The Employer will not incur an overtime obligation as a result of employees participating in negotiations, nor will an employee receive compensation for attending negotiating sessions scheduled during that person's normal days off. While not obliged to do so, an employee may request to have his/her shift preadjusted so that his/her shift or portion of shift may be more compatible with prescheduled negotiation hours.

The Union will notify DAS of its intention to reopen negotiations for a successor agreement and negotiations will begin in January 2011 as per agreement at the Central Table.

## ARTICLE 58 - LEGISLATIVE ACTION

Section 1.

Provisions of this Agreement not requiring legislative funding or statutory changes before such provisions can be put into effect shall be implemented on the effective date of this Agreement or as otherwise specified herein.

Section 2.

Upon signing this Agreement, both parties shall promptly submit, and jointly recommend to the Legislative Assembly or the Emergency Board, the passage of the funding necessary to implement

Section 3.

Should the Legislative Assembly or the Emergency Board fail to enact or adopt matters submitted to them under the preceding Section, then the Employer and the Union shall immediately meet, negotiate and agree on modifications or substitutions for the affected portion or portions of this Agreement pursuant to the procedures provided by Article 59, Savings.

Section 4.

Nothing in this provision shall be construed as to require the Governor to call a special session of the legislature.

## ARTICLE 59 - SAVINGS

In the event any provision of this Agreement is declared invalid by any court of competent jurisdiction or by ruling of the Employment Relations Board, then, only such portion or portions shall become null and void and the balance of the Agreement shall remain in effect. The Employer and the Union agree to immediately meet, negotiate, and agreed upon a substitute for the portion or portions of the Agreement so affected and to bring into conformance therewith not over sixty (60) days after notification unless extended by mutual agreement.

## ARTICLE 60 - TERM OF AGREEMENT

This Agreement shall be in effect from July 1, 2009 or the date of the signing this Agreement, whichever is later and, except as amended or modified, shall remain in full force and effect through June 30, 2011.

## ARTICLE 61 - IMPLEMENTATION OF NEW CLASSES—APPEALS PROCESS

The appeals process is designed to allocate employees into new classes. Employees in positions allocated to a new classification, who dispute their placement within the new class, can appeal their placement using the following process.

Section 1.

a. An appeal may be filed by an individual employee or a steward or a Council Representative on behalf of the employee, to the Agency personnel office within fifteen (15) calendar days of written notification by the Agency of placement into the new class. Employees sharing the same or substantially similar position descriptions or employees the Agency agrees to treat as a group may file an appeal as a group. The initial filing should describe the individual or group, including the names of affected members, identify the proposed placement, and the placement believed to be correct by the affected employees. The appeal must include current, signed position descriptions. Because the old classifications are to be abolished, correct placement cannot be back to the prior classification.

The Agency shall conduct a review of the allocation using the following criteria:

1. The purpose of the job shall be determined by the statement of purpose and assigned duties of the position description and other relevant evidence of duties assigned by the Agency;
2. The concept of the proposed classification shall be determined by the general description and distinguishing features of its class specification; and
3. The overall duties, authority and responsibilities of the position shall be determined by the position description and other relevant evidence of duties assigned by the Agency. This decision shall be made within thirty (30) calendar days of receipt of the appeal and provided to the affected employees in writing and with a summary of the classification analysis.

b. If denied, the Union may appeal the Agency's decision in writing to the Labor Relations Unit within fifteen (15) calendar days of receipt of the written denial. The appeals will be considered by the Employer designee (or an alternate) and the Union designee (or an alternate) who shall form the committee charged with the responsibility to consider appeals and make decisions which maintain the integrity of the classification system by correctly applying the classification specifications. Additionally, the committee may utilize two resource persons, one designated by each party, to provide technical expertise concerning a specific series. The committee will attempt to resolve the matter by jointly determining whether the current or proposed class more accurately depicts the overall assigned duties, authorities and responsibilities of the position using the criteria specified above.

In this process each of the designees may identify one alternate class that he/she determines most accurately depicts the purpose of the job and overall assigned duties. If an alternate class is identified, both the Union and Labor Relations Unit shall be notified. If the parties concur that shall end the allocation appeal. In the event the committee concludes that the proposed or alternate class is more appropriate, management retains the right to modify the work assignment on a timely basis to

make it consistent with the Agency's allocation.

Appeals shall be decided in order of receipt by the Labor Relations Unit.

Decisions shall be rendered by the designees no later than sixty (60) calendar days of receipt of the appeal by the committee.

c. The decision of the designees shall be binding on the parties. However, agencies may elect to remove/modify duties at any point during the process.

d. If the appeals committee cannot make a decision, the Union may request final and binding arbitration by a written notice to the Labor Relations Unit within the next forty-five (45) calendar day period. Each party may go forward with only one (1) class. Each party may choose to take to arbitration either the current class, class appealed to, or an alternate class identified by a committee member. The arbitrator shall allow the decision of the Agency to stand unless he/she concludes that the proposed classification more accurately depicts the overall assigned duties, authority, and responsibilities of the position.

e. Where a position is vacated after the filing of the initial appeal, the Union may continue the appeal process and such appeals will be reviewed by the committee only after the review of all filled positions appeals is completed and where the Agency indicates that no change in duties is anticipated prior to refilling the position.

f. This process terminates upon completion of the allocation process.

## ARTICLE 62 – CONTRACTING OUT

Section 1.

The Union recognizes that the Employer has the management right, during the term of this Agreement, to decide to contract out work performed by bargaining unit members. However, when the contracting out will displace bargaining unit members, such decisions shall be made only after the affected Agency has conducted a formal feasibility study determining the potential costs and other benefits which would result from contracting out the work in question. The Employer agrees to notify the Union within one (1) week of its decision to conduct a formal feasibility study, indicating the job classifications and work areas affected. The Employer shall provide the Union with no less than thirty (30) days notice that it intends to request bids or proposals to contract out bargaining unit work where the decision would result in displacement of bargaining unit members. During this thirty (30) day period, the Employer shall not request any bids or proposals and the Union shall have the opportunity to submit an alternate proposal. The notification by the Employer to the Union of the results of the feasibility study will include all pertinent information upon which the Employer based its decision to contract out the work including, but not limited to, the total cost savings the Employer anticipates.

Feasibility studies will not be required when: (1) an emergency situation exists as defined in ORS 279.011(4), and (2) either the work in question cannot be done by available bargaining unit employees or necessary equipment is not readily available.

Nothing in this Article shall prevent the Employer from continually analyzing its operation for the purpose of identifying cost-saving opportunities.

Section 2.

The Employer shall evaluate the Union’s alternate proposal provided under Section 1. If the Employer’s evaluation of the Union’s alternate proposal confirms that it would result in providing quality and savings equal to or greater than that identified in the management plan, the Parties will agree in writing to implement the Union proposal.

Section 3.

Should any full-time bargaining unit member become displaced as a result of contracting out, the Employer and the Union shall meet to discuss the effect on bargaining unit members. The Employer's obligation to discuss the effect of such contracting does not obligate it to secure the agreement of the Union or to exhaust the dispute resolution procedure of ORS 243.712, 243.722, or 243.742, concerning the decision or the impact.

"Displaced" as used in this Article means when the work an employee is performing is contracted to another entity outside state government and the employee is removed from his/her job.

Section 4.

Once an Agency makes a decision to contract out, the Agency will choose either (a) or (b) below. The Agency will notify affected employees of the option selected. The Agency will post and provide to the Union, a list of service credits for employees in all potentially affected classifications within the Agency. Within five (5) business days of the notice, the affected employees will notify the Agency of acceptance of the Agency's option or decision to exercise his/her rights under (c) below:

a. Require the contractor to hire employees displaced by the contract at the same rate of pay for a minimum of six (6) months subject only to "just cause" terminations. In this instance, the state will continue to provide each such employee with six (6) months of health and dental insurance coverage through the Public Employee Benefits Board, if continuation of coverage under the Bargaining Unit Benefits Board is allowed by law and pertinent rules of eligibility. Pursuant to Article 47, an eligible employee shall be placed on the Agency layoff list and may, at the employee's discretion, be placed on a secondary recall list for a period of two (2) years; or

b. Place employees displaced by a contract elsewhere in state government in the following order of priority: within the Agency, within the department, or within state service generally. Salaries of employees placed in lower classifications will be red-circled. To the extent this Article conflicts with Article 30, Filling of Vacancies, this Article shall prevail.

c. An employee may exercise all applicable rights under Article 47, Layoff.

Section 5.

The following provisions govern the administration of the requirement under this Article to conduct feasibility studies in cases of contracting out and will supplement the provisions included in the contract.

a. The Employer agrees that all AFSCME represented state agencies will conduct a feasibility study in instances of contracting out work performed by bargaining unit employees when contracting out will result in displacement of bargaining unit employees.

b. The Parties agree that AFSCME-represented agencies will send directly to AFSCME's Executive Director and to DAS HRSD Labor Relations Unit all future notices of intent to conduct a feasibility study pursuant to Section 1.

## LETTER OF AGREEMENT

The employer will continue the following practice for resolving substantiated grievances concerning overtime assignment errors: should an employee not be offered an overtime opportunity in violation of this agreement, that employee shall be paid at the overtime rate for the actual hours of the overtime assignment and rotate to the bottom of the applicable overtime list.

The parties agree to establish a joint committee of two (2) management and two (2) Union representatives to review the overtime process for simplification and possible automation. This committee shall not enter into formal negotiations. The committee shall provide an update to the labor/management team.

In the event that a new system is piloted in a specified home(s), any overtime errors (voluntary, mandatory, expanded) occurring in the pilot home(s) shall be excluded from this LOA.

## LETTER OF AGREEMENT
## ARTICLE 62 - CONTRACTING OUT
## FEASIBILITY STUDY

This Letter of Agreement is entered into between the State of Oregon Department of Administrative Services, on behalf of all State Agencies covered by the State of Oregon and AFSCME Central Table.

When the provisions of Article 62, Section 5, require a feasibility study, the following will apply:

> The Employer will count eighty percent (80%) of the affected employee's straight-time wage rate when comparing the two (2) plans.

This Agreement is effective through June 30, 2011.

## LETTER OF AGREEMENT - INTERMITTENT UNION LEAVE

When Union officials (officers and stewards) are designated in writing by the Executive Director of Oregon AFSCME to attend AFSCME Council 75 Biennial or AFSCME International Conventions, the following provisions apply.

1. The Executive Director of Oregon AFSCME shall notify affected agencies in writing of the name of the employee(s) at least thirty (30) days in advance of the date of the AFSCME Convention. For agencies of 100 or fewer bargaining unit members, no more than one bargaining unit member per agency may be designated to attend AFSCME conventions. For agencies of greater than 100 bargaining unit members, no more than two bargaining unit members may be designated to attend AFSCME conventions under this provision.

2. Subject to agency head or designee approval based on the operating needs of the employee's work unit, including staff availability, the employee will be authorized release time with pay.

3. The paid release time is limited to attendance at the conference and travel time to the conference if such time occurs during the employee's regularly scheduled working hours up to forty (40) hours per calendar year.

4. The release time shall be coded as Union business leave or other identified payroll code as determined by the State.

5. The release time shall not be included in the calculation of overtime nor considered as work related for purposes of workers' compensation.

6. The employee will continue to accrue leaves and appropriate benefits under the applicable collective bargaining agreement except as limited herein.

7. The Union shall, within thirty (30) days of payment to the employee, reimburse the State's affected agency for all Employer related costs associated with the release time, regular base wage and benefits, for attendance at the applicable conference.

8. The Union shall indemnify and the Union and employee shall hold the State harmless against any and all claims, damages, suits, or other forms of liability which may arise out of any action taken or not taken by the State for the purpose of complying with these provisions.

This Letter of Agreement expires June 30, 2011.

## LETTER OF AGREEMENT
## INTERIM COMMITTEE ON HEALTH INSURANCE TRENDS AND ISSUES

This Agreement is between the State of Oregon, acting through the Department of Administrative Services (Employer) on behalf of the agencies participating at the Central Table and the American Federation of State, County and Municipal Employees, Council 75 (Union)

This Agreement covers employees in the Union's bargaining units covered by the Central Table Negotiations.

DAS agrees to form an interim workgroup during the 2007-09 contract term to discuss health insurance trends, issues, and options for future State employee benefits. The discussion shall also include the conceptual and procedural issues raised by the Union's April 2, 2007 proposal for a Health Reimbursement Arrangements. The workgroup will be coordinated by DAS and will include representatives from both management and labor.

AFSCME may designate up to three (3) participants from the AFSCME Central Table, one (1) from the DOC Security unit, and one (1) from the DOC Security Plus unit. Such employees will be in paid status if attending workgroup meetings which cross over their regular work hours.

## LETTER OF AGREEMENT
## PART-TIME EMPLOYEES HEALTH INSURANCE SUBSIDY

This agreement is between the State of Oregon acting through its Department of Administrative Services (Employer) and the AFSCME (Union).

The Parties agree to the following:

The Employer will continue to pay the current part-time subsidy for eligible part-time employees who participate in the part-time plan through December 31, 2009, as follows:

- Employee Only (EE) - $206.94*
- Employee and Family (EF) - $268.05*
- Employee & Spouse – (ES) - $264.11*
- Employee & Children (EC) - $235.47*

For Plan Year 2010 and 2011, the subsidy will be paid at an amount so that employees will continue to pay the same out-of-pocket premium costs that were in effect for Plan Year 2009. If an employee changes from one tier to another or changes plan pursuant to PEBB rules, his/her out-of-pocket premium costs will be adjusted to reflect the appropriate plan year's out-of-pocket premium costs for his/her new tier.

*PEBB to provide specific amounts.

## LETTER OF AGREEMENT
## JOINT COMMITTEE ON SALARY SURVEYS

The parties agree to form a joint committee of two (2) management and two (2) AFSCME representatives to review appropriate market comparisons for the bargaining units' compensation, including methodology and data collection. The committee will also examine the state's relationship to market and make recommendations to the Governor for moving state compensation closer to market. This committee shall not enter into formal negotiations nor have recourse to the dispute resolution procedures for negotiations. This committee shall provide the update by October 1, 2006.

The Parties agree to the following:

The Employer will continue to pay the current part-time subsidy for eligible part-time employees who participate in the part-time plan through December 31, 2007. For Plan Year 2005, the subsidy will be continued at the amount currently in effect. For 2006 and 2007, the subsidy will be paid at an amount so that employees will continue to pay the same out-of-pocket costs that were in effect for Plan Year 2005. If an employee changes from one tier to another or changes plans pursuant to PEBB rules, his or her out-of-pocket premium costs will be adjusted to reflect the Plan Year 2005 out-of-pocket premium costs for his or her new tier.

## LETTER OF AGREEMENT

The SOCP agrees to pursue opportunities department wide when considering temporary modified assignments pursuant to Article 39, Section 2.

## LETTER OF AGREEMENT – VETERANS' PREFERENCE

This Letter of Agreement is between the State of Oregon, acting through the Department of Administrative Services, hereinafter referred to as The Employer or The State, and the American Federation of State, County and Municipal Employees, hereinafter referred to as AFSCME or the Union. This Letter of Agreement shall become effective 15 days after the date of the last signature below, and shall be incorporated into and be made a part of the contracts identified below for the successor contracts ending June 30, 2011. The contracts shall include the Department of Public Safety, Standards and Training; the Oregon State Fire Marshall; the Oregon State Police Support Unit; the Building Codes Division; the Oregon Liquor Control Commission; the Department of Land Conservation and Development; the Department of Environmental Quality; the Oregon Military Department; the Office of Emergency Management; the Department of Corrections Dentists; the Department of Human Resources Physicians; the Oregon State Hospital Nurses, the Construction Contractors Board; the Real Estate Agency; the Department of State Lands; the Employment Department Hearings Officers; the State Operated Community Programs, the OYA Juvenile Parole and Probation Officers; the Department of Corrections Security Unit; the Department of Corrections Security Plus Unit; the Department of Corrections Parole and Probation Officers and the Oregon State Board of Parole.

The Employer and the Union recognize that Senate Bill 822 provides that an employer may choose not to appoint a veteran to a vacant position solely on the basis of the veteran's merits or qualifications with respect to the vacant civil service position.

For recruitments where the veteran has been determined to be otherwise qualified and the selection process results in a quantified score, Senate Bill 822, Section 2 (1) (a) and (b) shall apply. If this process results in two or more candidates deemed equal and the Employer elects to appoint one of the candidates, the veteran shall be appointed, the seniority provisions of the respective collective bargaining agreements notwithstanding.

For recruitments where the decision to hire or promote rests with a process that does not result in a score, the employer must give the veteran special consideration in such process per SB 822, Section 2 (1) (c).

The provisions of Senate Bill 822 do not apply to grievance settlements, court mandates, Agency recall from layoff and injured worker returns to employment. Secondary recall lists are applicable to the provisions of Senate Bill 822.

**LETTER OF AGREEMENT**
**STEP FREEZE ADVANCEMENT AND ADD/DROP STEPS**

This agreement is between the State of Oregon, acting through its Department of Administrative Services (Employer) and AFSCME Council 75 (Union).

This agreement shall cover all agencies and AFSCME locals under the jurisdiction of the AFSCME Central Table.

This agreement supersedes all provisions in all agreements pertaining to step advancement upon the affected employees' salary eligibility dates (SED).

Effective September 1, 2009, the Letter of Agreement dated December 13, 2007 to add and drop steps for each salary range in all classifications in the bargaining units is suspended.

Effective September 1, 2009, the following shall also apply:

1. Employees advancing to the new top step of their classification on or after July 1, 2009 through August 31, 2009 as a result of the December 14, 2007 Letter of Agreement will have their pay reduced to the prior top step. Employees advancing to a higher first step by virtue of the first step being dropped shall not have their pay reduced.

2. Employees advancing on the pay scale within their classification's salary range on or after July 1, 2009 through August 31, 2009 will be restored to their former step in effect prior to implementation of the December 13, 2007 Letter of Agreement.

3. For purposes of step advancement under the applicable provision of the agreements, employees having steps remaining in their classification after June 30, 2009 shall not receive these step advancements during the freeze period.

4. This agreement does not affect the initial increase upon promotion and reclassification upward but does affect any subsequent step advancement in the new classification. However, promotions or reclassifications to the new top step shall be subject to subsection #1 above.

5. For initial appointments in the state service occurring between July 1, 2009 and September 1, 2009, the affected employee shall receive a one step increase on September 1, 2010 and on their SED as pursuant to the local agreements. This subsection shall not apply to OAJA.

6. For purposes of promotion, if the employee promotes on the first of the month that date becomes the salary eligibility date (SED). For employees promoted after the first of the month the salary eligibility date will be established as the first of the month following the date of promotion.

7. The step freeze shall continue for twelve (12) months through August 31, 2010.

8. When the step freeze is lifted, an employee receiving a merit step or advanced to the new top step in July or August of 2009 will be restored on September 1, 2010 to the higher rate that

was in effect through August 31, 2009. All other employees will commence receiving step increases on their salary eligibility date (SED) effective September 1, 2010.

## LETTER OF AGREEMENT
## MANDATORY UNPAID FURLOUGH TIME OFF

This agreement is between the State of Oregon, acting through its Department of Administrative Services (Employer) on behalf of all agencies covered by the Central Table (Agency) and AFSCME Council 75 (Union).

This agreement covers all AFSCME agreements that are within the jurisdiction of the AFSCME Central Table. To the extent this agreement conflicts with any provisions of any AFSCME agreements, this agreement shall prevail.

The parties agree to the following:

1. This agreement becomes effective September 1, 2009 and sunsets June 30. 2011 unless the parties agree to extend or amend its provisions.

2. The Employer will implement mandatory unpaid furloughs for affected employees as follows:

| Straight Time Monthly Base Pay Rate | Number of Days |
|---|---|
| $2450 and below | 10 |
| $2451-$3100 | 12 |
| $3101 and above | 14 |

3. The number of hours of mandatory unpaid furloughs for less than full-time employees shall be prorated based on the employee's regularly scheduled hours within the applicable month.

4. A. Agencies or divisions within an Agency can decide whether to designate whether the Agency or division within an Agency will close its offices. If the Agency so chooses, the Agency will close for the number of days identified in section 5 A of this agreement.

(i) Employees not taking unpaid mandatory furlough time off when the Agency is closed shall change their work schedule to a four (4) ten (10) hour-day schedule or otherwise adjust their schedule for that work week subject to prior Agency approval. The Agency shall not suffer any penalty or overtime payments as a result of the employee's schedule change.

B. Agencies that choose to allow employees to take "float days" will schedule designated unpaid mandatory furlough time off with their immediate supervisors using the following procedures:

(i) In an effort to ensure that the scheduling of unpaid mandatory furlough time off is distributed throughout the term of this agreement, such unpaid time off will be scheduled quarterly unless there is mutual agreement between the Agency and employee to schedule more days in some quarters and fewer in others; in no case no more than two (2) days (sixteen (16) hours) in a month.

(ii) Employees will have their choice of days off subject to Agency operating requirements. Employees will submit a mandatory unpaid furlough time off request form to their supervisors at least thirty (30) calendar days before the start of each quarter and supervisors will respond within fifteen (15) calendar days before the start of each quarter.

(iii) If the mandatory unpaid furlough time off is not scheduled or taken within the applicable quarter, then the Agency reserves the right to ensure the time off is rescheduled and taken within the next quarter (except for the last quarter in the biennium, during which the Agency may reschedule such time during the same quarter).

(iv) The Agency shall not incur any penalty or overtime payment for adjustments to an employee's schedule not to exceed a thirty-two (32) hour workweek.

5. A. Where Agencies choose to close their offices, the following dates shall be designated as office closure days:

| | |
|---|---|
| Friday, October 16, 2009 | Friday, August 20, 2010 |
| Friday, November 27, 2009 | Friday, September 17, 2010 |
| Friday, April 16, 2010 | Friday, November 26, 2010 |
| Friday, March 19, 2010 | Friday, March 18, 2011 |
| Friday, June 18, 2010 | Friday, May 20, 2011 |

B. Employees mandated to take a greater number of unpaid mandatory furlough time off than closure days based on the tiers, will take the remaining unpaid mandatory furlough time off as float days under the following conditions:

(i) In an effort to ensure that the scheduling of unpaid mandatory furlough time off is distributed throughout the term of this agreement, such unpaid time off will be scheduled quarterly unless there is mutual agreement between the Agency and employee to schedule more days in some quarters and fewer in others. In no case will an employee take more than two (2) days (sixteen (16) hours) in a month.

(ii) Employees will have their choice of days off subject to Agency operating requirements. Employees will submit a mandatory unpaid mandatory furlough time off request form to their supervisors at least thirty (30) calendar days before the start of each quarter and supervisors will respond within fifteen (15) calendar days before the start of each quarter. If there is a conflict in requested days off, that conflict shall be resolved by granting the days off to the person who made the first request.

(iii) If the unpaid mandatory furlough time off is not scheduled or taken within the applicable quarter, then the Agency reserves the right to ensure the time off is rescheduled and taken within the next quarter (except for the last quarter in the biennium, during which the Agency may reschedule such time during the same quarter).

(iv) The Agency shall not incur any penalty or overtime payment for adjustments to an employee's schedule not to exceed a thirty-two (32) hour workweek.

6. No employee will be required to take a mandatory unpaid furlough day on a recognized holiday unless the employee and supervisor agree otherwise.

7. Temporary employees will be unscheduled for mandatory unpaid furlough days.

8. Mandatory unpaid furlough time off will not count as a break in service and shall not affect seniority.

9. Mandatory unpaid furlough time off shall not add to the length of an employee's trial service period.

10. Deductions from pay of an FLSA exempt employee for absences due to a budget required mandatory unpaid furlough day shall not disqualify the employee from being paid on a salary basis except in the workweek in which the mandatory unpaid furlough time off occurs and for which the employee's pay is accordingly reduced.

11. If an FLSA exempt employee is permitted to work in excess of forty (40) hours in a workweek in which the employee takes a mandatory unpaid furlough day, then such employee shall be eligible for pay at the rate of time and one half (1 1/2x) for hours in excess of forty (40) hours that workweek.

12. Mandatory unpaid furlough time off shall only be considered time worked for: a) holiday pay computations, and, b) vacation, sick leave and personal accrual.

13. Subject to PEBB eligibility rules, mandatory unpaid furlough days shall be considered time worked for purposes of computing the Employer's insurance contributions.

14. Unless required by law, no employee shall be authorized to substitute other types of unpaid absences or paid leave to replace mandatory unpaid furlough time off.

15. Full-time employees shall take mandatory unpaid furlough time off in eight (8) hour blocks.

16. Part-time employees shall take mandatory unpaid furlough time off in blocks equal to their actual scheduled workday.

17. No employee shall be authorized to use any paid leave time or time accrued to replace mandatory unpaid furlough time off.

18. If an Agency closure day is scheduled on a day in which an employee is scheduled to work more or less than an eight (8) hour workday, the employee, with Agency approval, will adjust his/her schedule in a manner which is consistent with the practice that is used during a week there is a holiday. In either case, the employee's schedule will not exceed a thirty-two (32) hour workweek. The Agency shall not incur any penalty or overtime payment for adjusting the employee's schedule.

19. An employee shall not work on a date designated as a mandatory unpaid furlough time off. However, the Agency Head or designee for operational needs, may require the employee to work and reschedule the mandatory unpaid furlough time off.

20. Should the designated Agency closure date fall on an employee's regularly scheduled day off, subject to Agency approval, the employee shall take the mandatory unpaid furlough time off on an alternate workday. If the preferred workday is not available, the Agency shall schedule the time off on an alternate workday.

(i) If the alternate time is not scheduled or taken within the applicable quarter, then the Agency reserves the right to ensure the mandatory unpaid furlough time off is rescheduled and taken within the following quarter (except for the last quarter in the biennium, during which the Agency may reschedule such time during the same quarter).

(ii) The Agency shall not incur any penalty or overtime payment for adjustments to employee's schedules not to exceed a thirty-two (32) hour workweek.

21. For payroll purposes, mandatory unpaid furlough days shall be assigned a specific payroll code(s).

LIST OF AGENCIES/PROGRAMS/DIVISIONS
OFFICE CLOSURE[1]

DCBS (Building Codes Division)
DCBS (Fiscal/Business Services Division, Director's Office & Information Management Division)
DEQ
Real Estate Agency
DOC Dentists
SOCP (Central Administration Staff)
CCB
Employment Department (Hearings Panel)
State Lands
OSFM

LIST OF AGENCIES/PROGRAMS/DIVISIONS
USE OF FLOAT DAYS

DOJ (Attorneys)
Military Department (includes Office of Emergency Management)
OLCC
OSP Support Unit
SOCP (Habilitative Training Technician 2, Licensed Respiratory Care Technician, LPN, Mental Health Therapy Technician)
OSH (Mental Health Registered Nurses, Nurse Practitioners)
DPSST
OSH Physicians
DLCD
OYA (Juvenile Parole and Probation Officers and Assistants)

1 Where there are more unpaid furlough days than office closures, employees will take remaining days as float days.

**LETTER OF AGREEMENT**
**MANDATORY UNPAID TIME OFF**
**CLARIFICATIONS FOR IMPLEMENTATION**

This Letter of Agreement is between the State of Oregon, acting through its Department of Administrative Services (Employer) and the American Federation of State, County and Municipal Employees, AFSCME (Union). The parties agree to the following clarifications for implementation of the mandatory unpaid time off tentative agreement.

1. For purposes of a guideline, the tiered obligation for floating mandatory unpaid time off days has been equally split between the fiscal years in the biennium.

| Tier | Sept. 2009 – June 2010 | July 2010 – June 2011 |
|---|---|---|
| 1 - $2450 and below | 5 | 5 |
| 2 - $2451 - $3100 | 6 | 6 |
| 3 - $3101 and above | 7 | 7 |

2. Requests for floating mandatory unpaid time off days for September through December 2009.

   Since the requirement to submit requests for floating mandatory unpaid time off days cannot be submitted 30 days prior to the start of the quarter, the following will apply for such requests for September 2009 and the October – December 2009 quarter. Any time through October 15, 2009, employees may request to take up to two (2) float mandatory unpaid time off in each month in this quarter. The supervisor will have up to fifteen (15) days to respond to the employee's request for the unpaid day (MUTO/Furlough).

3. Scheduling floating mandatory unpaid time off for newly hired, reemployed, recalled and transferred employees.

   At the time of an employment offer letter, the employee shall be given the dates in the current and/or next quarter that have been designated as floating mandatory unpaid time off days.

4. Seasonal employee—calculation of mandatory unpaid time off obligation.

   Full-time FTE seasonal employee's mandatory unpaid time off days obligation shall be determined by using the following formula as a guideline:

$$(MS \div TM) \times TO$$

Where:

MS = Estimated number of months the seasonal employee will work during the period in which mandatory unpaid time off must be taken.

TM = Total number of months during the '09-'11 biennium during which mandatory unpaid time off must be taken (which is 22 months).

TO = Total number of mandatory unpaid time off days required for the biennium for the salary tier for the employee.

Example: The employee's seasons include the months of May through October 2010 and May and October 2011. The seasonal employee is expected to work both seasons. However, since the term of the CBA begins September 1, 2009 and ends on June 30, 2011, only September and October 2009, May through October 2010 and May and June in 2011 count for determining the mandatory unpaid time off obligation. Consequently, there are nine (9) months of the employee's seasons in the biennium that count. The seasonal employee is in the top salary tier which has a maximum of fourteen (14) mandatory unpaid time off (MUTO) days. The calculation is the following:

(MS ÷ TM) = (9 months ÷ 22 months) = .409
TO = 14 days
(9 ÷ 22) × 14 = 5.73 days
Rounding to nearest whole number = 6 mandatory unpaid time off days (8 hours each).

Part-time FTE seasonal employee's mandatory unpaid time off obligation is prorated based on the scheduled hours for the part-time seasonal employee in the month. The same formula is used for part-time employees to calculate the number of days they are obligated to take. The mandatory unpaid time off obligation shall be prorated using the following formula as a guideline:

(SSH ÷ FTH) × 8 = MH

Where:

SSH = The scheduled hours in a month for the part-time seasonal employee.
FTH = The number of full-time hours in a month.
8 = The number of hours in a full-time mandatory unpaid time off day obligation.
MH = The number of mandatory unpaid time off hours required for a mandatory unpaid time off day for the part-time seasonal employee.

Example: Using the facts in the example used for full-time calculation (6 mandatory unpaid time off days), but adding that the part-time seasonal is scheduled to work three-quarter (3/4) time for the month, 3/4 time is equivalent to 130 hours (i.e., 3/4 of the 173.33 full-time hours in a month). The calculation is:

(130 hours ÷ 173.33 hours) × 8 = 6 hours

The 3/4 time employee would take 3/4 of a work day (i.e., 6 hours) off for a mandatory unpaid time off day scheduled for the month.

Seasonal employees employed multiple seasons and/or by multiple agencies, will be dealt with on an Agency by Agency basis to determine the number of mandatory unpaid time off days.

5. Demotions, promotion, reclassification resulting in a change in salary tier for mandatory unpaid time off.

   The effective date for a change in salary tier and a change in the mandatory unpaid time off obligation of an employee will be the effective date of the personnel action. However, if the effective date is after the 15th of the last month in a quarter, the change will be effective the following quarter.

6. Unpaid Leaves (including: FMLA/OFLA, Military Leave, Workers Comp, LWOP) during closures.

   For employees observing mandatory unpaid closure days, if an employee is on leave without pay when a mandatory unpaid time off closure day occurs, the employee will not be required to make up the missed mandatory unpaid time off day.

7. Unpaid Leaves (including: FMLA/OFLA, Military Leave, Workers Comp, LWOP) and float day observance.

   For employees observing mandatory unpaid float days, if an employee's scheduled mandatory unpaid time off day occurs when the employee is on leave without pay, the employee will be required to take or schedule the mandatory unpaid float day, unless the employee is on leave without pay for the entire calendar month.

   If an employee returns to work the 15th day or before in the last month of a calendar quarter, the employee shall schedule and take the mandatory unpaid float day in that quarter, or with approval may schedule one mandatory unpaid float day in the following quarter.

8. Employees returning to work from unpaid leave without pay in the last month of a calendar quarter.

   If an employee returns to work from LWOP after the 15th day in the last month of a calendar quarter, the employee will not be required to take the floating mandatory unpaid time off for that quarter.

9. Scheduling of vacation and mandatory unpaid time off.

   In Agencies where vacation schedules or comp time off must be requested in advance and the advance requests cover periods of time beyond the quarterly scheduling of mandatory unpaid time off days, the prescheduled vacation or comp time off shall take precedence over scheduling of mandatory unpaid time off days. However, the quarterly scheduling of unpaid time off shall take precedence over short term vacation or comp time off requests.

   Once mandatory unpaid time off has been scheduled, requests for vacation may be denied for operational reasons and cannot cause a rescheduling of mandatory unpaid time off days of other employees.

   Employees may schedule a mandatory unpaid time off day as part of their vacation request.

E.g., an employee may request a week's vacation that includes a mandatory unpaid time off day. Also, if an employee requests and is approved for vacation in the future, at the time of submitting his/her quarterly mandatory unpaid time off request form for the quarter in which the vacation is approved, the employee may request to substitute mandatory unpaid time off for pending vacation time. However, in no case shall an employee take more than two (2) mandatory unpaid time off days in a month. If seniority is used as a tiebreaker or to bump a pre-approved vacation there shall be no substitution with mandatory unpaid time off days.

10. Scheduling of pre-approved paid sick leave and mandatory unpaid time off.

    Employees who have pre-scheduled, paid sick leave (e.g., elective surgery, maternity leave, etc.) may substitute a mandatory unpaid time off day for the pre-approved paid sick leave. The request to substitute is made at the time of submitting his/her quarterly mandatory unpaid time off request form for the quarter in which the sick leave is approved. However, in no case shall an employee take more than two (2) mandatory unpaid time off days in a month.

11. Employees called in to work on a mandatory unpaid time off day off.

    In the event an employee is called in to work on a date designated as a mandatory unpaid time off day due to operational needs, the employee and supervisor shall arrange to take the remainder of the mandatory unpaid time off at a mutually agreeable time. The remaining mandatory unpaid time off, with approval from the supervisor, may be taken during the employee's work week, as long as the work week does not exceed thirty-two (32) hours, or at another time. If the remaining hours of mandatory unpaid time off to be made up are less than an employees full scheduled work day, the employee may either split a work day (mandatory unpaid hours plus regular work hours) to make a full work shift or make alternate arrangements for the remainder of the shift, including but not limited to using appropriate accrued leave. If the remaining portion of the mandatory unpaid time off is not mutually scheduled or taken within the applicable quarter, then management reserves the right to ensure the remaining portion of the mandatory unpaid time off day is rescheduled and/or taken no later than the following quarter.

12. Adjusting the mandatory unpaid time off day off obligation for employees hired after September 1, 2009.

    Employees hired after September 1, 2009 will have their mandatory unpaid time off obligation adjusted for the time remaining to June 30, 2011. The attached table identifies the obligation remaining for new hires by calendar quarter.

13. NEW DISCUSSION: Non emergency changes to employees observing fixed closure days.

    This LOA does not preclude schedule changes pursuant to the CBA.

    Employees who are attending or presenting at conferences or traveling on closure days may convert the closure day to a float day for that quarter.

    For Board and Commission meetings scheduled on a closure day, that closure day may be converted into a float day.

**MUTO Obligation Remaining by Salary Tier**
including examples for Tier 2 and 3 of Adjustments Made for MUTOs Taken

| Year | Quarter | Months | 10 Closure Days | Tier 1 MUTO Remaining after closures | Plus Tier 2 Float Obligation [1] | Plus Tier 3 Float Obligation [1] | For Example [3] Tier 2 MUTO Remaining after closures | For Example [3] Tier 3 MUTO Remaining after closures |
|---|---|---|---|---|---|---|---|---|
| 2009 | | | | | | | | |
| | | Sept | 0 | 10 | | | 12 | 14 |
| | 4 | Oct 16 | 1 | 9 | | | 11 | 13 |
| | | Nov 27 | 1 | 8 | | | 10 | 12 |
| | | Dec | 0 | 8 | | | 10 | 11 |
| 2010 | 1 | Jan | 0 | 8 | 1 | 2 | 9 | 11 |
| | | Feb | 0 | 8 | | | 9 | 11 |
| | | Mar 19 | 1 | 7 | | | 8 | 10 |
| | 2 | Apr 16 | 1 | 6 | | | 7 | 9 |
| | | May | 0 | 6 | | | 7 | 8 |
| | | Jun 18 | 1 | 5 | 0 [2] | 0 [2] | 6 | 7 |
| | | July | 0 | 5 | | | 6 | 7 |
| | 3 | Aug 20 | 1 | 4 | | | 5 | 6 |
| | | Sept 17 | 1 | 3 | | | 4 | 5 |
| | 4 | Oct | 0 | 3 | | | 3 | 5 |
| | | Nov 26 | 1 | 2 | | | 2 | 4 |
| | | Dec | 0 | 2 | 1 | 2 | 2 | 3 |
| 2011 | 1 | Jan | 0 | 2 | | | 2 | 3 |
| | | Feb | 0 | 2 | | | 2 | 2 |
| | | Mar 18 | 1 | 1 | | | 1 | 1 |
| | 2 | Apr | 0 | 1 | | | 1 | 1 |
| | | May 20 [4] | 1 | 0 | | | 0 | 1 |
| | | Jun | 0 | 0 | 0 [2] | 0 [2] | 0 | 0 |

NOTES:
[1] Tier 2 and 3 float days are equally split in the Fiscal Years (FY) for equal distribution of mandatory unpaid time off in each FY.
[2] Tier 2 and 3 float obligation show 0 required in June 2010 & 2011, not because an employee cannot schedule one during those months, but because an employee hired after June 15 will not be required to take the float mandatory unpaid time off day for that FY.
[3] Tier 2 & 3 are examples only, since the actual day when a float day is taken can vary for each employee. Each example assumes a MUTO is taken in each closure month. For Tier 2, float days are assumed taken in January 2010 & October 2010; and for Tier 3, taken in December 2009, May 2010, December 2010 & February 2011.
[4] Tier 1 & 2 promotions and upward reclassifications effective after May 20, 2011 will not have a mandatory unpaid time off obligation.

O:\LRU\Admin\Furlough FAQs\MUTO Obligation Chart.xls

## LETTER OF AGREEMENT - ALTERNATIVES TO LAYOFF

This agreement is between the State of Oregon acting through its Department of Administrative Services (Employer) on behalf of the Agencies covered under the jurisdiction of the AFSCME Central Table (Agency) and AFSCME Council 75 (Union).

The parties agree to the following:

1. When the Agency believes that a lack of funds requires a layoff, the Agency will notify the Union no fewer than fifteen (15) calendar days before the Agency issues initial layoff notices. The parties will meet, if requested by either the Agency or Union, to consider alternatives to layoffs such as voluntary reductions in hours or workdays, temporary interruptions of employment or other voluntary employment options. Alternatives to the layoffs shall require mutual agreement between the Agency and Union. In the absence of any mutual agreement, the Agency will implement layoff procedures consistent with the current applicable agreement.

2. A. Agency and Union discussions under this agreement shall not constitute interim bargaining under the Public Employees Collective Bargaining Act. The parties shall not be required to use the dispute resolution procedures contained in the Public Employees Collective Bargaining Act.

   B. All discussions that take place under this agreement shall not be subject to Article 9 (Complete Agreement/Past Practice) in the Real Estate Agency/AFSCME Agreement; Article 1 (Recognition) in the Oregon State Police Support Unit/AFSCME Agreement; Article 10 (Complete Agreement/Past Practices) in the Oregon Liquor Control Commission/AFSCME Agreement; and Article 9 (Complete Agreement/Past Practice) in the Construction Contractors Board/AFSCME Agreement.

3. This agreement becomes effective on the first of the month following the date the Agency agreement is signed and automatically ends June 30, 2011, unless the parties agree to amend or extend its terms.

## LETTER OF AGREEMENT - DURATION OF LAYOFF LISTS

This proposal shall apply to all agreements covered by the AFSCME Central Table except the Department of Justice attorneys.

The parties agree to the following:

If there is a conflict between this agreement and any local agreement, this agreement shall prevail.

For recall purposes under Article 13 (Layoff), the terms of eligibility for candidates placed on the Agency Layoff List and Secondary Recall List shall be three (3) years from the date of placement on the Agency Layoff List and Secondary Recall List. The third year extension for recall shall not affect timelines or other terms and conditions of the agreement except the following conditions shall apply for any candidate who is recalled after the two (2) years, but before the end of the third year:

- Seniority shall be adjusted by the amount of break in service.
- The candidate shall be paid at the same salary step at which such candidate was being paid at the time of layoff.
- The Recognized Service Date (RSD) will be adjusted by the amount of the break in service and vacation accrual rates will resume at the candidate's rate at the time of layoff.
- The Salary Eligibility Date will be adjusted by the amount of break in service.
- Any candidate who is recalled after the initial two (2) year period will be subject to all provisions of trial service in all local agreements except that trial service will be for ninety (90) days.

This agreement shall apply to all employees on the Agency Layoff List and Secondary upon execution of the agreement as well as anyone laid off during the term of this agreement.

This agreement shall sunset on June 30, 2011. However, an employee laid off shall remain on the Agency Layoff List pursuant to the terms of this agreement, if not removed from the list.

## LETTER OF AGREEMENT
## REGARDING PREMIUM INCREASES BETWEEN 5% AND 10%

This agreement is between the State of Oregon, acting through its Department of Administrative Services (Employer) and the AFSCME.

1. Increases in premium costs above five percent (5%), but less than ten percent (10%), in plan years 2010 and 2011, will be paid by the Employer for the non-General Fund share of such costs.

2. The parties shall jointly petition the Public Employees' Benefit Board (PEBB) to pay for the General Fund share of increases above five percent (5%), but less than ten percent (10%), in plan years 2010 and 2011 out of PEBB reserves. Should this become necessary, the parties shall jointly request that PEBB first access PEBB Stabilization Fund reserves and only draw on money in the standard Demutualization Account in the event that there is not enough money in the Stabilization Fund to pay for the increase without jeopardizing PEBB's ability to self-insure.

## LETTER OF AGREEMENT - PEBB RESERVE REIMBURSEMENT

1. The Legislature allocated $32 million General Fund in the 2009-2011 budget for increases in public employee health insurance costs (up to 5.0% per plan year) during the life of the 2009-2011 collective bargaining agreement between the parties.

2. If the State does not expend the entire $32 million General Fund allocation, per Section 1 above, the State will request the Legislature, or the Emergency Board if the Legislature is not in session, to release any unspent portion of the $32 million General Fund (and corresponding other funds). The purpose of requesting release of the remaining funds is to reimburse the PEBB for expenditures PEBB may agree to make from the Stabilization Fund (SF) reserves to offset premium increases in excess of the budgeted 5.0% during the 2010 and/or 2011 benefit plan years.

3. Prior to July 1, 2010, the State shall request the Legislature or Emergency Board, whichever is in session, to release all of the appropriate funds as noted above.

4. The Union will receive prior notification of submission of the request to the Legislature or Emergency Board.

## LETTER OF AGREEMENT - PROVIDER TAX ASSESSMENT

The parties recognize that, pursuant to HB 2116, the State of Oregon has levied an assessment on PEBB claims.

Should PEBB increase the rates it charges to the Employer based on this assessment, the Employer will pay for the portion of the rate increase that is attributable to the assessment. These payments will be in addition to the up to five percent increase in premium costs provided under the insurance article of the agreement and shall be made without petitioning PEBB to use reserves.

COMPENSATION PLAN

| Class | Range | Class Title |
|---|---|---|
| C0103 | 12 | Office Specialist 1 |
| C0104 | 15 | Office Specialist 2 |
| C0860 | 23 | Program Analyst 1 |
| C0861 | 27 | Program Analyst 2 |
| C0862 | 29 | Program Analyst 3 |
| C0863 | 31 | Program Analyst 4 |
| C1338 | 23 | Training & Development Specialist 1 |
| C1339 | 27 | Training & Development Specialist 2 |
| C1483 | 24I | Info Systems Specialist 3 |
| C2304 | 19 | Manual Arts Instructor |
| C2512 | 23 | Electronic Pub Design Spec 3 |
| C4012 | 18 | Facility Maintenance Specialist |
| C6135 | 18B | Licensed Practical Nurse |
| C6296 | 20 | Behavior/Vocational Specialist 1 |
| C6297 | 23 | Behavior/Vocational Specialist 2 |
| C6550 | 22 | Licensed Respiratory Care Tech |
| C6710 | 16S | Mental Health Therapy Tech |
| C6725 | 14 | Habilitative Training Tech 1 |
| C6726 | 16 | Habilitative Training Tech 2 |

| SALARY SCHEDULE<br>11/1/08 | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| RANGE | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 12 | 1915 | 1980 | 2058 | 2132 | 2216 | 2302 | 2381 | 2480 | 2586 |
| 14 | 2058 | 2132 | 2216 | 2302 | 2381 | 2480 | 2586 | 2696 | 2814 |
| 15 | 2132 | 2216 | 2302 | 2381 | 2480 | 2586 | 2696 | 2814 | 2945 |
| 16 | 2216 | 2302 | 2381 | 2480 | 2586 | 2696 | 2814 | 2945 | 3088 |
| 16S | 2299 | 2395 | 2472 | 2579 | 2679 | 2809 | 2941 | 3081 | 3226 |
| 18 | 2381 | 2480 | 2586 | 2696 | 2814 | 2945 | 3088 | 3236 | 3386 |
| 18B | 2585 | 2695 | 2816 | 2945 | 3086 | 3235 | 3383 | 3547 | 3719 |
| 19 | 2480 | 2586 | 2696 | 2814 | 2945 | 3088 | 3236 | 3386 | 3548 |
| 20 | 2586 | 2696 | 2814 | 2945 | 3088 | 3236 | 3386 | 3548 | 3726 |
| 22 | 2814 | 2945 | 3088 | 3236 | 3386 | 3548 | 3726 | 3904 | 4090 |
| 23 | 2945 | 3088 | 3236 | 3386 | 3548 | 3726 | 3904 | 4090 | 4288 |
| 24I | 3115 | 3258 | 3413 | 3574 | 3739 | 3914 | 4100 | 4292 | 4494 |
| 27 | 3548 | 3726 | 3904 | 4090 | 4288 | 4495 | 4716 | 4951 | 5188 |
| 29 | 3904 | 4090 | 4288 | 4495 | 4716 | 4951 | 5188 | 5442 | 5704 |
| 31 | 4288 | 4495 | 4716 | 4951 | 5188 | 5442 | 5704 | 5986 | 6269 |

| SALARY SCHEDULE<br>7/1/09 | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| RANGE | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 12 | 1980 | 2058 | 2132 | 2216 | 2302 | 2381 | 2480 | 2586 | 2696 |
| 14 | 2132 | 2216 | 2302 | 2381 | 2480 | 2586 | 2696 | 2814 | 2945 |
| 15 | 2216 | 2302 | 2381 | 2480 | 2586 | 2696 | 2814 | 2945 | 3088 |
| 16 | 2302 | 2381 | 2480 | 2586 | 2696 | 2814 | 2945 | 3088 | 3236 |
| 16S | 2395 | 2472 | 2579 | 2679 | 2809 | 2941 | 3081 | 3226 | 3378 |
| 18 | 2480 | 2586 | 2696 | 2814 | 2945 | 3088 | 3236 | 3386 | 3548 |
| 18B | 2695 | 2816 | 2945 | 3086 | 3235 | 3383 | 3547 | 3719 | 3899 |
| 19 | 2586 | 2696 | 2814 | 2945 | 3088 | 3236 | 3386 | 3548 | 3726 |
| 20 | 2696 | 2814 | 2945 | 3088 | 3236 | 3386 | 3548 | 3726 | 3904 |
| 22 | 2945 | 3088 | 3236 | 3386 | 3548 | 3726 | 3904 | 4090 | 4288 |
| 23 | 3088 | 3236 | 3386 | 3548 | 3726 | 3904 | 4090 | 4288 | 4495 |
| 24I | 3258 | 3413 | 3574 | 3739 | 3914 | 4100 | 4292 | 4494 | 4706 |
| 27 | 3726 | 3904 | 4090 | 4288 | 4495 | 4716 | 4951 | 5188 | 5442 |
| 29 | 4090 | 4288 | 4495 | 4716 | 4951 | 5188 | 5442 | 5704 | 5986 |
| 31 | 4495 | 4716 | 4951 | 5188 | 5442 | 5704 | 5986 | 6269 | 6565 |

Signed this _____ day of _____, 2009.

FOR THE STATE OF OREGON:

_____
Scott L. Harra, Director
Department of Administrative Services

_____
Diana L. Foster, Administrator
Human Resource Services Division
Department of Administrative Services

_____
Tom Perry, State Labor Relations Manager
Labor Relations Unit
Department of Administrative Services

FOR THE AMERICAN FEDERATION OF STATE, COUNTY AND MUNICIPAL EMPLOYEES:

_____
Colleen Savage
Council Representative

_____
Brian Lewis
Bargaining Team Member

_____
Linda Havlinek
Bargaining Team Member

_____
Lee Jackson
Bargaining Team Member

_____
Andy Batten
Bargaining Team Member

# SOCP
# Employee Overtime Guide

Oregon Department of Human Services
Seniors and People with Disabilities
State Operated Community Program
AFSCME Local 1246-3

**January 2009**

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# Introduction

### *Recommended call-in timelines*

In support of a positive work environment, employees need to report their absence from work as early as possible, prior to the start of shift.

Upon opening a new home, within forty-five (45) days and according to each individualized home/department policy, employee(s) will meet to establish recommendations for absence reporting timelines. Each home will take into consideration the needs of the individual(s) living in the home, commuting needs of the staff and minimizing the need for "Mandatory" overtime.

# Establishing overtime lists

Employees working in a home have an opportunity to be placed on the "Unscheduled Voluntary" and the "Pre-determined" overtime lists. All direct staff will be placed on the "Mandatory" overtime list as-well-as BVS 1 and 2's, if they are on the "Voluntary" list.

# Establishing the "Voluntary Overtime" list

The initial list shall be set up with the "permanent staff" listed by seniority date(s) of the opening home (from most to least).

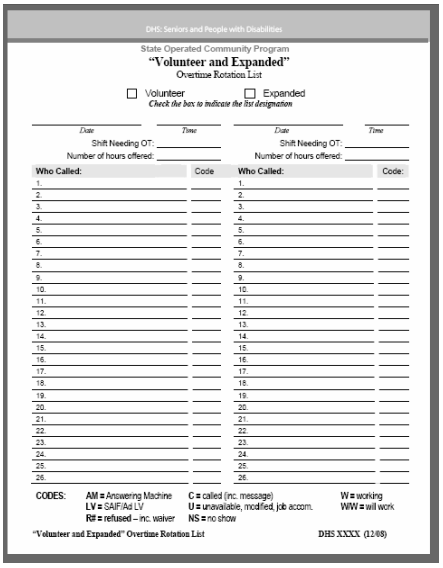
Temporary staff will have a separated list at the end of the permanent staffs' list and will be listed by seniority date(s) the same as above.

Employees on this list must be able to arrive at the home needing the overtime within one (1) hour of the scheduled start-of-shift where the overtime was accepted.

### *Maintaining the "Voluntary Overtime" list*

The Site Manager or Designee is responsible to add transfer employee(s) to the bottom of the list with eligibility date(s). The transfer employee(s) are eligible to work overtime the day they are officially assigned to the home and have been trained for the home. (The employee has completed the **"Transfer Core Comp.")**

The Site Manager or Designee is responsible for adding any permanent "new-hire" employee to the bottom of the list. The employee is eligible to work overtime the day they are officially assigned to the home and have been trained (completed **"Before Working Unassisted"** portion of the Core Comp) for the home.


DHS: Seniors and People with Disabilities

State Operated Community Program

**"Volunteer and Expanded"**

Overtime Rotation List

☐ Volunteer ☐ Expanded

*Check the box to indicate the list designation*

| Date | Time | Date | Time |
|---|---|---|---|
| Shift Needing OT: | | Shift Needing OT: | |
| Number of hours offered: | | Number of hours offered: | |

| Who Called: | Code | Who Called: | Code: |
|---|---|---|---|
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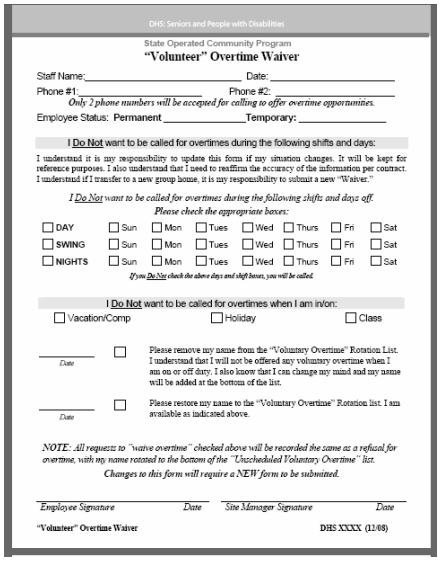
CODES: AM = Answering Machine; LV = SAIF/Ad LV; RF = refused – inc. waiver; C = called (inc. message); U = unavailable, modified, job accom.; NS = no show; W = working; WW = will work

"Volunteer and Expanded" Overtime Rotation List DHS XXXX (12/08)

The Site Manager or Designee is responsible for adding any new temporary employee(s) to the "Temporary Section" of the overtime list.
When the "List" has been utilized, rotate the list per the "**Voluntary Overtime Process Sheet"** to maintain the accuracy of the list.

"**Overtime Designation Slips**" (waivers) are to be turned in by employees in regards to being called when off duty. Waiver designations will be available to staff in the home for utilization when calling for "Voluntary" overtime.



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State Operated Community Program

**"Volunteer" Overtime Waiver**

Staff Name:_____ Date: _____

Phone #1:_____ Phone #2: _____

*Only 2 phone numbers will be accepted for calling to offer overtime opportunities.*

Employee Status: Permanent _____Temporary: _____

I Do Not want to be called for overtimes during the following shifts and days:

I understand it is my responsibility to update this form if my situation changes. It will be kept for reference purposes. I also understand that I need to reaffirm the accuracy of the information per contract. I understand if I transfer to a new group home, it is my responsibility to submit a new "Waiver."

*I Do Not want to be called for overtimes during the following shifts and days off.*

*Please check the appropriate boxes:*

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| ☐ DAY | ☐ Sun | ☐ Mon | ☐ Tues | ☐ Wed | ☐ Thurs | ☐ Fri | ☐ Sat |
| ☐ SWING | ☐ Sun | ☐ Mon | ☐ Tues | ☐ Wed | ☐ Thurs | ☐ Fri | ☐ Sat |
| ☐ NIGHTS | ☐ Sun | ☐ Mon | ☐ Tues | ☐ Wed | ☐ Thurs | ☐ Fri | ☐ Sat |

*If you Do Not check the above days and shift boxes, you will be called.*

I Do Not want to be called for overtimes when I am in/on:

☐ Vacation/Comp ☐ Holiday ☐ Class

_____ ☐ Please remove my name from the "Voluntary Overtime" Rotation List. I understand that I will not be offered any voluntary overtime when I am on or off duty. I also know that I can change my mind and my name will be added at the bottom of the list.
Date

_____ ☐ Please restore my name to the "Voluntary Overtime" Rotation list. I am available as indicated above.
Date

*NOTE: All requests to "waive overtime" checked above will be recorded the same as a refusal for overtime, with my name rotated to the bottom of the "Unscheduled Voluntary Overtime" list.*

*Changes to this form will require a NEW form to be submitted.*

*Employee Signature* *Date* *Site Manager Signature* *Date*

**"Volunteer" Overtime Waiver** **DHS XXXX (12/08)**

The Site Manager or Designee is responsible for insuring that all employees on <u>SAIF/Administrative Leave are listed on the overtime list with the code of "LV" and staff on Modified/Job Accommodated with a "U."</u>

The Site Manager or Designee is responsible for insuring all employees on a 30-day restriction are listed on the bottom of the overtime list, with the date they will be permitted back into the rotation. *(See "Failure to Show" etc.)* For exceptions, contact Human Resources (HR).

All employees are responsible for <u>assuring the accuracy</u> of their overtime contact numbers (with a maximum of 2 numbers).

<u>The</u> Site Manager or Designee is responsible for monitoring the utilization and accuracy of lists each time they are used.

### *Special note: Rotation of "Voluntary Overtime" list*

Overtime is offered based on known need, the hours projected are not a guarantee of hours.

### *Basic voluntary rotation rule*

If the overtime is less than two (2) hours the list will not be rotated. If the overtime exceeds two (2) hours the list will be rotated.

**If list is "rotated" (Because the person is not feeling well, is a no show NS . . .):**

- Keep a copy of the "list" with notations and coding, if the person arrives.
- Rewrite the list, sign the list and note the reason.
  *Example: Person showed within 30 minutes.*
- Keep the "lists" for the current month and 2 previous months on file.

### *Employee call-in*

If an employee calls in, indicating they will be late and based on the homes' staffing ratio policy, the overtime will be offered as having the potential of being less than two (2) hours or possibly more, up to and including a full shift.

### *Undetermined hours of overtime available*

When the amount of overtime is unknown *(ex. no call/no show of an employee)*, the offer of overtime will be for a full shift, with no guarantee of hours.

### *Less than 2 hours of overtime available*

When it is generally known, the offer of overtime will be less than two (2) hours *(e.g. medical appointment, meeting attendance/coverage, etc)*, the list will not be rotated. If, for unforeseen reasons, the overtime exceeds the two (2) hours, the list will be rotated.

### *"Failure to Show" (NS) for "Voluntary Overtime"*

If an employee volunteers to work a "Voluntary Overtime" and fails to show or later indicates they cannot work the overtime, they are placed on the bottom of all voluntary lists. They will be placed on the bottom of the In-house "Voluntary" and "Expanded" lists for a period of 30 calendar days **after** review by the management for extenuating circumstances.

- Management can determine if there are extenuating circumstances.
- Staff will note "NS" code for a no show.
- "NS" will not carry over to new rotated list.

### *30-Day "On-Hold" process*

- The Site Manager of the employees' home assignment is notified of the failure to show.
- In the code column of the "Voluntary Overtime" list, the Site Manger or Designee will record the date the employee will be allowed back into the rotation.
- The Site Manager will notify the Human Resources Office to forward communications to the employees' "Expanded Overtime" homes.

### *On-Hold impacts on the "Voluntary Overtime" list rotation*

- The staff's name will remain at the bottom of the list for 30-days.
- When re-setting the list after the list is used, the employee transcribing the overtime list will carry forward the noted end-date of the 30-day hold.
- Prior to going to the "Mandatory Overtime" list, the employee(s) who are on hold for 30-days will be offered the overtime, but their name remains on the bottom of the list regardless of their response.

### *Failure to show (NS) for "Voluntary Overtime" due to extenuating circumstances*

The Site Manager will review the circumstances on the next working day.

- If it is determined that the employee should be placed on a 30-day hold, the Site Manager will put the employees name on the bottom of the rotation list. Next to the employees' name, the end-date will be listed that coincides with the failure to show date.

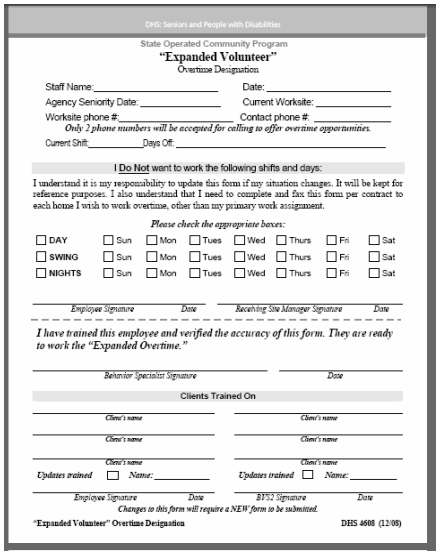
## Establishing the "Expanded Overtime" list

The "Expanded Overtime" list contains employee names from other homes who would like to work volunteer overtimes at different homes.

Employees on this list must be able to arrive at the home needing the overtime within one (1) hour of the scheduled start-of-shift where the overtime was accepted.

## *The "Expanded Overtime" list: Timelines for sign-up*

- Employee(s) are responsible to submit requests to other home(s) if they are interested in working the overtime in those home(s).
- The sign-up periods for "Expanded Overtime" are June and December of each year.
    - Exceptions to sign-up periods: A special request may be made by a home to add or develop an "Expanded Overtime" list with prior approval from the Program Administrator.
    - In the event of a special request, a notice will be sent SOCP wide for submission of "Expanded Overtime" requests from interested employees.



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State Operated Community Program

**"Expanded Volunteer"**

Overtime Designation

Staff Name:_____ Date: _____

Agency Seniority Date: _____ Current Worksite: _____

Worksite phone #:_____ Contact phone #: _____

*Only 2 phone numbers will be accepted for calling to offer overtime opportunities.*

Current Shift:_____Days Off: _____

I Do Not want to work the following shifts and days:

I understand it is my responsibility to update this form if my situation changes. It will be kept for reference purposes. I also understand that I need to complete and fax this form per contract to each home I wish to work overtime, other than my primary work assignment.

*Please check the appropriate boxes:*

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| ☐ DAY | ☐ Sun | ☐ Mon | ☐ Tues | ☐ Wed | ☐ Thurs | ☐ Fri | ☐ Sat |
| ☐ SWING | ☐ Sun | ☐ Mon | ☐ Tues | ☐ Wed | ☐ Thurs | ☐ Fri | ☐ Sat |
| ☐ NIGHTS | ☐ Sun | ☐ Mon | ☐ Tues | ☐ Wed | ☐ Thurs | ☐ Fri | ☐ Sat |

*Employee Signature* *Date* *Receiving Site Manager Signature* *Date*

*I have trained this employee and verified the accuracy of this form. They are ready to work the "Expanded Overtime."*

*Behavior Specialist Signature* *Date*

Clients Trained On

*Client's name* *Client's name*

*Client's name* *Client's name*

*Client's name* *Client's name*

*Updates trained* ☐ *Name:*_____ *Updates trained* ☐ *Name:* _____

*Employee Signature* *Date* *BVS2 Signature* *Date*

*Changes to this form will require a NEW form to be submitted.*

**"Expanded Volunteer" Overtime Designation** **DHS 4608 (12/08)**

- "Expanded Overtime" lists are set up in seniority order.

### *Training of the staff on the "Expanded Overtime" list*

Prior to working in a home, other than the employee's primary assignment, staff must attend training before working overtime in the alternate home. The primary Site Manager will provide *(if possible)*, on-duty time for the employee to attend the training. If this is not possible, it will be up to the employee to make arrangements for training, which can be done on non-paid time. Overtime will not be paid for "Expanded Overtime" training.

### *Timelines for "Expanded Overtime" list training*

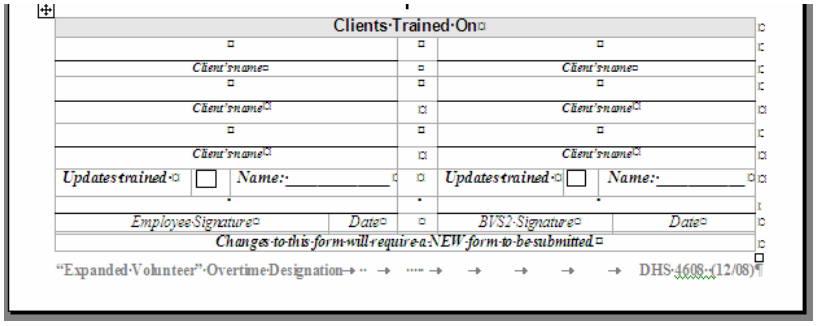
Within two weeks of the closure of the sign-up period, the Behavioral Specialist(s) of each home will publish training dates and times.

- These dates and times will occur on all shifts on different days of the week.
- Training must be completed by July 31st for the June sign-up period and January 31st for the December sign-up period.
- In the event that the home is without a Behavioral Specialist *(and these timelines can not be met)*, the previous "Expanded Overtime" list will be extended until such time that employees can be trained.
- If an employee does not attend the training their names will be removed from the "Expanded Overtime" list for that home unless extenuating circumstances exist.
- In the event that the employee has received training within in the past 6 months and there have been no significant changes to the ISP/BSP: the Site Manager and Behavior Specialist can sign off the employee without the employee needing to attend the training.

### *"Expanded Overtime" training content*

Employees who have requested to work "Expanded Overtime" in a home will receive training in the following:

- Basic home layout, location of safety equipment, fire evacuations, etc.
- Overview of critical information *(as identified by the ISP team/Manager)* regarding each individual in the home the employee will be working with. This would include basic communication and interaction techniques, critical safety issues, critical medical issues, critical behavior issues and level of physical interventions that are identified for each individual.
- Each home will identify 1 or more clients to be assigned to the "Expanded Overtime" volunteer, when working the home. For these employee(s) the training will include more specific information in the areas of the ISP and its' "Documents of Support" *(i.e. BSP, Protocols, etc.)*
- All homes will provide a "Critical Information Sheet" for each client living in the home, for quick reference by employees on the "Expanded Overtime" list.



| Clients Trained On | | | |
|---|---|---|---|
| | | | |
| Client's name | | Client's name | |
| | | | |
| Client's name | | Client's name | |
| | | | |
| Client's name | | Client's name | |
| Updates trained ☐ | Name: _____ | Updates trained ☐ | Name: _____ |
| Employee Signature | Date | BVS2 Signature | Date |
| Changes to this form will require a NEW form to be submitted | | | |

"Expanded Volunteer" Overtime Designation DHS-4608 (12/08)

### *In the event of significant changes in the ISP/BSP*

- When there are significant changes in the ISP/BSP, that would greatly impact the safety of the employee or individual, it is the responsibility of the Behavior Specialist to notify staff on the "Expanded Overtime" list. *The options for completing training in these situations are:*
  - Phone notification or Faxed/mailed "documentation of changes" to the employee(s).
    - Employee(s) must return the "documentation of changes" with their signature (acknowledging the changes) for the homes' files.
  - Scheduling an additional training with employee(s) on the "Expanded Overtime" list.

### *Verification of original "Expanded Overtime" training*

In all cases, the employee's original receipt of training for "Expanded Overtime" will be documented with the employee sign-off for training received.

- The signed verification will indicate the specific individual(s) the employee is currently trained on.
- In the event of significant changes, documentation of training may be done via Fax.
- Employee(s) must return the "documentation of changes" with their signature *(acknowledging the changes)* for the homes' files.
- In the event the employee has received training within the past 6 months and there have been no substantial changes to the ISP/BSP, the original training sign-off sheet will be maintained until it is replaced.

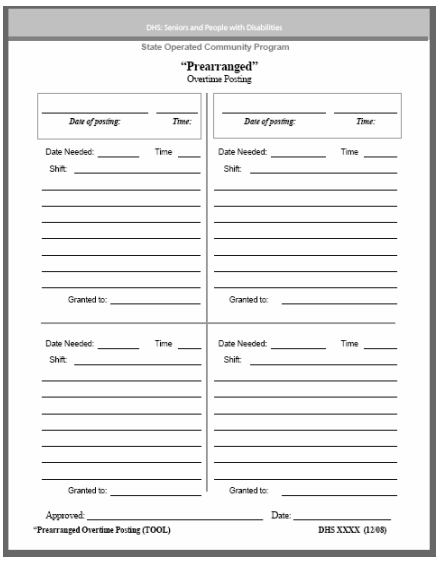
## Establishing the "Predetermined Overtime" list

The original list is established by seniority in the home:

1. "In-home" staff
2. "Expanded Overtime" staff

### *Posting of "Prearranged Overtime"*

- When Management is notified of an absence . . .
  - A "Fax" notification of the "Expanded" list will be sent.
  - The overtime need will be "Posted" in the homes of "Expanded Overtime" employee(s) for 7 days.
  - The first 4 days of overtime are covered as per the OT process.
- Posting contains the following information:
  - Date(s) of overtime(s) needed;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State Operated Community Program

**"Prearranged"**
Overtime Posting

| *Date of posting:* _____ *Time:* _____ | *Date of posting:* _____ *Time:* _____ |
|---|---|
| Date Needed: _____ Time ____<br>Shift: _____<br>Granted to: _____ | Date Needed: _____ Time ____<br>Shift: _____<br>Granted to: _____ |
| Date Needed: _____ Time ____<br>Shift: _____<br>Granted to: _____ | Date Needed: _____ Time ____<br>Shift: _____<br>Granted to: _____ |

Approved: _____ Date: _____

*Prearranged Overtime Posting (TOOL) DHS XXXX (12/08)

- Shift(s) of overtime(s) needed;
- Closing date and time of posting;
- Disclaimer – Staff must be on the "Expanded Overtime" list and trained;
- Fax number of the home needing the overtime(s)

- The staff Fax request(s) back to homes' Site Manager.
- Site Manager notifies the staff, they got the overtime or if there are any changes in the need for overtime.
- In-house employees are given first selection of overtime opportunities then out-of-house staff.

### *Maintaining "Prearranged Overtime" list*

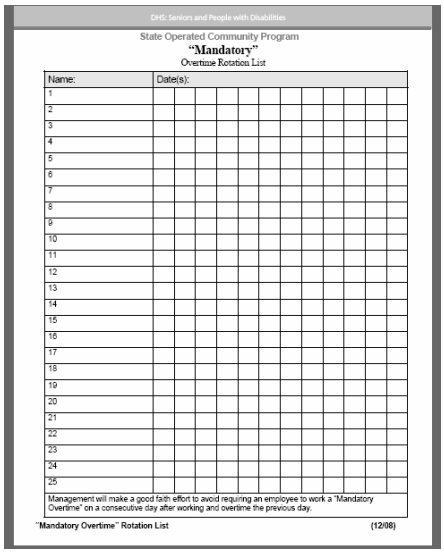
Once assigned to a given shift that employee moves to the bottom of the list.

- Should the assigned overtime become unavailable, the employees name is restored to where the name would have been, had the overtime not been offered, without undoing other assigned overtimes.
- With the addition of a new employee - their name is placed at the bottom of list with their transfer and/or new hire date.

## Establishing the "Mandatory Overtime" list

The initial list shall be set up with the "permanent staff" listed from least to most seniority dates at the opening of the home.

Temporary staff will have a separate list at the end of the permanent staffs' list and will be listed by hire date(s) the same as above.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State Operated Community Program

"Mandatory"

Overtime Rotation List

| Name: | Date(s): | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
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Management will make a good faith effort to avoid requiring an employee to work a "Mandatory Overtime" on a consecutive day after working and overtime the previous day.

"Mandatory Overtime" Rotation List (12/08)

### *Maintaining the "Mandatory Overtime" list*

The Site Manager or Designee is responsible for adding the transfer employees to the top of the list with their eligibility date(s). The transfer employee is eligible for "Mandatory Overtime" the day they are officially assigned to the home and have been trained *(completed the **"Transfer Core Comp")*** for the home.

The Site Manager or Designee is responsible for adding any permanent new-hire employee to the top of the list. The employee is eligible for "Mandatory Overtime" the day they are officially assigned to the home and have been trained *(with a completed "**Before Working Unassisted**" portion of the "**Core Comp"**)* for the home.

The Site Manager or Designee is responsible for adding any new temporary employee(s) to the top of the "Temporary Section" of the overtime list.

## *Special notes: "Mandatory Overtime" list*

### *Home guidelines for minimum coverage*

The Site Manager will insure guidelines are clearly written as to when a "minimum staffing level(s)" can be utilized.

### *Availability*

Staff is not to be considered for a "Mandatory Overtime" if they are currently working a "Voluntary Overtime."

If two staff members have the same mandatory date, the employee with the oldest date worked, would work the "Mandatory."

### *Relief of "Mandatory"*

After being assigned the "Mandatory Overtime" the staff working the mandatory overtime has the following options:

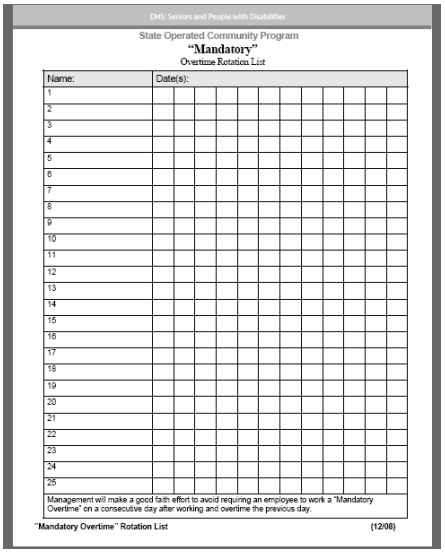
- Finish the "mandatory" hours as assigned or,
- Make arrangements for a voluntary staff to come in.
  *(Using the "Voluntary Overtime" process).*

If two mandatory staff are on-duty and one is able to leave due to alternate coverage *(volunteer or minimum coverage)*, the employee with the oldest mandatory date goes home first.

### *Rotation*

Any amount of time worked, rotates an employee to the bottom of the "Mandatory Overtime" list.

When the clocks are adjusted at the end of Daylight Savings Time *(fall)*, all staff working on night shift will be rotated on the "Mandatory Overtime" list.



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State Operated Community Program

**"Mandatory"**

Overtime Rotation List

| Name: | Date(s): | | | | | | | | | | | | |
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Management will make a good faith effort to avoid requiring an employee to work a "Mandatory Overtime" on a consecutive day after working and overtime the previous day.

"Mandatory Overtime" Rotation List (12/08)

### *Employee(s) failure to meet "Mandatory Overtime" obligation*

The employee(s)' name remains at the top of the "Mandatory Overtime" list the first time he/she does not meet the "mandatory overtime" obligation. Upon not meeting the "mandatory overtime" the second time, the discipline process may begin.

## Utilizing the "Overtime" lists

Follow the **"Overtime Process Sheet"** in the **"Overtime Rotation Book."**

"Voluntary Overtime" is called only for the shift immediately following the current shift.

Offer all known "Overtime" needs at the same time if known before calling for "Voluntary Overtime" begins. List is rotated as one for all known overtime needs.

If another need for overtime comes in, after calling has been started, call the remainder of the list with the first known overtime(s), once completed begin the "Volunteer Overtime" process again, beginning with on-duty staff, for the next known overtime. This requires a list for each time the list is utilized and rotated based on number of separate offerings.

Do not wait for return calls from answering machines, pagers, or for the employee to make arrangements and call back - continue moving through the list. If the employee should call back and the overtime has not been taken, it is a first come first serve basis. The list is rotated regardless of what order the overtime was taken.

### *Codes for "Voluntary" and "Expanded Overtime" lists*

| | |
|---|---|
| **AM =** | Answering machine, voice mail, pager |
| **C =** | Called/ No answer (includes busy signal) |
| **LV =** | SAIF / Administrative leave |
| **W =** | Working (scheduled to work the shift of the overtime need) |
| **R# =** | Refused opportunity (includes waivers). # indicated the number in which the staff refused. |
| **WW =** | Will work |
| **U =** | Modified/Job Accommodated |
| **U/8 =** | Unavailable due to not having 8 hours between shifts or working overtime in another home or on an outing without a cell phone. |
| **U/16 =** | Unavailable on 16 hour shift (2/16, trade shift, 8 hour overtime) |
| **NS =** | No Show or Failure to Show |
| **M/D/Y =** | Date of availability for Overtime (30-day hold) |

### *Rotation of the "Voluntary" and "Expanded" lists based on codes*

AM, C, W, LV, U, U/8 and U/16 names are written in the order they appear on the list first, from top to bottom.

R#'s are listed next, in the order in which refusals were received, starting with R1.

Last is the WW in the order in which the overtime was accepted, with the final overtime accepted last on the list.

## Training of Overtime Procedures

Employees will receive training on the overtime procedure by the Site Manager on the following occasions:

1. As part of the initial training upon arriving at the home.
2. As part of the annual training done at the time the employee receives their Performance Appraisal.

### *Training Documentation*

The manager will maintain a sign-off sheet indicating the date of training and the employees understanding and adherence to following the overtime process.

***See "Archive Sheet" for records and retention schedules.***

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State Operated Community Program

# OVERTIME PROCESS

1. Overtime is needed for the next shift, only offer the hours that are needed.

2. Check the waivers for staff members, who would have been on regular duty *(but are on vacation)*, for the shift needing the overtime. If okay to call while on vacation:
   a. Call and ask them if they would like to work their regular scheduled shift.
   b. This is not considered overtime and this person does not rotate for any reason.

3. **Go to "Voluntary Overtime" list.** Staff making the calls, fills in the top portion of the list with their name, shift needing the OT, date, and hours offered.
   a. Staff must be able to arrive within 1 hour of scheduled start-of-shift for OT accepted.
   b. DO NOT offer overtime to staff on SAIF/Administrative leave *(code w/ "LV")* or staff on Modified/Job Accommodated *(code w/ "U")*.

4. Begin by asking permanent on-duty/eligible staff in the order they appear on the list and CODE according to their response.
   a. At this point, DO NOT offer overtime to staff with a "Hold" date next to their name, or a temporary staff at this time.
   b. Ask for entire shift first <u>and</u> note if employee <u>*may*</u> be willing to work a partial shift.
   Example: "We are in need of an 8 hour overtime from 2 - 10, can you work it?" "If not the full 8 hours, could you work a portion of it?" If available for a partial shift <u>note it</u> and respond, "We will call you back if we need you."

5. Call (up to 2 numbers) for staff that would have been on duty, on the shift prior to the overtime, but were off on authorized leave. (i.e. Vacation or Sick Leave. . .)
   a. Check their waivers.

6. Start at the top of the list and call the "Off -Duty In-House Staff" in the order they appear on the list. **(check their waivers)** a waiver is a refusal if they do not want to be called for that overtime.

7. If someone volunteers for the overtime, stop calling and rotate the list. Overtime under 2 hours does not rotate list. **(See how to rotate the list below.)**

8. **If no takers**, from the "Voluntary Overtime" list, go to the "Expanded Overtime" list.

9. Start at the top of the list checking the "overtime designations" as you go down the list and code accordingly ***(unavailable staff are not a refusal.)*** Stop calling once the overtime is accepted and rotate the list. ***(See how to rotate the list below.)***

10. **If no takers**, go back to the "Voluntary Overtime" list and call staff with a "Hold" date next to their names. Call these staff in the same order as you called the voluntary staff. *Ex. The staff that would have been on the shift prior, off on leave, etc. (Follow order above.)*

11. **If no takers**, go to the "Expanded Overtime" list and call staff with a "Hold" date next to their name. Check their "overtime designation" to insure they are available. *(Follow the above procedure.)*

12. **If still no takers**, go back to the "Voluntary Overtime" list and ask anyone who said they would work a partial shift, to see if the OT can be covered by more than 1 person.

13. **Next**, ask the temps in the home and then go to the "Expanded Overtime" list and ask any temps.

14. When the "Voluntary" and "Expanded" lists have been completed, and no one has accepted the overtime, go back to the "Voluntary" list and call those people that have a code of "C" or "AM." Do the same to the "Expanded" list. ***If still no takers…***

15. Go to the "Mandatory Overtime" list. A temp is the first to be mandated. If no temp, the employee on duty, who has the oldest mandatory date next to their name, will be mandated.
    a. If this person refuses, go to the next person.
    b. Report ALL refusals to the Site Manager **IMMEDIATELY** or on their next working day.

## How to rotate "Voluntary" list

16. All codes, except R#1, R#2, R#3, etc. and WW, are re-written in the order they were written on the used lists.

17. R#'s are listed in the order in which refusal was received with WW entered last. Under 2 hours of overtime does not rotate the list.

18. If there is a staff, with a "Hold" date next to their name, they will go below the WW until the date is removed from their name. *(ex. bottom of the list for 30-days.)* The Site Manager or their designee will place the date next to the staffs' name if it is necessary. They will begin to rotate again, once the date next to their name has passed.
    *NOTE: If you refuse a voluntary and then get mandatoried, you will be rotated on both lists.*

19. In the event the overtime was accepted and the employee does not show, note "NS" in the code column and notify the manager the next working day. Return to the "Voluntary/Expanded Overtime" process where it left off, with the employee that is a no show.

20. It is the responsibility of the staff being offered the overtime, to indicate, if they are not eligible for that overtime.

■ ***See "Form Search Directions" at beginning of binder.***
***Check the "Forms Server" for the <u>most current version</u> as forms are updated regularly.***

# Overtime (OT) related forms

| Attach | DHS # | Name: | Date | Mandatory/Tool |
|---|---|---|---|---|
| | 4654 | Expanded Volunteer Overtime Designation | 02/21/09 | Tool |
| | 4655 | Mandatory Overtime Rotation posting | 02/20/09 | Tool |
| | 4656 | Prearranged Overtime Posting | 02/20/09 | Tool |
| | 4657 | Predetermined Overtime Rotation List | 02/20/09 | Tool |
| | 4658 | Volunteer & Expanded overtime Rotation List | 08/13/09 | Tool |
| | 4659 | Volunteer Waiver Form | 02/20/09 | Tool |
| | 4660 | Shift Trade/Exchange Form | 03/10 | HR Tool |
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DHS: SENIORS AND PEOPLE WITH DIABILITIES

State Operated Community Program

# Medication Administration Curriculum

# 2010

DHS | Independent. Healthy. Safe.

***06/08/10***

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## Introduction

***DESIRED OUTCOME: All employees working in the homes demonstrate competency in the area of medication administration.***

All new employees will be provided this training and must demonstrate competency within the first 120 days of employment:

1. Attend the Medication Administration Training course offered through the Central Training Unit.
2. Administration observation and review of the Transcription Knowledge portion is to be completed by the Site Manager/HSS or House Trainer identifying any further supports needed in either the knowledge or actual administration of medication.

After completion of the initial competency based training, each employee must attend a one-day Medication Administration Refresher course every two years. This will be done through the Central Training Unit.

Successful completion of a Medication Refresher Challenge Test (once available – July 1st, 2010), the test ***may*** substitute for the one-day medication refresher course.

Beginning April 1, 2010, all staff who do not receive a score of 85% or better on the med documentation tests ***will not*** be considered "current." Staff with less than 85%, will be required to attend the "Initial Medication Administration Course" until they receive a score of 85% or better. Staff will not be able to pass medications until they are "current" in Medication Administration.

1. Administration observation and review of the Transcription Knowledge portion is to be completed by the Site Manager/HSS or House Trainer identifying any further supports needed in either the knowledge or actual administration of medication.
2. If the employee, at the time of completing the Medication Administration Refresher course, has not exceeded the 2-year period between trainings, at the discretion of the Site Manager, may continue to administer medications. The Observation and Transcription knowledge review must be completed within 15 days or before the 2- year period has elapsed, which ever is less.
3. In the event an employee is unavailable to complete the Observation and Transcription knowledge review within 15 days of course completion or prior to their expiration of approval, whichever comes first, the employee may not pass medications until such time as the Observation and Transcription knowledge review is completed.

This training does not include training on delegated duties that are often done in medical homes. A delegated duty falls under the license of a registered nurse. Any employee performing a delegated duty must be trained and signed off by the RN.

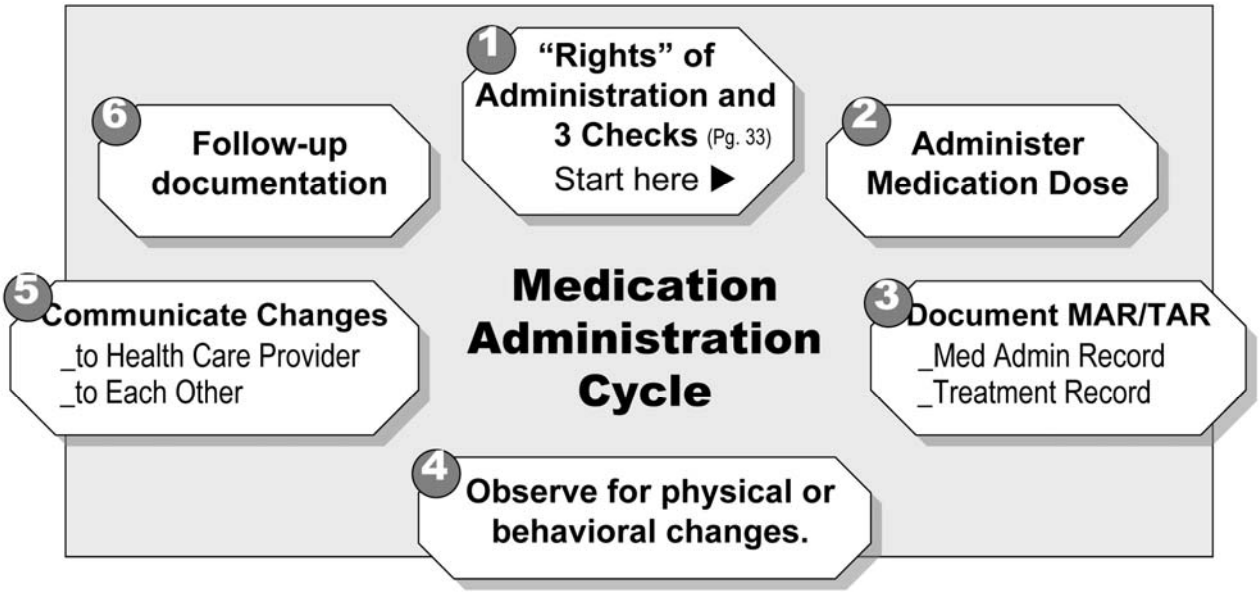
## LESSON 1: Why medication training?

***DESIRED OUTCOME: Maximizing safety for individuals who might benefit from medication as part of their treatment plan.***

### *Why we have medication administration training?*

- Many individuals need prescribed medications to benefit fully for a high quality of life in their homes and communities.
- Caregivers may not be familiar with some of the medications that the psychiatrist and primary care physicians (PCP) prescribe.
- All medications/treatments, including treatments available over the counter without prescription, can have undesired effects or cause rare responses in some people.
- All medications are potentially dangerous and no medication is absolutely safe.
- In addition to protecting the health and well being of the individuals that are supported, your knowledge of appropriate medication procedures for administering medications will serve to protect you and SOCP from faulty medication practices, which may have serious consequences (i.e. hospitalization, wrong medication to people, etc.).
- Knowing how to document medication administration correctly requires training. The procedure of thorough documentation is called "looping." This means that you should be able to follow from beginning to end (that's the "loop") the outcomes of medication administration.

We want you to be successful at your job. The more you know about medications that are used by the people you support and the proper use of them the better you will be equipped to perform your job.



### *Administration – Be Aware*

Failure to correctly perform each step in the medication administration cycle can result in negative consequences:

- Persons go to a doctor because of a change in physical or behavioral signs. Our individuals may not receive needed medical attention unless you conscientiously observe him/her and report any significant changes.
- A medication may be prescribed that an individual is allergic to unless you communicate important information to the physician or other health care providers.
- An individual may not receive a prescribed medication unless you receive a prescription at a visit to their physician and follow the proper procedure.
- An individual may receive the wrong amount of medication unless you follow procedures and the medication administration record correctly. Always be honest with the individual and answer any questions to the best of your ability or refer them to their physician or health care provider.
- An individual may continue to suffer undesirable effects unless you observe, document and report all physical/behavioral changes to the Site Manager ASAP.

### *Values, Attitudes and Concerns*

Everyone holds differing beliefs and ideas about using medication. However, those "beliefs and ideas" should not impact your delivery of medications/treatments as ordered by the physicians.

SOCP policies cannot always allow for medication practices that might be used in typical homes or vocational settings. However, staff should make every effort to use procedures that are as normal as possible within the rules and regulations.

#### *Medication Concerns and Appropriate Responses*

You can anticipate some types of concerns, as they are common for many people who must take medication, especially for behavior stabilization. It can be helpful to have an idea of what to say when these issues arise.

There are a number of common concerns you might hear from individuals who take medications, especially psychotropic medication. When performing medication administration, your response to statements like the ones below can be either helpful or harmful. Many times, this is an opportunity to relieve fears with a bit of education. It helps to know some positive responses in advance.

**Refusal to take medication:**

- Remember this is a right that our individuals have.
- Our individuals might want to show some control by refusing.
- It is always helpful to point out how the medications have helped them so far or have helped other people, even if no one likes taking medication.
- It is our responsibility to handle this doing our best to assure the medication is taken.
- Try to determine why your individual is refusing:
  - You had to wake them up (check the addendum and come back later if possible)
  - They are mad at you (have a co-worker ask what's up?)
  - They are simply in a "bad mood" (re-approach later/check addendum)

**Those pills are the wrong color:**

- Double check (call the pharmacy or look for a new physician's order)...the person often has memorized the colors of their medication and they are right
- Explain the doctor changed the order and the pill is now a new color

**I won't be able to learn at work/play sports/go on dates/etc. because of this medication:**

- People who are anxious, depressed, or having trouble thinking clearly at times also have those kinds of difficulties.
- The medication will make it easier for you to do what you want to do without having those problems interfering with your goals.

Remember to never give any information that you do not know or are unable to provide. Try to use these moments as an opportunity to encourage the individual to discuss these concerns and any other she/he might have with the health care provider

# LESSON 2: Categories and Effects of Medications

***DESIRED OUTCOME: Knowing the categories a medication falls under provides helpful clues about its appropriate use and intended effects.***

## *Categories of medications*

A medication is any non-food substance placed into or on the body (oral and/or topical) for therapeutic purposes *(American Society of Health-System Pharmacists, ASHP).* To understand medications better, they can be divided into several important categories based on their differences and similarities, such as:

### Availability and source

**Prescription (Rx) medication/treatment:**

- Available only upon the order of a licensed health care professional such as physician, dentist, certified nurse practitioner or physician's assistant.
- Cannot be purchased over-the-counter *(e.g. Tylenol vs. Tylenol with codeine)*

**Over-the-counter medication (oral – taken internally):**
**Any ingested liquid(s)/tablet(s), nasal spray, eyedrops and/or suppositories.**

- Requires a physicians order, but can be purchased more cheaply over-the-counter.
- It must be left in the original container and you must put the individual's name on it.
- Be careful to purchase the dose that will be compatible with the physician's order (e.g. order states 500 mg. - you cannot purchase 325 mg. Tablets).

**Over-the-counter treatment (topical – on the body):**

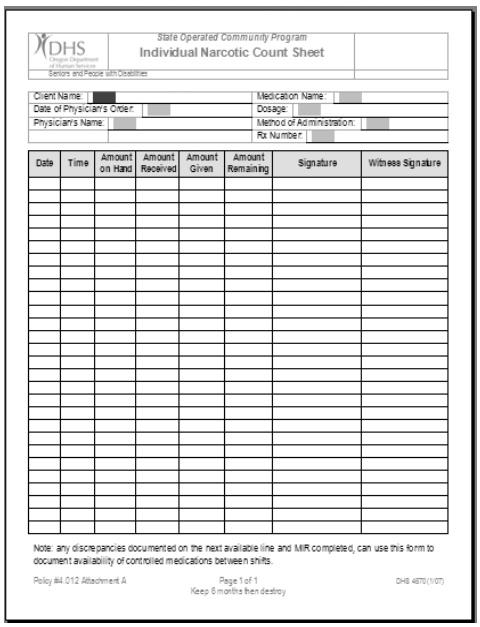
- Does not require a physician's order *(preventative use only eg. Prevent dry/chapped skin, prevent sunburn, prevent infection of minor scratches/abrasions, etc.*)
- It must be left in the original container and you must put the individual's name on it.
- The order on the Treatment Administration Record (TAR) would be transcribed as written on the container *(e.g. Neosporin Ointment, Eucerin Cream, KY Jelly, etc.).*

***The abuse potential of any medicine is the chance it might be used for non-therapeutic purposes.***

**Controlled medications** - Prescription medications that have been legally designated because they contain "controlled substances" (high risk of use for non-therapeutic reasons).

- Packages for these medications often display symbols that show the abuse potential. Controlled medications always carry some risk of abuse.

- Controlled medications are also called <u>scheduled drugs</u>, because the Federal Drug Administration (FDA) uses a schedule or table which assigns numbers using Roman numerals from I (Roman numeral 1, for most dangerous and not allowed for use in the US) to IV (Roman numeral 4, for least potential for abuse) to rank the abuse potential.
- Always have a high risk of overdose.
- Requires a prescription to purchase and may require regular renewal by the licensed health care professional.



State Operated Community Program
Individual Narcotic Count Sheet

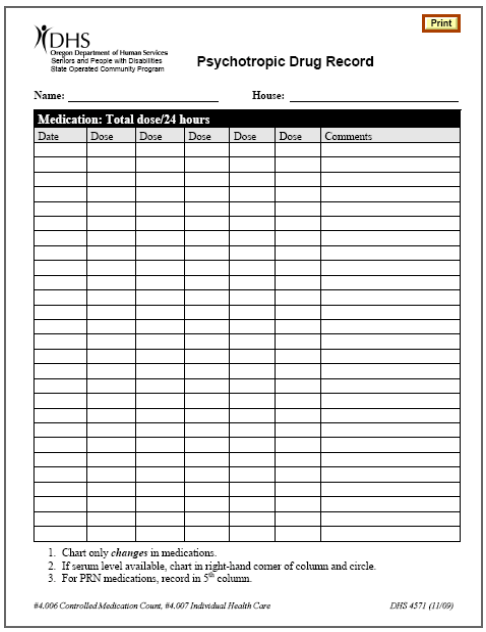
Client Name: | Medication Name:
Date of Physician's Order: | Dosage:
Physician's Name: | Method of Administration:
Rx Number:

| Date | Time | Amount on Hand | Amount Received | Amount Given | Amount Remaining | Signature | Witness Signature |
|---|---|---|---|---|---|---|---|

Note: any discrepancies documented on the next available line and MIR completed, can use this form to document availability of controlled medications between shifts.

Policy #4.012 Attachment A | Page 1 of 1 | DHS 4570 (1/07)
Keep 6 months then destroy

DHS 4570
Individual Narcotic Count Sheet



Print

Oregon Department of Human Services
Seniors and People with Disabilities
State Operated Community Program

Psychotropic Drug Record

Name: _____ House: _____

Medication: Total dose/24 hours

| Date | Dose | Dose | Dose | Dose | Dose | Comments |
|---|---|---|---|---|---|---|

1. Chart only *changes* in medications.
2. If serum level available, chart in right-hand corner of column and circle.
3. For PRN medications, record in 5th column.

*#4.006 Controlled Medication Count, #4.007 Individual Health Care* | *DHS 4571 (11/09)*

DHS 4571
Psychotropic Drug Record

Addendum to Physician Orders
Medication Administration Irregularities
Physician's Directions

Client: | Physician:

Current medications are listed on physician's orders. In the event that a medication or treatment is missed, I, _____ wish the following to occur:

| Medication: | Procedure to use when medication is missed (*check one*): |
|---|---|
| | ☐ a. Give medication as soon as he/she comes home. |
| | ☐ b. Give up to ____ hours late, after that time lapses call for directions. |
| | ☐ c. Give up to ____ hours late, after that time lapses wait for the next scheduled dose. |
| | ☐ d. Call for directions immediately. |
| | ☐ e. Other: |
| | ☐ a. Give medication as soon as he/she comes home. |
| | ☐ b. Give up to ____ hours late, after that time lapses call for directions. |
| | ☐ c. Give up to ____ hours late, after that time lapses wait for the next scheduled dose. |
| | ☐ d. Call for directions immediately. |
| | ☐ e. Other: |
| | ☐ a. Give medication as soon as he/she comes home. |
| | ☐ b. Give up to ____ hours late, after that time lapses call for directions. |
| | ☐ c. Give up to ____ hours late, after that time lapses wait for the next scheduled dose. |
| | ☐ d. Call for directions immediately. |
| | ☐ e. Other: |
| | ☐ a. Give medication as soon as he/she comes home. |
| | ☐ b. Give up to ____ hours late, after that time lapses call for directions. |
| | ☐ c. Give up to ____ hours late, after that time lapses wait for the next scheduled dose. |
| | ☐ d. Call for directions immediately. |
| | ☐ e. Other: |
| | ☐ a. Give medication as soon as he/she comes home. |
| | ☐ b. Give up to ____ hours late, after that time lapses call for directions. |
| | ☐ c. Give up to ____ hours late, after that time lapses wait for the next scheduled dose. |
| | ☐ d. Call for directions immediately. |
| | ☐ e. Other: |

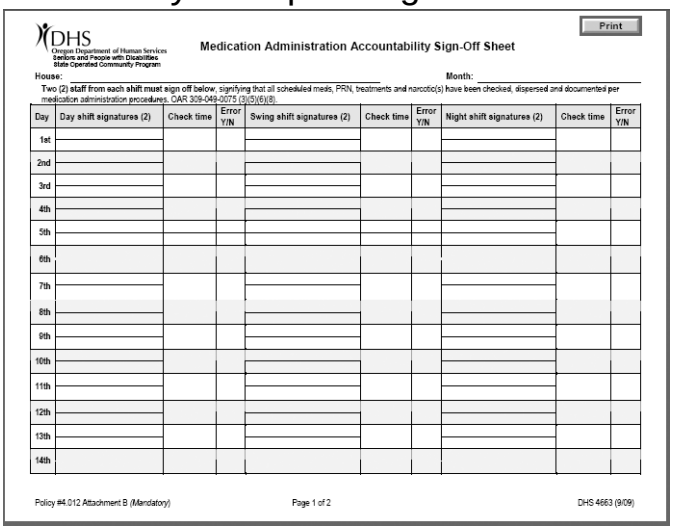
NOTE: A Medical Incident Report (MIR) needs to be completed. On the MAR/TAR form (circle on front/explanation on back). Physician/Nurse (*per policy*) must be notified (*phone/fax*) only if you are outside the parameters listed above. If there are any other medication administration errors/over dose/wrong dose/wrong person/wrong route, etc, it MUST be reported on a Medical Incident Report (MIR) and the doctor (*or their designated back-up*) must be called immediately for instructions.

Physician Signature: | Date:

**The additional time given by the physician on this addendum is calculated from the time the dosage is scheduled to be given on the MAR/TAR.**

*Policy #4.004 Attachment D Mandatory* | *DHS 4621 (09/09)*

DHS 4621
Addendum to Physician Orders



Print

Oregon Department of Human Services
Seniors and People with Disabilities
State Operated Community Program

Medication Administration Accountability Sign-Off Sheet

House: _____ Month: _____

Two (2) staff from each shift must sign off below, signifying that all scheduled meds, PRN, treatments and narcotic(s) have been checked, dispensed and documented per medication administration procedures, OAR 309-049-0075 (3)(5)(6)(8).

| Day | Day shift signatures (2) | Check time | Error Y/N | Swing shift signatures (2) | Check time | Error Y/N | Night shift signatures (2) | Check time | Error Y/N |
|---|---|---|---|---|---|---|---|---|---|
| 1st | | | | | | | | | |
| 2nd | | | | | | | | | |
| 3rd | | | | | | | | | |
| 4th | | | | | | | | | |
| 5th | | | | | | | | | |
| 6th | | | | | | | | | |
| 7th | | | | | | | | | |
| 8th | | | | | | | | | |
| 9th | | | | | | | | | |
| 10th | | | | | | | | | |
| 11th | | | | | | | | | |
| 12th | | | | | | | | | |
| 13th | | | | | | | | | |
| 14th | | | | | | | | | |

Policy #4.012 Attachment B (*Mandatory*) | Page 1 of 2 | DHS 4663 (9/09)

DHS 4663
Medication Accountability Sign-Off Sheet

*See Controlled Substances / Controlled Medication examples chart next page.*

| Controlled substances / Controlled medication examples: | | | | | | | |
|---|---|---|---|---|---|---|---|
| Schedule | Category | Description | Prescribing Rules | Examples by Class of Compound | | | |
| | | | | Narcotics | Stimulants | Depressants / Antianxiety | Other |
| I | Highest abuse potential | Most potent narcotic & all hallucinogens | Use in U.S. limited to research only | Heroin | | | LSD, "ecstacy," PCP |
| II | High abuse potential with high probability of dependence | Narcotics, potent stimulants & sedatives with highest withdrawal dangers | No telephone prescriptions or refills | Morphine, oxycodone (Percodan©, OxyContin©, Tylox™) meperidine (Demerol™) | Cocaine, amphetamines, methamphetamine (Desoxyn®), methlphenidate (Ritalin®, Concerta©) | Most barbiturates | Marijuana, Dronabinol (Marino®, marijunan derivative) |
| III | Less abuse potential than Sked. II &moderate dependence probability | Lower doses per unit or less potent narcotics, stimulants and sedatives | Up to 5 monthly refills, prescription must be rewritten after 6 months | codeine (<90 mg/tab) hydrocodeine (Vicodin©, Lortab©, Hycodan©) | Phendimetrazine | Mixtures of barbiturates | |
| IV | Less abuse potential than Schedule III and limited dependence probability | Low potency sedatives and anti-anxiety agents and non-narcotic analgesics (pain relievers) | Up to 5 monthly refills, prescription must be rewritten after six months | pentazocine (Talwin©) propoxyphene (Darvon©) butorphenol (Stadol®) | | choral hydrate, phenobarbital, benzodiazepines, alprazolam (Xanex©), chlordiazepoxide(Libruim©) clonazepam (Klonipin©), clorazepate(Tranxene©), diazepam (Valium™), lorazepam (Ativan©), oxazepam (Serax©), tiazolam (Halcion©), zolpicem (Ambien®), carisoprodol (Soma) | |
| Medications not listed on a Controlled Substance/Scheduled Medication Examples list would be called non-controlled or non-scheduled medications. All medications, however, require a licensed professionals order. | | | | | | | |

### Name and number of manufacturers

**Name brand:**

- One manufacturer has patent protection.
- Usually the first letter is capitalized.

***Examples:*** *Emycin, Tylenol, Motrin, Depakote, Ritalin, Remeron or Zyprexa. Also called a trade name or a proprietary name.*

**Generic:**

- Usually produced by a number of companies.
- Can be chemically identical to brand name drugs and are generally less expensive
- Usually the first letter is in lower case.
- **Examples:** erythromycin, acetaminophen, ibuprofen, valproate, methylphenidate, mirtazapine, or olanzapine.
- The pharmacy can substitute a less expensive generic drug unless the physician orders no substitutions.

**Time and use:**

- PRN - comes from the Latin phrase pro re nata and means "as needed".
- Routine *(regularly scheduled)* - Medication given consistently at specific times.
- Single Order - medication that is administered only once *(e.g. one dose sedative prior to a dental appointment).*
- STAT - medication that is administered immediately and one time only.
- Time Limited - medication given for a specific time period only *(e.g. Penicillin 250 mg. QID X 5 days)*
- Part of the Body Affected *(route medication given)*
- Ophthalmic - For the eyes
- Otic - For the ear
- Oral - For the mouth or by mouth
- Nasal - For the nose
- Suppository - Inserted in a body cavity, usually the rectum or vagina
- Epi pens and insulin injections are administered by staff as a “Delegated Task.”

**Note:** There are times when an ophthalmic (eye) medication is prescribed for use in the ear (otic). Always, double check if you have a question.

### RN (as needed) medication

PRN medications are often used to provide short-term relief of mild to moderate symptoms. Many times these are medications that are available over-the-counter (non-prescription) for people outside a facility to use without a specific diagnosis. Other PRN medications by prescription are used to relieve the symptoms of a known condition.

- PRN medications may be given for specific physical complaints they might relieve such as pain or nausea. Note: they relieve the symptoms (fever) rather than treat the illness (flu) causing the symptom.

  ***Example*** *- someone who has had recent surgery or an injury will take pain medication as needed while they recover.*

- Oregon regulations do not allow psychotropic medications to be prescribed as a PRN.
  - Psychotropic medication cannot be administered on a PRN basis without ISP team approval, guidelines written into the individuals ISP and an approved variance from Licensing.

Using PRN medications to relieve symptoms is also an example where it is not always possible to administer medication to individual's in the group home setting exactly like one would in their private home.

- You must have a doctor/licensed health care professional's order to be able to administer any medication *(PRN or regular order).*
- In any administration situation of a PRN, it is always required that each use, the specific reason for the use, and the results be documented on the back of the MAR/TAR.
- When using PRN medications staff who administer them must report prolonged episodes that persist, recur frequently, are not explained by known conditions or are otherwise concerning to them to the Site Manager and health care professional.

When administering PRN medications, specific information is needed that is different than scheduled medications:

- The order must specifically state under what conditions the medication can be given
  - Complaint of headache/fever over 101 degrees
  - Small cuts/scrapes
  - Dry skin including soles of feet

- In most cases the order must indicate the lapse of time between administrations
  - Every 4 hours
  - Twice a day

- If a topical treatment is purchased over-the-counter *(OTC)*, the directions must be copied as written on the container onto the TAR with the same information included.
- Over-the-counter topical directions that indicate a range in time *(e.g. 2-4 times per day)*, pick the greatest allowed times [4] or number *(apply every 2-4 hours)*, pick the amount that gives the maximum number of applications [2]. Indicate-not to exceed...
- Whenever there is concern about interactions between medications, consult the pharmacy to make sure that the topical over-the-counter medication doesn't interact adversely with any current medications.

### *Effects of medication*

Medication, when properly prescribed and administered, can have several outcomes:

- Desired effects - The beneficial and desired effect of the medication.
  - Those administering medications and making observations need to know why the individual is getting that medication.
  - Some medications are given for different diagnosis.

    ***Examples:***

    - *Depakote, Tegretol can be given for seizures or as a psychotropic or,*
    - *Benadryl allergy relief or sleep aid*

- Unwanted effects - Undesired effects, any results other than the desired effect. *(Examples of unwanted medication effects are on the page 16).*
  - Unwanted effects are sometimes called side effects, but what might be an unwanted effect in one case may be a desired effect in another.
  - Some over-the-counter allergy medicines *(Benadryl)* make people sleepy, so the same chemical *(diphenhydramine)* is sold under a different brand name as a sleep aid.

- No apparent effect - The absence of the desired effect, after allowing sufficient time for the medication to work.

***Staff is best able to observe and report any and all suspected effects of medications.***

### *Drug interactions*

Drugs can interact with other drugs or food. Taking multiple medications at the same time may result in a drug interaction.

- May affect the desired effect of one or more of the drugs.
- The effects of the drug may be increased or decreased.
- May produce a new and unique unwanted effect.
- Example: Maalox (antacid) decreases effectiveness of tetracycline *(antibiotic).*
  - Tetracycline needs stomach acid to be absorbed
  - Maalox inhibits stomach acids
- You cannot see these interactions...they are physiological *(happening inside the body)*...watch and observe for possible changes over time.

**Food may also interact with drugs.**

- Grapefruit juice should not be given with ANY medications as it may adversely affect absorption of the medication.
- Some medications must be given on an empty stomach for maximum absorptions.
- Certain antibiotics must not be given with dairy or calcium containing products.

**NOTE:** For individuals prescribed medications causing photosensitivity (increase probability of sunburn), sunscreen with at least 30 SPF should be applied before going outside.

**Daily Log note:** All new/changes in medications and treatments must be listed for seven (7) days on the Daily Log so all staff are aware and can follow-up on side-effects, etc. This includes changes in dosage, new medications or discontinued meds.

## Medication side effects

Some undesired effects grouped by affected part with common medications that might be the cause:

### Skin

- Hives (Raised blebs/welts/urticaria) -
- Rashes - many, especially anti-seizure meds
- Increased sweating - Ritalin®
- Decreased sweating - Haldol®,, Zyprexa®, lithium
- Acne – prednisone

### Digestive system

- Diarrhea - Antibiotics
- Nausea/vomiting - codeine, other narcotics, lithium
- Heartburn - anti-inflmmatories (ibuprofen, naprosyn)
- Gum/teeth problems - Diltantin ® (phenytoin)
- Dry mouth - antihistamines (Benadryl®, etc.)
- GER (Reglan)

### Nervous system

- Dizzy/lightheaded
- Seizures - Wellbutrin™, other antidepressants
- Muscle tighteness/ abnormal movements - antipsychotics (thorazine, Haldol ®)
- Tics - methylphenidate (Ritalin®)
- Hallucinations/delusions - many
- Agitation - Prozac®, Zoloft©, Ritalin®, amphetamines
- Sleepiness - antidepressants, antipsychotic, antihistamines, narcotics
- Malaise (feeling ill or "out of it"), unpleasant sensations-antibiotics

### Respiratory system

- Irregular breathing - Prozac®
- Wheezing - inhalers

### Cardiovascular system

- Fainting - blood pressure medications
- Irregular pulse (faster/slower)- Ritalin®

### Blood

- Easy bruising - aspirin or blood thinners
- Low red cell counts (anemia) - anti-inflammatories
- Low white cell counts-valproate (Depakote®), carbemazepine (Tegretol®)

### Endocrine (hormones)

- Menses changes - birth control pills
- Hair growth - prednisone
- Hair loss - prednisone
- Thyroid problems - Lithium

### Urinary system

- Trouble voiding - antihistamines, older antidepressants

### General / constitutional

- Increased appetite/Weight gain - Prozac®
- Decreased appetite / Weight loss amphetamine (Adderal©)
- Fever- antibiotics
- Muscle cramps - blood pressure medications, lithium
- Itch - narcotics, especially Demerol®

### Special senses

- Vision changes
- Ringing in the ears (Tinnitus) - aspirin

### *Medications review*

The job of the caregiver is to watch for and report changes. You are responsible for noting changes, **not** to determine if the change you see is actually the result of a given medication.

If you see something that is different, report it. More detailed information about recognizing those important changes, how to report them, and to whom you should report will be covered in depth in Lesson 3.

### Pill Book (or side effect sheets)

Know where your **Pill Book** or **side effects sheets** are for your home. Sheets can be printed from PDR.net.

- For every medication currently being used in your home you **must** have access to this information and are responsible to know the side effects of prescribed medications.
- Remember that no one can expect to know everything about any given medication *(even doctors and nurses look things up daily to be sure).* You should always look up the details if you do not know or you are not sure. The key points of the discussion while doing this review are to:
  - Get a background picture of what to expect when you are a staff member administering medications in your home.
  - Learn new terms and practice using them to describe the conditions and medications you will commonly encounter. This means be descriptive and objective (factual) not subjective (opinions) in your documentation and reporting of side effects.
    - **Objective** = hands shaking slightly *(liquid does not spill out of full cup),* 6 oz just at meals vs. requesting fluids a minimum of every hour, sleeping additional 3 hours on/off during dayshift during the past 3 weeks, verbally aggressive with little provocation which is not usual
    - **Subjective** = I think Joe is depressed, Joe seems angry...
  - Know why medications are used.
  - Become familiar with the most important unwanted effects of those medications.

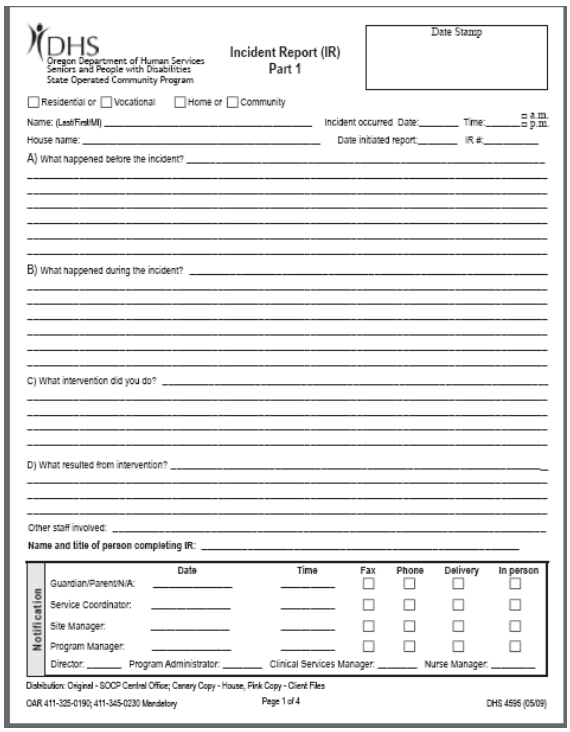
# LESSON 3: Observing and reporting

***DESIRED OUTCOME: Watching for important changes that may be related to medication and communicating that information effectively and appropriately.***

Observing and reporting physical and behavioral changes is an important responsibility for all staff. It is an important phase of the medication cycle that makes understanding medication administration more than just "passing out meds."

Reviewing your Pill Book/side effects sheets in the last lesson suggested some observations that might make you suspect medication as a cause, but there may be other causes for the changes that you will need to note.

***You are responsible to watch and report.***



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State Operated Community Program

Incident Report (IR)
Part 1

Date Stamp

☐ Residential or ☐ Vocational ☐ Home or ☐ Community

Name: (Last/First/MI) _____ Incident occurred Date:_____ Time:_____ ☐ a.m. ☐ p.m.

House name: _____ Date initiated report:_____ IR #:_____

A) What happened before the incident? _____

B) What happened during the incident? _____

C) What intervention did you do? _____

D) What resulted from intervention? _____

Other staff involved: _____

**Name and title of person completing IR:** _____

| Notification | Date | Time | Fax | Phone | Delivery | In person |
|---|---|---|---|---|---|---|
| Guardian/Parent/N/A: | _____ | _____ | ☐ | ☐ | ☐ | ☐ |
| Service Coordinator: | _____ | _____ | ☐ | ☐ | ☐ | ☐ |
| Site Manager: | _____ | _____ | ☐ | ☐ | ☐ | ☐ |
| Program Manager: | _____ | _____ | ☐ | ☐ | ☐ | ☐ |

Director: _____ Program Administrator: _____ Clinical Services Manager: _____ Nurse Manager: _____

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DHS 4595

## *Reporting procedures and forms*

There are three levels of things to report from most severe and urgent to the least:

- **Level 1:** Health emergencies *(IR must be completed)*
- **Level 2:** Non-emergency, possibly health threatening conditions *(IR may be completed)*
- **Level 3:** Other notable conditions *(IR would not necessarily be completed)*

### Notification system

Use the Notification System *(call and leave a message)* for all medical/behavioral situations of emergency/concern nature.

- **Level 1 emergency:** you will get an immediate response from the Site Manager or Program Manager. These pertain to clients or staff.
  - Deaths
  - Attempted suicides
  - AWOL
  - Abuse and neglect allegations
  - Emergency room/hospitalizations
  - Accidents resulting in injury
  - Involvement or calls made to law enforcement/fire departments
  - Any suspected illegal activities *(e.g., drugs, etc.)*
- **Level 2 non-emergency**, possibly health threatening conditions *(return call within 1 hour)*
- **Level 3 other notable conditions** *(return call by the end of the shift)*

## e˙mer˙gen˙cy *(definition)*

- A serious situation or occurrence that happens unexpectedly and demands immediate action.
- A condition of urgent need for action or assistance.

## Examples to watch for:

*(these are standard CPR/1st Aid issues)*

- Sudden wide-spread hives, especially if there is facial swelling.
- Seizures, especially new or unexpected if life threatening.
- Breathing difficulty.
- Disorientation
- Severe pain.
- Inability to stand or walk
- Medication overdose if life threatening.
- Rapid pulse or fainting or decreased level of consciousness
- Marked weakness especially on one side of the body.
- Marked behavior change.
- Uncontrolled bleeding.
- Change in mental status.
- Compound fractures

Mental status refers to a person's mood and the way they appear to be thinking and feeling. Medications other than psychotropic may cause mental status changes or other behavioral effects, especially when medication interactions occur.

### *When and to whom to report it:*

- Immediately. Call Local Emergency Number: 911
  - Provide first aid if necessary until help arrives.
  - Follow directions from emergency personnel during contact phone calls. Do not hang up...
- Poison Control (for accidental ingestions): 800-222-1222 (now a single national number, easily remembered, reaches your closest center) Usually 911 will give you direction to call when appropriate.

### *After all emergencies:*

- Call the Site Manager/Program Manager and inform them of what happened as soon as possible after the crisis/emergency. Leave them a message and give them your call back number.

- Follow-up with the completion of an Incident Report (4595, 4595A, 4595B, 4595C and/or 4595D). When emergency calls are made or trips to the emergency room, these are considered a "Change in Condition" and should be so noted on the Incident Report. Documentation also needs to occur in the homes Daily Log (4629) and Progress Note (4595) of the individual.
- The person writing the Incident Report should document what they saw and observed not impressions or suspicions!
- If individual has a Nurse-Client Relationship established, report to the nurse and inform the site manager.

### Non-emergency, possibly health threatening conditions

Non-Emergency **BUT** possibly a threatening condition might be those that you have been observing over a period of time *(hours or a shift, etc.)* that are not resolving themselves with usual medical interventions. This is change that is unusual to the individual.

**Examples to watch for:**

- A fever which is not reduced by PRN medication.
- Change in bowel habits *(ie. constipation or diarrhea)*
- A rash that lasts for several days or a rash that appears to be getting worse.
- A change in the type of seizure an individual typically experiences.
- Ingesting something *(dish soap, laundry detergent, etc.)* where you need to call poison control.
- An increase in seizure activity.
- Repeated episodes of anger or behavior, which may be manageable, but are not typical for the person.
- A persistent sore throat.
- Other behavior changes that are out of character as you have come to know them.
- Unusual refusal to take prescribed medications.
- Unusually withdrawn behavior on the part of a person who ordinarily has frequent interactions with others.

## *When and to whom to report it:*

- Report to the Site Manager if deemed necessary using a Level 2 response/ notification procedure that means you will get a response within one hour.
- Report to doctor making appointment as needed as soon as possible after the ongoing condition or change is observed/ noted.
- Document on an Incident Report (4595), in the Daily Log (4629), and on the individuals Progress Note (4596). *When in doubt, document.*

**Other notable changes**

*Examples to watch for:*

- Report anything that could be significant such as changes in sleep patterns, unexplained bruises, slight rash, or upset stomach.
- Remember to report anything that is out of the ordinary especially if medications were recently changed.

*When and to whom to report:*

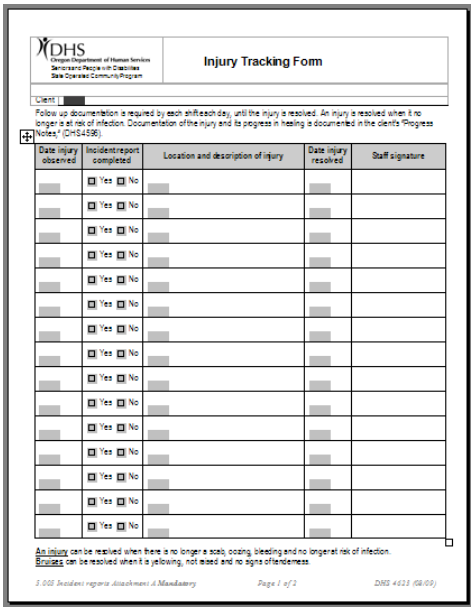
- As soon as possible after the condition is observed.
- Document changes noted in individuals Progress Notes (4596). If a significant change in condition is noted, an Incident Report (4595) should be completed. All unexplained injuries (including bruising) must have an Incident Report.
- Document in the Daily Log (4629) for other shifts to review and continue reporting as needed.
- Follow the "Reporting procedures for the 3 emergency levels" on page 18. Notify the Site Manager if deemed necessary and visit a physician when it is recommended.

***WHEN IN DOUBT, BE ON THE SAFE SIDE and MAKE THE CALL!***

**SPECIAL NOTE:** Any reported injury must have (even those that don't fit into the above listed categories) regular follow-up and documentation.

1. Document status on DHS 4596 Progress Notes and DHS 4623 Injury Tracking Form
2. All injuries must have a DHS 4595 Incident Report with a copy of the Injury Tracking Form inserted.

Continue documenting the status in the progress notes until the injury is healed. You don't need a physician to indicate "healed." Staff attending to the individual can identify that an injury is healed or resolved based on their observations.



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**Injury Tracking Form**

Client I

Follow up documentation is required by each shift each day, until the injury is resolved. An injury is resolved when it no longer is at risk of infection. Documentation of the injury and its progress in healing is documented in the clients "Progress Notes" (DHS4596).

| Date injury observed | Incident report completed | Location and description of injury | Date injury resolved | Staff signature |
|---|---|---|---|---|
| | ☐ Yes ☐ No | | | |
| | ☐ Yes ☐ No | | | |
| | ☐ Yes ☐ No | | | |
| | ☐ Yes ☐ No | | | |
| | ☐ Yes ☐ No | | | |
| | ☐ Yes ☐ No | | | |
| | ☐ Yes ☐ No | | | |
| | ☐ Yes ☐ No | | | |
| | ☐ Yes ☐ No | | | |
| | ☐ Yes ☐ No | | | |
| | ☐ Yes ☐ No | | | |
| | ☐ Yes ☐ No | | | |
| | ☐ Yes ☐ No | | | |
| | ☐ Yes ☐ No | | | |

An injury can be resolved when there is no longer a scab, oozing, bleeding and no longer at risk of infection.
Bruises can be resolved when it is yellowing, not raised and no signs of tenderness.

3.005 Incident reports Attachment A Mandatory Page 1 of 2 DHS 4623 (08/09)

**DHS 4623 Injury Tracking Record: Definitions**

- **Bruise:** A discoloration of the skin without a break or tear in the top layer
- **Abrasion:** Wearing away or scraping of the skin layers by friction.
- **Rash:** Change in color/texture of the skin that may be warm, dry, cracked, bumpy or itchy.
- **Healed/resolved:** Skin condition that has cleared and skin is intact without a scab present.

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**State Operated Community Program**
**Incident Report (IR) Part 1**

☐ CORE IR# _____

☒ Residential or ☐ Vocational

☒ Home or ☐ Community

Name: Smith, (Last) Joe (First)

Date Incident Occurred: 11/14/08

Time Incident Occurred: 0915

House Name: Adell

Date Report Initiated: 11/14/08

A) What happened before the incident? "Before" doesn't necessarily mean immediately. Think about about interactions with others over hours, shifts, or days. Consider outings and locations where a person might have come in contact with branches or hard edges. Look at how they have been sleeping (or not), have they appeared more lethargic or active than usual. Read "Progress Notes" to see if others have noticed changes, etc. Was your individual in a "Protective Physical Intervention" (restraint)?

B) What happened during the incident? Think about what actually happened at the moment of the incident. If this is an injury that you didn't see happen, your research in the previous section is even more important to possibly understanding wy the person has a bruise or scratch, etc. If the individual reported what happened, make sure your writing clearly indicates this is what the person said. Use "*quote marks*" if appropriate.

C) What intervention did you do? Following Dr.'s orders, calling doctor, going to the emergency room, moving a sharp object …etc. Be sure you are checking the environment for safety hazards if that is a probable cause and whenever possible fix or secure it in some way so others aren't injured. Called 911, went to emergency room … be thorough.

D) What resulted from intervention? If you are documenting a behavior event, and you don't see an injury right now, did something happen that might result in an injury tomorrow? Be thorough in your thinking. If there were no ongoing issues after you did your first aide, make a statement to that effect. Everything went well at ER with new orders, etc.

Other staff involved: none

**Name and title of person completing IR:** M. Howard, HTT2

**Notification:**

| | | | | | | |
|---|---|---|---|---|---|---|
| Guardian/Parent/n/a: | Date: _____ | Time: _____ | ☐ Fax | ☐ Phone | ☐ Delivery | ☐ In Person |
| Service Coordinator: | Date: _____ | Time: _____ | ☐ Fax | ☐ Phone | ☐ Delivery | ☐ In Person |
| Site Manager: | Date: _____ | Time: _____ | ☐ Fax | ☐ Phone | ☐ Delivery | ☐ In Person |
| Program Manager | Date: _____ | Time: _____ | ☐ Fax | ☐ Phone | ☐ Delivery | ☐ In Person |

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State Operated Community Program

# Incident Report (IR) Part 2

Name: Smith, Joe (Last) (First) Date: 11/14/08 Time: 0915

☒ Protective physical intervention (PPI) ☐ Emergency protective physical intervention ☐ Emergency psychotropic medication

**Program administration authorization:** Yes ☐ No ☐ Time notified: _____

**Program Administrator name:** _____ Time approved: _____

**List Protective Physical Intervention (PPI) used:**

**Type of PPI?** _____ **Type of PPI?** _____
How long was person in PPI? Min: ____ Secs: ____ How long was person in PPI? Min: ____ Secs: ____
Staff administering PPI? _____ Staff administering PPI? _____

**Type of PPI?** _____ **Type of PPI?** _____
How long was person in PPI? Min: ____ Secs: ____ How long was person in PPI? Min: ____ Secs: ____
Staff administering PPI? _____ Staff administering PPI? _____

**Type of PPI?** _____ **Type of PPI?** _____
How long was person in PPI? Min: ____ Secs: ____ How long was person in PPI? Min: ____ Secs: ____
Staff administering PPI? _____ Staff administering PPI? _____

**Did an injury occur?** Yes ☒ No ☐

**Type of injury:** Swollen knee **Location of injury:** Rt. knee cap **Size:** (inches) 2”

**Treatment** Cold moist pack X2 20 min each.

**How should the incident be classified:** *(check all that apply)*

| | | | | |
|---|---|---|---|---|
| ☐ Death | ☐ Suicide | ☐ Hospitalization | ☐ Self-Injurious behav. | ☐ Aggression |
| ☐ Illness | ☐ Attempt | ☐ Prop.destruction | ☐ Pica | ☐ Referred for (OIT) investigation |
| ☐ Medical | ☐ Threat | ☐ Emergency PPI | ☐ Incident w/public | |
| ☐ Police | ☐ Choking | ☐ Program PPI (approved in BSP) | | ☐ Missing |
| ☐ Fire | ☒ Injury | ☐ Emergency psychotropic medication | | |

☐ Other: _____

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*OAR 411-325-0190; 411-345-0230 Mandatory* *Page 2 of 5* *DHS 4595A (05/10)*

# LESSON 4: Obtaining and using medication

***DESIRED OUTCOME: Providing accurate information to health care providers and understanding medication orders. Getting the facts about medication for safe and beneficial administration.***

## *Importance of information*

Information plays an important role in the medication cycle as you have seen in the previous lessons.

- Health care providers need accurate and complete information as they try to ensure that medication is being used to the best benefit of the individual and as safely as possible.
- Specific types of information related to medication are an essential part of the basic health record for an individual. This information is important for a doctor to safely prescribe medication.
- Basic directions are always given for administration on the labels for medication and these directions must be followed ***exactly.***
- Medical information can be found in the Individual Program Book, on the MAR/TAR and on the Physician's Visit Order Form. When you go to the doctor's office your house procedure may have you to take the Individual Program Book, PVO *(and Addendum)* with you. You will not take the MAR/TAR's.

### Medication questions

In order to understand completely a new medication's benefits and risks and to use it wisely, you must either be sure you know it already or find it out when needed, usually by asking *(pharmacist or physician)* or looking it up *(Pill Book or side effects sheet).*

- What is the purpose and desired effect of the medication?
- What is the response time? When should we see this take effect?
- Are there any unwanted effects to watch for specifically?
- Are there any possible interactions with other medications or foods, including PRN medications?
- Are there any special administration and/or storage instructions?
- Is this medication a controlled substance?
- What should staff do if the following occurs?
    - A dose is missed?
    - A dose is refused?
    - A dose is regurgitated?
    - A dose is spit out?
    - An extra dose is given.
- Is the medication intended to be a psychotropic? Can it have effects on behavior?

## *Information for the doctor*

***Fill in before appointment.*** It is the responsibility of the person going to the doctor to verify accuracy from an exact copy of original physician's order.

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**Physician's Visit/Orders (PVO)**

Client Name: **First and last name** Date: **Appointment date**

Name of Physician: **Attending doctor** Other Specialist: _____

Reason for Visit: **Clear description of why you are at the doctor's office, complaints directly from the client, or observed changes in physical or behavioral signs.**

**Current Medication/Treatments – Dosage and Time**

**Oral Medication**

***LIST all current oral meds taken on a regular basis –*** taken directly from MAR, exact copy of original physician's order. Injectable medication included here.

**Treatment Medication**

***LIST all current topical/treatments used on reg. basis–*** take directly from MAR, exact copy of original physician's order.

**PRN Medication/Treatment**

***List all PRN medications and treatments.***

**Prosthetics**

***List or note as NONE***

**Special Diets**

***List or note as NONE***

**Known Allergies/Adverse Drug Reactions**

***List or note as NONE***

**Psychiatric Diagnosis**

***Found on BSP from last psychiatric consult or client's Health List. If there is no diagnosis – write NONE***

**Significant Findings of Examination**

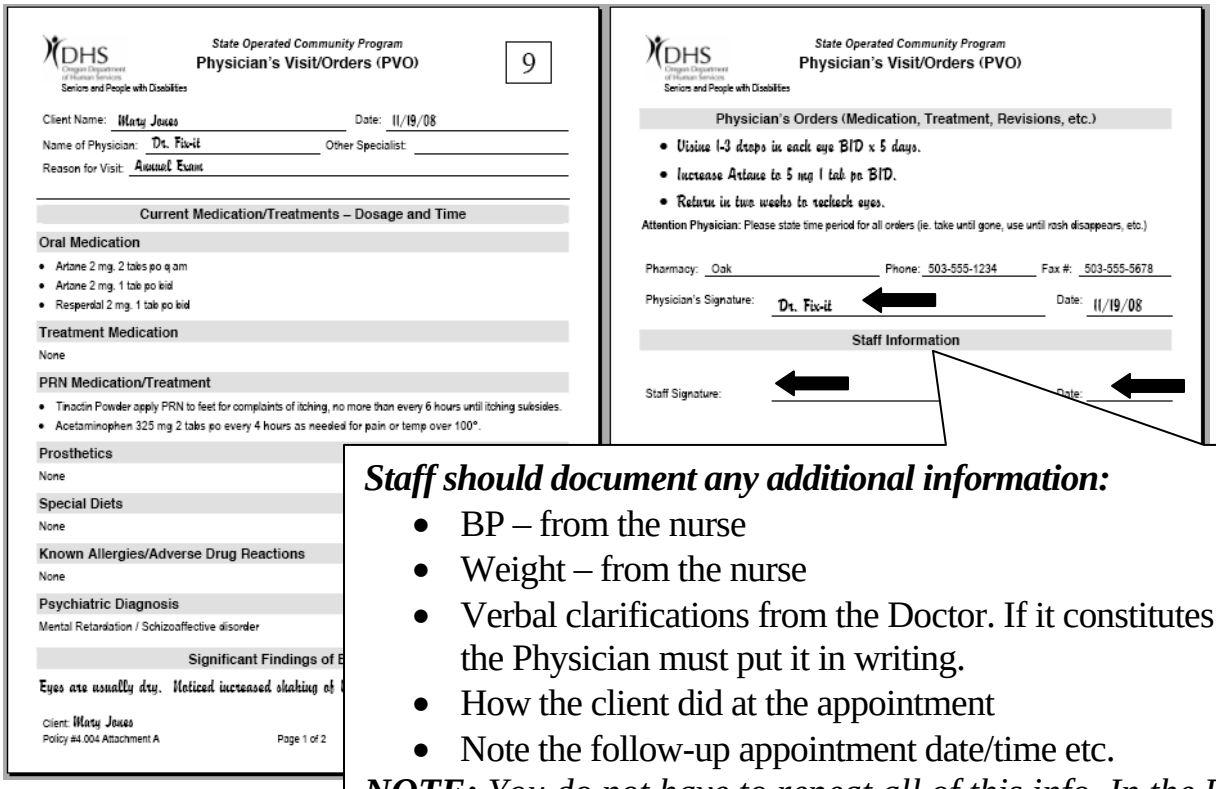
**Physician's Orders**

***ONLY the Licensed Profession writes in this section: Doctor, Nurse, Physician's Assistant, Dentist, etc. Staff DO NOT WRITE in this section for any reason.***

**Attention Physician:** Please state time per

Client:
Policy #4.004 Attachment A Page 1 of 2 DHS 4576 (6/07)

**Physician's Visit Order – taken from Medication Administration Training materials**



DHS Oregon Department of Human Services
Seniors and People with Disabilities

State Operated Community Program
Physician's Visit/Orders (PVO)

9

Client Name: Mary Jones Date: 11/19/08
Name of Physician: Dr. Fix-it Other Specialist:
Reason for Visit: Annual Exam

Current Medication/Treatments – Dosage and Time

Oral Medication
- Artane 2 mg. 2 tabs po q am
- Artane 2 mg. 1 tab po bid
- Resperdal 2 mg. 1 tab po bid

Treatment Medication
None

PRN Medication/Treatment
- Tinactin Powder apply PRN to feet for complaints of itching, no more than every 6 hours until itching subsides.
- Acetaminophen 325 mg 2 tabs po every 4 hours as needed for pain or temp over 100°.

Prosthetics
None

Special Diets
None

Known Allergies/Adverse Drug Reactions
None

Psychiatric Diagnosis
Mental Retardation / Schizoaffective disorder

Significant Findings of E
Eyes are usually dry. Noticed increased shaking of

Client: Mary Jones
Policy #4.004 Attachment A Page 1 of 2

DHS Oregon Department of Human Services
Seniors and People with Disabilities

State Operated Community Program
Physician's Visit/Orders (PVO)

Physician's Orders (Medication, Treatment, Revisions, etc.)
- Visine 1-3 drops in each eye BID x 5 days.
- Increase Artane to 5 mg 1 tab po BID.
- Return in two weeks to recheck eyes.

Attention Physician: Please state time period for all orders (ie. take until gone, use until rash disappears, etc.)

Pharmacy: Oak Phone: 503-555-1234 Fax #: 503-555-5678
Physician's Signature: Dr. Fix-it Date: 11/19/08

Staff Information
Staff Signature: Date:

***Staff should document any additional information:***

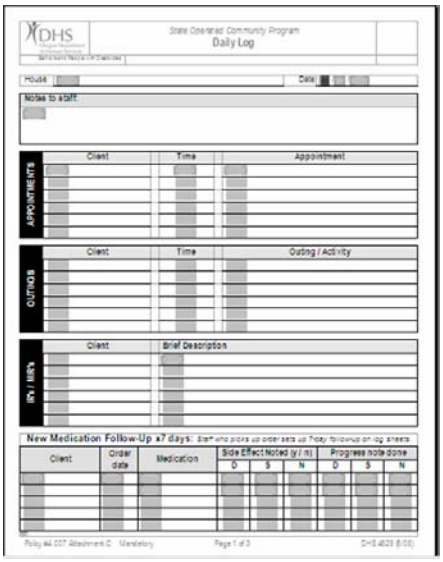
- BP – from the nurse
- Weight – from the nurse
- Verbal clarifications from the Doctor. If it constitutes an order, the Physician must put it in writing.
- How the client did at the appointment
- Note the follow-up appointment date/time etc.

***NOTE:*** *You do not have to repeat all of this info. In the DHS 4596 Progress Notes, you can refer to the DHS 4576 Physician Visit Orders (PVO).*

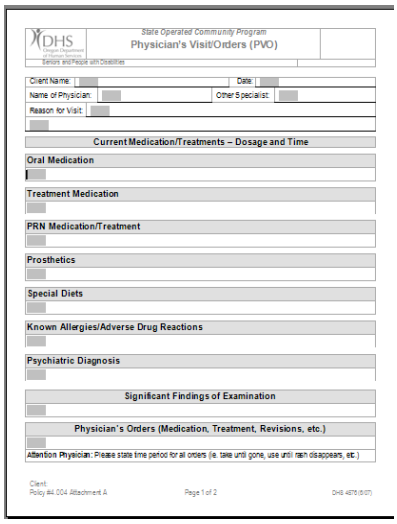
***Signature, title* and *Date* are required** *– even if no notes are recorded in this section.*

- Usually the physician will write the orders in the "Physician Order" section. If, however, they write up in the section listing medications...the physician must sign where the order was changed as well as at the bottom of the form.
  - Assure you have clear orders written. ***Example:*** *if the order says 2-4 drops you must have the health care provider clarify specifically how many drops (cannot do 2-4), or specific area of a rash, etc.*
  - If the order is not ongoing, the health care provider must specify an ending date or note "until healed," etc.
- If any clarifying information is directly related to the actual order (ie. Forgot to indicate how often the medication was to be given, etc.), the health care provider must write the clarification on the order. You cannot alter or clarify in the health care provider section of the PVO (4576).
- If you don't think the medication will be delivered from the pharmacy in time for the next dose, you can ask the physician to clarify right on the order "upon delivery from pharmacy." This allows continuation of a previous dose until new one arrives and makes it easier to pick up the orders on the MAR from the physician's perspective.

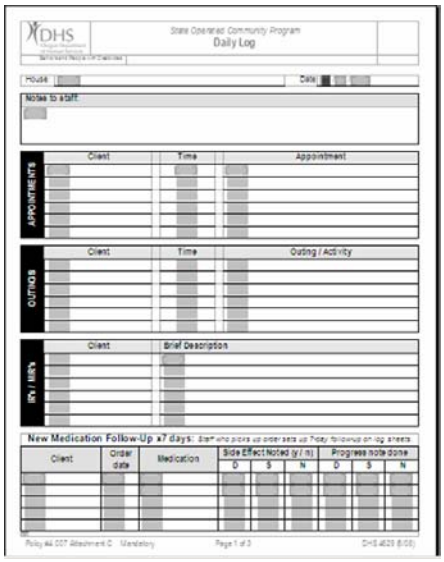
- Upon returning home, staff **must:**
  - Fax or drop off new order to pharmacy.
  - Make a note that the individual made a visit to the doctor's office on the Progress Notes (4596) in the Individual Program Book. You do not need to restate everything that is on the PVO (4576) form.
  - Transcribe any new medication/treatment orders onto the MAR/TAR (4573). When done transcribing the orders, staff must bracket: Signature/title, date and time on the PVO and on the MAR/TAR.
  - Put new medication/treatments or changes in medications/treatments on the Daily Log (4629) for seven (7) days to assure staff knows of any medication/treatment additions or changes.
  - At this time, you should also update the PVO (4576) as necessary for the next physician visit.
  - Notify the Site Manager or on coming shift if the medication has not arrived at the home by the end of the shift.
  - Add follow-up appointment to house calendar/appointment book and Daily Log (4629).



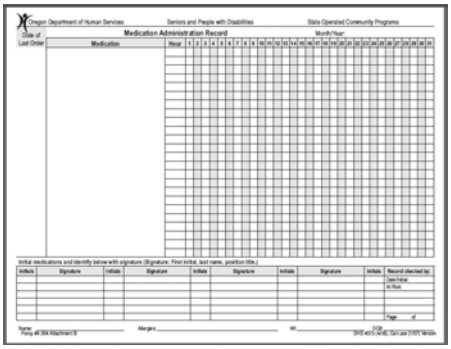

DHS 4629 Daily Log




DHS 4576 Physician Visit Orders (PVO)




DHS 4596 Progress Notes




DHS 4573 Medication Administration Record

## *Medication administration irregularities*

DHS
Oregon Department of Human Services
Seniors and People with Disabilities
State Operated Community Program

**Addendum to Physician Orders**
Medication Administration Irregularities
**Physician's Directions**

Client: Joe Smith Physician: Dr. Dolittle

Current medications are listed on physician's orders. In the event that a medication or treatment is missed, I, Dr. Dolittle wish the following to occur:

| Medication: | Procedure to use when medication is missed *(check one)*: |
|---|---|
| Risperdol 2 mg. TID by mouth | ☐ a. Give medication as soon as he/she comes home.<br>☒ b. Give up to 3 hours late, after that time lapses call for directions.<br>☐ c. Give up to ____ hours late, after that time lapses wait for the next scheduled dose.<br>☐ d. Call for directions immediately.<br>☐ e. Other: ____ |
| Lithium 250 mg. ii tabs by mouth TID | ☐ a. Give medication as soon as he/she comes home.<br>☒ b. Give up to 4 hours late, after that time lapses call for directions.<br>☐ c. Give up to ____ hours late, after that time lapses wait for the next scheduled dose.<br>☐ d. Call for directions immediately.<br>☒ e. Other: Don't give if within 2 hours of next dose. Give next dose only. Notify via FAX if this situation occurs. |
| Write order EXACTLY as on the PVO | ☐ a. Give medication as soon as he/she comes home.<br>☐ b. Give up to ____ hours late, after that time lapses call for directions.<br>☐ c. Give up to ____ hours late, after that time lapses wait for the next scheduled dose.<br>☐ d. Call for directions immediately.<br>☐ e. Other: ____ |
| | ☐ a. Give medication as soon as he/she comes home.<br>☐ b. Give up to ____ hours late, after that time lapses call for directions.<br>☐ c. Give up to ____ hours late, after that time lapses wait for the next scheduled dose.<br>☐ d. Call for directions immediately.<br>☐ e. Other: ____ |
| | ☐ a. Give medication as soon as he/she comes home.<br>☐ b. Give up to ____ hours late, after that time lapses call for directions.<br>☐ c. Give up to ____ hours late, after that time lapses wait for the next scheduled dose.<br>☐ d. Call for directions immediately.<br>☐ e. Other: ____ |

**NOTE:** A Medical Incident Report (MIR) needs to be completed. On the MAR/TAR form *(circle on front/explanation on back)*. Physician/Nurse *(per policy)* must be notified *(phone/fax)* only if you are outside the parameters listed above.

If there are any other medication administration errors/overdose/wrong dose/wrong person/wrong route, etc., it **MUST** be reported on a Medical Incident Report (MIR) and the doctor *(or their designated back up)* must be called immediately for instructions.

Physician Signature: Dr. Dolittle Date: 1-21-08

**The additional time given by the physician on this addendum is calculated from the time the dosage is scheduled to be given on the MAR/TAR.**

*Policy #4.004 Attachment D Mandatory* *Med. Training example DHS 4621 (01/10)*

The **DHS 4621 Addendum to Physician Orders**, is used to provide physician's directions for each medication in the event that the original order cannot be followed. Medication/treatment cannot be administered outside the parameters of the addendum without obtaining a telephone or faxed order from the health care provider.

- The medications/treatments included on the addendum form are at the discretion of the health care provider. This helps avoid unnecessary contact with the health care provider.
- Staff should transcribe the exact physician's order into the medication column.
- The doctor must fill in the procedure section and sign the form.
- Unless the physician specifically indicates on the addendum form how he/she wants notification, notification is not necessary.
- This is a physician's order. Staff cannot write over written orders, modify or change them in any way. You can put one diagonal line through the "medication" section only to discontinue an order *(signature/title, date and time should be included as with any discontinued order).*

**REMEMBER:**

- When you discontinue a physician's order on a MAR/TAR (4573), if you also have an addendum order for that same medication/treatment, you must discontinue it as well.
- Whenever an order or any part of an order changes, you must have a new addendum form as well. These must match exactly with the orders on the original physician's order form. You can update these in three ways:
  - Take the Addendum form (4621) with you each time you go that is already filled out with the original orders so that the doctor can update and sign on the spot;
  - Have the doctor write directly on his original PVO (4621) the addendum orders, copy and highlight those orders and staple them to the addendum orders you have, or
  - After you are home, update the new addendum form and deliver/fax to the physician to sign and return.

***The key is that your Addendum (4621) is current with Physician's Order (4576)!***

## DHS 4664 Telephone Orders

**Telephone Orders**

**Facility name:** Your "home" name **Address:** Address of your home

**Name:** _____ **Attending Physician:** _____

*Individuals last name* *First name* *Name of the doctor called*

| Telephone Orders | Date ordered: | Date discontinued: | Orders: |
|---|---|---|---|
| | Date of conversation | | _A complete order including medication, dose, route, number of times a day, etc.<br>_Write the order as given by the doctor or nurse. |

**Signature :** _____ **Time:** _____

*Person receiving the order: initial, last name and title*

**Physician's Signature :** _____ **Date:** _____

*FAX, mail, hand carry for signature*

**ORIGINAL COPY: Physician please sign and return within 48 hours.**

- This form is used every time a staff receives instructions from a physician or physician's nurse on the telephone regarding an individual. You can get the forms from your pharmacy.
- Be sure the phone order form contains the following information: individual's name, physician's name, name of the medication or the treatment, dose or strength of the medication, manner in which it is to be administered *(by mouth, etc.)*, time(s) of day it is to be administered *(B.I.D., one time a day, etc.)*, length of time it is to be administered *(if applicable, e.g.. ten days, etc.)*, date the order is given, and time and signature/title of the person taking the order over the phone.

- **Transcribe the order onto the MAR/TAR (4573):**
  - Follow transcription procedures outlined for standard physician's orders.
  - File a copy of the order in the individual's record.
  - Bracket the order then put your signature/title, date & time on the order when you have finished transcribing it.
- **Mail, hand carry, or fax the order** to the physician's office for his/her signature.
  - If you do not make arrangements to pick up the signed order, ensure that you provide the physician with a self-addressed stamped envelope or your fax number to return the signed telephone order.
  - When the signed telephone order is returned place the signed original in the individual's record on top of the copy that was used for transcribing the order onto the MAR/TAR (4573).

**Telephone Orders**

**Facility name:** SOCP House **Address:** 101Somewhere Lane, Salem, OR

**Name:** Smith (*Individuals last name*) Sally (*First name*) **Attending Physician:** Dr. Fix-it (*Name of the doctor called*)

Telephone Orders

| Date ordered: | Date discontinued: | Orders: |
|---|---|---|
| 01/06/06 | | Correction of PVO dated 01/06/06 change to read: Apply a thin film of Hydrocortisone 1% cream to rash on upper left arm 4 times per day for 3 days. |

**Signature:** dt, Dorothy N. Toto, HTT2 (*Person receiving the order: initial, last name and title*) **Time:** 1530

**Physician's Signature:** (*FAX, mail, hand carry for signature*) **Date:**

**ORIGINAL COPY: Physician please sign and return within 48 hours.**

***Above is an example of what a telephone order should look like if you have not yet transcribed the incorrect order to the MAR/TAR*** (4573)**.**

**Telephone Orders**

**Facility name:** SOCP House **Address:** 101Somewhere Lane, Salem, OR

**Name:** Smith (*Individuals last name*) Sally (*First name*) **Attending Physician:** Dr. Fix-it (*Name of the doctor called*)

Telephone Orders

| Date ordered: | Date discontinued: | Orders: |
|---|---|---|
| | 01/06/06 | Apply a thin film of Hydrocortisone 1% cream to rash |
| | | on upper left arm 1-4 times per day for 3 days. *OR* |
| | 01/06/06 | D/C current hydrocortisone order |
| 01/06/06 | | Apply a thin film of Hydrocortisone 1% cream to rash |
| | | on upper left arm 4 times per day for 3 days. |

**Signature:** dt, Dorothy N. Toto, HTT2 (*Person receiving the order: initial, last name and title*) **Time:** 1530

**Physician's Signature:** (*FAX, mail, hand carry for signature*) **Date:**

**ORIGINAL COPY: Physician please sign and return within 48 hours.**

***The order above is another way a telephone order can look, especially if you have already transcribed the incorrect order on the MAR/TAR.***

If you notice this problem while at the office of the health care provider, you can ask the doctor to clarify it right on the original PVO (4576) and initial the correction *(much easier all around).*

## Fax orders

DHS
Oregon Department of Human Services

# FAX COVER SHEET

| | | | |
|---|---|---|---|
| Date: | | Sender: | |
| To: | | Office Name: | |
| Office Name: | | Address: | |
| Address: | | City: | |
| State: | Zip: | State: | |
| Phone No.: | | Phone No.: | |
| Fax No.: | | Fax No.: | |
| | | Total Pages: | |
| Re: | | | |

Include the "Cover Sheet" in your page count.

☐ Urgent ☐ For review ☐ Please comment ☐ Please reply ☐ Please recycle

Receiving physician's orders:
A faxed copy of an order is legal and should be treated as an original doctor's order *(transcribed onto MAR, signed off and filed in the Individual Client Book).*

Sending for advice from your physician:
Using your DHS approved "confidential statement" fax coversheet you can, if agreeable with your physician, use the fax process in order to get assistance from them. You could write your concern on the fax requesting advice. The doctor could respond with a written order. You must have a doctor's signature as with all physician orders. If there is an order, it should be treated as an original doctor's order *(transcribed onto MAR, signed off and filed in the Individual Client Book).*

***You fax your copy to the pharmacy insuring they receive it. Remember double check with your pharmacy to make sure they also received the order.***

**Confiden**
and legal
the intended recipient, you are hereby notified that the disclosure, copying, distribution, or taking of any action in regards to the contents of this fax – except its direct delivery to the intended recipient – is strictly prohibited. If you have received this fax in error, please notify the sender immediately and destroy this cover sheet along with its contents, and delete from your system, if applicable.

DHS 2009 (REV 9/2003)

### *Information from the doctor*

When a doctor or other health care professional licensed to prescribe decides that a medication is needed, they "order" its use. The information in that order is called a prescription.

Each time you give a medication, you must systematically and conscientiously check your procedure against these five rights. This is essential **everytime** you administer **any** medication - including medications that an individual has been taking for a long time.

Each time you give a medication, you need to remember to do the **"three checks."**

### *Three (3) Checks:*

- **Check 1:** Remove the medication from the secure locked area and check the prescription label against the MAR/TAR to make sure they match.
- **Check 2:** As you remove the medication from the bubble pack/pour the liquid, etc., you again check the prescription label against the MAR/TAR.
- **Check 3:** When you are documenting after the administration you again compare the prescription label to the MAR/TAR.

***The majority of medication errors that occur within SOCP are a result of not performing these three checks. When not done the individual is put at risk and as an administrator of medications you are not doing your job. These are the most important steps to successful and safe medication administration.***

### *Rights of medication administration*

Everyone who administers medications should know the five "rights."

#### Right person

In order to make sure that you are about to administer medications to the right individual, you have to know the individual.

Even when you know the individual well, mistakes can happen. To reduce the risk of errors:

- Prepare medications for only one individual at a time.
- Compare individual's name on MAR to the name on the bubble pack. If they don't match...**STOP**...and clarify.
- Give the medication to the individual as soon as you prepare it.
- Do not allow yourself to be distracted.
- Do not administer medication prepared by another individual.
- Do your documentation immediately after you administer to each individual.

### Right medication

Some of the new brand names can be very confusing and many drugs appear in different formats, such as long-acting or slow release that can have quite different effects. In order to be sure that you are giving the right medication, you must:

- Read the medication label carefully (remember that some medications have more than one name: a brand name and at least one generic name).
- Read the MAR/TAR carefully. Make sure that the medication name on the label, MAR/TAR and medication order match **before** giving the medication. If they do not match, or if there is any doubt that you are giving the right medication, **STOP!**
- Look at the medication. If there is anything different about the size, shape or color of the medication, call the pharmacist **before** you give it. It could be that you have been given a different generic brand of the medication. But sometimes when a medication looks different it means that you have been given the wrong medication.

### Right dose

The right dose is **how much** of the medication you are supposed to give the individual at one time.

- Make sure the numbers have the decimal point at the right place *(some pills are 0.1 mg. and others 100 mg)* and the units *(milligrams or tablets for example)* are correct.
- To determine the dose, you need to know the **strength** of each medication.
- In the case of liquid medications, you need to know the strength of the medication in each liquid measure. The dose equals the strength of the medication multiplied by the amount.

**RX#:** 828291 **Town Pharmacy**
100 Main Street
Pineville, OR 00000
503-000-0000

**Jeff Smith**
01/04/06

Valporic Acid 250 mg (Depakote)
Take 2 tabs by mouth twice a day

Dr. B.J. Honeycutt

**Lot#:** PS56721 **Exp. Date:** 01/01/07 **Refills:** 4

The **strength** of each Valporic Acid pill is 250 mg.

The **dose** is 500 mg twice a day.

Strength *(250 mg per pill)* **X** Amount *(2 tabs)* = 500 mg.

### Right time

- Some medications must be administered only at very specific times of the day. For other medications, the time of day that you give the medication is less critical.
- It is very important for medication to be given at the time of day that is written on the medication order. If no specific time is written on the physician's order, use the times consistent with administration in your house as appropriate.
- Compare the time on the prescription label and the MAR/TAR. If they do not match, or if there is any doubt that you are giving the medication at the right time, **STOP!**
- **SPECIAL NOTES:** Medications must be given within one hour of the time listed on the MAR/TAR. This means you have one hour before and one hour after the medication is ordered to administer it. This **does not** apply to PRN medications. They must be administered as ordered. Follow addendum orders if applicable in the event of a medication omission.

### Right route

- The route means how and where the medication goes into/or on the body. Most medication is taken into the mouth and swallowed, but others enter the body through the skin, rectum, vagina, eyes, ears, or nose.
- Sometimes mistakes happen when you are giving several medications by different routes at the same scheduled time. Avoid mistakes by completing the administration of one route first *(e.g. eye drops)*, put them away and wash your hands. Then administer the next medication *(e.g. ear drops)*.
- If a route is not listed on the actual physicians order, it can be added to the MAR/TAR (4573) in parenthesis () if you know for sure the route intended by the health care provider. If you don't know for sure, you should contact the physician/pharmacist for clarification.

***You must investigate and correct all problems before you can proceed.***

### Common medical abbreviations

| Abbreviation | Explaination |
|---|---|
| **gtts.** | drops |
| **@** | at |
| **am** | morning |
| **BP** | Blood pressure |
| **b.i.d./bid** | Twice a day |
| **gm. or GM** | gram |
| **c̄** | with |
| **cc** | cubic centimeter |
| **hs** | Bedtime (hour of sleep) |
| **Tx** | treatment |
| **tsp** | teaspoon |
| **Hr or hr** | hour |
| **NKA** | no known allergies |
| **Rx** | Prescription |
| **D/C or d/c** | discontinued |
| **mg.** | milligrams |
| **p.o. or po** | by mouth |
| **PRN or prn** | as needed |
| **Q. or q** | every |
| **Q.4h or q4°** | every 4 hours |
| **c/o** | complaint of |
| **Wt.** | weight |

| Abbreviation | Explaination |
|---|---|
| **X** | times |
| **↑** | increase |
| **↓** | decrease |
| **TPR** | temperature, pulse, respiration |
| **WNL** | within normal limits |
| **p̄** | after |
| **QD or qd** | daily or every day |
| **Q.6h or q6°** | every 6 hours |
| **Q.8h or q8°** | every 8 hours |
| **Q.12h or q12°** | every 12 hours |
| **QID** | 4 times daily |
| **q.o.d. or qod** | every other day |
| **s̄** | without |
| **tab.** | tablet |
| **t.i.d. or tid** | three times a day |
| **NPO** | nothing by mouth |
| **oint** | ointment |
| **Tbsp** | tablespoon |
| **i** | one |
| **ii** | two |
| **iii** | three |

Oregon Administrative Rules (OAR) 411-325-0120 (4)(a-c) require that medications be kept in their original containers and have original labels that should be easily read and understood to avoid misunderstanding which could lead to mistakes.

Abbreviations are discouraged in modern pharmacy practice yet there are times when they occur in a physician's order or pharmacy label.

## LESSON 5: Documentation and storage

***DESIRED OUTCOME: Keeping medication administration records. Knowing how medication is safely and legally stored. Recognizing and handling medication errors.***

### *Documentation*

A MAR (4573). is required.

- To maintain the quality of each step throughout the whole medication cycle.
- Reviewed regularly for accuracy.
- Record the details when errors occur.
- Errors must be reviewed and changes may need to be made to procedures to prevent the same thing from happening again.
- Medication errors are described later in this lesson.

Each time a medication is administered, it must be documented. Your documentation of medication administration must be completed as soon as you give the medication. You must complete all of the documentation that is required on the MAR/TAR(4573).:

- Documentation must be done in blue/black ink.
  - Red ink can be used only when discontinuing orders *(optional)*
  - Do not use felt tip/gel and other pens that leak/bleed.
  - Always make sure your writing is legible to anyone needing to read what is written.
  - Keep your initials within the square you are initialing for the administration.
- No pencil or white out can be used.
- If you make a documentation error during the medication administration process, do not scribble out or write over the error.
  - Error in narrative form, one line through it with initials.
  - Error in initials in wrong box, circle the square and explain on back what happened.
- As you have finished giving medications, double-check your documentation and again at the end of your shift.
  - If there is another medication trained staff available to double-check your documentation, ask them to go over the MAR/TAR to assure it is complete and correct.
  - You cannot sign for/ask others to sign for missed documentation. Always check the bubble pack to see if the medication is out of the pack when you find an empty square that should have initials. If the medication is gone, document on the back of the MAR (4573) as a documentation error. If the meds were still in the bubble pack, this would be a medication error and require a MIR (4630) be completed *(omission).*

**All documentation must be done immediately after the medication is administered for <u>each</u> individual.**

### *Medication errors*

A medication error occurs any time an individual is placed at risk because medication administration procedures were ignored, usually because one of the five rights was not correct. Medication errors occur when:

1. Administering the wrong medication to an individual.
2. Administering an incorrect dosage of the medication.
3. Administering a medication more than one-hour before/after a scheduled time.
4. A medication omission. This includes refusal by the individual to take medication.
5. Administering a medication using a route other than the one prescribed.
6. An apparent adverse reaction to a medication that results in a change in condition status for the individual.
7. The **DHS 4570 Individual Narcotic Count Sheet** *(Policy 4.012)* has a discrepancy in the number of pills.
8. Any medication is missing.

These situations require the completion of a Medication Incident Report (MIR) (4630) and documentation on the MAR/TAR (4573). with notification of the physician *(except 7, 8 no call to physician needed).* A note should also be made in the Progress note (4596) that a medication error was made.

Other irregularity such as the individual is gone *(e.g. on outing and medication went along)*, documentation error, etc. must be:

- Documented on the MAR/TAR (4573) by placing a circle in the appropriate square on the front of the document with accompanying explanation on the back.
- Do not require a MIR (4630) as they do not affect the health of an individual.

It is extremely important and wise to regard all deviations from the five medication rights as situations that require prompt action following policy and procedure to the letter to minimize the chance of harm.

- Prompt recognition and reporting, rather than trying to hide an error. You must handle medication errors as directed by Policy #4.004.
- The Site Manager and Program Manager of each home carefully review all medication errors. The purpose of the review is to find and correct the root causes, rather than to find someone to blame. Correcting the causes of medication errors will help prevent future errors. Therefore, reviewing errors carefully and thoughtfully is an important component of the process to make sure that mistakes are not repeated.

## *Medication Incident Report DHS 4630*

DHS
Oregon Department of Human Services
Seniors and People with Disabilities
State Operated Community Program

# Medication Incident Report

Date stamp:

House Name: _____ MIR #: _____

Client Name: _____ D.O.B: _____

Medication/Treatment: _____

Dosage: _____ Date: _____ Time: _____

- ☐ Wrong Medication
- ☐ Incorrect Dosage
- ☐ Wrong Time
- ☐ Medication Not Available
- ☐ Details: (explain) _____
- ☐ Medication Omission
- ☐ Wrong Route
- ☐ Medication Refusal (Omission)
- ☐ Other: (explain) _____
- ☐ Adverse Reaction
- ☐ Narcotic Count
- ☐ Medication Missing

**Action taken**

- ☐ MIR completed
- ☐ PVO Addendum followed
- ☐ Phone order completed
- ☐ Documented in Progress
- ☐ Physician instruction
- ☐ Other: (explain) _____

Physician notified: ☐ Yes ☐ No Date: _____ Time: _____ ☐ Phone ☐ FAX

Physician response: _____

Other: _____

Name and title of person completing MIR: _____ Date: _____

**Preventative action/Management review:**

_____

_____

_____

**Review signatures** Site Manager: _____ Program Manager: _____

| Notification | Signatures | Date/Time | Fax | Phone | Delivery | In person |
|---|---|---|---|---|---|---|
| | County services coordinator *(Notification only)* | _____ | ☐ | ☐ | ☐ | ☐ |
| | SM: _____ | _____ | ☐ | ☐ | ☐ | ☐ |
| | NM: _____ | _____ | ☐ | ☐ | ☐ | ☐ |
| | PM: _____ | _____ | ☐ | ☐ | ☐ | ☐ |

**Review signatures** Director: _____ Prog. Admin. (PA) _____ Nurse Mngr: _____

**DISTRIBUTION:** White and Yellow copies – SOCP Central Office; Pink copy - House

*Policy #4.004, #5.005 Mandatory* *DHS 4630 (05/10)*

### *Preventing medication errors*

The best preventative measures for eliminating medication errors are to:

- Assure all five medication administration rights are followed
- Do the triple check:
  - When you take down from cupboard
  - When you are removing from bubble pack/container
  - When documenting passing of meds
- Minimize interruptions while you are administering medications
- Know what medication you are giving *(research unfamiliar medications)*
  - If the medication doesn't look familiar, check it out
  - If the individual says it's not their medication, check it out

What if... *(Additional "What ifs" can be found in the Appendix)*

- Wrong medication is accidentally punched out of the bubble pack?
  - Dispose of the medication documenting on the drug disposal record
  - Contact pharmacy for replacement
  - Make a note in the Daily Log, etc. so other staff know medication is ordered

- Break the seal on a pill not being used right now.
  - **DO NOT** tape it back together
  - Follow disposal procedures
  - Contact pharmacy for replacement
  - Make a note in the Daily Log (4629), etc. so other staff know medication is ordered
  - If the meds come from the pharmacy taped *(very infrequent, but has happened)* it should be initialed by them and a note may accompany the bubble pack.

- Right when getting ready to administer med/treatment, discover outdated.
- **DO NOT** administer. Follow procedures for documentation and completion of MIR (4630) if actual error results
  - Dispose of medication/treatment per procedures
  - Contact pharmacy immediately for replacement
  - Note on Daily Log (4629), etc.

- If an individual's medication is missing, staff will immediately:
  - Notify the Site Manager or designated Site Manager on call.
  - Complete a Medication Incident Report (MIR) (3630).
  - Seek instructions from the Site Manager as to what should be done regarding medication administration for the missing dose(s).

### *Storage of medications*

**Policy #4.012 (Medication Handling)** and good pharmacy practice requires that:

- All medications will be kept in their original containers in a secured locked cupboard/cabinet or container.
- Liquid items will be stored below dry items or in a separate cupboard/cabinet or container.
- Each individual's medications will be stored separately from others living in the home in plastic bins or other containers that can be kept clean and orderly.
- Medications stored in a refrigerator are to be kept in a secured locked container.
- Oral medication will be stored separately from other medication (this is to prevent someone from accidentally swallowing an external medication) and under proper conditions of sanitation, temperature, moisture and light.
- At times, the doctor will provide samples of medication for use. You must have a written order to use these medications/treatments. When this happens the following options are available for use:
  - Put individuals name clearly on each dose/tube, etc.
  - Put in a zip lock baggie or other sealed container and put individuals name on the container.
  - Do not write the order on the dose/container, only the individual's name.
- When medication order changes, the pharmacy will not always take "Returns", sometimes requesting house use "Change of order stickers."

### *Controlled substances*

Controlled medications must be accounted for as changes occur and between all shifts.

- Assure accurate/current count of **ALL** controlled medications by the personnel accepting responsibility for passing medications. This includes those that come and "wait" for the beginning of the month/med cycle. Controlled medication is counted in four situations:

➢ Upon receipt ➢ When dispensing ➢ When disposing ➢ Between shifts

- **DHS 4570 Individual Narcotic Count Sheet** (use either the one sent by the pharmacy or the SOCP form) will be utilized for each controlled medication. Any discrepancies will be documented on the next available line and a Medication Incident Report (MIR) (4630) will be completed. Staff is responsible to assure there is a count sheet in place.
- **DHS 4663 Medication Administration Accountability Sign-Off Sheet** or the **DHS 4570 Individual Narcotic Count Sheet** will be used to document availability of controlled medication between shifts.
- If using the **DHS 4663 Medication Administration Accountability Sign-Off Sheet,** you do not list individual clients and their medications. You count all narcotics in the house and verify if they are correct or incorrect.

- Controlled medication prepared for administration away from the home will be documented on the **DHS 4570 Individual Narcotic Count Sheet**, the back of the **MAR** (4573), and will be kept secured and locked until administration.
- Controlled medication will be considered secure if in the possession of the responsible staff at all times.

***Two staff from the same shift must count and verify the presence of a controlled medication. These staff can be a Site Manager/Program Manager/RN/RT/LPN or staff having completed the Medication Administration Training competency.***

DHS

Seniors and People with Disabilities
State Operated Community Program

**Individual Narcotic Count Sheet**

Client Name: _____ Medication Name: _____
Date of Physician's order: _____ Dosage: _____
Physician's Name: _____ Method of Administration_____
Rx Number: _____

| Date | Time | Amount on Hand | Amount Received | Amount Given | Amount Remaining | Signature | Witness Signature |
|---|---|---|---|---|---|---|---|
| | | | | | | | |

Note: Any discrepancies documented on the next available line and MIR completed. Can use this form to document availability of controlled medications between shifts.

Policy #4.012 Attachment A Keep 6 months then destroy Tool Revised 10/17/06

You must have this form or one provided by the pharmacy for each individual controlled medication.

- ***Use this form to count between shifts to verify medications are accurate***
- ***Each count sheet must be signed.***

Be sure to count your medications immediately upon receipt from the Pharmacy. This is important for all medications, but especially for controlled drugs. If all are not present and accounted for as they should be, contact your pharmacy immediately.
***Be sure to count these controlled drugs between two staff so there is no question that they were not there when they arrived and it is verifiable between two parties.***

**Note:** Any discrepancies documented on the next available line and MIR (4630) completed. Use this form to document availability of controlled medications between shifts.

If you use this form to count between shifts to verify medications are accurate, you would need to count all controlled medications in the home and document the number of pills.

The medications are not identified individually by person, when using this form.

DHS
Oregon Department of Human Services
Seniors and People with Disabilities
State Operated Community Program

Print

**Medication Administration Accountability Sign-Off Sheet**

House: Month:

Two (2) staff from each shift must sign off below, signifying that all scheduled meds, PRN, treatments and narcotic(s) have been checked, dispensed and documented per medication administration procedures. OAR 309-049-0075 (3)(5)(6)(8).

| Day | Day shift signatures (2) | Check time | Error Y/N | Swing shift signatures (2) | Check time | Error Y/N | Night shift signatures (2) | Check time | Error Y/N |
|---|---|---|---|---|---|---|---|---|---|
| 1st | | | | | | | | | |
| 2nd | | | | | | | | | |
| 3rd | | | | | | | | | |
| 4th | | | | | | | | | |
| 5th | | | | | | | | | |
| 6th | | | | | | | | | |
| 7th | | | | | | | | | |
| 8th | | | | | | | | | |
| 9th | | | | | | | | | |
| 10th | | | | | | | | | |
| 11th | | | | | | | | | |
| 12th | | | | | | | | | |
| 13th | | | | | | | | | |
| 14th | | | | | | | | | |

Policy #4.012 Attachment B (Mandatory) Page 1 of 2 DHS 4663 (9/09)

**Instructions:** Do not individually list client/name or medication counts. Count all controlled/narcotic medications in the house and sign on one line to verify that the counts were correct or incorrect. If there is a discrepancy in count, a MIR must be completed. This form can be used in conjunction with the Individual Narcotic Count Sheet (4570) either provided by your pharmacy or SOCP form.

### *Disposing of medication*

Discontinued, contaminated or expired medications will be kept in a locked cupboard or locked box at a specified, secured, locked location until it can be disposed.:

**Two medication disposal options exist:**

**Preferred method:** Contact the Pharmacy and check for acceptance – requires one staff or manager's signature.

**Alternate method:** Contact SOCP Outreach nurse – requires multiple signatures.

DHS
Oregon Department of Human Services
Seniors and People with Disabilities
State Operated Community Program

**Drug Disposal Sheet**

| Date MM/DD/YY | Client's name | Drug description: Why taken: | Dose | Amount | Reason for disposal: Recalled | Outdated | Unused | Other | Method of disposal: Return to Pharmacy or Central Office Disposal | Disposal signatures: House required signatures: 1st = SM, BVS1, BVS2 or PM 2nd = Outreach Nurse | Central Office required signatures: 1st = Nurse Mngr 2nd = Witness |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | ☐ | ☐ | ☐ | ☐ | ☐ Pharmacy* ☐ Office | | |
| | | | | | ☐ | ☐ | ☐ | ☐ | ☐ Pharmacy* ☐ Office | | |
| | | | | | ☐ | ☐ | ☐ | ☐ | ☐ Pharmacy* ☐ Office | | |
| | | | | | ☐ | ☐ | ☐ | ☐ | ☐ Pharmacy* ☐ Office | | |
| | | | | | ☐ | ☐ | ☐ | ☐ | ☐ Pharmacy* ☐ Office | | |
| | | | | | ☐ | ☐ | ☐ | ☐ | ☐ Pharmacy* ☐ Office | | |
| | | | | | ☐ | ☐ | ☐ | ☐ | ☐ Pharmacy* ☐ Office | | |
| | | | | | ☐ | ☐ | ☐ | ☐ | ☐ Pharmacy* ☐ Office | | |
| | | | | | ☐ | ☐ | ☐ | ☐ | ☐ Pharmacy* ☐ Office | | |

* **NOTE:** Pharmacy disposal requires signature of a staff or manager at the house. **SEE BACK for process details.**

Original Drug Disposal sheet remains at the house for 2 years and a copy goes with the outreach nurse.

*OSHA Requirements / OAR 411-325-120 Medication Administration, Medications Storage and Disposal of Medications* *DHS 4590 (03/10)*

The original DHS 4590 form is kept in the home for 2 years in both disposal options.

- If there is a controlled medication to be disposed of and for some reason it cannot be disposed of immediately, the Individual Narcotic Count (4570) Sheet must continue to reflect this until the disposal is completed and documented.
- The Drug Disposal Sheet (4590) will be used to document the disposal of the medication.

**NOTE:** 2010 procedure change **– NO disposing of medications in "Sharps" container.**

a. If disposing of an oral medication in the home,
   - Check with Pharmacy to see if they will take return medications, or
   - Call Outreach nurse for pickup.
b. If disposing of topical/aerosol in the home, put in paper sack or other bag you cannot see through and dispose of in the outside garbage can (not in any receptacle inside the home).
c. If the pharmacy will accept a return, attach the pharmacy receipt for the medications to the Drug Disposal Sheet (4590).

**Alternate method: Preparing medications for return/disposal through Central Office/Outreach Nurse(s)**

**HOUSE:** Requires two signatures - 1st signature: Site Manager, BVS1, BVS2 ***or*** Program Manager and the 2nd signature is the Outreach nurse

- Medications remain in the bubble wrap.
- Original DHS 4590 form is kept in the home for 2 years
- Duplicate the DHS 4590 form and send the copy with the outreach nurse.

**Upon arrival at Central Office and/or Milton Nurse Station:**

Outreach nurse is required to recount the medications upon arrival at Central Office / or the Milton Nurse Station. Two signatures are required: 1st signature: Nurse Manager and 2nd signature is a witness / outreach nurse.

**Medication disposal / accountability signatures process**

**Two medication disposal options exist:**

☐ Preferred method: Contact the Pharmacy and check for acceptance – requires one staff or manager's signature.

☐ Alternate method: Contact SOCP Outreach nurse – requires multiple signatures.

- Original DHS 4590 form is kept in the home for 2 years in both disposal options.

**Alternate method: Preparing medications for return/disposal through Central Office/Outreach Nurse(s)**

**HOUSE:** Requires two signatures

1st signature: Site Manager, BVS1, BVS2 *or* Program Manager.

2nd signature: Outreach nurse

- Medications remain in the bubble wrap.
- Original DHS 4590 form is kept in the home for 2 years
- Duplicate the DHS 4590 form and send the copy with the outreach nurse.

**Central Office/Milton Nurse Station:**

Outreach nurse is required to recount the medications upon arrival at Central Office / or the Milton Nurse Station:

Two signatures are required:

1st signature: Nurse Manager

2nd signature: Witness / outreach nurse

*OSHA Requirements / OAR 411-325-120 Medication Administration, Medications Storage and Disposal of Medications* *DHS 4590 (03/10)*

*The back page of Drug Disposal Sheet (4590) – outlines the 2 methods, process and signatures needed.*

# LESSON 6: Administering medications

***DESIRED OUTCOME: That all staff administering medications do so understanding the importance of and potential dangers associated with giving medications to others. To assure that all medication/treatments are given exactly as ordered by the physician or health care provider or as stated on the manufacturer's instructions.***

## *When not to give medications*

**Do not give a medication:**

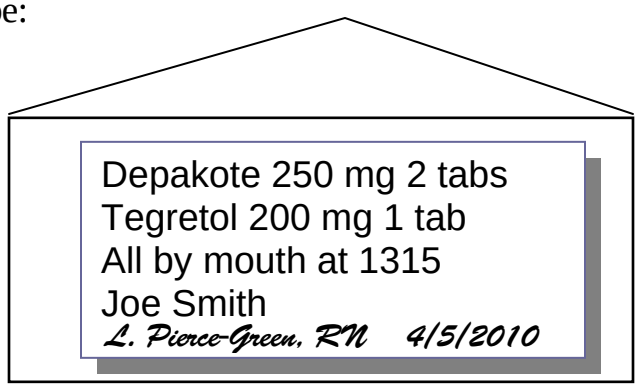
- If any one or more of the following required items are missing:
  - MAR (4573) or TAR
  - Original and legible pharmacy label or manufacturers label
  - Over-the-counter purchases has an illegible label on the container
- If the individual exhibits a dramatic change in status which you suspect is a result of taking the particular medication.
- If you have any doubt regarding the five rights.
  - Right person
  - Right medication
  - Right dose
  - Right time
  - Right route
- If the individual refuses to take medication.
- If the individual says that it is not their medication.
- If the individual has difficulty in taking the medication.
- If the physician's order specifies not to administer (e.g. do not give if BP < >120/60)
- If the medication has expired.
- If you question the medication or packaging of it.
- If the medication is an injection, unless it is an Epi Pen or Insulin.

You must seek assistance, follow Physician Addendum orders (4621)or contact the physician or pharmacist for clarification as needed in these situations.

## *Medication administration while away from home*

### Outings with staff

- Only the staff that will be administering the medication can package them for the outing.
- One envelope for all meds for one administration time *(size of envelope may vary based on number of medications needing to be in it and orders legibly written on the outside)*. If you will be gone through two administration times you would need two envelopes of medication. On the envelope you must write the following for each of the medications that are in the envelope:
  - Name of medication/dose
  - Name of individual
  - Time to be administered
  - Route of administration
  - Signature, title and date




- If you have a medication that is a different route of administration, you must have a separate envelope.
- Some medications cannot be put in these small envelopes *(e.g. ear drops, eye drops, treatments)*. In this case you could put the medication container into a baggie and again put on the baggie using a self adhesive label the name/dose, etc. as listed above. Be sure that if refrigeration is needed to take these in a cooled/secured container, etc.
- If going out for less than 72 hours *(ie. Camp with staff in attendance)*
  - Take the bubble packs and a copy of the MAR/TAR (4573).with you.
- **In all cases** the medication must be in a secure locked container *(bag, tackle box, etc.)* or in your possession at all times.
- Upon returning home, the staff must go to the MAR/TAR's and double check for completion:
  - On the original MAR/TAR circle the appropriate square for the medications that had been given. Document on the back of the MAR/TAR that the medications were given on the outing and see attached copy of the MAR/TAR.
  - Attach the copy to the original MAR/TAR.

### Working with staff

- Take a separate/original MAR with you to the worksite *(per Vocational OARs)* that have only the specific medications/diets or treatments that will be administered in the work area.
- Make sure by the end of your shift that documentation on the "original" house MAR/TAR is complete:
  - Circle any square where medication was taken to the work site.
  - Documentation on the back of the MAR/TAR filling in blanks as appropriate and indicating "meds sent to work." Be sure to list specifically what medications you have taken.
  - A co-worker may have completed this documentation in your absence at medication dispensing time. They would have checked the bubble pack and made notation that the medication was not in it. They would only be able to document it going to work if they had first hand knowledge that this was the case.
- Preparing the medication to take with you-three options:
  - Take the regular bubble pack for the dose being administered.
  - Have the pharmacy set up a special bubble pack *(or other pharmacy packaging)* just for work. *(extra cost involved)*
  - If you are the staff that will be administering the medication, pop the pill into an envelope and clearly mark it with the individual's name, medication, dose, time, route, etc. *(same as for outings)*
  - If the medication is a controlled drug, you must sign the medication out on the **DHS 4663 Medication Administration Accountability Sign-Off Sheet**. The sheet stays at the house.
  - **In all cases** the medication must be in a secure locked container *(bag, tackle box, etc.)* or in your possession at all times.

### Visit (of 72 hours or less) where staff will not be staying

- The person that will be dispensing the medication(s) (including parents and/or guardians) must package into envelopes following directions for "preparing medications" above.
- Staff cannot prepare medication for administration for someone else.
- That means that if you were transporting the individual you would take the medication bubble pack and a copy MAR/TAR (4573)with you to compare labels, etc. When done with this process, the copy of the MAR/TAR is shredded. You can set up the envelopes ahead of time to make it easier for the family, but careful comparing must happen by the family.

- If the person is at the house, you can use the MAR/TAR & pills right there. DO NOT leave the original MAR/TAR or bubble pack with the family.

### Extended time away from home

- If the individual is going to be gone for more than 72 hours, you **must** have the pharmacy set up the medications for them. You cannot put them in envelopes. For extended outings, hospitalizations, etc. the following documentation must occur at home on the MAR/TAR's:
- With the first circle on the front of the MAR/TAR *(1st dosage time of absence)* an entry is made on the back of the document explaining the circumstances
- Each square is then circled at medication time *(no notation on the back of the MAR/TAR needed each time).*
- When the individual returns home a final entry on the back of the MAR/TAR is made noting their return.
- If you are taking drops/topicals out of the house, put them in a zip lock baggie for clean keeping.

## *Medication administration overview*

Here are the instructions, step-by-step, to administer each of the different types of medication as allowed by the regulations for those who successfully complete this training. You will find that they appear on these pages so that they can easily be copied for future reference as needed. These are also the steps that you will need to follow to successfully complete your skill test at the end of the training and as part of the observations required.

All of the procedures regarding medication administration are intended to assure the "Five rights" of medication administration:

### Five rights:

- Right person
- Right medication
- Right dose
- Right time
- Right route

### Five always:

- Always have a signed physician's order for every medication or treatment *(except over-the-counter topical).*
- Always wash your hands before/between giving medication and doing treatments.
- Always pop the medication from the bubble pack into a medication cup *(or directly into the individuals hand if they prefer or into a med cup then into the envelope for an outing)* never into your hand. Pour any liquid medication directly into a calibrated medicine cup.

- Always identify your individual and stay with them until the medication is swallowed.
- Always keep the medication storage area locked, clean and orderly.

**Five nevers:**

- Never leave medication with the individual or on the table, counter or bedside.
- Never give medication prescribed for one individual to another.
- Never dispense medication that was prepared by another person.
- Never use medication that is outdated or from an illegible or unlabeled container.
- Never give a medication that you have questions about until you have checked with the pharmacist, the individual's physician or the individual's nurse.

**Five musts:**

- You must have the Medication Administration Record (MAR/TAR) (4573) prior to compare to the labels when giving medications/treatments.
- You must read the label and compare it with the MAR/TAR three times when administering the medication:
  - When comparing container or label to MAR/TAR
  - When removing medication from bubble pack or container, and
  - When you document after the administration

.

- You must ensure that the individual is in a good position for swallowing the medication. This would primarily apply if you were actually putting the medication into the mouth of the individual. It is difficult to swallow when their neck is hyper-extended or the person is lying down.
- You must record the administration of the medication immediately on the individual's MAR/TAR.
- You must know why you are giving the medication *(what did the doctor order the medication for)*, it's desired action, and the possible side effects you should watch for.

If individuals are taking medication that is purchased over-the-counter because it is more cost effective:

- Do not remove from the original container.
- Be sure the medication dose on the container is exactly the same as what the physician is ordering.
- Follow the instructions of the physician.
- Individuals name should be put on the container

The order must be on the MAR/TAR.

## LESSON 7: Miscellaneous information

Be aware if an individual has **protocols** for any of the **"fatal four"** health issues:

- **Aspiration**
- **Constipation**
- **Dehydration**
- **Seizures**

A **protocol** is written when a person(s) have a specific, chronic, or frequent problem or condition. *Protocols are specific to the individual and to the setting*. These protocols identify the individual is at risk.

Protocols are sometimes confused with procedures:

- Protocols are problem oriented.
- Procedures are task oriented and provide step-by-step instruction on how to do a task.

Sections of the "**Protocols**" identify:

1. Description of preventions
2. Signs and symptoms
3. What to do if any signs or symptoms are observed
4. When to call 911

If an individual has a Nurse-Client Relationship, it means their health care needs require the oversight of a professional nurse for eight or more continuous days or has been certified by a physician or registered nurse as requiring ongoing nursing services.

Unless otherwise indicated by the doctor or nurse, weights should be done monthly generally at the same time each month and same time of day using **DHS 4649 Weight Record.** *.Example: 4th weekend before breakfast.*

If there is a 5 pound difference, from the previous weight, you must reweigh the client.

### *Self-administration of medication*

There is no specific training related to self-administration of medication in this curriculum.

Individuals who "independently" take medications are considered self-administering. Client and staff ***both*** sign the MAR/TAR and accompanying data sheet(s) from the time they begin "training" and continues after the client is fully capable of self-administration.

This information will need to be individually trained by the specific house.

## *Administration tips*

### General tips

- Always communicate with the individual and explain what it is you are going to do.
- Allow ample time to administer carefully and accurately.
- Hands should be thoroughly cleansed before handling medication, as it is considered the single most effective way to reduce the spread of infection.
  - Use liquid soap whenever possible since it doesn't become contaminated under normal circumstances.
  - When soap/water is not available commercially packaged antiseptic hand cleansers or towelettes may be used.
  - Use hand lotion as needed for dry/cracked hands. This will reduce the risk of dryness and one's susceptibility to infection.
- Generally concerned with two types of drug administration:
  - Local *(effect is limited to the site of application)* e.g. ointments, creams, eye drops, and
  - Systemic (general effect in which the drug is absorbed into the blood stream and carried to one or more of the tissues of the body) e.g. tablets, capsules, liquids, injections, transdermal *(patches)*

### Oral administration

- **Oral administration highlights:**
  - Disadvantage of being slower in onset of action.
  - Some may irritate the stomach and are "Enteric Coated" to prevent them from being broken down in the stomach. These should never be crushed or cut into smaller pieces. Always check Pill Book if uncertain in this area.
  - Unless identified as chewable, tablets should not be chewed since this will cause the medication to be released in the mouth and cause improper absorption and unpleasant taste.
  - If needed, most tablets can be given with applesauce. But liquid should always be offered to prevent choking or gagging.
- **Oral administration of liquids:**
  - Only pour when you are ready to pass.
  - Hold label in the palm of your hand (prevents spilling onto the label).
  - When measuring:
    - Use felt marker (to mark the dose line) on the medicine cup, as it is held at eye level.
    - Read the dose level at the lowest point of the curve.

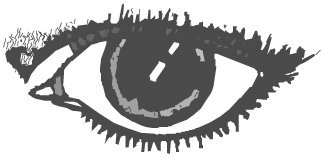
        - Set the medicine cup on a level surface and pour to the dose mark.
        - Pour small amounts at a time. **NEVER** pour liquid medication back into the bottle.
    - If giving liquid and tablet/capsules at the same time, give tablet first, then liquid.

## Topical application

- Topical medication is applied directly to the skin. Do not let the container touch the skin.
- Cleanse with mild soap/water and dry well.
- Use only a small amount of ointment/cream. Too much can impede healing process, be irritating to the skin, stain clothes, etc.
- Apply with tongue blade or gloved hand.
    - Use a circular motion for the application
    - Gently rub all the cream/ointment in until it disappears into the skin

## Eyes

- Take special care not to touch the eyeball with the tip of ointment tube or dropper as this will contaminate the contents.
- Hand individual a tissue *(as appropriate).*
- Remove any secretions from eyelid and wipe eye with damp gauze pad. *(Separate for each eye.)*
- Have individual look up as far as possible
- Gently pull down lower eye lid *(creating a pocket)*
- Rest hand that is instilling the med on the forehead
- Instill drops into lower lid at inner corner *(pocket)*
- Close lid
- Have individual move eye around
- Hold tissue/cotton ball at corner while individual rolls eye
- Ointment can cause blurriness until it all melts
    - Express a small amount from the tube and discard before use
    - Place a thin line along inner pocket, extending from inner to outer aspect of the eye.
- Never invert the dropper: the medication should not come in contact with the dropper "bulb."
- At no time is pressure to be put on the eyeball.



- Eye medications must:
  - Be sterile
  - Have the word "ophthalmic" or "eye" on the label.
- Medication should be stored at room temperature.

## Ears

- Remove any secretions on external ear with damp gauze pad *(separate for each ear)*
- Tilt head to opposite side where medication is to be applied
- Pull ear up and back
- Put drops down into the outer ear and allow it to gently trickle into the ear
- Do not allow the tip of the dropper to touch the ear, as this will contaminate the contents
- Have individual wait 5 minutes with ear up whenever possible
- May use a cotton ball to ensure medication stays if appropriate
- Apply to other ear 5 minutes later if ordered
- Positions
  - Sitting upright with head tilted back and supported
  - Lying with shoulders elevated above the level of the head
  - Laying on back with head lowered over the side of the bed

## Nose

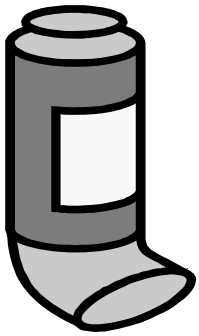
- If possible have the individual blow their nose or clear of all discharge possible
- Draw enough medication into dropper for both nostrils
- Tip head back, hold dropper at entrance of nostril and slowly instill prescribed number of drops
- Repeat in other nostril
- Encourage individual to keep head back for a while

## Nasal sprays

- Positions same as for drops
- If possible have the individual blow their nose or clear of all discharge possible
- Insert tip of the spray bottle, pump or inhaler into the nostril. Have the individual inhale as you squeeze the bottle or activate the pump/inhaler. Repeat for second nostril.
- Clean the spray, pump or inhaler after each use with gauze pad moistened in warm water.

## Inhalers

- Have individual stand up - this lowers the diaphragm and allows for better lung expansion
- Shake the inhaler well - shake for 15-30 seconds
- Put spacer *(if appropriate)* on the inhaler
- Have individual breathe out to the end of a normal breath
- Tilt chin up - do not hyperextend
- Place spacer or inhaler in mouth - seal lips around the tube
- Activate the inhaler having the individual inhale slowly and deeply over 5 seconds *(don't use nose)* and hold breath for 10 seconds before exhaling
- Wait 2-5 minutes between puffs if additional puffs are ordered
- Give water to rinse mouth after all doses are taken
- Clean and dry inhaler thoroughly after each use.



# LESSON 8: Transcription examples

## *Time conversions*

The military clock measures time beginning at midnight and going for a full 24 hours until the next midnight. The military clock uses hours that are the same length as the standard clock. For example if it is 6:00 P.M. a military clock says that it is 1800. You read this time "eighteen hundred". This simple means that it is 18 hours and 0 minutes after midnight. If it is 8:15 P. M. you say it is 2015. You read this time "twenty fifteen". This means it is 18 hours and 15 minutes after midnight. *The chart below will help you with converting standard time to military time.*

| **Military** *(24-hour time)* | **Standard** *(12-hour time)* |
|---|---|
| 0100 | 1:00 A. M. |
| 0200 | 2:00 A. M. |
| 0300 | 3:00 A. M. |
| 0400 | 4:00 A. M. |
| 0500 | 5:00 A. M. |
| 0600 | 6:00 A. M. |
| 0700 | 7:00 A. M. |
| 0800 | 8:00 A. M. |
| 0900 | 9:00 A. M. |
| 1000 | 10:00 A. M. |
| 1100 | 11:00 A. M. |
| 1200 | 12:00 Noon |
| 1300 | 1:00 P. M. |
| 1400 | 2:00 P. M. |
| 1500 | 3:00 P. M. |
| 1600 | 4:00 P. M. |
| 1700 | 5:00 P. M. |
| 1800 | 6:00 P. M. |
| 1900 | 7:00 P. M. |
| 2000 | 8:00 P. M. |
| 2100 | 9:00 P. M. |
| 2200 | 10:00 P. M. |
| 2300 | 11:00 P. M. |
| 0000 | 12:00 midnight |

## *Progress Notes*

DHS Oregon Department of Human Services

Seniors and People with Disabilities

***State Operated Community Program***

# Progress Notes

| Date | Time | |
|---|---|---|
| 1/5/06 | 3:45 p.m. | Always fill in the date you are making the entry. If you are making a late entry you should |
| | | write "Late entry for 10/4/06" (for example) at the beginning of the entry. The time column |
| | | should be filled in consistent with the way your house is recording time using military or |
| | | standard time. ----------*M. Howard HTT2* |
| 1/5/06 | 3:45 p.m. | Always finish your entry with your signature which should include a first initial/last name/ |
| | | title (ie. HTT2, MHT2, BS/VC, SM, etc.). If there is space between the end of your entry |
| | | and your signature, be sure to draw one line to the end of the line to assure not information |
| | | is filled in any blank spaces. ----------*M. Howard HTT2* |
| 1/5/06 | 3:45 p.m. | Always make your entries legible. If necessary, print instead of using cursive writing. Use |
| | | only blue or black ink. NEVER use white out when making corrections. If an error is made, |
| | | draw ~~one line~~*MH* through the error and initial at the end of the error line. *M. Howard HTT2* |
| 1/5/06 | 3:45 p.m. | Always write objectively the facts and not subjectively your feelings. Do not diagnose but |
| | | be descriptive of the situation you are documenting. Fore example, don't write "he seems |
| | | depressed." Rather document "he has been sleeping during the day, which is unusual, up to |
| | | 3 hours at a time, while sleeping intermittently at night. I have observed this for the past two |
| | | weeks. He is also not eating all of the meals he is offered, which is also unusual. His mother |
| | | told him last week (entry dated 12/24/05) that she has been very sick so he cannot come |
| | | home for his regular visit."----------*M. Howard HTT2* |
| 1/5/06 | 3:45 p.m. | If you are documenting information for which you are also completing and Incident Report |
| | | do not write in the progress notes that "an IR was completed." It is not necessary to rehash |
| | | all the details twice if you are completing an IR. Put the details on the IR and a brief summary |
| | | as needed in the progress notes. ."----------*M. Howard HTT2* |
| 1/5/06 | 3:45 p.m. | When you need to continue an entry onto the next page, you must write "continued next |
| | | Page" at the bottom of one page and top of the continuation page (continued from the pre- |
| | | vious page.).----------*M. Howard HTT2* |
| 1/5/06 | 3:45 p.m. | When there has been a documented injury that does not have medical treatments.(eg. a bruise) |
| | | regular follow-up checking and documenting must occur in the Progress Notes until some- |
| | | one writes specifically that the issue is resolved. When your are documenting on the back of |
| | | the MAR from a treatment, you only need to write a note in the Progress Notes when you |
| | | find the injury and consider it resolved.---------- *M. Howard HTT2* |
| 1/5/06 | 3:45 p.m. | Follow the policy of the house related to how frequently in a day the follow-up check and |
| | | documentation is done. Some issues are done each shift, while others may be only need to |
| | | be done once a day.----------*M. Howard HTT2* |
| 1/5/06 | 3:45 p.m. | If medication does not arrive from the pharmacy at the anticipated arrival time and was not |
| | | Dispensed, make a not in the Progress Notes. When it does arrive make a follow-up entry |
| | | (Continued on the following page)----------*M. Howard HTT2* |

Client receiving services: *Be sure to fill in the name* _____

Policy #4.007 Attachment A Mandatory DHS 4596 (06/08)

| Date | Time | |
|---|---|---|
| 1/5/06 | 3:45 p.m. | (Continued from the previous page) and document per procedure on the MAR/TAR.--------- |
| | | .----------*M. Howard HTT2* |
| 1/5/06 | 3:45 p.m. | When side effects of medication are noticed with an individual (Included in the check mark |
| | | noting side effects on the Daily Log.), the observations should be documented in the Progress |
| | | Notes. The Site Manager should be notified.----------*M. Howard HTT2* |
| 1/5/06 | 3:45 p.m. | Think in terms of "exceptions" rather than normal, when doing medical documentation. |
| | | Instead of writing "seems to feel good today" or "no medical changes," note the exceptional |
| | | medical issues like "noticing a pattern of sleeping more over the past three days – from 10am |
| | | - 1 p.m. all three days" or "itchy area that is usually about the size of a quarter on right |
| | | forearm is 3 inches today." .----------*M. Howard HTT2* |
| 1/5/06 | 3:45 p.m. | You cannot make a change to another person's entry in any situation. If an error has been |
| | | Made or additional information is needed, you must make your own entry. For example, |
| | | "Note of 1/5/06 3:45 pm indicated that Joe's left knee was scraped but it is his right knee." |
| | | .----------*M. Howard HTT2* |
| 1/5/06 | 3:45 p.m. | If you are in a situation where an individual wishes to file a grievance or complaint, a note |
| | | should be made in the Progress Note. If you have a complaint (these are usually resolved |
| | | informally), make a note indicating the concern and what your resolution was. If you have a |
| | | formal grievance, include in your note what the date is that you gave it to the Site Manager |
| | | to begin the resolution process. ----------*M. Howard HTT2* |
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Client receiving services: _____ *Be sure to fill in the name* _____

Policy #4.007 Attachment A Mandatory DHS 4596 (06/08)

## *Daily Log*

DHS
Oregon Department of Human Services
Seniors and People with Disabilities

*State Operated Community Program*

**Daily Log**

House: _____ Date: ___/___/_____

**Notes to staff:**

**APPOINTMENTS**

| Client | Time | Appointment |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

**OUTINGS**

| Client | Time | Outing / Activity |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

**IR's / MIR's**

| Client | Brief Description |
|---|---|
| | |
| | |
| | |
| | |
| | |
| | |

**New Medication Follow-Up x7 days:** *Staff who picks up order sets up 7-day follow-up on log sheets.*

| Client | Order date | Medication | Side Effect Noted (y / n) | | | Progress note done | | |
|---|---|---|---|---|---|---|---|---|
| | | | D | S | N | D | S | N |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

Policy #4.007 Attachment C Mandatory Page 1 of 3 DHS 4629 (6/08)

DHS
Oregon Department of Human Services
Seniors and People with Disabilities

*State Operated Community Program*

**Daily Log**

## Individual Client Daily Report

*(Medical, behavioral and general information)*

**DAY SHIFT**

| Client | DAY SHIFT: Medical, behavioral and general information |
|---|---|
| | |
| | |
| | |
| | |
| | |
| | |
| | |

**SWING SHIFT**

| Client | SWING SHIFT: Medical, behavioral and general information |
|---|---|
| | |
| | |
| | |
| | |
| | |
| | |
| | |

**NIGHT SHIFT**

| Client | NIGHT SHIFT: Medical, behavioral and general information |
|---|---|
| | |
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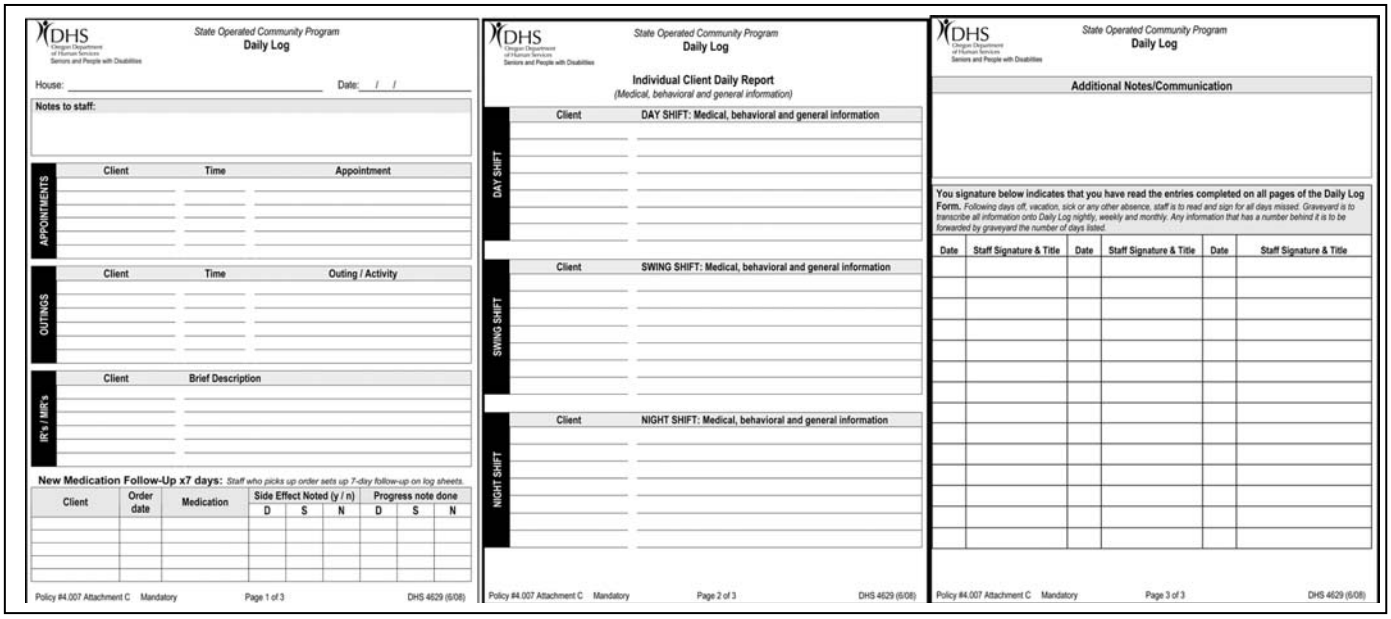
| | |
| | |
| | |
| | |
| | |

Policy #4.007 Attachment C Mandatory Page 2 of 3 DHS 4629 (6/08)



DHS State Operated Community Program
Daily Log

House: _____ Date: / /

Notes to staff:

APPOINTMENTS

| Client | Time | Appointment |
|---|---|---|
| | | |

OUTINGS

| Client | Time | Outing / Activity |
|---|---|---|
| | | |

IR's / MIR's

| Client | Brief Description |
|---|---|
| | |

New Medication Follow-Up x7 days: *Staff who picks up order sets up 7-day follow-up on log sheets.*

| Client | Order date | Medication | Side Effect Noted (y / n) | | | Progress note done | | |
|---|---|---|---|---|---|---|---|---|
| | | | D | S | N | D | S | N |
| | | | | | | | | |

Policy #4.007 Attachment C Mandatory Page 1 of 3 DHS 4629 (6/08)

DHS State Operated Community Program
Daily Log

Individual Client Daily Report
*(Medical, behavioral and general information)*

DAY SHIFT

| Client | DAY SHIFT: Medical, behavioral and general information |
|---|---|
| | |

SWING SHIFT

| Client | SWING SHIFT: Medical, behavioral and general information |
|---|---|
| | |

NIGHT SHIFT

| Client | NIGHT SHIFT: Medical, behavioral and general information |
|---|---|
| | |

Policy #4.007 Attachment C Mandatory Page 2 of 3 DHS 4629 (6/08)

DHS State Operated Community Program
Daily Log

Additional Notes/Communication

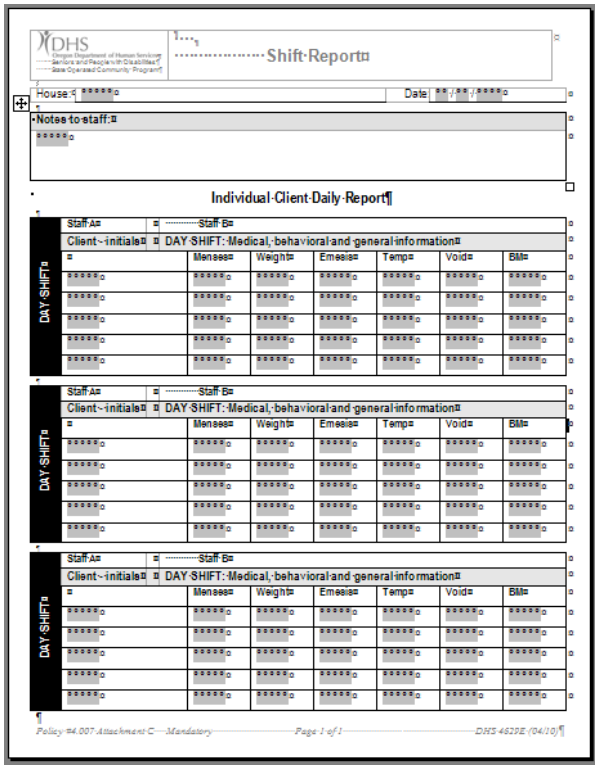
You signature below indicates that you have read the entries completed on all pages of the Daily Log Form. *Following days off, vacation, sick or any other absence, staff is to read and sign for all days missed. Graveyard is to transcribe all information onto Daily Log nightly, weekly and monthly. Any information that has a number behind it is to be forwarded by graveyard the number of days listed.*

| Date | Staff Signature & Title | Date | Staff Signature & Title | Date | Staff Signature & Title |
|---|---|---|---|---|---|
| | | | | | |

Policy #4.007 Attachment C Mandatory Page 3 of 3 DHS 4629 (6/08)

*DHS 4629 Daily Log Page 3 allows for Additional Notes.*
*DHS 4629E Shift Report - Eliot Home use - allows for client details on all shifts.*

### *General set-up*



DHS Oregon Department of Human Services Seniors and People with Disabilities State Operated Community Program
Shift Report

House: Date: / /

Notes to staff:

Individual Client Daily Report

DAY SHIFT

| Staff A | Staff B |
|---|---|
| Client - initials | DAY SHIFT: Medical, behavioral and general information |

| | Meases | Weight | Emesis | Temp | Void | BM |
|---|---|---|---|---|---|---|
| | | | | | | |

DAY SHIFT

| Staff A | Staff B |
|---|---|
| Client - initials | DAY SHIFT: Medical, behavioral and general information |

| | Meases | Weight | Emesis | Temp | Void | BM |
|---|---|---|---|---|---|---|
| | | | | | | |

DAY SHIFT

| Staff A | Staff B |
|---|---|
| Client - initials | DAY SHIFT: Medical, behavioral and general information |

| | Meases | Weight | Emesis | Temp | Void | BM |
|---|---|---|---|---|---|---|
| | | | | | | |

Policy #4.007 Attachment C Mandatory Page 1 of 1 DHS 4629E (04/10)

- This is usually done up to a few days before the actual first of the new month or they are received from the pharmacy a day or two before the end of the month.
- Only transcribe those orders that are currently being administered.
- If a new order is received in those in between days, staff must transcribe the order onto the old and new MAR/TAR. You would only sign off on the "old" MAR/TAR and can then add your initials/date on the new MAR/TAR in the lower right hand corner.
- Staff doing the first administration on the first of the month *(or nightshift if so designated)*, ***MUST*** carefully double check the old MAR/TAR's against the new to assure that any new orders in the few days separating the setting up and the use are also transcribed onto the new documents.

## *Components of doctor's orders and setting up a MAR/TAR*

Oregon Department of Human Services — Seniors and People with Disabilities — State Operated Community Program

**Medication Administration Record** — Month/Year: January 2006

| Date of Last Order | Medication | Hour | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 9/15/04 | Tegretol 200 mg. 2 tabs by mouth TID | 8 am | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 2 pm | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 8 pm | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

**Name of medication**
a. Match PVO and bubble pack
b. Use (parenthesis) if adding any information to the original PVO

**Dose** (if applicable) – include number of tablets/amount of liquid at that dose.

**Administration times** (eg. Twice a day, once a week, every other week, etc.)

**Specific times** to be administered (hour column)

**Route** to be given (eg. By mouth, etc.)

**Any specific instructions** (eg. Take BP before, etc.)

**Initial medications and identify below with signature (Signature: First/last name, position title.)**

| Initials | Signature | Initials | Signature | Initials | Signature | Initials | Signature | Record Checked By: |
|---|---|---|---|---|---|---|---|---|
| MH | Marie Howard HTT2 | | | | | | | Date/Initial: mh 12/30/05 |
| | | | | | | | | At Risk: Choking |
| | | | | | | | | Seizures, dehydration |
| | | | | | | | | |
| | | | | | | | | Page 1 of 1 |

Name: First Name & Last name Allergies: Food, Medication, or NKA (no known allergies) Wt: 165 lbs DOB: 2-5-70

DHS 4573

## Name of medication

a. Match PVO and bubble pack
b. Use *(parenthesis)* if adding any information to the original PVO

**Dose** (if applicable) – include number of tablets/amount of liquid at that dose.

**Administration times** *(eg. Twice a day, once a week, every other week, etc.)*

**Specific times** to be administered *(hour column)*

**Route** to be given *(eg. By mouth, etc.)*

**Any specific instructions** *(eg. Take BP before, etc.)*

## *Setting up a new MAR/TAR*

Oregon Department of Human Services | Seniors and People with Disabilities | State Operated Community Program

**Medication Administration Record** — Month/Year: January 2006

| Date of Last Order | Medication | Hour | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

**Setting up a new MAR/TAR:**

When doing your initial set-up of a new MAR/TAR:

1. Fill in the client's first and last name.
2. Fill in the current month and year.
3. List all allergies or history of adverse side effects of medication.
4. Fill in the client's weight.
5. Fill in the date of birth (DOB).
6. Fill in page numbers.
7. Record you signature and initials.
8. Initial and date in the lower right hand corner as the person setting up and checking the document.

**FILL IN ALL THE BLANKS FIRST THING!**

Your signature should be – First and last name to include your work title.
Your initials must appear exactly as your initials in the boxes.

Marie Howard HTT2

Initial medications and identify below with signature (Signature: First/last name, position title.)

| Initials | Signature | Initials | Signature | Initials | Signature | Initials | Signature | Record Checked By: |
|---|---|---|---|---|---|---|---|---|
| MH | Marie Howard CT | | | | | | | Date/Initial: mh 12/30/05 |
| | | | | | | | | At Risk: Choking |
| | | | | | | | | Seizures, dehydration |
| | | | | | | | | DHS 4573 |
| | | | | | | | | Page 1 of 1 |

Name: First Name & Last name Allergies: Food, Medication, or NKA (no known allergies) Wt: 165 lbs DOB: 2-5-70

**Fill in ALL the blanks first thing!**

1. Client's first and last name
2. Current month and year
3. List all allergies
4. Client's weight
5. Date of Birth
6. Page numbers
7. Record you signature and initials
8. Initial and date lower right hand corner as person setting up and checking the document.

*Your signature should be the first and last name to include your work title.*
*Your initials must appear exactly as your initials in the boxes.*

## *Adding New Doctors Orders*

Oregon Department of Human Services — Seniors and People with Disabilities — State Operated Community Program

**Medication Administration Record** — Month/Year: January 2006

| Date of Last Order | Medication | Hour | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 9/15/04 | Tegretol 200 mg. 2 tabs by mouth TID | 8 am | mh | mh | mh | mh | mh | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 4 pm | mh | mh | mh | mh | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 8 pm | hh | hh | hh | hh | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1/5/06 | Risperdol 2 mg. 1 tab by mouth BID (Twice a day) *M. Howard CT 10am 1.5/06* | 8am | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 8 pm | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Using a ruler, draw a line to clearly indicate the date/does time the medication is to start.

Be sure to include the date of the order in the "Date of Last Order" column. This is carried forward until the doctor updates the order.

When adding new orders AFTER the first of the month, you must put your signature/tile/time and date that you transcribed the order from the PVO to the MARTAR.

**WRITE LEGIBLY!**

**Initial medications and identify below with signature (Signature: First/last name, position title.)**

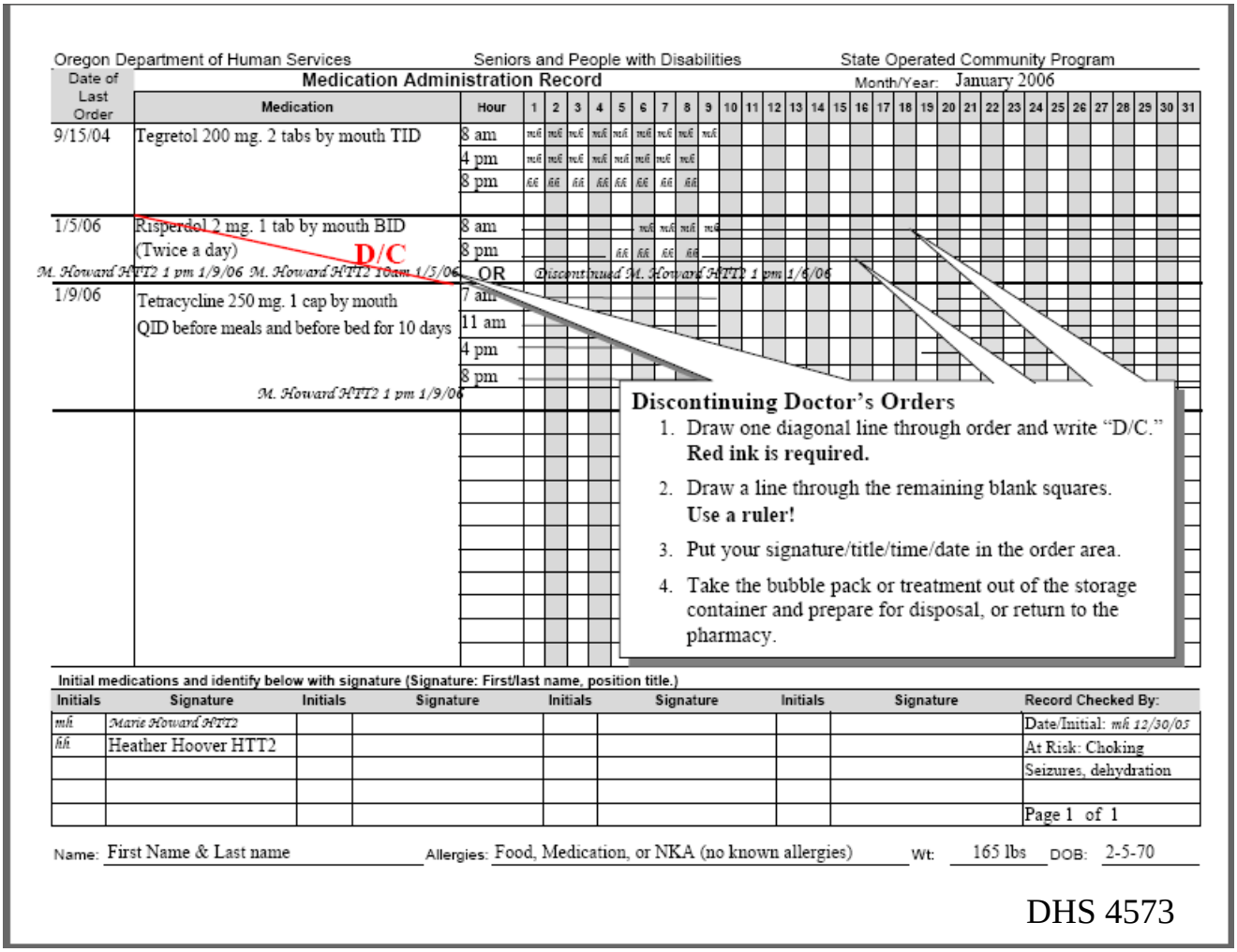
| Initials | Signature | Initials | Signature | Initials | Signature | Initials | Signature | Record Checked By: |
|---|---|---|---|---|---|---|---|---|
| *MH* | *Marie Howard CT* | | | | | | | Date/Initial: *mh 12/30/05* |
| hh | Heather Hoover CT | | | | | | | At Risk: Choking |
| | | | | | | | | Seizures, dehydration |
| | | | | | | | | |
| | | | | | | | | Page 1 of 1 |

Name: First Name & Last name Allergies: Food, Medication, or NKA (no known allergies) Wt: 165 lbs DOB: 2-5-70

DHS 4573

1. Be sure to include the date.
2. Draw a line to clearly indicate the date and medication dose time is to start.
3. When adding new orders AFTER the first of the month, you MUST put your name/title/time and date that you transcribed the order from the PVO to the MAR/TAR.

## *Discontinuing Orders*



Oregon Department of Human Services — Seniors and People with Disabilities — State Operated Community Program

**Medication Administration Record** — Month/Year: January 2006

| Date of Last Order | Medication | Hour | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 9/15/04 | Tegretol 200 mg. 2 tabs by mouth TID | 8 am | mk | mk | mk | mk | mk | mk | mk | mk | mk | | | | | | | | | | | | | | | | | | | | | | |
| | | 4 pm | mk | mk | mk | mk | mk | mk | mk | mk | | | | | | | | | | | | | | | | | | | | | | | |
| | | 8 pm | hh | hh | hh | hh | hh | hh | hh | hh | | | | | | | | | | | | | | | | | | | | | | | |
| 1/5/06 | ~~Risperdol 2 mg. 1 tab by mouth BID (Twice a day)~~ D/C | 8 am | | | | | | mk | mk | mk | mk | | | | | | | | | | | | | | | | | | | | | | |
| | | 8 pm | | | | | hh | hh | hh | hh | | | | | | | | | | | | | | | | | | | | | | | |
| | M. Howard HTT2 1 pm 1/9/06 M. Howard HTT2 10am 1/5/06 | OR | Discontinued M. Howard HTT2 1 pm 1/6/06 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1/9/06 | Tetracycline 250 mg. 1 cap by mouth QID before meals and before bed for 10 days | 7 am | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 11 am | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 4 pm | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 8 pm | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | M. Howard HTT2 1 pm 1/9/06 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

**Discontinuing Doctor's Orders**

1. Draw one diagonal line through order and write "D/C." **Red ink is required.**
2. Draw a line through the remaining blank squares. **Use a ruler!**
3. Put your signature/title/time/date in the order area.
4. Take the bubble pack or treatment out of the storage container and prepare for disposal, or return to the pharmacy.

Initial medications and identify below with signature (Signature: First/last name, position title.)

| Initials | Signature | Initials | Signature | Initials | Signature | Initials | Signature | Record Checked By: |
|---|---|---|---|---|---|---|---|---|
| mk | Marie Howard HTT2 | | | | | | | Date/Initial: mk 12/30/05 |
| hh | Heather Hoover HTT2 | | | | | | | At Risk: Choking |
| | | | | | | | | Seizures, dehydration |
| | | | | | | | | |
| | | | | | | | | Page 1 of 1 |

Name: First Name & Last name Allergies: Food, Medication, or NKA (no known allergies) Wt: 165 lbs DOB: 2-5-70

DHS 4573

*D/C preferable to not be confused with "David Campbell."*

1. **RED INK** is required when "Discontinuing Doctor's Orders."
2. Draw one diagonal line through order and write "DC."
3. Draw a line through the remaining blank squares.
4. Use a ruler!
5. Put your signature/title/time/date in the order area.
6. Take the bubble pack or treatment out of the storage container and determine if it can be returned to the pharmacy ***or*** use the DHS 4590 Drug Disposal Sheet and call the Outreach Nurse for pickup.

*(**See page 43** for more information about medication disposal.)*

## *PRN Orders*

Oregon Department of Human Services | Seniors and People with Disabilities | State Operated Community Program

**Medication Administration Record** — Month/Year: January 2006

| Date of Last Order | Medication | Hour | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 9/15/05 | Tylenol 325 mg. 2 tabs by mouth PRN Every 4 hours for pain or fever over 101° | PRN | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

**PRN Doctor's Orders**

1. Be sure you have a current order
2. Initial square and document on the back of the MAR/TAR the date/time and reason for giving the medication. Document the illness on the Progress Note. You don't need to document the giving of the medication in the Progress Note.
3. **ALWAYS do follow-up documentation.** Ask the person or do an observation of the condition and document under results/responses. If you can't do it, make sure the oncoming shift knows they need to do the follow-up.

Marie Howard HTT2
Heather Hoover HTT2

Initial medications and identify below with signature (Signature: First/last name, position title.)

| Initials | Signature | Initials | Signature | Initials | Signature | Initials | Signature | Record Checked By: |
|---|---|---|---|---|---|---|---|---|
| MH | Marie Howard CT | | | | | | | Date/Time: 2/15/05 |
| HH | Heather Hoover CT | | | | | | | At Risk: Choking |
| | | | | | | | | Seizures, dehydration |
| | | | | | | | | |
| | | | | | | | | Page 1 of 1 |

Name: First Name & Last name | Allergies: Food, Medication, or NKA (no known allergies) | Wt: 165 lbs | DOB: 2-5-70

DHS 4573

| Intramuscular Injection Site Code: | | Subcutaneous Injection Site Code: | |
|---|---|---|---|
| 1) left gluteus (dorsogluteus) | 6) right gluteus (dorsogluteus) | A) left abdomen | E) right abdomen |
| 2) left vastus lateralis (quadriceps) | 7) right vastus lateralis (quadriceps) | B) back | F) right arm |
| 3) left rectus femoris (quadriceps) | 8) right rectus femoris (quadriceps) | C) left arm | G) right leg |
| 4) left deltoid | 9) right deltoid | D) left leg | |
| 5) left ventrogluteal | 10) right ventrogluteal | | |

| Date | Time Given | Medication & Dosage | Reason | Initials | Results or Response | Time Noted | Initials |
|---|---|---|---|---|---|---|---|
| *1/9/06* | *2 pm* | *Tylenol 325 mg. X 2tabs* | *Complaint of headache* | *Mh* | *Said "better."* | *5:30 p* | *hh* |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

**ALWAYS do follow-up documentation.** If you are unable to do the follow-up, be sure the oncoming shift knows they need to do the follow-up.

## *Diet Orders*

Oregon Department of Human Services | Seniors and People with Disabilities | State Operated Community Program

Date of Last Order | **Medication Administration Record** | Month/Year: January 2006

| Date of Last Order | Medication | Hour | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 9/15/05 | Low Calorie 1500 diet unlimited | Break | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | vegetable snacks | Lunch | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Dinner | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

**Diet Orders**

1. Transcribe a diet order just as written by the physician.
2. All diet orders must have a menu that matches the order. If the diet is not followed, MAR should be circled with documentation on the back.
3. If the menu is altered, the changes should be noted on the menu form. Any changes in the menu should stay within the diet order.
4. All orders (other than General Diet) must be put on the MAR and initialed following the same procedures as any doctor's order.

Initial medications and identify below with signature (Signature: First/last name, position title.)

| Initials | Signature | Initials | Signature | Initials | Signature | Initials | Signature | Record Checked By: |
|---|---|---|---|---|---|---|---|---|
| mf | Marie Howard RPD | | | | | | | Date/Initial: mf 12/30/05 |
| [redacted] | | | | | | | | At Risk: Choking |
| | | | | | | | | Seizures, dehydration |
| | | | | | | | | |
| | | | | | | | | Page 1 of 1 |

Name: First Name & Last name | Allergies: Food, Medication, or NKA (no known allergies) | Wt: 165 lbs | DOB: 2-5-70

DHS 4573

1. Transcribe a diet order just as written by the physician.
2. All diet orders must have a menu that matches the order. If the diet is not followed, MAR should be circled with documentation on the back.
3. If the menu is altered, the changes should be noted on the menu form. Any changes in the menu should stay within the diet order.
4. If the menu is altered, the changes should be noted on the menu form. Any changes in the menu should stay within the diet order.

All orders (other than General Diet) must be put on the MAR and initialed following the same procedures as any doctor's order

## *Documentation Errors*

Oregon Department of Human Services — Seniors and People with Disabilities — State Operated Community Program

**Medication Administration Record** — Month/Year: January 2006

| Date of Last Order | Medication | Hour | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 9/15/04 | Tegretol 200 mg. 2 tabs by mouth TID | 8 am | mh | mh | mh | mh | mh | mh | mh | mh | mh | | | | | | | | | | | | | | | | | | | | | | |
| | | 4 pm | mh | mh | mh | mh | mh | mh | mh | mh | | | | | | | | | | | | | | | | | | | | | | | |
| | | 8 pm | hh | hh | | hh | hh | hh | hh | hh | | | | | | | | | | | | | | | | | | | | | | | |
| 1/5/06 | Risperdol 2 mg. 1 tab by mouth BID (Twice a day) *M. Howard HTT2 10am 1/5/06* | 8 am | | | | | | mh | mh | mh | mh | | | | | | | | | | | | | | | | | | | | | | |
| | | 8 pm | | | | | | hh | hh | hh | mh | | | | | | | | | | | | | | | | | | | | | | |
| 1/9/06 | Tetracycline 250 mg. 1 cap by mouth QID before meals and before bed for 10 days *M. Howard HTT2 1 pm 1/9/06* | 7 am | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 11 am | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 4 pm | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 8 pm | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

**Documentation errors**

When documentation errors occur *(eg. No initials, initials in wrong square, pen blobs):*

- DO NOT use white out or scribble
- Circle the square and document what happened on the back of the MAR

**Initial medications and identify below with signature (Signature: First/last name, position title.)**

| Initials | Signature | Initials | Signature | Initials | Signature | Initials | Signature | Record Checked By: |
|---|---|---|---|---|---|---|---|---|
| *mh* | *Marie Howard HTT2* | | | | | | | Date/Initial: *mh 12/30/05* |
| *hh* | Heather Hoover HTT2 | | | | | | | At Risk: Choking |
| | | | | | | | | Seizures, dehydration |
| | | | | | | | | |
| | | | | | | | | Page 1 of 1 |

Name: First Name & Last name — Allergies: Food, Medication, or NKA (no known allergies) — Wt: 165 lbs — DOB: 2-5-70

DHS 4573

| Intramuscular Injection Site Code: | | Subcutaneous Injection Site Code: | |
|---|---|---|---|
| 1) left gluteus (dorsogluteus) | 6) right gluteus (dorsogluteus) | A) left abdomen | E) right abdomen |
| 2) left vastus lateralis (quadriceps) | 7) right vastus lateralis (quadriceps) | B) back | F) right arm |
| 3) left rectus femoris (quadriceps) | 8) right rectus femoris (quadriceps) | C) left arm | G) right leg |
| 4) left deltoid | 9) right deltoid | D) left leg | |
| 5) left ventrogluteal | 10) right ventrogluteal | | |

| Date | Time Given | Medication & Dosage | Reason | Initials | Results or Response | Time Noted | Initials |
|---|---|---|---|---|---|---|---|
| *1/4/06* | *8 am* | *Tegretol 200 mg. X2* | *1/3/06 pm dose no initials in square* | *mh* | *Pills were out of bubble pack when checked* | *7am* | *mh* |
| *1/9/06* | *8 pm* | *Risperdol 2 mg. X1* | *Box initialed* | *hh* | *Medication given on 1/9/06 at 8 am* | *8 pm* | *hh* |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

When documentation errors occur *(eg. No initials, initials in wrong square, pen blobs):*

- DO NOT use white out or scribble
- Circle the square and document what happened on the back of the MAR

## What If...

### *OTC treatments by staff*

Oregon Department of Human Services — Seniors and People with Disabilities — State Operated Community Program

**Medication Administration Record** — Month/Year: January 2006

| Date of Last Order | Medication | Hour | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1/7/06 OTC | Neosporin Cream (not to exceed) 4 applications topically daily for scratches and abrasions (no doctors order needed) *M. Howard HTT2 1 pm 1/7/06 10* | PRN | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

**OTC treatments by staff**

1. Put on MAR/TAR with directions from the box.
2. Clearly mark PRN.
3. Follow documentation as any with other PRN.
4. DC just like any other order when done with the treatment.
5. Include route.

In this situation, "Best Practice" would have a doctor's order even though it is not required.

If you have an ongoing issue like a rash, you should be consulting your PCP.

Initial medications and identify below with signature (Signature: First/last name, position title.)

| Initials | Signature | Initials | Signature | Initials | Signature | Initials | Signature | Record Checked By: |
|---|---|---|---|---|---|---|---|---|
| *mh* | *Marie Howard HTT2* | | | | | | | Date/Initial: *mh 12/30/05* |
| *hh* | *Heather Hoover HTT2* | | | | | | | At Risk: Choking |
| | | | | | | | | Seizures, dehydration |
| | | | | | | | | |
| | | | | | | | | Page 1 of 1 |

Name: First Name & Last name Allergies: Food, Medication, or NKA (no known allergies) Wt: 165 lbs DOB: 2-5-70

DHS 4573

1. Put on MAR/TAR with directions from the box.
2. Clearly mark PRN.
3. Follow documentation as any with other PRN.
4. DC just like any other order when done with the treatment.

In this situation, "Best Practice" would have a doctor's order even though it is not required.

If you have an ongoing issue like a rash, you should be consulting your PCP.

## *Client purchases OTC*

Oregon Department of Human Services — Seniors and People with Disabilities — State Operated Community Program

**Medication Administration Record** — Month/Year: January 2006

| Date of Last Order | Medication | Hour | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1/5/06 | Carmex Lip Balm-apply freely to lips | INFO | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| OTC | Topically | ONLY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TX | (Joe is carrying in his pocket) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | *M. Howard HTT2 1 pm 1/7/06 10 am* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

**Client purchases OTC**

1. Put on MAR/TAR with directions from the box.
2. Clearly mark "information only."
3. No initialing needed.
4. Make note indicating individual is carrying the item (team reviews).
5. DC just like any other order when done with the treatment.
6. Include route.

Do not put these on your PVO if you clearly understand that these are OTC purchased treatments.

If the doctor orders the treatments, you must transcribe them as with any order.

Initial medications and identify below with signature (Signature: First/last name, position title.)

| Initials | Signature | Initials | Signature | Initials | Signature | Initials | Signature | Record Checked By: |
|---|---|---|---|---|---|---|---|---|
| *mh* | *Marie Howard HTT2* | | | | | | | Date/Initial: *mh 12/30/05* |
| *hh* | *Heather Hoover HTT2* | | | | | | | At Risk: Choking |
| | | | | | | | | Seizures, dehydration |
| | | | | | | | | |
| | | | | | | | | Page 1 of 1 |

Name: First Name & Last name  Allergies: Food, Medication, or NKA (no known allergies)  Wt: 165 lbs  DOB: 2-5-70

DHS 4573

1. Put on MAR/TAR with directions from the box.
2. Clearly mark "information only."
3. No initialing needed.
4. Make note indicating individual is carrying the item (team reviews).
5. DC just like any other order when done with the treatment.

Do not put these on your PVO if you clearly understand that these are OTC purchased treatments.

If the doctor orders the treatments, you must transcribe them as with any order.

## *Pharmacy doesn't deliver . . .*

Oregon Department of Human Services — Seniors and People with Disabilities — State Operated Community Program

**Medication Administration Record** — Month/Year: January 2006

| Date of Last Order | Medication | Hour | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 9/15/04 | Tegretol 200 mg. 2 tabs by mouth TID | 8 am | mh | mh | mh | mh | mh | mh | mh | mh | mh | | | | | | | | | | | | | | | | | | | | | | |
| | | 4 pm | mh | mh | mh | mh | mh | mh | mh | mh | | | | | | | | | | | | | | | | | | | | | | | |
| | *M. Howard HTT2 1 pm 1/6/06* | 8 pm | hh | hh | hh | hh | hh | hh | hh | hh | | | | | | | | | | | | | | | | | | | | | | | |
| 1/5/06 | Risperdol 2 mg. 1 tab by mouth BID | 8 am | | | | | | mh | mh | mh | mh | | | | | | | | | | | | | | | | | | | | | | |
| | (DC this order when Risperdol 2mg. | 8 pm | | | | | hh | hh | hh | hh | | | | | | | | | | | | | | | | | | | | | | | |
| | 2 tab arrives) *M. Howard HTT2 10am 1/5/06* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1/9/06 | Risperdol 2 mg. 2 tab by mouth BID | 8 am | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | (Start this order and DC Risperdol 2 mg 1 tab | 8 a | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | when medication arrives from pharmacy) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | *M. Howard HTT2 1 pm 1/9/06* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

**Pharmacy doesn't deliver . . .**

1. Transcribe the new order.
2. Draw lines to date/time you anticipate med being available.
3. In (parenthesis) write instructions for starting/DCing orders.
4. If med doesn't arrive, extend line and continue original dose (make Progress Note.)
5. Don't forget to update your addendum to reflect change in orders.

Initial medications and identify below with signature (Signature: First/last name, position title.)

| Initials | Signature | Initials | Signature | Initials | Signature | Initials | Signature | Record Checked By: |
|---|---|---|---|---|---|---|---|---|
| *mh* | *Marie Howard HTT2* | | | | | | | Date/Initial: *mh 12/30/05* |
| *hh* | Heather Hoover HTT2 | | | | | | | At Risk: Choking |
| | | | | | | | | Seizures, dehydration |
| | | | | | | | | |
| | | | | | | | | Page 1 of 1 |

Name: First Name & Last name Allergies: Food, Medication, or NKA (no known allergies) Wt: 165 lbs DOB: 2-5-70

DHS 4573

1. Transcribe the new order.
2. Draw lines to date/time you anticipate med being available.
3. In (parenthesis) write instructions for starting/DCing orders.
4. If med doesn't arrive, extend line and continue original dose *(make Progress Note.)*
5. Don't forget to update your addendum to reflect change in orders.

## *Work MAR*

Oregon Department of Human Services — Seniors and People with Disabilities — State Operated Community Program

**Medication Administration Record** — Month/Year: January 2006

| Date of Last Order | Medication | Hour | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 9/15/04 | Tegretol 200 mg. 2 tabs by mouth TID | 4 pm | | | mh | | | mh | mh | | | | | | | | | | | | | | | | | | | | | | | | |

**Work MAR**

1. You must have a separate MAR for work with just the medication time at the work site.
2. Document following all procedures on the date you administer the medication.
3. When you arrive home, you must circle the appropriate square on the "home" MAR and document on the back including medication infor. And the reason "out to work."
4. Do not initial on the "home" MAR. You have already documented initials for administering the work MAR.
5. If you don't go to work and give medication at home, initial on "home" MAR and circle on "Work" MAR.

Initial medications and identify below with signature (Signature: First/last name, position title.)

| Initials | Signature | Initials | Signature | Initials | Signature | Initials | Signature | Record Checked By: |
|---|---|---|---|---|---|---|---|---|
| MH | Marie Howard HTT2 | | | | | | | Date/Initial: mh 12/30/05 |
| hh | Heather Hoover HTT2 | | | | | | | At Risk: Choking |
| | | | | | | | | Seizures, dehydration |
| | | | | | | | | |
| | | | | | | | | Page 1 of 1 |

Name: First Name & Last name Allergies: Food, Medication, or NKA (no known allergies) Wt: 165 lbs DOB: 2-5-70

DHS 4573

1. You must have a separate MAR for work with just the medication time at the work site.
2. Document following all procedures on the date you administer the medication.
3. When you arrive home, you must circle the appropriate square on the "home" MAR and document on the back including medication information and the reason "out to work."
4. Do not initial on the "home" MAR. You have already documented initials for administering the work MAR.
5. If you don't go to work and give medication at home, initial on "home" MAR and circle on "Work" MAR.

### *Additional "What ifs…"*

**The correct medication is punched from the wrong date?**

- *Circle the date punched out of the bubble pack.*
- *Circle the date it should have been punched out of on the bubble pack.*
- *In the Daily Log – note the situation. Punched out the 9th and should have punched out the 8th. Please use the 8th pill on the 9th.*
- *On the 9th there is not a pill in the bubble pack, check the "Daily Log's" note to please use the 8th pill. -*
- *Be a good steward of the individual's and program's money.*

**There's no pill in the bubble pack for a certain date, what do I do?**

- *Use the last pill of the "cycle fill."*
- *Order a replacement pill from the pharmacy.*

### *Additional scenarios:*

_____?

_____

_____

_____

_____

_____?

_____

_____

_____

_____

***Reference materials / links:***

**Electronic Documentation for Providers Supporting People with Developmental Disabilities**
http://www.therapservices.net/

**SPD/DHS Developmental Disabilities Nursing Manual**
http://courts.oregon.gov/DHS/spd/provtools/nursing/ddmanual/all_sections.pdf

**SPD/DHS Developmental disabilities Nursing Manual Companion Guide: Protocols and Guidelines**
http://www.oregon.gov/DHS/spd/provtools/nursing/ddmanual/companion.pdf

**Community-Based Registered Nurses: Tools and Resources**
These materials have been developed for nurses working in community-based settings but can also be useful for community-based providers, case managers and other industry-related or interested parties.
http://www.oregon.gov/DHS/spd/provtools/nursing/

**Nurse to Nurse: Oregon's Community Based Care Nursing Newsletter** –
http://www.oregon.gov/DHS/spd/provtools/newsletters.shtml#ntn
A publication dedicated to the promotion of quality, community-based nursing practice.

If you have questions about information contained
in this Medication Administration Manual
and / or are requesting updated materials:

**Contact the State Operated Community Program.**

| | |
|---|---|
| SOCP Central Training Unit | 503 378-5952 ext. 256 |
| SOCP Clinical Service Manager | 503 378-5952 ext. 244 |
| SOCP Nurse Manager | 503 378-5952 ext. 224 |

www.dhs.state.or.us

Department of Human Services
Seniors and People with Disabilities
State Operated Community Program (SOCP)
(503) 378-5952

An equal opportunity employer

State Operated Community Program

# Behavior Specialist Manual

2010

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**DHS 4588 Functional Assessment/Behavior Support Plan (FA/BSP) , blank**

**DHS 4588 FA/BSP - Adding Additional “Behavior Sections” directions**

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**DHS 4588 Good Day Plan example**

**DHS 4588 Interaction Guideline example**

**DHS 4515 Client Monthly Summary Report (Excel spreadsheet ) linking data**

**Lifting and Positioning training**

**DHS 4562 Employee Instruction Record**

**Two-year Cumulative Training Record**

## Manual purpose

This manual is meant to be utilized as an informational guide for Behavioral Specialists in an effort to increase their initial and on-going understanding of their specific job duties and expectations. The purpose is two fold:

1. To collect and integrate all SOCP/DHS guidelines, policies and procedures, ISP Manual instructions and applicable Oregon Administrative Rules (OARs) in an easy-to-use manual to be utilized by the Behavioral Specialists in their work endeavors and;
2. To provide real-time examples of the expected and required job duties of the Behavioral Specialists.

This Manual is considered a "living document." As such, it is subject to revision based on changes to agency policy/procedures and guidelines, OARs, and ISP instructions. In an effort to maintain the efficacy of this manual, it will be revised accordingly. These revisions will be documented in the manual and re-distributed to each Behavioral Specialist as needed. This will be done via email and/or fax.

The development of this manual was guided by the collaborative input and efforts of the Behavior Specialists, as well as by the following documents: Oregon's Individual Support Plan System Instruction Manual (September 2009) www.otac.org

OARs 411-325-0340 and 411-325-0350:
http://www.dhs.state.or.us/policy/spd/rules/411_325.pdf

Behavioral Specialist Position Description (2005)

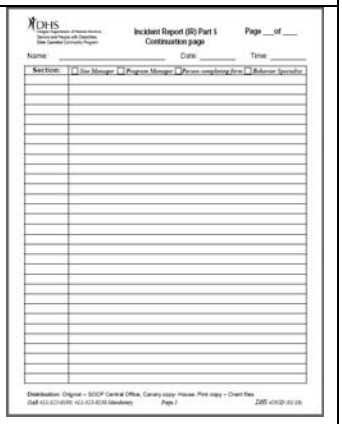
State Operated Community Program (SOCP) policies/procedures/guidelines:
http://www.dhs.state.or.us/spd/tools/dd/socp/policy.html

DHS 4595G: Incident Report Guidelines

DHS 4622: Guidelines for Internal Client Moves

SOCP Overtime Manual

IR 4595

| IR 4595A | IR 4595B | IR 4595C | IR 4595D |
|---|---|---|---|
| | | |  |

## BVS Manual Revisions

| Item(s) Revised | Date revised |
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## Individual Support Plan overview

An **Individual Support Plan (ISP)** is an agreement made between an individual receiving services and the team of people supporting that individual. A well-crafted ISP will do four key things well:

1. Describe what is **important to** the person receiving services
2. Describe what is **important <u>for</u>** the person receiving services
3. Explain the **balance of** and any conflicts between what is important to and what is important for the person.
4. Document commitments from service providers and other to support the person towards their goals.

This planning system requires that all providers work in partnership to create one plan that documents the supports from providers and records perspectives and information from all team members. These requirements are for children and adult services as indicated by Oregon Developmental Disabilities Services (ODDS.)

A core responsibility for ISP teams is to support the individual in directing his/her own planning. Throughout the planning process the person has the opportunity to lead and/or participate in the activities.

### The ISP process can be broken down into five basic steps:

**<u>STEP 1:</u>** Gather person centered information about the individual. This information comes from the perspective of the individual as well as those that know and care about the person and is documented on the **Personal Focus Worksheet (PFW).** The PFW is the tool to write the information gathered and create a picture of who the person is.

**<u>STEP 2:</u>** Identify risks and align supports. **The Risk Tracking Record (RTR)** is used to identify serious and significant risks that are present in the person's life. Once risks are identified, Support Documents, or written instructions, are developed and implemented to prevent and/or minimize the risks and are reviewed and updated when needed. The RTR is created or reviewed at a Pre-Meeting.

**<u>STEP 3:</u>** Participants compile information gathered on the PFW, complete/update the RTR, draft the **Individual Support Plan (ISP)** meeting **Agenda**, and draft the first two pages of the ISP. This occurs during the Pre-Meeting.

**<u>STEP 4:</u>** ISP meeting. During the meeting, the ISP team plans with the individual and together create **Action Plans** to address issues and make commitments to support the individual in his/her life. This is documented on the **Individual Support Plan (ISP).**

**<u>STEP 5:</u>** Train all staff who work directly with the individual on the contents of the ISP and Support Documents. Team members must ensure that the ISP and Support Documents are kept current throughout the year and that all ISP team members have a consistent plan to support the person. **Action Plans** must be completed by the responsible parties. **Change Forms** must be used to document updates and notify ISP team members when there are changes.

## The Personal Focus Worksheet (PFW) and behavioral supports

**Overview:** The first step in preparing for an **Individual Support Plan (ISP)** is to listen to the person to find out what is important to him/her, what is currently going well in his/her life and what things need to change. This includes listening to the person and the people closest to him/her. It is a thoughtful, respectful process and it takes time. This person centered information is gathered and written on a **Personal Focus Worksheet (PFW.)**

**BVS2:** The **PFW** is completed by the BVS1 (45 days prior to an Individual's ISP) and used by the Behavioral Specialist in the following manner:

First step in identifying who the person is and what NEEDS, PREFERENCES, AND RELATIONSHIPS, either impact, direct, or motivate an individual's behaviors (both positive and negative).

If the team believes that an incentive plan would be appropriate for an individual (See BSP section), remember that whatever is listed as "Most Important" for an individual on their PFW, **cannot** be utilized as the incentive. For example, if what is most important to an individual is watching "Friends," then an incentive program **cannot** be structured as such: Bob will be able to watch "Friends" if he has not engaged in any dangerous behaviors for the entire shift.

## The Risk Tracking Record (RTR) and behavioral supports

**Overview:** The **Risk Tracking Record (RTR)** is a document that identifies serious and significant risks that are present for the individual receiving services. It serves as a historical record for certain issues as well. Once it has been completed, it is reviewed annually and updated any time a risk changes for the person.

The RTR consists of pages with questions that look at serious and significant risks. Questions are grouped into three basic sections: Health/Medical, Safety/Financial, and Behavior/Mental Health.

Each question is designed to identify a specific risk that is commonly experienced by people receiving comprehensive services. Each section also includes questions that permit those completing the RTR to name risks that were not identified by the other questions in that section.

**BVS2:** The RTR is completed by the ISP team (Site Mangers, Program Managers, Case Managers, the Individual, BVS1 and 2—45 days prior to an individual's ISP).

**The BVS 2 is responsible for completing #50-67. This entails the following:**

1. Working with the team to determine if particular risks are present for an individual based off of client/staff observations/interviews, and/or other data review;
2. Completing #50-67;

3. Providing the definition and any pertinent details of the identified behavior in the Notes section for any answer marked "Yes" or "History."

- For all risks marked "yes," the BVS2 will want to identify the definition of that behavior. For example, if an individual has an identified risk of "Physical Aggression," the notes section would read: #52. Physical Aggression: Hitting, kicking, spitting at others.
- For all risks marked "history," the BVS2 will want to identify the historical behavior, as well as its most recent occurrence. For example, if an individual has an identified historical risk of "Leaves Supervised Settings," the notes section would read: #55. Leaves Supervised Settings: Client has a history of Leaving Supervised Settings, however there is only one documented incident of this behavior. This incident occurred on 5/1/00, in which the client eloped from the home's locked gates.

## Determining when a behavior is a risk

**BVS2:** The following factors must be considered in determining whether or not a particular behavior should be marked "YES" on the RTR:

**Does the behavior interfere/threaten the following OAR 411-325-0430 (3)(c)?:**

1. Community or Social Participation
2. Skill Acquisition or other activities
3. Safety of others or infringes on rights of others
4. Is at risk to the health or safety of self.

**Intent/function:** Take for example, two clients, Joe and Mary. Joe has been observed collecting small insects and attempting to keep them as pets in jars (where they typically die). In addition, Joe will often hold onto small animals (e.g. cats) too hard and refuse to let go. Mary has been observed throwing rocks at dogs and targeting the house cat (e.g. running after, attempting to kick).

*Given only this information, it would appear that Mary is at risk for "Cruelty to Animals," as her intent/function is to actually harm particular animals and/or express her anger, whereas Joe would not be at this risk, as his intent is more of a function of curiosity/desire to have an animal.*

**Scope of the behavior:** Take again, two clients Joe and Mary. When talking with other individuals, Mary often gets very close to people's faces. She remains calm and appropriate in her conversations. When talking with other individuals, Joe will also get very close to people's faces, however he will also use this proximity in an attempt to fondle others.

*Given only this information, it would appear that Joe is at risk for "Undesirable Sexual Behavior," as he is not only violating people's personal space (i.e. talking in their faces), but he is attempting to use this proximity for sexual gratification. In contrast, though Mary may be violating people's personal space, and this could be considered "Undesirable Social Behavior," the severity/depth is fairly insignificant. Mary's behavior is more of a lack of social understanding that could be better addressed through coaching and modeling.*

**Is it addressed by other support documents** (e.g. Financial Plans, Aspiration Protocols, Safety Plans)?: Mary has been observed eating her food very quickly—to

such an extent that she will often choke or cough up her food. Such a behavior, though dangerous is more effectively addressed by an Aspiration Protocol.

If the team believes that certain health/medical behaviors (e.g. chocking, fainting, extreme food/liquid seeking, not receiving medical care) may be influenced by a behavioral issues, it should be addressed in the Blended Plan, outlining how to reduce the risk through environmental changes and/or staff supports. *This does not necessarily mean that these behaviors need to be "tracked" behaviors.*

The ISP Manual indicates that risks marked "Yes" signifies that a "person has engaged in the identified behavior within the last year or a Support Document has been in place and is working to prevent identified behavior during the past five years".

If the person has a history of engaging in the identified behavior, but it is not a current problem, check "History."

A behavior can only be marked as "History" if the team feels that it is no longer a **risk** and supports are no longer needed. If supports are needed, then the RTR answer **must** remain "YES." This ensures that the team is aware of the risk that exists and that staff receive training on the current support document(s) that describe how to address the risk.

## Determining what to label a behavior

**BVS2: Oregon Technical Assistance Corporation (OTAC)** has provided a list of behavior labels that **must** be utilized for categorizing an individual's behaviors of concern. For example, an individual may engage in "hitting" behavior. According to the RTR, this would be labeled as, "Physical Aggression." The definition of this behavior for a particular individual would then be: "hitting."

**Questions 50 and 51** address **pica behavior**. If either is marked "Yes," the additional risk of ***Aspiration/Choking*** must be added to the ISP Risks page. The team must create an Aspiration/Choking protocol and a Support Document intended to prevent the Pica behavior. The Support Document(s) must address monitoring for aspiration, ingestion, poisoning, and blockage or perforation of the bowel. This may include Pica protocol, and/or intestinal obstruction protocol.

**Question 52** addresses **physical aggression**. Though the ISP Manual does not provide a clear definition of this behavior, it can include, but is not limited to physically aggressive acts **that are intended to cause harm to another individual**, such as: hitting, kicking, punching, slapping, pinching, etc.

**Question 53** addresses **self-injurious behavior**. Self injurious behavior is any behavior that presents an immediate risk of tissue damage to the person, or any behavior that, if continued, presents significant risk of tissue damage to the person in the near future. Self injurious behavior often refers to any behavior that can cause tissue damage, such as bruises, redness and open wounds. The most common forms of these behaviors include head banging, hand biting and excessive scratching or rubbing.

**Question 54** addresses **property destruction**. Though the ISP manual does not provide a clear definition of this behavior, it can include, but is not limited to any **act that is intended to destroy/damage** other's property (can also include personal items or state property).

**Question 55** addresses **leaves supervised settings (LSS).** In the past this has been referred to as "AWOL," however this terminology should not be utilized as it was initially developed to describe actions taken by military personnel. Though the ISP manual does not provide a clear definition of this behavior, it can include, but is not limited to, any attempts or actual efforts to leave a supervised setting (e.g. ignore, on the behalf of the client, established staffing guidelines) within the community or home environment.

**Question 56** addresses **unsafe use of flammable materials**. Though the ISP manual does not provide a clear definition of this behavior, it can include 2 broad categories:

1. Obtaining any flammable material(s) with the intent to cause physical harm to another individual (e.g. burning others with lighters/matches/cigarettes) and/or to cause property damage (e.g. burning down their home, lighting curtains on fire);
2. Using flammable materials unsafely, but without the intent to cause physical harm and/or property damage. For the latter case, it may not necessarily be a "tracked" risk, but rather more of need for building an individual's capacity for understanding the dangers associated with flammable materials. In addition, this scenario would be addressed in the individual's safety plan, rather than in the behavioral section of the RTR.

**Question 57 and 58** addresses **drug and alcohol abuse**. A key component to remember when reviewing this risk is that single acts of often, self-reported use of drugs and/or alcohol, do not necessarily constitute "abuse." This is especially true for the consumption of alcohol, which is legal for any of the clients who are 21 years of age or older (though, for many of the clients that are supported within SOCP the consumption of alcohol is limited/prohibited due to other medical/behavioral issues). In addition, given the level of supports required by many of the individual's within SOCP (due to other medical/behavioral issues), the opportunity for individuals to engage in such dangerous behaviors is rather limited.

**Question 59** addresses **unsafe social behavior**. This is any behavior that places others at risk of exploitation from the person, or places the person at risk for victimization from others. This can include, but is not limited to, verbally aggressive behavior (e.g. threats).

**Question 60** addresses **undesirable sexual behavior**. Undesirable Sexual Behavior is defined as, but not limited to: Approaching others for sexual behavior that is unwanted/non-consensual; grabbing others genitals, touching other's breast(s), solicitation for sexual activity; Any of the following exhibited publicly: masturbation, fondling of others, fondling of self, talking about sexual activity or using sexual language, walking into an area disrobed; For individuals who are Sex Offenders, excessive staring and/or grooming can also be considered as undesirable sexual behavior.

**Question 61** addresses **cruelty to animals**. Though the ISP manual does not provide a clear definition of this behavior, it can include, but is not limited to: any attempt or actual effort with the intent to cause physical or sexual abuse towards an animal such as: hitting, kicking, punching, drowning, fondling, intercourse, etc.

**Question 62** addresses **use of objects as weapons**. Though the ISP manual does not provide a clear definition of this behavior, it can include, but is not limited to using inanimate and/or animate objects as weapons with the intent to cause physical harm to another individual. Weapons can include: chairs, phones, pens, knives, feces, etc.

**Questions 63** addresses **illegal behavior**. Question 63 identifies when someone has engaged in behavior that is illegal**, whether or not** they have been charged or convicted of a crime.

**It is important to understand the legal implications of being arrested, charged or convicted of a crime. These are as follows:**

- **Arrested for a crime:** An arrest means only that an individual was taken into police custody and temporarily held by the police. An arrest is not a finding that the individual is guilty of a crime – or that they have done anything wrong at all. Arrests can lead to charges, then convictions. If it does not lead to either of these, then the individual is **not** guilty of a crime.
- **Charged with a criminal offense:** After an individual is arrested, the legal system will determine whether or not to officially charge them with a particular crime. Once charged, an individual may go to court to face an official trial, they may be placed on diversion, or the charges may be dropped, among other options.
- **Convicted of a crime:** A conviction means that the individual has been found guilty of a crime by a court or that they have agreed to plead guilty to a crime. There are many levels of crimes, including both misdemeanors and felonies. If the individual is found guilty of, or plead guilty to, any level of crime, they are generally considered to have a conviction. The individual may have been convicted of a crime even if they did not spend any time in jail. If the individual paid a fine, were put on probation, did community service, or received a conditional or unconditional discharge in connection with a crime, they may still have a conviction record.

**What if Q1:** Technically speaking, the RTR questions #52,54-62 could be considered "illegal" behavior (e.g. physical aggression can be considered as Assault, undesirable sexual behavior could address such illegal acts as Rape). Do we still mark "yes" on question #63, if we already marked "yes" for such questions as #52 (Physical Aggression)?

**What if A1:** Ultimately, this will be a team decision. The ISP manual does allow for both risks to be marked "yes." The following are options for possible courses of action:

**a.** If the team decides to mark "yes" for both physical aggression and illegal behavior (as an example), the BSP does not have to formally track the illegal behavior. For example, if an individual is physically aggressive and has been arrested for Assault, formal data collection does not need to occur for Assault (i.e. this does not need to be addressed through the "Behaviors to Decrease" section in the BSP). Rather, the BVS2 would make a note in the "notes section" of the RTR indicating something to the effect of:

*"Client was charged with Assault in 1990, however no conviction was provided. The team agrees that the risk remains as a present issue, however all assaultive acts will be formally tracked as physical aggression. The BSP will provide supports to minimize this risk through those identified for physical aggression, as well as, through environmental supports such as the community guidelines and supervision levels."*

***NOTE:*** *The important thing to remember is to identify how the BSP will address the illegal behavior. This can be through other behavior supports for "formally tracked" risks (e.g. Undesirable Sexual, Use of Objects as Weapons), as well as through such environmental and/or preventative supports such as media guidelines, supervision levels, restrictions on community access, etc.*

**b.** The team can decide to mark "history" for the illegal behavior. In this case, the BVS2 would make a notation in the RTR notes section of what the illegal behavior was, as well as, when it last occurred.

**c.** In either case, you will want to mention the illegal behavior in the psychosocial history section of the BSP.

**What if Q2**: What if an individual has engaged in a behavior such as "stripping." This could be considered an illegal behavior (i.e. "public nudity," and/or "indecent exposure."). The individual has never been arrested, charged or convicted of this possible crime. Would we mark yes for RTR question #63?

**What if A2**: Again, this would be a team decision. Such a question would be best addressed through the options outlined in "A1" above.

**Question 64** identifies when the individual has court mandated conditions or restrictions such as restraining orders, PSRB, Civil Commitments or Probation.

**Question 65** identifies that an individual has a psychiatric diagnosis. Psychiatric diagnoses include: psychotic disorder (DO), schizophrenia and schizoaffective DO, depression, Bi-polar, conduct DO, adjustment DO, mood DO, personality DO, anxiety DO, impulse control, etc. (see Merk online medical library at: www.merk.com for more information).

Diagnoses on the Autism Spectrum, including Autism, Asperger's, Rett's, Torette's, or Pervasive Developmental Disorder, as well as Mental Retardation are considered to be developmental diagnoses, not psychiatric diagnoses. However, the agency has determined that these diagnoses will continue to be coded under question #65.

**Question 66** addresses suicidal attempts, gestures or threats.

**Question 67** is designed to identify other important serious behavior issues that have not been addressed through the previous questions.

**Risk evaluation**: Questions # 60, 61, 62, and 66 require specific evaluations by a qualified professional to determine the current level of risk and support needs. A current

risk evaluation can be critical in order to fully understand an identified risk, and can be crucial when it comes to being able to provide supports that minimize the risk. ISP teams should seek out qualified professionals that practice positive behavior support strategies.

These evaluations can include the FA process of the Blended Plan, psychosexual evaluations and/or evaluations performed by an individual's psychiatrist/psychologist.

List the type of evaluation that was completed, the date of the evaluation, and where the document is located at the bottom of this section. A new evaluation does not necessarily need to be completed each year. An evaluation is considered current if the ISP team knows what the condition of the person was when the evaluation took place and the condition of the person has not significantly changed since the evaluation.

The relevant evaluations should be kept with the RTR for easy reference.

## Annual review/Updates to the Risk Tracking Record (RTR)

A **Risk Tracking Record (RTR)** is completed once and reviewed annually at minimum. Annual reviews occur at the Pre-Meeting. Throughout the ISP year, updates that occur must be communicated with all ISP Team members. Changes to the body of the RTR may be either made directly on the RTR page, or the existing page may be removed and replaced with a new one. If making a change directly onto the page, be sure to date the change so it is clear to others which markings are current.

**The RTR page that is updated** should be completed by the ISP team member initiating the change. Once the Updates page is completed, copies of the updated RTR page and Updates page are distributed to the ISP team for their records. These updates become originals and originals are sent to Services Coordinators for adult services and Residential Specialists for children services. When updated RTR pages replace the current page, the replaced page is to be archived.

During the annual review, the current "Cover page" and "Updates pages" are removed and archived. A new Cover page with Updates is put in place, creating at least one new original page.

**Summary:** Overall, the RTR is used by the Behavioral Specialist in the following manner:

1. To offer a framework for defining maladaptive behaviors.
2. To inventory maladaptive behaviors identified through the functional assessment process.
3. To review any contributing medical/psychiatric/environmental conditions that either impact, direct, or motivate an individual's behaviors (both positive and negative).
4. To develop support documents that may be utilized to identify steps to prevent/minimize the risks associated with the behavior(s) (Behavior Support Plans).

OTAC downloadable forms: http://www.otac.org/isp/isp-forms-021407/

Click here to download the new 9.9.09 ISP Forms and Manual. Click here to learn more about the required timelines for switching to the new forms. The 2.14.07 forms on this page will remain available until February 15th, 2010.

An eight minute video is provided to cover the scope of changes, what is provided and how to get support. [8-minute overview video]

**OTAC download forms**

Are you looking for the new 9.9.09 forms?

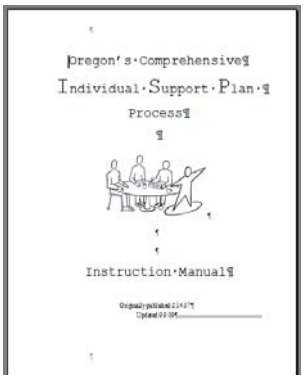
Click here to download the new 9.9.09 ISP Forms and Manual. Click here to learn more about the required timelines for switching to the new forms. The 2.14.07 forms on this page will remain available until February 15th, 2010.

2.14.07 Form Download Page

| 2.14.07 Form | MS Word Template | Handwritten Forms |
|---|---|---|
| Personal Focus Worksheet | download | download |
| PFW Supporting Questions | n/a | download |
| Risk Tracking Record | download | download |
| RTR Additional Updates Page | n/a | download |
| Protocol–Aspiration–Choking | download | download |
| Protocol–Constipation | download | download |
| Protocol–Dehydration | download | download |
| Protocol–Seizure | download | download |
| Financial Plan | download | download |
| ISP Meeting Agenda | download | download |
| Individual Support Plan (ISP) | download | download |
| Change Form | download | download |
| ISP Manual | n/a | download |

Internet Explorer users: Right–click on "download" and choose "Save target as..."

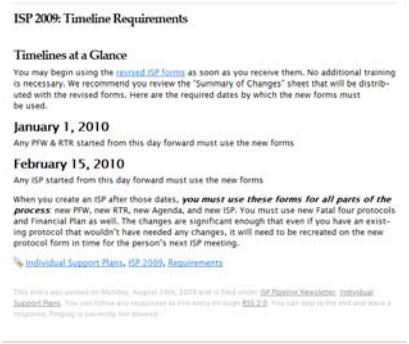
**9.9.09 ISP Manual**



Oregon's Comprehensive Individual Support Plan Process

Instruction Manual

**Required deadlines**



ISP 2009: Timeline Requirements

Timelines at a Glance

You may begin using the revised ISP forms as soon as you receive them. No additional training is necessary. We recommend you review the "Summary of Changes" sheet that will be distributed with the revised forms. Here are the required dates by which the new forms must be used.

January 1, 2010

Any PFW & RTR started from this day forward must use the new forms

February 15, 2010

Any ISP started from this day forward must use the new forms

When you create an ISP after those dates, ***you must use these forms for all parts of the process***: new PFW, new RTR, new Agenda, and new ISP. You must use new Fatal four protocols and Financial Plan as well. The changes are significant enough that even if you have an existing protocol that wouldn't have needed any changes, it will need to be recreated on the new protocol form in time for the person's next ISP meeting.

Individual Support Plans, ISP 2009, Requirements

## The Functional Assessment and Behavioral Support Plan

**Overview:** The **Behavior Support Plan (BSP)** (DHS 4588 SOCP FA/BSP blended plan) is the primary support document utilized as a medium for detailing clear instructions that tell staff persons how to prevent and/or minimize behavioral risks identified by the RTR.

A **Functional Assessment (FA)** is the first step in developing a **Behavior Support Plan (BSP).** It is a comprehensive and individualized strategy to:

- Identify the purpose or function of an individual's problem behavior(s)
- Develop and implement a plan to modify variables that maintain the problem behavior.
- Teach appropriate functional alternatives using positive and person-centered interventions.

DHS

Functional Assessment/Behavior Support Plan

Client name: Date of plan:

Revised: Revised: Revised:

I. Client profile

Individuals interviewed and/or consulted for the Assessment Plan

Client identifying information:

Psychosocial history:

Review of dangerous behaviors:

Name of behavior 1.
Frequency:
Context:
Duration:
Intensity/severity:
☐ Interferes with community or social participation ☐ Threatens the safety of others or infringes on the rights of others
☐ Interferes with skill acquisition or other activities ☐ Is a risk to the health or safety of self

Name of behavior 2.
Frequency:
Context:
Duration:
Intensity/severity:
☐ Interferes with community or social participation ☐ Threatens the safety of others or infringes on the rights of others
☐ Interferes with skill acquisition or other activities ☐ Is a risk to the health or safety of self

Name of behavior 3.
Frequency:
Context:
Duration:
Intensity/severity:
☐ Interferes with community or social participation ☐ Threatens the safety of others or infringes on the rights of others
☐ Interferes with skill acquisition or other activities ☐ Is a risk to the health or safety of self

Name of behavior 4.
Frequency:
Context:

**DHS 4588_FA/BSP Blended**

**BVS2:** The FA is conducted by the Behavioral Specialist at least 45 days prior to an individual's ISP.

According to OAR (411-325-0340(3)(a-e) the FA must include the following:

a. A clear, measurable description of the behavior which includes (as applicable) frequency, duration and intensity of the behavior;

b. A clear description and justification of the need to alter the behavior;

b) An assessment of the meaning of the behavior, which includes the possibility that the behavior is one or more of the following:
   - An effort to communicate;
   - The result of medical conditions;
   - The result of psychiatric conditions; and
   - The result of environmental causes or other factors.
   - A description of the context in which the behavior occurs; and
   - A description of what currently maintains the behavior.

# Interview and observation form samples and links:

DHS: SENIORS AND PEOPLE WITH DISABILITIES

State Operated Community Program

**Functional Behavioral Assessment Interview Questions**

1. In what ways does the individual communicate his basic wants and needs?
2. What does the individual seem to like and not like (including, activities, food, housemates, settings)?
3. Are there factors external to the setting that might be associated with the behavior (such as sleep patterns, medicines, diet)?
4. What do the problem behaviors look like?
5. What events are likely to make the behavior occur?
6. Are there events or conditions within the setting that seem to be associated with the problem behavior even though they may not immediately precede its occurrence?
7. Are there any events and situations that happen just before the problem behaviors that consistently predict that the problem behaviors will *not* occur?
8. What outcomes appear to maintain the problem behavior?
9. Does the individual exhibit any appropriate behaviors that would produce the same outcomes that appear to be maintaining the problem behavior?
10. What have been the outcomes of previous interventions?
11. What have been the outcomes of previous interventions?

Functional Behavior Assessment (FBA)
Interview questions
(1 page)

DHS: SENIORS AND PEOPLE WITH DISABILITIES

State Operated Community Program

**Functional Behavioral Assessment Interview Form**

| | | | |
|---|---|---|---|
| Individual: | | Interviewer: | |
| Interviewee: | | | |
| Include title and shift | | | |
| | | | |
| Date: | | | |

**Describe the problem behaviors:**

Define each problem behavior that is of concern. Include information about what it looks like, how often it occurs (per day, week, month), how long the behavior lasts and how damaging or destructive the behaviors are when they occur.

| | |
|---|---|
| 1. | |
| 2. | |
| 3. | |
| 4. | |
| 5. | |
| 6. | |

**Describe the person's social behaviors.**

Define positive social behaviors you have observed the person perform. Include information about what it looks like, how often it occurs (per day, per, week, month) and when you are most likely to see the behavior.

| | |
|---|---|
| 1. | |
| 2. | |
| 3. | |
| 4. | |
| 5. | |
| 6. | |

FBA Interview Form 1 (11/09)

FBA Assessment Interview form
(8 pages)

DHS: SENIORS AND PEOPLE WITH DISABILITIES

State Operated Community Program

**Client Observation Form**

Individual:

Date(s): Observer:

Behavior of concern:

| | Date: Time: | Date: Time: | Date: Time: |
|---|---|---|---|
| Setting/circumstance | | | |
| Antecedent | | | |
| Behavior | | | |
| Intervention | | | |
| Outcome | | | |

Client Observation form

DHS: SENIORS AND PEOPLE WITH DISABILITIES

State Operated Community Program

**Client Observation Form**

| | | | |
|---|---|---|---|
| Individual: | Joe | | |
| Date(s): | 1/7, 1/8 | Observer: | BVS2 |
| Behavior of concern: | Physical Aggression | | |

| | Date: 1/7 Time: 10-10:15 | Date: 1/8 Time: 2p-2:30p | Date: 1/8 Time: 4:30p-5p |
|---|---|---|---|
| Setting/circumstance | Preparing for outing | Returning from outing | Preparing for dinner |
| Antecedent | Staff getting money for the outing (had to wait for site manager to prepare) | Unable to determine | Smell of food - cooking |
| Behavior | Hit peer | Cussing, yelling at staff | Cussing, yelling, hit wall with fist |
| Intervention | Cued to stop; | Went to room to listen to music (part of calming strategy) | Was asked what was wrong, indicated was hunger, staff offered salad; utilized problem solving |
| Outcome | Continued to escalate; after PPI, talked to SM and BVS2, used problem solving, calmed | Continued with day with no issues | Used problem solving; no issues later |

Client Observation Form 1 (11/09)

Client Observation form (sample)

## Conducting the Functional Assessment (FA):

### Define the Behavior and Collection Data

**STEP 1** Define the problem behavior (as categorized by the RTR). A well defined behavior is essential when collecting data and communicating results with other team members.

**BVS2:** Define the behavior in specific, observable, and measurable terms. In other words, something you can see and count. For example, this is too vague: Joe is aggressive. Instead, the following is a behavior that you can see and measure: Joe pokes, hits or kicks others.

**STEP 2** There are two basic methods for collecting data, direct and indirect.

**Indirect methods** include, but are not limited to the following methods:

- **Interviews:** Gleaned from the individual, staff, and people closest/most important to the individual.
- **File review:** This includes reviewing past evaluations / BSPs / FAs / RTRs / Medical / Safety / Financial Plans / behavior data, placement history, etc.

**Direct methods** record situational factors surrounding the problem behavior and include such methods as:

Direct observation: Using **Client Observation Forms** to observe both adaptive and problem behaviors; document setting events, staff/individual reaction/interventions and outcomes of these interventions/reactions.

- These can be used to determine if current interventions (as written in the plan) are working or not working, or if new ones have emerged.
- Direct observation can also be used to determine if staff is following the plan as written.
- Outside of conducting these observations for the purpose of the FA process, the client observation forms should be completed on a regular basis and kept in a file with the staff/client interviews for each year.

*Another form of Direct Observation includes working directly with the individual. This can be done over an entire shift, accompanying the individual on an outing, or by spending an hour or more working with them. Such "hands-on" observation can provide you with invaluable information about whether or not specific strategies are working or not working, further informing the FA process.*

**BVS2:** When using both direct and indirect methods, watch for factors that may be influencing the individual's behavior, keeping in mind the possibility that the behavior is one or more of the following:

- An effort to communicate
- The result of medical conditions
- The result of psychiatric conditions
- The result of environmental causes or other factors

If, prior to or during the FA process the team identifies that a medical concern such as, a dental problem, ear infection or allergies is fueling an individual's dangerous behaviors, the team can address these issues in documents such as Medical Supports or Medical Guidelines. If these supports alleviate the dangerous behaviors, then no further action is required regarding behavioral supports.

In addition, if an individual's dangerous behaviors are alleviated through a change in either the way staff interacts with them and/or through changing the environment, a BSP may not need to be developed. The team may consider "Interaction Guidelines" or a "Good Day Plan" as a means of alleviating the behavior. However, these guidelines must focus solely on staff interactions and environmental factors *(see, What to do when the Team has determined that form behavior supports are not needed.)*

**Summary:** By using a variety of direct and indirect data collection methods, you will be able to determine the following:

1. **Setting events**: What sets the stage for the behavior. For example, noisy environments, lack of funds, lack of meaningful relationships (e.g. boyfriend/girlfriend).
2. **Triggers:** What sets off/triggers the behavior. For example, being told "no," seeing other people engaged in meaningful relationships, allergy attack, house mate's behavior, having to wait.
3. **Precursors:** How the individual lets us know that they are going to engage in the behavior. For example, face gets red, intensely stare, go blank, stomp their feet, breathe heavily, swear, speech becomes erratic.
4. **Frequency/intensity and duration:** This information will not only guide how data is collected on the behavior (See data collection), but also inform whether or not the behavior is placing the person at risk (see RTR section).
5. **When the behavior is most/least likely to happen:** This identifies some environmental issues that may impact, drive, motivate the behavior. For example, does a behavior always occur during mealtimes?
6. **Behavior chains:** Is there a general/predicable order to the behavior(s). For example, does an individual usually engage in verbal aggression then does this progress to physical aggression?
7. **Response classes:** Do particular behaviors occur together and appear to serve the same function/have the same meaning?
8. **Contributing mental health/medical conditions:** These are variables that may have an impact, drive, or motivate the behaviors.

9. **Socially appropriate behaviors:** These are skills/strategies that the individual is already using/capable of using to decrease their maladaptive behaviors.

10. **Communication:** What are the individual's expressive and receptive skills? How do they communicate when in distress?

**STEP 3** Identify and explain the function of an individual's problem behavior. This is accomplished through two primary steps: Data Review and Formulating a Hypothesis.

**BVS2:** Data Review is the process of gathering and reviewing data with the goal of highlighting useful information, suggesting conclusions, and supporting decision making. As it applies to the Functional Assessment, this process is simply pulling together all of the information gathered on a specific problem behavior (e.g. setting events, triggers, where/when/with whom the behavior is most/least likely to occur/ communicative abilities/mental health diagnosis, etc;).

**Summary:** Ultimately, data review is a process that looks beyond the overt topography of the behavior, and focuses, instead, upon identifying biological, social, affective, and environmental factors that impact, drive or motivate the behavior.

**STEP 3B** Only when the relevance of the behavior is known is it possible to speculate the true function of the behavior and establish an individual behavior support plan. This relevance can be determined through the data review process described above. In other words, before any plan is set in motion, the Behavior Specialist (and ultimately the team) needs to formulate a plausible explanation (hypothesis) for an individual's behavior. Ultimately, formulating this hypothesis is a process that attempts to explain the function of an individual's problem behaviors, given specific factors or contexts identified through the data review process.

**BVS2:** In its simplest form, a hypothesis will address the following statements:

| Statement | Examples |
|---|---|
| "When this occurs"<br><br>or<br><br>"During this time" | Triggers, Setting Events, Psychiatric condition<br><br>Mealtimes, Shift Change, After family visits<br><br>****Note: This information is gleaned from your data review.** |
| "The individual does/engages in" | Description of the problem behavior: Physical Aggression, SIB, LSS<br><br>****Note: This information is gleaned from your data review.** |
| "In order to"<br><br>"To obtain" | This is the function of the behavior(s). Some examples include: To initiate social interaction, to escape a demanding situation, to express anxiety/fear/anger. |

**Summary:** The key to gaining insight into the function an individual's behavior is to examine the functions of our own behavior. Efforts to resolve conflict, express anxiety,

gain access to a social group, maintain friendly relationships, avoid embarrassment, and please others are all completely normal behaviors. However, these behaviors become "problems" once they are expressed in socially/culturally inappropriate means (i.e. They challenge our social norms: Stealing to get items that an individual wants v. maintaining a job to earn money to pay for the item(s); Punching someone that has made an individual angry v. Following steps of conflict resolution, or ignoring).

**STEP 4** Develop a "**Functional Alternative".** The functional alternative can be viewed as a functional/positive/constructive "replacement" behavior for the individual that accomplishes the same purpose of the individual's problem behavior.

**BVS2:** When developing a functional alternative keep in mind, an individual may engage in a problem as a result of the mental health/psychiatric diagnosis (es) (a pre-set):

Psychiatric illnesses may act as an establishing operation (i.e. "reason" or "function") for the problem behavior in individuals. Psychiatric influences can be conceptualized as internal events within a person's biological system that partly determine an individual's response to the environment.

**To illustrate, consider the following examples:**

**An individual lives in a small group home with three other individuals**. On a given day, four staff persons were scheduled to work so that people could attend a long anticipated community event. Unfortunately, two of the staff people were sick leaving only two staff on-duty, and insufficient staffing precluded attending the community event. Most of individuals were disappointed, but one man with a diagnosed mental health disorder reasoned that the two sick staff feigned illness and the other two were too busy to pay attention to him. He became suspicious whenever they interacted with others. When he and others were asked to assist in a household task, he refused and began to verbally assault staff the individuals around him. When asked to calm himself, he physically attacked the staff on duty.

**A young woman with mild mental retardation has been increasingly withdrawn**. She lives in a small group home and spends most of the day in her room. She is in danger of losing her job due to frequent absences. In the morning, the group home care providers awaken her and give her prompts to get ready for work. She refuses and uses some profanities. A little time passes, and concerned that she will be late again, a preferred staff member repeats the prompt to be up and get ready. The young woman screams at her, and hits the staff member. The staff member retreats, frustrated and angry in response to the assault. Staff begin to speak of her as lazy, resistive and aggressive. They meet and decide to develop a behavioral intervention using a mixture of incentives (access to preferred activities) and punishments (loss of preferred activities) to get her to go to work and be more involved in social activities. The

intervention is unsuccessful. The young woman becomes increasingly withdrawn and aggressive. She refuses food and is eventually hospitalized.

In this case, the young woman's depressive illness serves as an establishing operation that reduces the reinforcing value of work (paycheck) and social activities (interaction). Due to her depression, the young woman experiences increased feelings of fatigue and lack of enjoyment in previously preferred activities. Prompts to go to work or engage in activities are perceived as aversive events triggering refusals and aggression. When the young woman displays physical aggression, staff become fearful and cease prompting her, making it more likely that aggressive behavior will be repeated. Because staff lack an understanding of the relationship between depressive symptoms and the young woman's behavior, their attempts at intervention not only fail, but make matters worse.

**BVS2: An individual may engage in a problem behavior:**

- As they lack the skills to engage in a more appropriate behavior, or
- Because they lack appropriate, alternative skills and truly believe that their behavior is effective in getting what they want or need.

For example, an individual may engage in physically violent behavior because they believe that violence is necessary to efficiently end a confrontational situation, and may believe that these behaviors will effectively accomplish their goals. However, when taught to use appropriate problem-solving techniques, the individual will be more likely to approach potentially volatile situations in a nonviolent manner.

If this is the case, the functional alternative may address that deficit by including, within the BSP, a description of how to teach the problem-solving skills needed to support the individual. This description would include the supports, aids, strategies, and modifications necessary to accomplish this instruction, with expectations explained in concrete terms.

**BVS2: An individual may engage in a problem behavior:**

- Even though they know the skills necessary to perform the appropriate behavior, they do not consistently perform these skills (i.e. they lack motivation, and/or do not see the intrinsic value of engaging in the appropriate behavior).

If this is the case, the functional alternative will want to include techniques, strategies, and supports designed to increase motivation to perform the skills.

In addition, techniques would want to be developed for making the appropriate behavior more desirable. These strategies, techniques and supports will need to be concretely explained within the BSP.

**BVS2: An individual may engage in a problem behavior:**

- Due to both skill and motivational deficits.

If this is the case, the functional alternative will want to include techniques that combine both learning activities and strategies for making the appropriate behavior more desirable.

Explaining Functional alternative strategies, techniques and supports **"concretely"** refers to the following:

Providing a picture of the **Functional Alternative**: What staff is to do / when / where; what the individual is to do/when/where. Such a "picture" may entail specific steps for staff and/or the individual to follow. By providing a concrete explanation of the functional alternatives, you will ensure that staff is following-through with the identified techniques, strategies and supports in a consistent manner. Such details can help to rule out whether or not a functional alternative is/isn't working due to such variables as, staff not understanding how to implement, and/or implementing incorrectly.

**Summary:** A functional assessment has five primary goals:

**a)** To define the problem behavior in a clear and measurable manner,

**b)** To describe the events, times, and situations that predict both the occurrence and nonoccurrence of problem behavior,

**c)** To identify the variables maintaining problem behavior, and finally,

**d)** To generate and confirm hypotheses regarding the function(s) maintaining problem behavior, and

**e)** To develop functional alternatives that will determine strategies for supporting an individual to engage in new behaviors that maintain their safety, health, independence and dignity.

The functional assessment should include consideration of any relevant psychiatric disorders as a potential establishing operation (e.g. "function," "reason").

It is important as well to consider how the psychiatric disorder(s) might increase the salience of environmental events. By combining information related to psychiatric symptoms as well as, non-psychiatric symptoms, can eliminate the frequently asked dichotomous question, "is it behavior or is it mental illness?"

The most accurate answer to this question is often "both.

## Behavior Support Plan

**Overview:** A Behavior Support Plan (BSP) is a Support Document used when ISP teams feel that interventions are needed for identified behavioral risks. The ISP team must make the decision to create a BSP.

A BSP attempts to change a person's behavior through positive supports and must be written in accordance with current OIS practices and follow OAR's specific to the service provided.

If interventions are needed or other information indicates a BSP is needed, a BSP must be developed. The ISP team must document that each member is aware of this plan; the ISP Signature page is sufficient.

**BVS2:** The BSP must be **completed 7 days prior** to an individual's ISP. According to the OARs (411-325-0340(4-5), the minimum requirements the BSP must address the following:

a) An individualized summary of the person's needs, preferences and relationships;

b) A summary of the function(s) of the behavior, (as derived from the functional behavioral assessment);

c) Strategies that are related to the function(s) of the behavior and are expected to be effective in reducing problem behaviors;

d) Prevention strategies including environmental modifications and arrangement(s);

e) Early warning signals or predictors that may indicate a potential behavioral episode and a clearly defined plan of response;

f) A general crisis response plan that is consistent with the Oregon Intervention System (OIS);

g) A plan to address post crisis issues;

h) A procedure for evaluating the effectiveness of the plan which includes a method of collecting and reviewing data on frequency, duration and intensity of the behavior;

i) Specific instructions for staff who provide support to follow regarding the implementation of the plan; and

j) Positive behavior supports that includes the least intrusive intervention possible.

# Putting it all on together: The FA/BSP Blended Plan

**Overview:** The blended plan is a behavior support document that combines the aspects of the Functional Assessment and Behavior Support Document into one document. The purpose of this blending is to reduce unnecessary repetition, increase continuity across the agency, and to develop effective behavior supports for the individuals supported.

**The components of the blended plan are as follows:**

**I. Client profile**

**Individuals interviewed and/or consulted for the Assessment Plan**

*Date interview process is started:*

*Use this date on RTRs, ect.*

**Client identifying information:**

**Psychosocial history:**

**Review of dangerous behaviors:**

*BELOW: In number 1-12 type the Name of the specific behaviors and behavior details.*

## Section 1: Client Profile

**BVS2:** This section is made up of the following sub-headings:

1. **Individual's interviewed/consulted for the assessment plan**.These are individual's that were interviewed during the FA process of indirect data collection (e.g. FA interviews form, Client interview form). *Dates of when the interviews were conducted will be provided in this section.*
2. **Client identifying information, t**his includes their date of birth, diagnosis, any physically identifying characteristics (e.g. glasses, tattoos, AFO's, amputations, blindness, etc;)
3. **Psychosocial history,** this includes (as applicable) the following:
   a) Developmental history (*physical, emotional, cognitive, educational, nutritional, and social development, normative development for chronological age)
   b) Individual history
   c) Family History (Interpersonal and family relationships)
   d) Family circumstances (*family relationships and how these affect needs of the individual)
   e) Family history of alcohol abuse
   f) Family history of emotional illness
   g) Current living situation
   h) Usual social, peer-group, and environmental setting
   i) Education history
   j) Sexual history (rape, sexual molestation)
   k) Physical /emotional abuse (domestic abuse, neglect, exploitation)
   l) Substance abuse (age of onset, duration, patterns of use)

m) Occupational/Vocational history
n) Legal history / record of arrests / violent behavior
o) Financial status
p) Review of their behaviors including where/when most likely to occur, intensity and severity.

**Review of dangerous behaviors:**
*BELOW: In number 1-12 type the Name of the specific behaviors and behavior details.*

*Name of behavior* **1.**
Frequency: _____
Context: _____
Duration: _____
Intensity/severity: _____
☐ Interferes with community or social participation ☐ Threatens the safety of others or infringes on the rights of others
☐ Interferes with skill acquisition or other activities ☐ Is a risk to the health or safety of self

4. **Review of Dangerous Behaviors:** This section should cover the intensity/severity and general frequency of each behavior identified through the RTR. In addition this section covers the "Context" in which the behavior occurs, as well as it's general duration. ***Note:*** *The behaviors need to be listed as they are labeled by the RTR and in the order that they appear on the RTR.*

   **Why the Behavior(s) need to be altered:** This is a check box to determine whether or not a behavior needs to be altered as it interferes with: Community or Social Participation, Skill Acquisition or other activities, threatens the safety of others or Infringes on the right of others, Is a risk to the health and safety of self, or any other applicable reason. The process for determining this has already been completed as the RTR was developed.

5. **Contributing "Medical Conditions" that may have an impact on an individual's behaviors.** This section should answer the following, as applicable:
   a) Does the individual have any medical conditions that may have an impact on their behaviors (e.g. allergies, obesity)?
   b) How do these conditions impact an individual's behaviors? Do behaviors increase/decrease as a result of seasonal allergies (i.e. during the winter an individual's behaviors are lower than in the summer).
   c) Does the medical condition act as a setting event or trigger to an individual's behavior? For example, an individual may be obese and on a limited calorie diet. As a result, this individual's behaviors tend to increase as a result of wanting more food items than their current diet will allow.
   d) Current medications that have been prescribed for the treatment of a psychiatric condition, which may influence behavior (name only).
   e) Changes in medications and possible effects on behavior.

6. **How the mental health diagnosis manifests in the individual**. This is a distillation of how an individual's mental health diagnosis (es) affects their functioning in their everyday life activities, interpersonal relationships, etc. In many ways, this section serves as a means to define a particular diagnosis (e.g. Bipolar Disorder, Antisocial Personality Disorder) in general terms and then relate it to specific manifestations in the individual. The following example pertains to an individual diagnosed with Antisocial Personality Disorder:

   a) *The characteristics of Antisocial Personality Disorder include a longstanding pattern of disregard for the rights of others. There is a failure to conform to society's norms and expectations that often result in numerous arrests of legal involvement, as well as a history of deceitfulness. A major component of this disorder is the reduced ability to feel empathy for other people.*

      - *Bill displays many of these characteristics and they appear to drive many of his maladaptive behavior.*
      - *He has a long history of legal involvement and assaultive behaviors, impulsiveness and a lack of regard for the authorities.*
      - *He often rationalizes negative behavior by blaming others, and has historically denied or avoided accountability for his actions.*
      - *For example, when questioned about shoplifting, he has responded with: "What choice did I have?" "I didn't have enough money, and I needed the CDs." "I have never had any one to help me, it's always me against everyone else."*

You can look up many of the individual's diagnoses (both medical and psychiatric) on such websites as: www.mayoclinic.com, www.merk.com, and www.nlm.nih.gov.

These websites can give you insight into the general characteristics of each diagnosis. You can then utilize your professional opinions to determine which diagnoses have the most salient impact on an individual's behavior, as well as, determine which general characteristics of the diagnoses an individual specifically engages in/displays.

| II. Client needs, preferences, relationships |
|---|
| **Needs:** |
| **Preferences:** |
| **Relationships:** |
| **Expressive communication:** |
| **Receptive communication:** |
| **Communication in distress:** |

## Section 2: Needs, Preferences, Relationships and Communication

**BVS2:** This is a ***review*** of an individual's needs, preferences, and relationships as taken from the PFW. This is not a word for word detail. It is up to the BVS2's professional opinion to determine which needs, preferences and relationships to

include in this section. The review should highlight needs, preferences, and relationships that either impact, direct or motivate an individual's behaviors (both adaptive and maladaptive). In addition, this section includes a review of the individual's communicative abilities and needs to address the following:

- Expressive Communication
- Receptive Communication
- Communication when in Distress

Be sure to include the sentence, **"See current Personal Focus Worksheet (PFW) for more information"** in this section.

## Section 3: Behavior definitions

**Behaviors to decrease :** *Some have similar or the same "Triggers": Used to support client in learning how to express his concerns in an appropriate manner.*

*Elaborate in first reference similar **"Triggers"** and **"Precursors."** Check box if different and explain.*

**Setting events:**

**Triggers:**

**Precursors:**

*Name of behavior* **1.**

*Definition:*

☐ Trigger same first reference ☐ Trigger different, explain:

☐ Precursor same first reference ☐ Precursor different, explain:

☐ Setting event same first reference ☐ Setting event different, explain:

**Data collection:**

**Alteration criteria:**

This section covers the following: Behavior definitions, Setting Events, Triggers, and Precursors for each behavior(s), data collection methods, as well as Alteration Criteria. This section is organized in a table format.

**BVS2:** Behavior definitions, these are the definitions of the behaviors identified through the RTR and FA process. The definitions need to be listed as they are labeled on the RTR, as well as, in the order that they appear on the RTR.

**Setting Events, Triggers, Pre-cursors:** Setting events are the environment, activity, or condition in which the tracked behavior is likely to occur. Triggers are things that happen to or around an individual that is likely to "push" the individual into engaging in a maladaptive behavior. Precursors are signs that an individual portrays that clue support staff into knowing when an individual is upset and/or going to engage in a maladaptive behavior (e.g. staring, going red in the face, being quiet, yelling, breathing heavily). Each of these components will be determined through the FA process (e.g. indirect and direct data collection).

Setting Events, Triggers and Precursors can be grouped together, if they are the same for each (or a particular set) of tracked behaviors. This can come before or after the Behavior definitions.

**For example:**

**Setting Events:** The setting events for all of Joe's behaviors are as follows: noisy environments, Lack of preferred activities, Shift Changes.

**Triggers:** The triggers for all of Joe's behaviors are as follows: Being told "no," interruptions to preferred activities….

**Pre-Cursors:** The pre-cursors to all of Joe's behaviors are as follows: clinching fists, scowling, intently staring at a targeted individual….

## Data Collection

Behavior data can serve many functions. It can be used to establish a baseline of the target behaviors to increase or decrease.

Data can give us information on when and where behaviors are most likely to occur, as well as how often, how long, how much, how intense and with whom and as a result of what. Behavior data allows for the comparison of behavior pre and post intervention. The analysis of data tells us whether our interventions are effective and should guide our decisions on making changes to a program, including whether to continue with an intervention.

***There are four (4) main types of data collection:***

- ***Frequency***
- ***Interval***
- ***Duration***
- ***Intensity***

**Frequency:** This is an exact count of how many times a specific behavior occurs. It is used by observers who are interested in counting the exact number of times a behavior occurs. A tally is made each time an individual engages in the target behavior. To use frequency recording, the behavior must be observable and have a clear beginning as well as a clear ending.

*Frequency recording is difficult to use when the behavior is occurring at such a high rate that an accurate count is impossible, or when the behavior occurs for extended or variable amounts of time.*

**Interval:** Interval recording is best used for behaviors that appear continuous. It provides an estimate of the actual number of times that a behavior occurs. One hash mark or tally is utilized to indicate if a behavior occurred within a specified time frame (e.g. 3-15 minutes).

*Keep in mind that data from interval recording represents an "estimate" of behavior rather than an actual count. Therefore, regardless of whether the behavior occurs once, twice or 5 times within the time interval it is only marked once to indicate that it occurred.*

**Duration:** This method is used when the primary concern is the length of time an individual engages in a specific behavior. Duration recording documents the total time or percent of time that a behavior occurs within a specified time period. Duration recording can be used to measure behaviors emitted at high rates. Behavior is measured from the moment of onset until the moment it stops.

**Intensity:** This is measured when the force or magnitude of the behavior is the most important aspect of the behavior or the aspect of the behavior that is targeted for change. Intensity can be measured with a rating scale. For example, if the loudness of an individual's screaming during a behavior is being targeted for change, the observer may use a rating scale to measure the individual's behaviors during a behavior (e.g. loudness of screaming).

**Summary:** The key point to remember is that different types of behavior may require different data collection techniques. For example, if it is important to know how often a behavior occurs (e.g., hitting) a system that yields the number of behaviors, or *frequency or interval measure,* is appropriate.

At other times, knowing how long the behavior occurs is more relevant (e.g., screaming), so that a *duration measure* becomes more useful.

Furthermore, the usefulness of documenting the intensity of a behavior is evident when the team tries to measure the magnitude of a particular behavior. To say that Charles bit 2 staff may not reflect the fact that his one bite resulted in superficial marks, and the other resulted in a breakage of skin.

## Section 4: Behavior Functions

**IV. Behavior functions**

**Behavior chains / response classes:**

**Function of behavior(s):**

**Functional alternatives to behavior(s):**

**Incentive plan:** ☐ **Not applicable**

**BVS2:** This section includes four (4) sub-headings:

1. **Behavior chains/response class:** Generated from the Functional Assessment (FA) process.
2. **Function:** Generated from the Functional Assessment (FA) process.
3. **Functional alternative:** Generated from the FA process. Each Functional Alternative will need to provide clear steps for staff to follow when supporting the individual. For example, "Problem Solving" should not just be listed as a functional alternative. Rather, you should go into the details of what "problem solving" looks

like for the individual. What steps are involved in the problem solving process? How should staff respond/assist?

4. **Incentive plan:** Though an incentive plan is not a functional alternative, it can serve as a means to increase an individual's motivation to engage in appropriate behaviors, and/or make an appropriate behavior more desirable. This section needs to clearly outline the following:
   a) What the incentive is
   b) Why the incentive is being employed
   c) When the incentive is earned
   d) How the incentive is earned

Behaviors that are in the same response class (i.e. serve the same function) can be grouped together for each function. Behaviors that are in their own response class, need to be listed separately. For example:

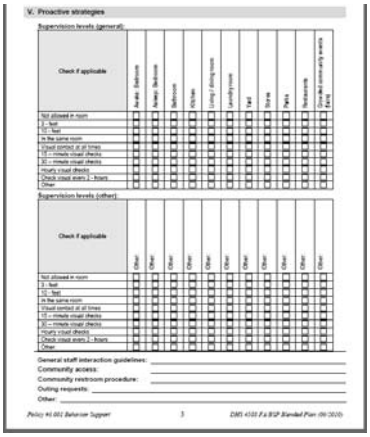
**Function**

**Property destruction, use of objects as weapons and physical aggression:** May serve as a function of their Autism, or as a means to communicate that an individual is over stimulated, feels like they are being ignored, or possibly, as a means to communicate that they are experiencing high levels of anxiety and want to leave the area.

**Self-injurious behavior**: May serve as a means to self-soothe and center, express that the individual is uncomfortable.

## <u>Section 5: Proactive strategies</u>

**BVS2:** This section details the proactive strategies or guidelines that are currently in place to reduce an individual's opportunity/need to engage in their tracked behaviors. It includes elements that are necessary in an individual's life in order for a successful day to occur and ways to increase the individual's quality of life. In addition, the Proactive strategies is about identifying problem areas for the individual and changing these situations by taking something stressful away, adding something comforting to, or changing something already in the situation prior to the individual experiencing the problem behavior(s).



V. Proactive strategies

Supervision levels (general):

| Check if applicable | Aide: Bedroom | Aide: Bathroom | Bedroom | Kitchen | Living/ Dining room | Laundry room | Yard | Drive | Patio | Restaurants | Community events Every |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Not allowed in room | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 5 – feet | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 10 – feet | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| In the same room | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Visual contact at all times | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 15 – minute visual checks | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 30 – minute visual checks | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Hourly visual checks | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Check visual every 2 – hours | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Other | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

Supervision levels (other):

| Check if applicable | Other | Other | Other | Other | Other | Other | Other | Other | Other | Other | Other |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Not allowed in room | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 5 – feet | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 10 – feet | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| In the same room | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Visual contact at all times | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 15 – minute visual checks | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 30 – minute visual checks | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Hourly visual checks | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Check visual every 2 – hours | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Other | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

General staff interaction guidelines: _____
Community access: _____
Community restroom procedure: _____
Outing requests: _____
Other: _____

Policy #1.001 Behavior Support 3 DBS 4103 F.x BSP Blended Plan (06/2010)

Though this section has the potential to have several sub-headings, the following must always be addressed for each individual:

**Supervision Levels (General)**

| Check if Applicable | Awake: Bedroom | Asleep: Bedroom | Bathroom | Kitchen | Living / Dining Room | Laundry Room | Yard | Stores | Parks | Restaurants | Crowded Community Events (fairs) |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Not allowed in room | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 3 - feet | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 10 - feet | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| In the same room | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Visual contact at all times | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 15 – minute visual checks | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 30 – minute visual checks | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Hourly visual checks | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Check visual every 2 - hours | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Other: | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

**Supervision levels (general):** This section will address the general supervision levels that an individual may require in order to maintain their and other's health and safety. This section is organized in a table format and covers the following supervision areas:

**Supervision levels (other):** This section will address any "other" areas that may apply to a particular individual. This section is also organized in a table format, however the table does not have to be utilized if it does not apply (i.e. it can be deleted and/or replaced with narrative). This section can cover a variety of areas, including, but not limited to the following:

- Special Olympics/Sporting Events,
- Dances, and
- Special considerations (e.g. 2:1 in the community)

***Note:*** *Clients who's ISPs occurred prior to June 1st, 2010 will have supervision levels detailed in a document titled "Staffing Expectations." This document will remain valid (i.e. will need to updated and trained) until the individual's new ISP. After June 1st, 2010, all client supervision levels will only be included in the BSP as outlined above.*

**General Staff Interaction Guidelines:** For example, important day-to-day interactions such as treating an individual with respect; How to communicate (e.g. Does the individual have hearing aids, so staff need to speak up? Or does the individual have a special greeting, like bumping fists?); Are there certain approaches that work best when interacting with the individual, e.g. using humor, using very concrete sentences, short sentences, etc; Are there certain phrases/colors/subjects that should not be brought up in the individual's presence?

**Community Guidelines/Access:** How an individual can request/attend an outing; conditions for doing so (i.e. no presence of behaviors?); Are their restrictions on when (day/time) or where and individual can go?

**Restroom Guidelines:** This section needs to address community restroom guidelines. Can an individual use any restroom? Can they only use a single occupancy restroom? What if a male staff is supervising a female client? What if a female staff is supervising a male client?

## Section 6: Reactive strategies

**VI. Reactive strategies**

**General:**
**Community:**

**BVS2:** This section indicates Reactive strategies for each tracked behavior. The behaviors need to be listed in the order of the RTR and as they are labeled on the RTR. These are strategies that should only be implemented if any of the above PROACTIVE STRATEGIES have been unsuccessful in supporting the individual in engaging in productive/positive behaviors. Overall, the Reactive Strategies is about making the needed changes when behaviors start to show "early warning signs (e.g. precursors)" that often lead to problem behaviors.

These strategies can include cuing or prompting, increasing supervision, removal of items from room/area, switching out staff, PICA sweeps, and/or encouragement to engage in functional alternatives.

In addition, the reactive strategies must address the following sub-headings:

1. **General:** as applicable, this section could include such items as:
   - Verbal de-escalation in concrete terms(Tone, message, content)
   - Safe physical positioning during escalation to support co-workers
   - Implications for supervision during escalation (moving from 10 feet to 3 feet constant visual)
2. **Community:** This section needs to include strategies for supporting an individual if they engage in their behaviors, or are becoming escalated while in the community.

Other items to consider when developing the reactive strategies for each identified behavior include: determining whether or not risk assessments need to be pursued (e.g. suicide), specifically addressing what it means to "secure the area" (e.g. removing items, ushering clients into their bedrooms), as well as clarifying any open-ended statements such as, "return a client to the house," "end the outing," or "remove the item."

If a particular reactive strategy applies to more than one of the identified behaviors, they may be grouped together. For example: **Property destruction, Use of Objects as Weapons:** Cue to stop, then….

## Section 7: Crisis strategies

**VII. Crisis strategies –** BSP essential components

1) **General:**

2) **Program approved PPI's:**

3) **When to abort the PPI:**

**PPI release criteria:**

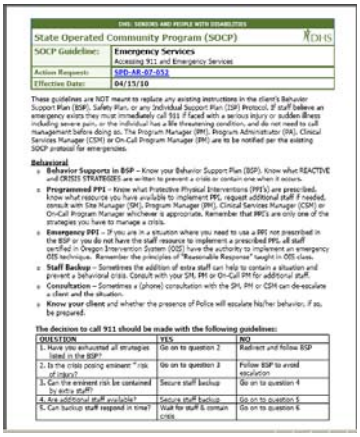
---

**BVS2:** This section details crisis strategies for the appropriate tracked behavior. Crisis strategies are when the above PROACTIVE AND REACTIVE STRATEGIES have failed to support the individual in de-escalating, and they are now to the point where they pose an immediate threat of harm to themselves, staff, or peers.

These strategies may include program approved PPI's, instructions for staff to keep their communication concrete and simple, limiting of choices, refraining from power struggles, etc.

In addition, the **Crisis strategies** must address (as applicable) the following sub headings:

**General:** This can include a variety of information such as:



DHS: SENIORS AND PEOPLE WITH DISABILITIES

State Operated Community Program (SOCP) DHS

| | |
|---|---|
| SOCP Guideline: | Emergency Services<br>Accessing 911 and Emergency Services |
| Action Request: | SPD-AR-07-032 |
| Effective Date: | 04/15/10 |

These guidelines are NOT meant to replace any existing instructions in the client's Behavior Support Plan (BSP), Safety Plan, or any Individual Support Plan (ISP) Protocol. If staff believe an emergency exists they must immediately call 911 if faced with a serious injury or sudden illness including severe pain, or the individual has a life threatening condition, and do not need to call management before doing so. The Program Manager (PM), Program Administrator (PA), Clinical Services Manager (CSM) or On-Call Program Manager (PM) are to be notified per the existing SOCP protocol for emergencies.

**Behavioral**

- **Behavior Supports in BSP** – Know your Behavior Support Plan (BSP). Know what REACTIVE and CRISIS STRATEGIES are written to prevent a crisis or contain one when it occurs.
- **Programmed PPI** – Know what Protective Physical Interventions (PPI's) are prescribed. Know what resource you have available to implement PPI, request additional staff if needed, consult with Site Manager (SM), Program Manager (PM), Clinical Services Manager (CSM) or On-Call Program Manager whichever is appropriate. Remember that PPI's are only one of the strategies you have to manage a crisis.
- **Emergency PPI** – If you are in a situation where you need to use a PPI not prescribed in the BSP or you do not have the staff resource to implement a prescribed PPI, all staff certified in Oregon Intervention System (OIS) have the authority to implement an emergency OIS technique. Remember the principles of "Reasonable Response" taught in OIS class.
- **Staff Backup** – Sometimes the addition of extra staff can help to contain a situation and prevent a behavioral crisis. Consult with your SM, PM or On-Call PM for additional staff.
- **Consultation** – Sometimes a (phone) consultation with the SM, PM or CSM can de-escalate a client and the situation.
- **Know your client** and whether the presence of Police will escalate his/her behavior. If so, be prepared.

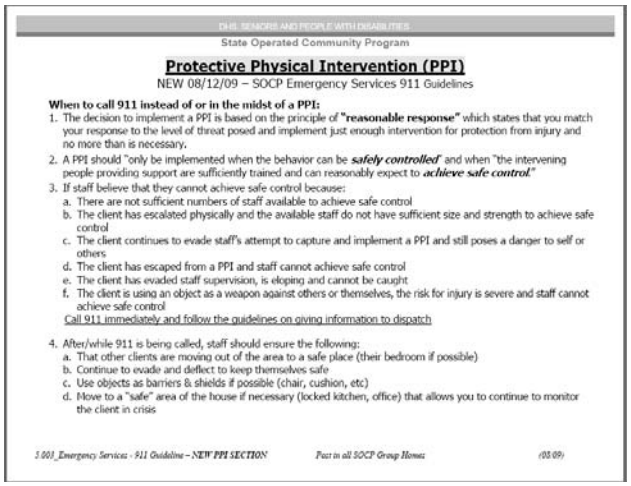
**The decision to call 911 should be made with the following guidelines:**

| QUESTION | YES | NO |
|---|---|---|
| 1. Have you exhausted all strategies listed in the BSP? | Go on to question 2 | Redirect and follow BSP |
| 2. Is the crisis posing eminent " risk of injury? | Go on to question 3 | Follow BSP to avoid escalation |
| 3. Can the eminent risk be contained by extra staff? | Secure staff backup | Go on to question 4 |
| 4. Are additional staff available? | Secure staff backup | Go on to question 5 |
| 5. Can backup staff respond in time? | Wait for staff & contain crisis | Go on to question 6 |

a. Communication strategies,
b. Pre-arranged roles that staff assume in a crisis
c. With large clients (250+ lbs) prescribe minimum staff to implement a PPI safely
d. Instructions for staff to refer to the **SOCP's Accessing Emergency Services guidelines** for directions on what to do in an emergency situation and when to call 911. Check the SOCP website for the most current guideline.
e. If a specific PPI is unsafe to utilize for a particular individual/situation
f. How an individual responds when in a PPI (e.g. is very flexible, typically engages in biting behavior, will attempt to immediately go to the ground, etc;)
   - **You may be providing supports to individuals who routinely engage in "spitting" behaviors during crisis. If this is the case, you will need to include the following in the general crisis strategies:**
   - A towel and/or spit mask may be utilized by staff for <u>their</u> protection. If the team agrees to these methods, you will need to indicate something to the effect of: **"**Client will spit during times of crisis. Spit masks/towels are available for staff to use for their personal protection. The spit masks/towel will be placed over the head of **<u>the staff (or, if using a towel, in between the staff and client's face).</u> At no time** will the spit masks/towel be placed over or on the client's head/face. The spit masks can only be used once (do not share with other

employees). Staff will properly discard of these in a bio-hazard bag (i.e. red bag). Towels will need to be properly laundered.

2. **Community:** This section needs to include strategies for supporting an individual if they engage in their behaviors, or are becoming escalated while in the community.
3. **Program approved Protective PPI's:** Program approved PPI's according to each applicable behavior.
   a. There may be cases where staff need to attach weight in order to safely maintain an individual in a PPI. In cases where this applies, you will want to specify in this section that additional staff may be needed as attached weight.



DHS: SENIORS AND PEOPLE WITH DISABILITIES

State Operated Community Program

**Protective Physical Intervention (PPI)**

NEW 08/12/09 – SOCP Emergency Services 911 Guidelines

**When to call 911 instead of or in the midst of a PPI:**

1. The decision to implement a PPI is based on the principle of **"reasonable response"** which states that you match your response to the level of threat posed and implement just enough intervention for protection from injury and no more than is necessary.
2. A PPI should "only be implemented when the behavior can be ***safely controlled***" and when "the intervening people providing support are sufficiently trained and can reasonably expect to ***achieve safe control***."
3. If staff believe that they cannot achieve safe control because:
   a. There are not sufficient numbers of staff available to achieve safe control
   b. The client has escalated physically and the available staff do not have sufficient size and strength to achieve safe control
   c. The client continues to evade staff's attempt to capture and implement a PPI and still poses a danger to self or others
   d. The client has escaped from a PPI and staff cannot achieve safe control
   e. The client has evaded staff supervision, is eloping and cannot be caught
   f. The client is using an object as a weapon against others or themselves, the risk for injury is severe and staff cannot achieve safe control

   Call 911 immediately and follow the guidelines on giving information to dispatch
4. After/while 911 is being called, staff should ensure the following:
   a. That other clients are moving out of the area to a safe place (their bedroom if possible)
   b. Continue to evade and deflect to keep themselves safe
   c. Use objects as barriers & shields if possible (chair, cushion, etc)
   d. Move to a "safe" area of the house if necessary (locked kitchen, office) that allows you to continue to monitor the client in crisis

*3.001_Emergency Services - 911 Guideline – NEW PPI SECTION* *Post in all SOCP Group Homes* *(08/09)*

4. **When to abort the PPI:** This should describe, as applicable when staff should abort the PPI as it can be unsafe for both staff and the individual.

**Release:** This section also includes instruction for staff on when to release an individual from a PPI. Ultimately, what calm looks like for the individual. This may be a change in breathing patterns, verbalizations, relaxed muscles, etc. However, for some individuals, they may say that they are calm and ready to be released, however, they will often use the release as an opportunity to re-escalate. Information such as this, should be detailed in this section and possible strategies for overcoming this, should be described.

**Program approved PPI's:**

Program approved PPI's must be in keeping with currently approved OIS physical intervention techniques. If particular PPI's would be more appropriate in keeping an individual safe, and the technique **is not** currently approved, the Behavioral Supports Manager and the Clinical Services Manager will need to be consulted. Once this consultation has taken place, and the ISP team agrees to pursue the specialized PPI technique, a request will be made to the OIS Steering Committee to bring the case to their monthly meeting.

## Preparing for a Steering Committee presentation:

### <u>Step 1</u> Develop a Letter Requesting Authorization

Oregon

Department of Human Services
*State Operated Community Program Office*
*4484 River Rd N., Keizer, OR 97303*
*PO Box 14680, Salem, OR 97309-0740*
*Phone: (503) 378-5952 Fax: (503) 378-5917*

Jane Doe, APT/BS, SOCP – Dover St. Home
1234 NW Dover St., Salem, OR 97309

**6/24/03**

OIS Steering Committee, C/O Kelley Gordham
3886 Beverly Ave. NE Bld 1, Suite 21
Salem, OR 97305

**OIS Steering Committee:**

This letter is to request authorization for a 2-3 person prone restraint for Joe Resident.

Joe is a 34 year old male who weighs approximately 190 lbs and stands Approximately 5 feet, 9 inches tall. Joe is diagnosed with Bipolar Disorder NOS, and antisocial personality characteristics. He has mild Mental retardation and experiences seizures. Joe is currently receiving Lithium and Depakote for his psychiatric and seizure Disorders, respectively. Joe lives at Dover St. home which is a 4 bed house with all 4 bedrooms opening out into common areas of the house (living and dining rooms with an enclosed kitchen). This home is fully alarmed and the exterior doors can be magnetically locked to ensure the safety of the residents.

I am requesting authorization for a 2-3 person prone restraint for when Joe engages in aggression toward staff or his peers. This restraint would be implemented only at Dover St Home, not in the community. There have been no incidents of aggression in the community since 1988. If Joe is not restrained as he begins to aggress, he is capable of injuring people. He has broken the nose of a staff in 2001 and broke the wrist of a housemate in 2002 after staff attempted to implement a

2-3 person seated (couch) restraint and Joe broke loose. He badly bruised a staff's head in 2000 when he head-butted staff as they implemented a seated (wall) restraint.

I am requesting this restraint because Joe will typically collapse his knees in an attempt to go to the floor whenever staff initiate a restraint. We have implemented 3 emergency 3-person restraints over the last 6 months and none have resulted in an injury. Furthermore, the length of these emergency restraints (3 mins) were all less than the shortest (7.5 mins) of the previous 2 years programmed restraints.

The Treatment Team at Dover St. Home all agree that a 2-3 person prone restraint would be safer and have less negative impact on Joe when he becomes aggressive toward staff or clients. Please find the enclosed copy of Joe's Functional Assessment and Behavior Support Plan as well as pictures of the proposed restraint for your review.

Sincerely,

Jane Doe, APT/BS

*"Assisting People to Become Independent, Healthy and Safe"*
An Equal Opportunity Employer

- ✓ Develop a letter on State DHS letter head (see example on SOCP website) requesting authorization for a specified PPI restraint/procedure
- ✓ The letter should include a paragraph describing the client as follows:
  - o Redacted name (change the name, don't use XXX)
  - o Height/weight
  - o Diagnosis
  - o Brief description of the living environment
  - o Current psychotropic medications
  - o Any other information pertinent to the requested PPI restraint/procedure.

- ✓ In addition, the letter should provide an explanation of the proposed PPI restraint/procedure including:
  - o Special considerations (such as where and how, does the client cooperate by going to the floor on their own/)
  - o ISP team rationale (including the guardian, if applicable) for the proposed PPI restraint/procedure
  - o Brief history of past restraints/interventions and why they did not work (may include information about past injuries)
  - o What happens if the client does not go into the restraint?
  - o Safeguards that are in place for monitoring the client's safety in the PPI.
- ✓ This letter will need to be provided to the Behavioral Supports and Clinical Services Manager **<u>1 week prior</u>** to the Steering Committee presentation.

### <u>Step 2</u> Gather/develop the necessary documents of support:

- ✓ Redacted FA(if applicable) and BSP
- ✓ Behavior Data from the past year, including:
  - o The number of PPIs (both program and emergency)
  - o The duration of each PPI
- ✓ Documentation of the ISP Team approval of the Plan (i.e. ISP signature sheet, Discussion Record, Action Plan).
- ✓ These documents will need to be provided to the Behavioral Supports and Clinical Services Managers **<u>1 week prior</u>** to the Steering Committee presentation.

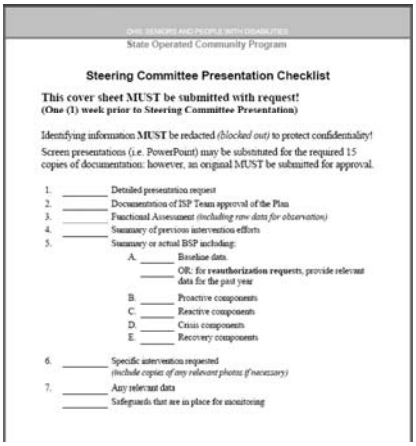
- ✓ Pictures (if needed) of the proposed PPI/procedure implemented by staff on staff
- ✓ Pictures of any special considerations (if applicable), such as the van if you are requesting a particular PPI in the van.

**<u>Step 3</u> Prepare for the presentation:**

- ✓ Make 15 copies of the items outlined in steps 1 and 2 to be passed out at the meeting.
- ✓ Bring any reference material that you feel you may need to refer to as you answer questions from the Steering Committee.

**<u>Step 4</u> The Steering Committee presentation:**

- ✓ Allow plenty of travel time so you arrive on time or early
- ✓ Take a deep breath and present the following information (10-15 minutes):
  - o Pass out the copies
  - o Pass out pictures (if applicable)
  - o Client identifying information (i.e. age, gender, diagnosis)
    - ▪ **Do not provide the Client's name**
  - o Brief behavioral history that is relevant to the proposed PPI
  - o Brief history of past PPIs attempted for the behavior in question and the results
  - o Brief description of the proposed PPI restraint/procedure and the ISP team's rationale


State Operated Community Program

**Steering Committee Presentation Checklist**

**This cover sheet MUST be submitted with request!**
**(One (1) week prior to Steering Committee Presentation)**

Identifying information **MUST** be redacted *(blocked out)* to protect confidentiality!

Screen presentations (i.e. PowerPoint) may be substituted for the required 15 copies of documentation: however, an original MUST be submitted for approval.

1. _____ Detailed presentation request
2. _____ Documentation of ISP Team approval of the Plan
3. _____ Functional Assessment *(including raw data for observation)*
4. _____ Summary of previous intervention efforts
5. _____ Summary or actual BSP including:
   - A. _____ Baseline data.
     _____ OR: for **reauthorization requests**, provide relevant data for the past year
   - B. _____ Proactive components
   - C. _____ Reactive components
   - D. _____ Crisis components
   - E. _____ Recovery components
6. _____ Specific intervention requested
   *(include copies of any relevant photos if necessary)*
7. _____ Any relevant data
   _____ Safeguards that are in place for monitoring

Check SOCP BVS2 website for "Checklist" Tool – 1 week prior

If approved, the Steering Committee may provide a letter of approval, and/or they will stamp the copy of the BSP. The original letter/stamped BSP will need to be maintained in the individual's program book (with their BSPs) and a copy will be sent to the Behavioral Supports and Clinical Services Managers.

If the alternative PPI **is not** approved, then it cannot be written into the plan or trained to staff to perform on an "emergency" basis.

PPI's that require Steering Committee Approval must be renewed every year.

## Section 8: Recovery strategies

This section details how to return the individual back to baseline and how to reintegrate individual back into normal daily activities.

**BVS2:** In particular, this section should describe methods to be used after a crisis that will help the person recover, regain balance and equilibrium and return to the supports described in the proactive strategies. The goal of this section is to support the individual's de-escalation and return them to a stable (baseline) state.

## Section 9: Assessment summary

This section is the final section of the blended plan, and includes the following sub-heading:

**BVS2:** Summary of recommendations/revisions: In a narrative format, this section should address the following questions: Recommendations for further assessment or treatment (such as arousal assessment, psychological/neurological assessment), additions or discontinuance of challenging behaviors based on the behavior data summary, possible changes to BSP due to medical or psychiatric issues (including medication), changes to the BSP due to needs, preferences, and relationships, additions or discontinuance or alteration to special supports (including use of restraints, restrictions, media filters, removal of possessions, restitution used during past year), changes to BSP due to increasing or decreasing dangerousness of challenging behavior both in the home and the community, and a plan of follow up and a referral source for securing further assessment or treatment.

# **Final thoughts:** How to Make a Peanut Butter and Jelly Sandwich and what does this have to do with writing a Behavior Support Plan?

**Overview:** With the hard work and innovation of the BVS2 team, SOCP's BSP have evolved over time. Changes included: combining the BSP with the Functional Assessment, making such items as "community restroom, vehicle, and general staff interaction guidelines" consistent components across all plans in SOCP, as well as, detailing how an individual's mental health and medical diagnoses impact their behaviors.

These revisions and others improved the overall functionality, readability and emphasizes the importance of clearly describing detailed procedures to facilitate staff's ability to effectively provide supports for the individuals within SOCP.

*So, what does making a peanut butter and jelly sandwich have to do with any of this?*

It is a teaching exercise. It starts by asking a group of individuals to write down instructions on how to make a peanut butter and jelly sandwich. These instructions are then read aloud and the individual in charge of making the sandwich follows the instructions—literally.

***Okay, but: What does making a peanut butter and jelly sandwich have to do with writing a BSP?***

SOCP BSP's are an example of expository writing, which is a form of written discourse that is used to explain, describe, give information or inform. This type of writing may be less creative, but it is incredibly important and useful. Expository text can not assume that the reader or listener has prior knowledge or prior understanding of the topic that is being discussed. In addition, expository text must use words that clearly show what is being described and provide enough detail so that the reader or listener can accurately follow the information provided.

**Lessons to learn – take for instance the example on the next page:**
An important skill for a Behavior Specialist to have is the ability to clearly communicate, in writing, the appropriate strategies needed to effectively support an individual. Moreover, they must provide enough detail so that these strategies can be duplicated in an effort to provide consistent supports. This applies to each section of the BSPs: Proactive, Reactive, Crisis, Recovery, etc.

Learning to write clear and concise **Behavior Support Plans** takes time and practice. Remember, the general characteristics of expository writing include:

- details, explanations, and examples
- strong organization
- **clarity**
- unity and coherence
- logical order
- smooth transitions

**There is no more important element in writing than clarity. If a piece cannot be understood, it is of no value. If staff cannot understand the BSP, due to open-ended phrases, generalities, assumptions, or ambiguity, the plan will not be followed and the individuals supported (as well as staff) will be at risk.

**See Appendix page** for a sample of a well presented/complete DHS 4588 Functional Assessment/ Behavior Support Plan (FA/BSP Blended Plan)

# Literal vs. BSP directions for a peanut butter and jelly sandwich

| Example | Literal take vs. Examples of BSP Component/Parallel: |
|---|---|
| 1. Open the Bread | **Literal take:** The instruction does not specify **how** to open the bread (e.g. untwist the twisty tie). So, one could just rip open the bag. |
| | **BSP**: Clarify open-ended instructions, such as: "terminate the outing/return the client home." The question is **HOW**? When an individual is on an outing and there is a need to return an individual home due to behaviors, abruptly "terminating" the outing may actually place the individual and staff in potentially more dangerous situations.<br><br>Perhaps other strategies, such as, making up a reason to return home (i.e. forget to get the cell phone), distraction (i.e. point out another place of interest, talk about something fun to do when get home) are a more functional way to "return a client home." **The key is to detail what these other strategies look like.** |
| 2. Take out a piece of bread. | **Literal take:** A piece implies a "part" of the whole slice. One could only take a small piece of the slice or everything but the crust. |
| | **BSP**: Elaborate and clarify what "validate an individual's emotions, use active listening skills, problem solve, etc" really mean—specifically for the individual.<br><br>Not everyone problem solves the same way. Not everyone knows off the top of their head what a validating statement is. |
| 3. Open the Peanut Butter | **Literal take:** The instruction does not specify **how** to open the peanut butter. Perhaps one could smash it, jump on it, etc. |
| | **BSP**: Provide examples, or scripts. How do staff "cue someone to 'stop?'" Remember most, if not all individuals do not enjoy being told "no." In many cases, this can incite behavior. Provide a simple 3-4 word script for staff to follow when providing prompts (for both redirection and praise). For example, "John let's get away from the fence and get dinner ready," versus, "John, stop climbing the fence." |
| 4. Spread Peanut Butter on the slice. | **Literal take:** The instruction does not specify **what** I am to spread the peanut butter with. One could use their fingers, a stick, a spoon, etc; |
| | **BSP**: Pay close attention to potentially ambiguous or conflicting wording. If items are left open for interpretation, they have the potential for being implemented incorrectly |
| 5. Open Jelly | **Literal take:** The instruction does not specify **how** to open the jelly. There are options here. One could smash it, jump on it, etc. |
| 6. Spread the jelly over the peanut butter | **Literal take:** The instruction does not specify **what** I am to spread the jelly with. One could use their fingers, a stick, a spoon, etc; In addition, the instruction didn't indicate an amount of jelly that is suppose to be spread. Is it the entire contents of the jar? A teaspoon? |
| 7. Put another slice on top | **Literal take:** The instruction does not specify **where** the slice is to be placed on top of **what**. In addition, where is this other slice originally located? Is it from the existing loaf of bread? Another loaf? |

# Formal behavior supports are not needed

**What to do when the Team has determined formal Behavior Supports are not needed.**

**Overview:** For some individuals supported by SOCP the team may determine that a Behavior Support Plan (BSP) does not need to be developed. This would be the case if the individual's dangerous behaviors can be alleviated through a change in either the way staff interacts with them and/or through changing the environment. In these instances, the BVS2 will need to develop either a **DHS 4588 Good Day Plan** or **DHS 4588 Staff Interaction Plan**. At a minimum, these documents need to be reviewed annually.

***Note:*** *For all clients supported at SOCP, they will either have a* ***4588 FA/BSP Blended Plan****,* ***DHS 4588 Good Day Plan*** *or* ***DHS 4588 Interaction Plan*** *depending on their level of support needs. In addition, the Good Day Plan is considered a document of support and needs to be listed on the ISP Risk Page.*

**DHS 4588 Good Day Plan**

In general, a Good Day Plan will be developed for individual's who meet the following criteria:

1. Behavioral risks have been identified (i.e. one or more of the RTR questions #50-67 are marked "yes.").
2. Behavioral risks, though identified do not present a serious or significant risk to the individual and/or others (i.e. they are very low in frequency/intensity/severity), however supports are needed to prevent the identified behavior.
3. Behavioral risks can primarily be alleviated through a change in either the way that staff interacts with the individual and/or through environmental modifications.

DHS
Seniors and People with Disabilities
State Operated Community Program

Good Day Plan

Client name: _____ Date of plan: _____

Annual: ____ Annual: ____ Annual: ____ Annual: ____ Annual: ____ Annual: ____

I. Client profile

Individuals interviewed and/or consulted for the Assessment Plan

Date interview process is carried:

Client identifying information:

Psychosocial history:

Review of dangerous behaviors:

Enter add rows and add the name and specific behaviors as needed.

Name of behavior: 1.
Frequency:
Context:
Duration:
Intensity/severity:
☐ Interferes with community or social participation ☐ Threatens the safety of others or infringes on the rights of others
☐ Interferes with skill acquisition or other activities ☐ Is a risk to the health or safety of self

Name of behavior: 2.
Frequency:
Context:
Duration:
Intensity/severity:
☐ Interferes with community or social participation ☐ Threatens the safety of others or infringes on the rights of others
☐ Interferes with skill acquisition or other activities ☐ Is a risk to the health or safety of self

Contributing medical conditions that may have an impact on an individual's behavior(s):

How the mental health diagnosis manifests in the individual:

II. Client needs, preferences, relationships

Needs:

Preferences:

Policy #1-001 Behavior Support Page 1 of 4 DHS 4588 Good Day Plan (06/10)

**DHS 4588 Good Day Plan**

The components of a Good Day Plan are similar to those included in the Blended Plan (See "Putting it all Together: The Blended Plan"), and are as follows:

**<u>Section 1: Client Profile</u> -** The content is the same as the Blended Plan.

**<u>Section 2: Needs, Preferences, Relationships and Communication</u> -** The content is the same as the Blended Plan.

**<u>Section 3: Behavior definitions</u> -** This section covers the following: Behavior definitions (for both behaviors to increase and decrease), Setting Events, Triggers, and Precursors for each behavior(s), data collection methods, as well as Alteration Criteria. This section is organized in a table format.

**BVS2:** Depending on the individual, they may or may not have functional alternatives (i.e. behaviors to increase). In other cases, the individual may have functional alternatives, however formal data collection is not being pursued. This may be due to such factors as:

1. An individual's mental health and/or physical condition(s) have a pervasive impact on their capacity to participate in learning/practicing the behaviors to increase (e.g. they may have dementia, severe autism, failing health, etc.).
2. An individual may participate in a functional alternative (e.g. problem solving) on a daily basis and it has proven to be a successful strategy for the de-escalation of behaviors. In addition, the team has determined that new functional alternatives are not necessary at this point in time.

**Section 4: Behavior functions -** The content is the same as the Blended Plan.

**Section 5: Proactive strategies** - The content is the same as the Blended Plan.

**Section 6: Reactive strategies -** The content is the same as the Blended Plan.

**Section 7: Crisis strategies - BVS2:** In most cases, a Good Day Plan will not have a Crisis Section. For most Good Day Plans, the only PPI's that are utilized will be on an emergency basis. In some cases, the only approved PPI's will be body positioning and a belt-shirt (all variations). If more restrictive PPI's are needed, the team may want to consider developing a BSP for the client.

1. If there are no authorized PPI's for the individual, this section should detail why this is (e.g. medical/health reasons, none needed) and that any PPI would be considered an emergency PPI.
   a. This section will also include the heading "When to Abort the PPI." This will need to be phrased as follows:
      - **Should it become necessary to implement an emergency PPI** with client, staff should abort a PPI any time that it becomes unsafe to maintain the PPI for either client or the Staff. Staff should abort if they are no longer able to physically manage client in the PPI. Staff should abort if the PPI is placing client at risk for harm (i.e. making it difficult for her to breathe, cutting off circulation, etc…). Staff should also abort the PPI if client manages to move into a position unapproved by OIS (i.e. client slides down the wall and into a prone position). When aborting a PPI make sure that you are communicating with your co-workers and that you all release together if possible.
2. If there are authorized PPI's for the individual, the BVS2 will proceed with the instructions laid out in the "blended plan" format.

**Section 8: Recovery Strategies -** The content is the same as the Blended Plan.

**Section 9: Assessment Summary -** The content is the same as the Blended Plan.

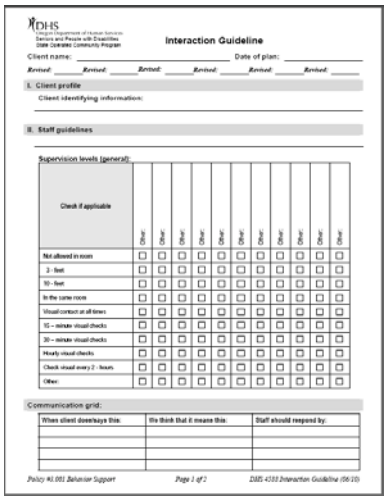
**See Appendix(es)** for completed samples of the **DHS 4588: FA/BSP Blended Plan, Good Day Plan and Interaction Guidelines.**

Functional Assessment/Behavior Support Plan

DHS 4588 FA/BSP Blended Plan

Good Day Plan

DHS Good Day Plan


Interaction Guideline

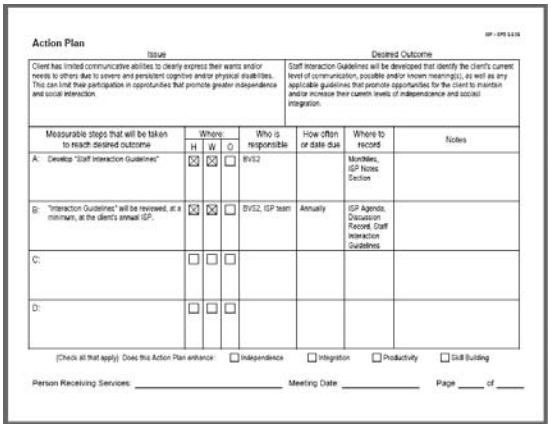
DHS 4588 Interaction Guidelines

**DHS 4588 Interaction Guidelines:** In general, Interaction Guidelines will be developed for individual's who meet the following criteria:

1. No current behavioral risks have been identified, with the exception (in some cases) of a mental health diagnosis (e.g. the behavior risks #50-67 are either marked "no" or "history," with the exception of the mental health diagnosis).
2. The client has limited communicative abilities to clearly express their wants and/or needs to others due to severe and persistent coginitve and/or physical disabilities. This can limit their participation in opportunities that promote greater independence and social integration. As such, the team has decided to develop interaction guidelines that identify the client's current level of communication, possible and/or known meaning(s), staff's response, as well as any applicable guidelines that promote opportunities for the client to maintain and/or increase their current levels of independence and social integration.

**BVS2: Interaction Guidelines** are developed as a part of the ISP team process. This will be documented within an Action Plan. The process for this will be as follows:

1. **At the Pre-Meeting:** For clients where it applies (note: this will not apply to all clients), the team will enter on the ISP agenda the following standing "order:" *Does the client need Interaction Guidelines? (or something similar).*
2. **At the ISP:** The team will address the question and develop an action plan if it is decided that the **Interaction Guidelines** are necessary. If the decision is "yes," the team will develop an **Action Plan**


Action Plan

3. **At a monthly meeting:** The team may determine at the monthly meeting that interaction guidelines are appropriate for a particular client. If this is the case, the team

will document this in the "Team discussion / recommendations" section. An action plan will be developed as outlined in step #2.

***Note:*** *Though the* ***4588 Interaction Guidelines*** *will not be listed on the ISP Risk Page, it will require a change form for any revisions throughout the individual's ISP year.*

The components of **Interaction Guidelines** are similar to those included in the **FA/BSP Blended Plan** (See "Putting it all Together: The Blended Plan") and the **Good Day Plan** and are as follows:

**Section 1: Client profile -** The content is the same as the Blended Plan.

**Section 2: Staff guidelines** - This section details what staff need to know in order to effectively interact with the individual to promote a successful day, as well as, to increase the individual's quality of life.

Though this section has the potential to have several sub-headings, the following must always be addressed for each individual:

1. **Supervision levels (general):** This section will address the general supervision levels that an individual may require in order to maintain their and other's health and safety. This section is organized in a table format and covers the following supervision areas:
   a. **Awake:** Bedroom, Asleep: Bedroom, Bathroom, Kitchen, Living/Dining Room, Laundry Room, Yard, Stores, Parks, Restaurants, and Crowded Community Events (e.g. fairs, dances, etc.).
2. **Supervision levels (other):** This section will address any "other" areas that may apply to a particular individual. This section is also organized in a table format, however the table does not have to be utilized if it does not apply (i.e. it can be deleted and/or replaced with narrative). This section can cover a variety of areas, including, but not limited to the following: Special Olympics/Sporting Events, Dances, and/or Special considerations (e.g. 2:1 in the community).

***Note:*** *Clients whose ISPs occurred prior to June 1st, 2010 will have supervision levels detailed in a document titled "Staffing Expectations." This document will remain valid (i.e. will need to updated and trained) until the individual's new ISP. After June 1st, 2010, all client supervision levels will only be included in the BSP as outlined above.*

3. **Communication grid:** This is a grid that identifies the following:
   - **When client does/says this:** This is any form of communication/behavior that the client has been observed participating in;
   - **We think that it means this:** This details what the team thinks the client is trying to communicate/convey when they participate in the identified behavior/activity
   - **Staff should respond by:** This is a guide as to how staff need to respond/interact with the individual.

***Note:*** *Interaction guidelines do not address Reactive, Crisis, Recovery or Assessment Summary sections. If this is needed, the team may want to consider the employment of a* ***Good Day Plan*** *or* ***FA/BSP****.*

## Pre-meeting and agenda

**Overview:** The Pre-meeting is a required face-to-face meeting between the Residential provider and Employment/ATE provider with the exception for children and individuals without an Employment/ATE provider. This meeting creates the PFW; creates, reviews, and/or updates the RTR; and drafts the agenda.

The Agenda is the required tool used by ISP teams to record all the issues and topics that they must address at the ISP meeting. The purpose of the **Agenda** is to make meetings more effective and efficient, using the **Personal Focus Worksheet** and the **Risk Tracking Record** to help identify all issues the team wants to discuss. The Services Coordinator/Residential Specialist, or designee, must receive a copy of the agenda prior to the ISP meeting in order to effectively facilitate the meeting.

This meeting looks at each PFW written for the person and, then, either compiles it into one document or they are stapled together to create one document. The agenda questions on the PFW are answered. The RTR is either created, reviewed, or updated together. After the RTR has been completed, Section Three of the agenda is drafted for the team.

### The Agenda has specific topics to address:

**Question One** directs the team to review the ISP from the previous year and address any areas that may need further attention. This does not require word for word reading of the ISP, just a review. At the ISP meeting or the Pre-Meeting, briefly write the items to continue from last year onto the agenda. This section helps look at planning as a continuous process.

**Question Two** directs the team to review the newly drafted ISP ages to ensure that the information is current and correct. The pages may be modified at the meeting as needed.

**Question Three** directs the required team members to review the PFW and RTR and document the Discussion Topics. Those team members also collect and record topics from the individual and/or other team members. This information has an outline for the Discussion Topics required. One of these directives is ‘Items for Consideration’ that if answered ‘Yes’ must be included on the Agenda under Discussion Topics. If a person does not wish an item to be discussed at his/her meeting, omit it from the agenda. The team will have to arrange another method to address that item but not in the person’s ISP meeting.

The column labeled “Action Taken” is filled in at the ISP meeting. If Information is resolved at the Pre-Meeting and is a required agenda topic, it must be listed under Discussion Topic and, in the Action Taken column, write “issue resolved at Pre-Meeting” or “issue resolved on (date completed).” While at the ISP meeting, if an agenda Discussion Topic cannot be addressed during that ISP year, the team may write “deferred until next ISP year.” When an item is deferred, it needs to be addressed as indicated on the agenda. Other Action Taken could be “Discussion Record,” “Action

Plan" or "Support Document created." The ISP team will determine the information written in Action Taken and it must be completed for each Discussion Topic.

**BVS2:** Overall, the Behavioral Specialist's role during the Pre-Meeting is as follows:

1. Work as a team to review, create or update the RTR (specifically, questions #50-67).
2. Ensure that the identified Risks match those determined throughout the FA process (i.e. marking "yes" for those that are/should be tracked; marking "no" for those that should not be tracked, or marking "history" for those risks that have been identified as such).
3. Use the opportunity to bring up any changes to the behavioral supports prompted by the FA process. For example, if during the FA process the Behavioral Specialist determined that the function of a particular behavior was a means to communicate (generally speaking), the Pre-Meeting could be a medium for discussing the introduction of new communicative functional alternatives (e.g. picture board, sign language, etc;).

## Making Changes

**Overview:** Changes are inevitable and making them in a timely fashion is critical. Any changes, additions, or deletions to Support Documents listed on the ISP Risks page or to any pages of the ISP must be recorded on the Change Form.

**Oregon Technical Assistance Corporation (OTAC) Change Form:**

Change Form – ODDS 2.14.07

CHANGE FORM

Person receiving services: Client Name Date of change: When actually happens

Indicate which document(s) you are changing, adding, or discontinuing:

☐ Individual Support Plan ☐ Safety Plan ☐ Financial Plan ☐ Protocol, title: ☒ Other Document, title: FA/BSP

| Reason for Change | List Specific Change(s) | Where is the change documented? |
|---|---|---|
| *Update FA/BSP to better support needs of the (Client name)* | *Revised Reactive Strategies to include providing verbal cues. Added media protocol. Removed the tracking of extreme food seeking; proactive guidelines will remain.* | *FA/BSP*<br>*ISP Risk Page will also need to be updated as the date of the FA/BSP will be changing. Risk page will also need to be updated if behaviors are added/removed.*<br>*Also update Monthly Summary if behaviors (functional alternatives and/or challenging behaviors) have been added/removed.* |

Signature of the person initiating change: *BVS2 Signature*

Date sent to CDDP Services Coordinator/ODDS Residential Specialist:

### BVS2: Completing the Change Form

Write the name of the person receiving services and the date the change will be implemented.

Indicate by checking a box(es) next to the document being changed.

- Changes made to the BSP will be checked under "Other," and then labeled as FA/BSP: this is the blended plan.
- Changes to the **Good Day Plan/Interaction Guidelines** will also be marked under "other."

Under "Reason for Change," write the reason for changing the above document such as, "Updated BSP to reflect current support needs of individual," or "Updated BSP to reflect move to new home ____."

Under "List Specific Changes," be specific to each change and why the information was added, changed, modified, or discontinued. For example, 1. Modified the staff interaction guidelines to include vehicle guidelines, 2. Revised Staffing Levels, 3. Removed media guidelines.

***Note:*** *More than one type of change can occur per* ***Change Form****. If changing a protocol or other document, write the specific title of the protocol or document.*

Under "Where is the change documented," include the FA/BSP (blended plan), ISP risk page, Good Day Plan, Interaction Guidelines, Staffing Expectations and/or any other relevant behavioral support documents.

The person initiating the change signs the front page. The date the change was sent to the Case Manager must be recorded below this signature.

Contact the required team members as noted on the ISP Signature page for approval of the change(s). All ISP team members' names must be listed on the Change Form Approval Page.

If no signatures are required, document how the approval was obtained such as "by phone" in the signature box and in the date box, write the date the approval was given. Please note that leaving a telephone message for a team member does not constitute receiving his/her approval unless noted under "Exceptions" on the ISP Signature page.

If signatures are required by the ISP team, circulate the **Change Form** with the Change Form Approval Page and any needed attachments to the indicated team members for approval, signatures and date of approval. Objections to the change should be noted, if any were voiced, in the box provided.

***Note: Changes to any support document cannot be implemented until the required team*** *members have been contacted and approval has been obtained (whether that be written, email, phone, etc.). This includes the Person Receiving Services:*

The ISP team must also consider whether they believe the person understands the contents of the changes. If the person is unable to sign or make a mark, or if the team believes the person does not understand the changes, the team must follow the instructions below.

**How to document the person's understanding and approval of the changes when the individual:**

a. Does not understand the changes and may/may not be able to make a mark.

- The team and the Services Coordinator/Residential Specialist review the changes to ensure that it captures the person's support needs and preferences.
- There would be no signature in the space provided for the person receiving services, but a note at the bottom of the change form indicating "unable to sign, team agrees that the individual does not understand the changes."

b. Does understand the changes but is physically unable to produce a signature or other personal mark.
   - There would be no signature in the space provided for the person receiving services, but a note at the bottom of the change form indicating, "Understands the changes but is unable to sign."

c. Does understand the ISP and uses a mark as their signature.
   - The person's mark must be witnessed and documented on the change form Signature page.
   - An ISP team member (may be the BVS2) must indicate near the mark: "witnessed by_____."

Providers keep original Support Documents. Be sure only the most current copy is available to staff. A copy of any revised Support Document must be sent to the Case Manager.

Keep completed **Change Forms** with the ISP.

Bring blank Change Forms to individual ISPs, Monthlies, and Needs/Relocation meetings. By doing so, if changes come up, you can immediately complete the change form, gain the ISP team's approval and signatures. In this way, you can make changes to the FA/BSP (Good Day Plan or Interaction Guidelines) in a timely manner, without having to wait for initial approval.

Remember if an ISP needs to be extended past the month of the ISP end date, ISP team signatures are required to extend the ISP even if 'phone approvals' were indicated for changes. If an ISP will begin before the month of the end date, no Change Form is needed.

**Summary:** Key points to remember about **Change Forms**:

1. Changes cannot be implemented until **all the members** of the ISP team have provided their approval (via signature, email, fax or phone). Given this, the actual date of the change needs to coincide with the date that this approval has been received. For example, if 3 of the ISP team members provided signature approval of a change to the FA/BSP on 4/1, and the final 2 provided approval on 4/8 the date of the change must be on or after 4/8.
2. The Behavior Specialist cannot begin training any changes to the FA/BSP or other support document until after the date that the change was made (and all members of the ISP team have provided their approval of the change). For example, if the date of change on the change form is marked as 4/10, training cannot begin on 4/2.

3. **<u>Any change</u>** made to the FA/BSP requires a change form. This includes such changes as those made to the alteration criteria, data collection, etc.

4. Changes that happen throughout the year **<u>do not</u>** need to be trained by the "end of the month." This only applies to the annual ISP. For example if an individual's ISP is in May and changes are made to the FA/BSP on 2/23, these changes **<u>do not</u>** need to be trained by the end of February. Rather changes to support documents during an individual's ISP year (e.g. ISP protocols, FA/BSP, Staffing Expectations, etc.) need t**o be completed within 30 days of receiving team approval.**

    a. Some changes to support documents will need to be trained prior to the general 30-day rule above. For instance, changes that impact the health and safety of a client (e.g. moving from 1:1 staffing to 2:1 staffing, addition/removal of media guidelines, addition/removal of particular maladaptive behaviors) will need to be trained within 2 weeks of team approval. The goal should be to provide the training to the majority of the staff within this timeframe. Raw Data Sheets, Incident Report and Progress Notes Review

**<u>Overview:</u>** In order to effectively assess and understand issues regarding an individual's problem and positive behaviors, it is necessary to review raw data sheets, progress notes, and Incident Reports (IR). Such a review will facilitate the ability to evaluate options, form accurate conclusions, and make informed decisions regarding an individual's current and/or future behavioral support needs.

**BVS2:** At least 3 times in a workweek, review the raw data sheets and **DHS 4596 Progress Notes** for completeness and accuracy, and as a reliability check on information.

DHS Oregon Department of Human Services

Seniors and People with Disabilities
*State Operated Community Program*
**Progress Notes**

| Date | Time | |
|---|---|---|
| 1/5/06 | 3:45 p.m. | Always fill in the date you are making the entry. If you are making a late entry, you should |
| | | write "Late entry for 10/4/06" (*for example*) at the beginning of the entry. The time column |
| | | should be filled in consistent with the way your house is recording time using military or |
| | | standard time. ----------*M. Howard CT* |
| 1/5/06 | 3:45 p.m. | Always finish your entry with your signature, which should include a first initial/last name/ |
| | | title (ie. HTT2, MHT2, BS/VC, SM, etc.). If there is space between the end of your entry |
| | | and your signature, be sure to draw one line to the end of the line to assure no information |
| | | is filled in any blank spaces. ----------*M. Howard CT* |
| 1/5/06 | 3:45 p.m. | Always make your entries legible. If necessary, print instead of using cursive writing. Use |
| | | only blue or black ink. NEVER use white out when making corrections. If an error is made, |
| | | draw ~~one-line~~ through the error and initial at the end of the error line. ---*M. Howard CT* |
| 1/5/06 | 3:45 p.m. | Always write objectively the facts and not subjectively your feelings. Do not diagnose but |
| | | be descriptive of the situation you are documenting. For example, don't write "he seems |
| | | depressed." Rather document "he has been sleeping during the day, which is unusual, up to |
| | | 3 hours at a time, while sleeping intermittently at night. I have observed this for the past two |
| | | weeks. He is also not eating all of the meals he is offered, which is also unusual. His mother |
| | | told him last week (entry dated 12/24/05) that she has been very sick so he cannot come |
| | | home for his regular visit."----------*M. Howard CT* |
| 1/5/06 | 3:45 p.m. | If you are documenting information for which you are also completing an Incident Report |
| | | do not write in the progress notes that "an IR was completed." It is not necessary to rehash |
| | | all the details twice if you are completing an IR. Put the details on the IR and a brief summary |
| | | as needed in the progress notes."----------*M. Howard CT* |
| 1/5/06 | 3:45 p.m. | When you need to continue an entry onto the next page, you must write "continued next |
| | | page" at the bottom of one page and top of the continuation page (continued from the pre- |
| | | vious page.)----------*M. Howard CT* |
| 1/5/06 | 3:45 p.m. | When there has been a documented injury that does not have medical treatment (eg. a bruise) |
| | | daily follow-up must occur in the Progress Notes, checking and documenting until some- |
| | | one writes specifically that the issue is resolved. When your are documenting on the back of |
| | | the MAR from a treatment, you only need to write a note in the Progress Notes when you |
| | | find the injury and consider it resolved.----------*M. Howard CT* |
| 1/5/06 | 3:45 p.m. | Follow the house policy related to the frequency of the daily follow-up checks and related |
| | | documentation. Some issues are done each shift, while others may be only need to be done |
| | | once a day.----------*M. Howard CT* |
| 1/5/06 | 3:45 p.m. | If medication does not arrive from the pharmacy, at the anticipated arrival time and was not |
| | | dispensed, make a note in the Progress Notes. When it does arrive make a follow-up entry |
| | | (Continued on the following page)----------*M. Howard CT* |

Client receiving services: *Be sure to fill in the name*

Policy #4.007 Attachment A Mandatory DHS 4596 (06/08)

| Date | Time | |
|---|---|---|
| 1/5/06 | 3:45 p.m. | (Continued from the previous page) and document per procedure on the MAR/TAR.---------- |
| | | ----------*M. Howard CT* |
| 1/5/06 | 3:45 p.m. | When side effects of medication are noticed with an individual the observations should be docu- |
| | | mented in the Progress Notes. The Site Manager should be notified.----------*M. Howard CT* |
| 1/5/06 | 3:45 p.m. | Think in terms of "exceptions" rather than normal, when doing medical documentation. |
| | | Instead of writing "seems to feel good today" or "no medical changes," note the exceptional |
| | | medical issues like "noticing a pattern of sleeping more over the past three days – from 10am - |
| | | 1 p.m. all three days" or "itchy area that is usually about the size of a quarter on right forearm |
| | | is 3 inches today." ----------*M. Howard CT* |
| 1/5/06 | 3:45 p.m. | You cannot make a change to another person's entry in any situation. If an error has been |
| | | made or additional information is needed, you must make your own entry. For example, |
| | | "Note of 1/5/06 3:45 pm indicated that Joe's left knee was scraped but it is his right knee." |
| | | ----------*M. Howard CT* |
| 1/5/06 | 3:45 p.m. | If you are in a situation where an individual wishes to file a grievance or complaint, a note |
| | | should be made in the Progress Note. If you have a complaint (these are usually resolved |
| | | informally), make a note indicating the concern and what your resolution was. If you have a |
| | | formal grievance, include in your note what the date is that you gave it to the Site Manager |
| | | to begin the resolution process. ----------*M. Howard CT* |

Client receiving services: *Be sure to fill in the name*

Policy #4.007 Attachment A Mandatory DHS 4596 (06/08)

**<u>Incident Reports:</u>** Though it is important to review all relevant Incident reports, it is also the responsibility of the Behavioral Specialists to provide a brief commentary on the reports **<u>only when a program or emergency PPI have been utilized as a part of the staff's response.</u>**

This written review will be provided directly on the Incident Report form and should include the following:

IR 4595

IR 4595A

IR 4595B

IR 4595C

1) An assessment as to whether the PPI was authorized by the individual's current FA/BSP
2) An assessment as to whether the PPI was necessary (e.g. were the current Proactive and Reactive strategies of the FA/BSP followed/implemented prior to the use of the PPI?)
3) An assessment as to whether the length of the PPI was appropriate for the behavior.
4) An assessment addressing whether or not the number of PPI's in a given month has increased/decreased.
   a) When assessing the number and length of an individual's PPI, consider the following:
      - Was the length of time that a client was in a PPI **only as long as was essential to protect the client and/or others?**
      - Was the degree of the physical intervention in proportion to the circumstances and the potential outcomes if the intervention was not utilized (e.g. it would be a misuse of a PPI to physically intervene when a client is engaging in verbal aggression).
5) Any need for follow-up (e.g. training, clarification, changes to the FA/BSP)?
   a) If there is follow-up (e.g. training) the BVS2 must ensure that there is documentation of this follow-up (e.g. a training record).

In order to make an accurate assessment, it may be necessary to consult the **Progress Note** entries and/or to interview the staff involved.

**Summary:** The following timelines will be used for processing Incident Reports (IR's):
The case manager will be notified of the incident by fax or telephone.The incident report will be completed before the end of the shift on which the incident occurs.
The Site Manager will assure the Incident Report is reviewed within 3 working days of the occurrence, and forwarded to the Program Manager.
***Note:*** *Given this timeline, the BVS2 will want to ensure that they are checking the Incident reports on a daily basis to identify incidents that require their review within the 3 day timeline.*
If Incident Reports, Raw Data Sheets, or Progress Notes are incomplete, the staff and Site Manager will need to be notified to either complete or revise their documentation.

DHS
Oregon Department of Human Services
Seniors and People with Disabilities

***State Operated Community Program***
**Incident Report (IR) Part 1**

☐ CORE IR# _____

☒ Residential or ☐ Vocational

☒ Home or ☐ Community

Name: Smith, (Last) Joe (First)

House Name: Adell

Date Incident Occurred: 11/14/08
Time Incident Occurred: 0915
Date Report Initiated: 11/14/08

A) What happened before the incident? "Before" doesn't necessarily mean immediately. Think about about interactions with others over hours, shifts, or days. Consider outings and locations where a person might have come in contact with branches or hard edges. Look at how they have been sleeping (or not), have they appeared more lethargic or active than usual. Read "Progress Notes" to see if others have noticed changes, etc. Was your individual in a "Protective Physical Intervention" (restraint)?

B) What happened during the incident? Think about what actually happened at the moment of the incident. If this is an injury that you didn't see happen, your research in the previous section is even more important to possibly understanding wy the person has a bruise or scratch, etc. If the individual reported what happened, make sure your writing clearly indicates this is what the person said. Use "*quote marks*" if appropriate.

C) What intervention did you do? Following Dr.'s orders, calling doctor, going to the emergency room, moving a sharp object …etc. Be sure you are checking the environment for safety hazards if that is a probable cause and whenever possible fix or secure it in some way so others aren't injured. Called 911, went to emergency room … be thorough.

D) What resulted from intervention? If you are documenting a behavior event, and you don't see an injury right now, did something happen that might result in an injury tomorrow? Be thorough in your thinking. If there were no ongoing issues after you did your first aide, make a statement to that effect. Everything went well at ER with new orders, etc.

Other staff involved: none

**Name and title of person completing IR:** M. Howard, HTT2

**Notification:**

| | | | | | | |
|---|---|---|---|---|---|---|
| Guardian/Parent/n/a: | Date: _____ | Time: _____ | ☐ Fax | ☐ Phone | ☐ Delivery | ☐ In Person |
| Service Coordinator: | Date: _____ | Time: _____ | ☐ Fax | ☐ Phone | ☐ Delivery | ☐ In Person |
| Site Manager: | Date: _____ | Time: _____ | ☐ Fax | ☐ Phone | ☐ Delivery | ☐ In Person |
| **Program Manager** | Date: _____ | Time: _____ | ☐ Fax | ☐ Phone | ☐ Delivery | ☐ In Person |

**Distribution:** Original - SOCP Central Office; Canary Copy - House, Pink Copy - Client Files

OAR 411-325-0190; 411-345-0230 Mandatory Page 1 of 4 DHS 4595 (10/07)

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# Incident Report (IR) Part 2

Name: _____ Date: _____ Time: _____
(Last) (First)

☐ Protective physical intervention (PPI) ☐ Emergency protective physical intervention ☐ Emergency psychotropic medication

**Program administration authorization:** Yes ☐ No ☐ Time notified: _____

**Program Administrator name:** _____ Time approved: _____

**List Protective Physical Intervention (PPI) used:**

**Type of PPI?** _____ **Type of PPI?** _____
How long was person in PPI? Min: ____ Secs: ____ How long was person in PPI? Min: ____ Secs: ____
Staff administering PPI? _____ Staff administering PPI? _____

**Type of PPI?** _____ **Type of PPI?** _____
How long was person in PPI? Min: ____ Secs: ____ How long was person in PPI? Min: ____ Secs: ____
Staff administering PPI? _____ Staff administering PPI? _____

**Type of PPI?** _____ **Type of PPI?** _____
How long was person in PPI? Min: ____ Secs: ____ How long was person in PPI? Min: ____ Secs: ____
Staff administering PPI? _____ Staff administering PPI? _____

Behavior Specialist signature: _____ Date: _____

**Did an injury occur?** Yes ☐ No ☐

**Type of injury:** _____ **Location of injury:** _____ **Size:** (inches) _____

**Treatment** _____

**How should the incident be classified:** *(check all that apply)*

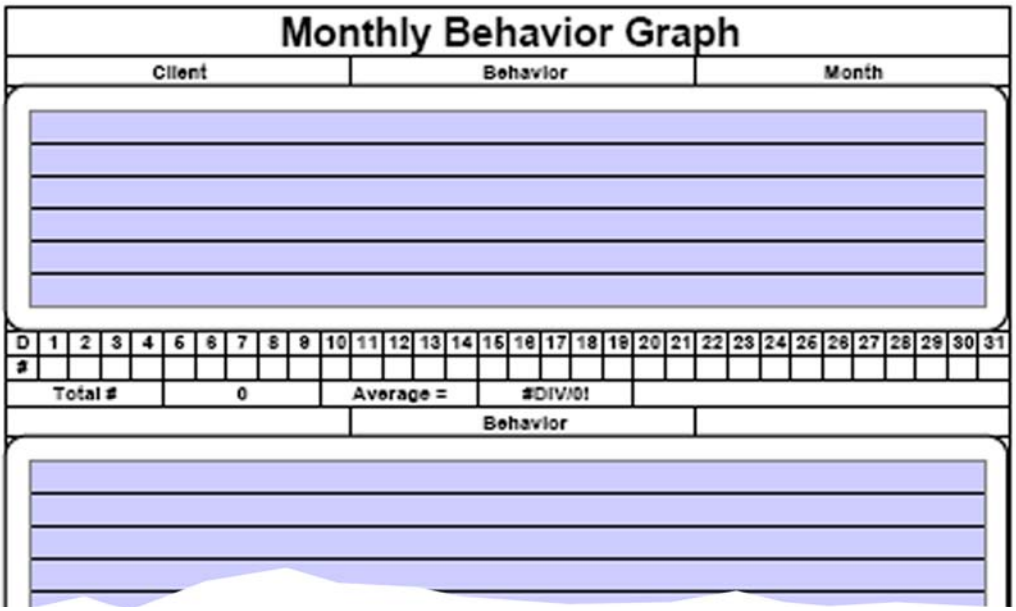
| | | | | |
|---|---|---|---|---|
| ☐ Death | ☐ Suicide | ☐ Hospitalization | ☐ Self-injury | ☐ Aggression |
| ☐ Illness | ☐ Attempt | ☐ Prop.destruction | ☐ Non-edible objects | ☐ Referred for (OIT) investigation |
| ☐ Medical | ☐ Threat | ☐ Emergency PPI | ☐ Incident w/public | |
| ☐ Police | ☐ Choking | ☐ Program PPI (approved in BSP) | | ☐ Missing |
| ☐ Fire | ☐ Injury | ☐ Emergency psychotropic medication | | |

☐ Other: _____

**Distribution: Original (White)** – SOCP Central Office **Canary Copy** – House **Pink Copy** – Client files
*OAR 411-325-0190; 411-345-0230 Mandatory* *Page 2 of 5* *DHS 4595A (06/10)*

## Monthlies

**Overview:** SOCP conducts monthly meetings to review individual medical, financial, behavioral and vocational supports. These meetings include the members of the ISP team, as well as the individual, if they choose to attend. A Client Monthly Summary Report is completed prior to these meetings, **but no later than the 5th of each month**. *The meeting reviews the previous month's medical, financial, behavioral and vocational supports.*



| Monthly Behavior Graph | | |
|---|---|---|
| Client | Behavior | Month |

| D | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| # | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| Total # | 0 | Average = | #DIV/0! |
|---|---|---|---|

| | Behavior | |
|---|---|---|

**BVS2:** The Behavior Specialist will complete the **Behavior Data Review** Section of the **Client Monthly Summary Report**. This section is a separate Excel document from the Word document completed by the Site Manager and Vocational Specialist **(See Appendix for complete instructions).**

1. **List of all of the tracked behaviors (behaviors to decrease):** These need to be listed as they appear on the RTR.
2. **List of all tracked Functional Alternatives:** Ensure that these match the currently tracked Functional Alternatives as detailed in the BSP.
3. **Alteration Criteria for each tracked behavior:** Ensure that these match those in the BSP.
4. **Month/Year:** The month should be indicated.
5. **Data:** Data for the prior month will need to be added for each tracked behavior (e.g. If you are attending an April monthly, you will input the data for March).
6. **Number of Program PPI's used:** This information can be gleaned from the Incident Reports.
7. **Number of Emergency PPI's used:** This information can be gleaned from the Incident Reports.

8. **Length of time in each PPI (Emergency and program PPI):** This information can be gleaned from the Incident Reports.
9. **Tracking of psych medication changes:** This information can be found on the Psychotropic Drug Record and/or MAR.
10. **PRN psychotropic med:** This is relevant for any individual who has a PRN psychotropic medication.
11. **DHS 4554 Balancing Test:** All medications prescribed for an individual's mental health diagnosis need to be listed here, as well as when their next balancing test is due (these are due annually).
12. **Comments from the behavior review:** This section is used to provide information on the previous month concerning the individual's behaviors, including, but not limited to the following:
    a. In general, the stability, instability of behaviors
    b. Any contributing factors to an increase/decrease in behaviors (e.g. medications, transfers, getting a new roommate, family issues, job loss/gain, changes to BSP supports, etc.)
    c. If the individual met alteration criteria and follow-up plan (e.g. change behavioral supports, re-define the at risk behavior, etc.)
    d. Possible changes/action plans to revise the BSP due to any of the above
    e. If applicable, an explanation of any missing data.
    f. Review of PPI's, including length of time. For example, if an individual's total number of minutes in a PPI has increased, provide an explanation and review with the team if any changes need to be made to the plan. Or, if an individual was in a PPI for a particular behavior for an extended period of time, provide an explanation and review with the team if any changes need to be made to the plan and/or if re-training needs to be pursued.

    **When assessing the number and length an individual's PPI consider the following:**

    - Was the length of time that a client was in a PPI **only as long as was essential to protect the client and/or others?**
    - Was the degree of the physical intervention in proportion to the circumstances of the incident and the potential outcomes if the intervention was not utilized (e.g. it would be a misuse of a PPI to physically intervene when a client is engaging in verbal aggression).
13. **Date and brief summary of incident reports:** Provide a brief summary of all incident reports.

**<u>Summary:</u> Key points to remember about the monthly reviews:**

- Take full advantage of the monthlies. Use it as a time to discuss ideas about changes to the current behavioral supports, such as: additions/discontinuations, opportunities to run baselines on new supports with the intent to report back to determine if these should be included in the FA/BSP, etc.

- Bring blank **Change Forms** in anticipation of any changes that may be discussed at the meeting. In this way, you can gain team approval and signatures immediately. This will assist in the process of getting changes approved/completed/trained in a timely and effective manner.
- Any changes that you make to the **FA/BSP** (e.g. addition/discontinuance of tracked behaviors, changes to alteration criteria) needs to be reflected in the next relevant monthly (after the change has been approved, trained and implemented). For example, if at the April monthly meeting it is decided to discontinuing tracking "Physical Aggression" for an individual and the change form is completed and signed at the meeting, then the training and implementation is completed in May, the monthly for June will need to be revised.

## Psychiatric appointments

**Overview:** Individuals, who are on any kind of psychotropic medication, will have a relationship with a psychiatrist. Typically, an individual will see their psychiatric provider every 3 months.

**BVS2:** How to prepare, conduct and follow-through with client psychiatric appointments

### Items needed for the Psychiatric Appointment

1) **Updated PVO(DHS 4576 Physician's Visit/Orders)**
   a) Compare existing PVO to MARs and TARs
   b) Ensure that diagnosis, medications (including PRNs), treatments, diet, allergies, etc; are current and match across documents.

2) **Blank addendum**
   a) Bring in the event that the Psychiatrist prescribes new medication/dosage.
   b) Remember that the addendum must match exactly with the orders on the original physician order's form.

3) **DHS 4554 Balancing test(s)**
   a) These need to be updated (signed) every year.
      i) Bring current balancing tests for medications that need to be updated for the year.
   b) Bring a blank balancing test, in the event that the Psychiatrist prescribes a new medication.

4) **Copies of Behavior graphs**

5) **Copies of 2 year (or yearly) behavior data**
   a) If none exists, utilize data from the most recent monthly.

6) **Copies of Sleep data, if applicable.**

7) **Residential book.**
   a) Bring to review progress notes, as well as, to have easy access to client's health cards.

8) **Paper and pen to take diligent notes.**

### Preparing one's self for the Appointment

1) **Familiarize self with the individual's medication(s)**
   a) Understand purpose, average dose, side effects
   b) Utilize the Pill Book Guide to Prescription and Nonprescription Drugs.
   c) Utilize credible websites that end in ".org," or ".gov," such as: www.nlm.nih.gov (Medline Plus website).
   d) Websites ending in ".com," are typically not as credible.

2) **Review progress notes, behavior data and notes from prior appointments.**
   a) Look for trends in behavior: Has an individual's behavior increased/decreased? What factors contributed to the increase/decrease? Is it environmental (e.g. staff changes; moves; new housemates; season changes; changes in needs/preferences/relationships; illness?) Is it due to increases/decreases in medication? New medications?
   b) Compare information with what you know about the individual's current medications. Are the medications supporting the individual in reducing their behaviors? Are the side effects impacting an individual's behaviors?

3) **Compile items that you want to discuss with the psychiatrist.**
   a) Behavior trends – Consolidate behavior onto 2 yr graph format
   b) Sleep data (if applicable) – Consolidate onto graph format
   **c)** Mood Chart (if applicable) – Consolidate onto graph format
   **d)** Summarize unusual Incident Reports
   **e)** Impact of medication and side effects on behavior
   **f)** Pursuing new medication/doses
   **g)** Prepare team recommendations – research Internet/DSM

**What to do at the Appointment**

1) **Present self professionally**
   **a)** Have everything ready for the psychiatrist to review/sign
   **b)** Have questions ready
   **c)** Be knowledgeable of client's medications/behavior trends
   **d)** Take notes

2) **Don't be defensive or confrontational**
   **a)** Ask questions and provide information in a professional manner

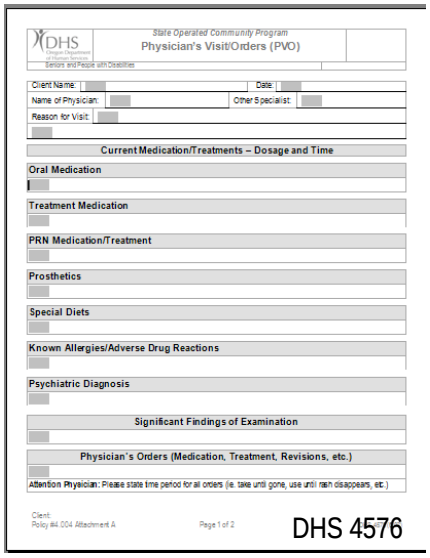
3) **If a new medication is prescribed:**
   **a)** Ask why there is a need for a new med, what it will do for the individual, and what the overall goal is (e.g. decrease behaviors, side effects, etc;).

4) **Encourage the individual to participate and ask questions.**

**What to do for Intake Appointments when an individual retains a new psychiatrist**

**1)** Prepare a Client History packet for the new psychiatrist
   **a)** Cover letter that discusses the basic history of the client and their behavior trends— **Include a table of contents:**
   **b)** Most recent psychiatric evaluation
   **c)** Psychotropic drug record
   **d)** 2 year behavior data
   **e)** Most recent monthly
   **f)** Sleep data (if applicable)
   **g)** ISP, FA/BSP, PFW

**2)** Send the **Client History** packet to the new psychiatrist at least a week in advance of the intake meeting. The packet will help to guide the appointment.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State Operated Community Program
Physician's Visit/Orders (PVO)

Client Name: Date:
Name of Physician: Other Specialist:
Reason for Visit:

Current Medication/Treatments – Dosage and Time
Oral Medication
Treatment Medication
PRN Medication/Treatment
Prosthetics
Special Diets
Known Allergies/Adverse Drug Reactions
Psychiatric Diagnosis
Significant Findings of Examination
Physician's Orders (Medication, Treatment, Revisions, etc.)
Attention Physician: Please state time period for all orders (ie. take until gone, use until rash disappears, etc.)

Client:
Policy #4.004 Attachment A Page 1 of 2 DHS 4576

## What to do after an appointment

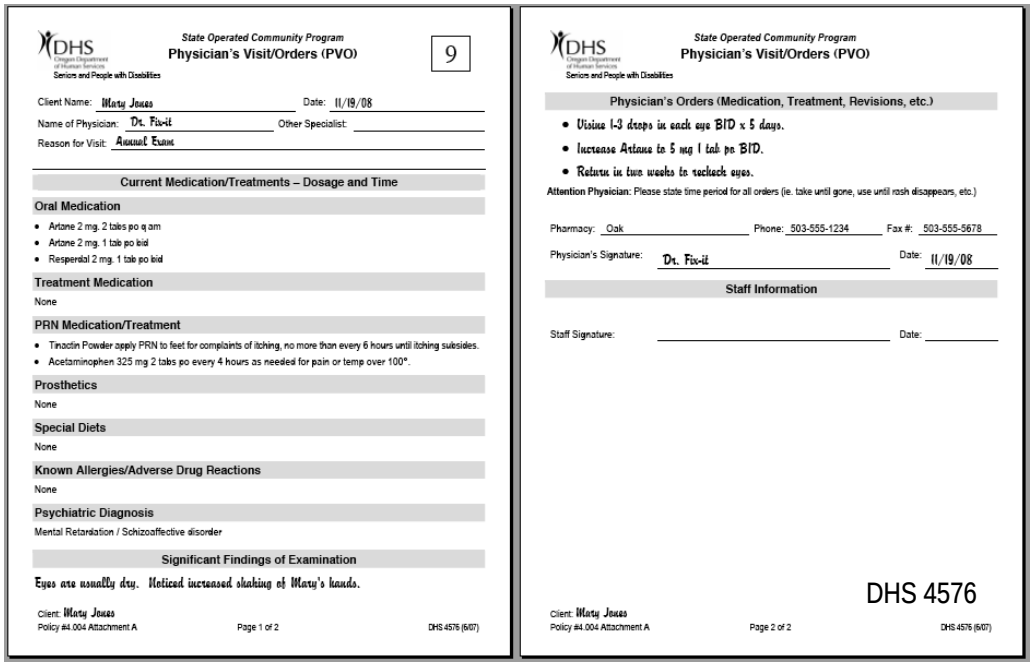
**1)** If there are medication/dosage changes, the individual taking the client to the appointment will transcribe on the MAR the appropriate changes, and notify the pharmacy (e.g. fax over new **DHS 4576 Physician Visit Order PVO**).

**2)** Document any new/changes in medications on the **DHS 4629 Daily Log** so all staff are aware and can follow-up on side effects, etc.

- **a)** If there are any new/changes in medications be sure to update the **PVO** as necessary for the next physician's visit.

**3)** Complete the Staff information section on the **PVO**

- **a)** Include how the client responded
- **b)** Med changes
- **c)** Recommendations
- **d)** Next appointment
- **e)** Whether new orders have been faxed to the pharmacy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State Operated Community Program
Physician's Visit/Orders (PVO)

9

Client Name: Mary Jones Date: 11/19/08
Name of Physician: Dr. Fix-it Other Specialist:
Reason for Visit: Annual Exam

Current Medication/Treatments – Dosage and Time

Oral Medication
- Artane 2 mg. 2 tabs po q am
- Artane 2 mg. 1 tab po bid
- Resperdal 2 mg. 1 tab po bid

Treatment Medication
None

PRN Medication/Treatment
- Tinactin Powder apply PRN to feet for complaints of itching, no more than every 6 hours until itching subsides.
- Acetaminophen 325 mg 2 tabs po every 4 hours as needed for pain or temp over 100°.

Prosthetics
None

Special Diets
None

Known Allergies/Adverse Drug Reactions
None

Psychiatric Diagnosis
Mental Retardation / Schizoaffective disorder

Significant Findings of Examination
Eyes are usually dry. Noticed increased shaking of Mary's hands.

Client: Mary Jones
Policy #4.004 Attachment A Page 1 of 2 DHS 4576 (6/07)

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State Operated Community Program
Physician's Visit/Orders (PVO)

Physician's Orders (Medication, Treatment, Revisions, etc.)
- Using 1-3 drops in each eye BID x 5 days.
- Increase Artane to 5 mg 1 tab po BID.
- Return in two weeks to recheck eyes.

Attention Physician: Please state time period for all orders (ie. take until gone, use until rash disappears, etc.)

Pharmacy: Oak Phone: 503-555-1234 Fax #: 503-555-5678
Physician's Signature: Dr. Fix-it Date: 11/19/08

Staff Information

Staff Signature: Date:

DHS 4576

Client: Mary Jones
Policy #4.004 Attachment A Page 2 of 2 DHS 4576 (6/07)

**4)** Make a **DHS 4596 Progress Note** entry

- **a)** Entry does not need to match the information from the staff information section on the **DHS 4576 PVO**. Can simply indicate that the individual had a psychiatric appointment.
- **b)** Can be more detailed than the **PVO**

**5)** Write next appointment on house calendar

**6)** File in client's **Residential Book**.

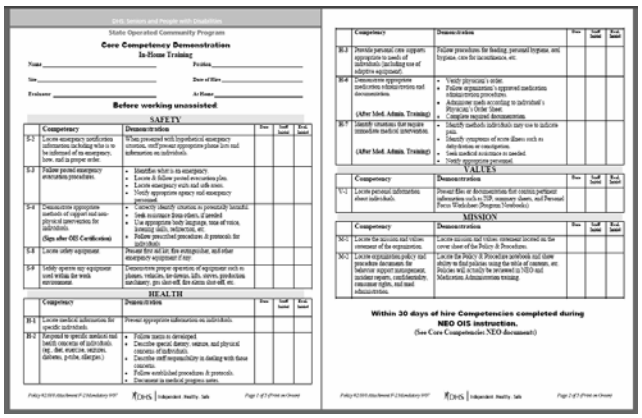
# Training

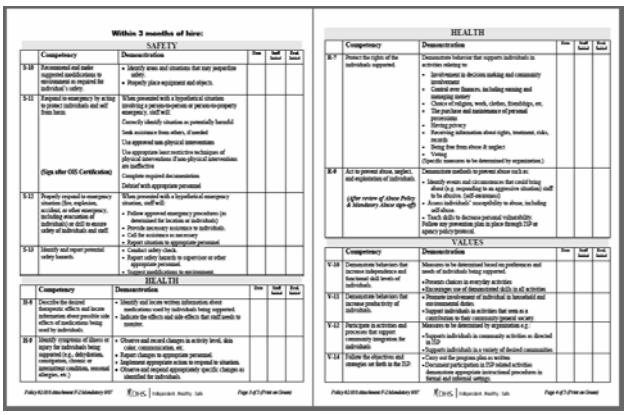
**Overview:** As a part of the current Behavior Specialist job duties you will be involved in training staff, (as well as Site Managers and Vocational Specialists, as appropriate). Things to keep in mind when training:

1. Utilize an array of training techniques
2. Adapt the training to the trainee's learning style
3. Develop a rapport with trainees
4. Work to effectively communicate and convey the information for the purpose of having others learn, understand, and apply the information
5. Whenever possible, make every effort to assure that the learning environment is free from disruptions and distractions
6. Provide opportunities for clarifying questions and/or answers
7. Assure that the length of time for the training is appropriate for the items covered

**BVS2: <u>Training responsibilities:</u>**
http://www.dhs.state.or.us/spd/tools/dd/socp/inhouse-trn-duties.pdf

**Core Competencies**: Train to new employees, including before they work unassisted. Employees who have completed the Core Competencies, (Before Working Unassisted, Within 30 and 90 Days), upon transferring into another home must receive **Transfer** training using the **Transfer Core Competency (blue form)** before working unassisted in the home.





The core competencies detail what items are trained by the BVS2, Site Manager and BVS1.

Though most of the core competency training is self-explanatory (e.g. FA/BSP training, fatal four protocols, operating work environment equipment), the BVS2 will train the following core competencies:

**S-7 Use safe handling and storage techniques for chemicals and cleaners:**

**a) How to read product labels/MSDS:** Most items in the homes do not have the need for MSDS sheets as items are common household products purchased in a local store. MSDS sheets are obtained for items purchased through a distributor, such as "Coastwide Distributors"

**b) Safe handling and storage techniques for chemicals and cleaners:** The handling information will come from reviewing the product labels. This may only need to be covered for very toxic items (i.e. floor strippers, bleach). As far as the safe storage, this is going to be where you store items (in locked areas) and that all items must remain in their original packages. If they are removed they need to be clearly labeled. In addition, you should remind staff to keep chemicals away from food and clean utensils. If chemicals must be stored in the same room, be sure they are stored in their own area. The area should be below food and utensils so there is no chance of chemicals splashing onto the food and utensils.

**H-3: Lifting/positioning:**

There are several individuals (primarily in the SOCP medical homes) that utilize a variety of lifting and positioning techniques to assist with mobility, as well as, maintain their physical health. As applies, an equipment-specific training will need to be trained to all new/transfer employees. Any client-specific training will also be provided. **(See Appendix for the equipment-specific training.)**

**Earthquake drill** Completed every Spring, usually by the 2nd week of April

**Fire extinguisher use** Completed by at the same time as the Earthquake Drill
http://www.dhs.state.or.us/spd/tools/dd/socp/fire-exting.pdf

**Emergency/911 Guidelines** Starting January 2011, Site Managers will train these guidelines on an annual basis.
http://www.dhs.state.or.us/spd/tools/dd/socp/policy/guidelines/emrg_srvcs.pdf

**Incident reporting** (in conjunction with the Site Manager)

**House specific training**: This includes but is not limited to: physical management, nutritional management and behavior management. Specifically, this includes the Outing and daily log.

**In-home OIS reviews:** These are to be scheduled and completed monthly. The OIS "assistants" (HTT2's, MTT's) may be scheduled to train these, however it is the ultimate responsibility of the Behavior Specialist to ensure that these are completed. That is, if the OIS assistant is unable to train all staff, the Behavior Specialist will need to complete the training. **Note:** Follow the OIS Oversight training guidelines. Starting January 2010, 3 TDS1 (WOC) have been providing this training.

**Individual ISP's/BSP's, all other protocols (except nursing care plans)**: This needs to be completed each time there is a change to these documents and prior to implementation.

**New client transfers,** in conjunction with the BVS1, Site Manager and Nursing, as applicable.

**In-House medication training follow-up** This needs to be completed when:

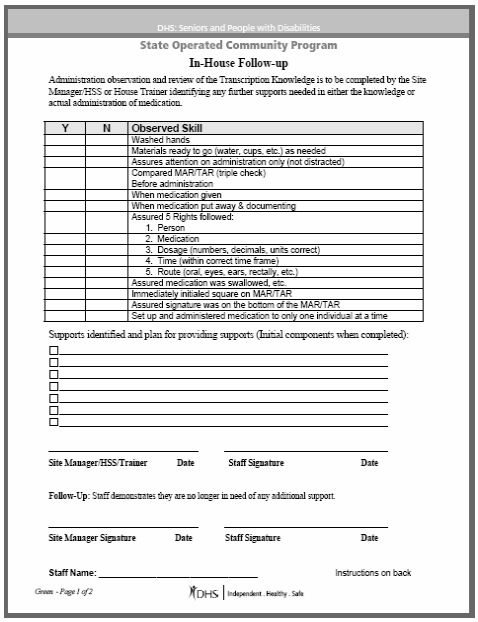
a) A new employee has completed the Medication Class (with Central Training), and they have the status of HTT2.

b) If a new employee has completed the Medication Class and they have the status of HTT1, then the in-house medication follow-up will need to be completed once they have reached the status of HTT2 (typically 6 months after initial hire).

c) After an employee completes the Central Office 2-year medication re-certification class.

d) When an employee has transferred to a new home.

***Note:*** *The in-house medication follow-up needs to be completed within 15 days of course completion. The employee cannot pass medications unless they have successfully passed this training.*



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**In-House Follow-up**

Administration observation and review of the Transcription Knowledge is to be completed by the Site Manager/HSS or House Trainer identifying any further supports needed in either the knowledge or actual administration of medication.

| Y | N | Observed Skill |
|---|---|---|
| | | Washed hands |
| | | Materials ready to go (water, cups, etc.) as needed |
| | | Assures attention on administration only (not distracted) |
| | | Compared MAR/TAR (triple check) |
| | | Before administration |
| | | When medication given |
| | | When medication put away & documenting |
| | | Assured 5 Rights followed: |
| | | 1. Person |
| | | 2. Medication |
| | | 3. Dosage (numbers, decimals, units correct) |
| | | 4. Time (within correct time frame) |
| | | 5. Route (oral, eyes, ears, rectally, etc.) |
| | | Assured medication was swallowed, etc. |
| | | Immediately initialed square on MAR/TAR |
| | | Assured signature was on the bottom of the MAR/TAR |
| | | Set up and administered medication to only one individual at a time |

Supports identified and plan for providing supports (Initial components when completed):

☐ _____
☐ _____
☐ _____
☐ _____
☐ _____
☐ _____
☐ _____

Site Manager/HSS/Trainer Date Staff Signature Date

Follow-Up: Staff demonstrates they are no longer in need of any additional support.

Site Manager Signature Date Staff Signature Date

Staff Name: _____ Instructions on back

Green - Page 1 of 2 DHS | Independent . Healthy . Safe

## Training documentation

**Overview:** An instruction record will be utilized to document each training. When completing the instruction record remember to record the date that the training was initiated, as well as the duration of the training.

The OIS Oversight Training record will be utilized to document the monthly OIS reviews. This form allows for individuals to be trained on 1 or more techniques throughout the month in incidents where an employee is unable to complete all of the techniques in one single training session. **Starting January 1st, 2010,** the TDS1 (WOC) employees will maintain the OIS Oversight training records.

## Instruction Records

The BVS2 will ensure that they complete an **DHS 4562 Employee Instruction Record** for all applicable training provided to staff (with the exception of NEO or Transfer Core Competency training). The following items must be recorded on the instruction record:

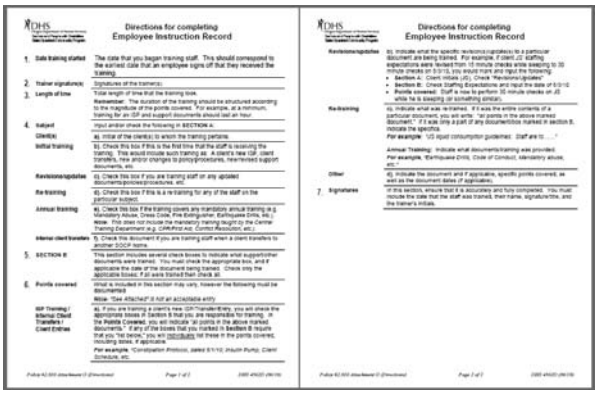
**Date training started:** The date that you began training staff. This should correspond to the earliest date that an employee signs off that they received the training.

**Trainer signature(s):** Signatures of the trainer(s).

**Length of time:** Total length of time that the training took. **Remember:** The duration of the training should be structured according to the magnitude of the points covered. For example, at a minimum, training for an ISP and support documents should last an hour.

**DHS 4562 Employee Instruction Record**

http://dhsresources.hr.state.or.us/WORD_DOCS/DE4562.doc




**Directions for completing DHS 4562D Employee Instruction Record**

**See Appendix**

**SECTION A**: Input and/or check the following in:

a) **Client(s):** Initial of the client(s) to whom the training pertains.

b) **Initial Training:** Check this box if this is the first time that the staff is receiving the training. This would include such training as: A client's new ISP, client transfers, new and/or changes to policy/procedures, new/revised support documents, etc.

c) **Revisions/updates:** Check this box if you are training staff on any updated documents/policies/procedures, etc.

d) **Re-training:** Check this box if this is a re-training for any of the staff on the particular subject.

e) **Annual training:** Check this box if the training covers any mandatory annual training (e.g. Mandatory Abuse, Dress Code, Fire Extinguisher, Earthquake Drills, etc.).

**Note:** This does not include the mandatory training taught by the Central Training Department (e.g. CPR/First Aid, Conflict Resolution, etc.).

f) **Internal client transfers:** Check this document if you are training staff when a client transfers to another SOCP home.

**SECTION B:** This section includes several check boxes to indicate what support/other documents were trained. You must check the appropriate box, and if applicable the date of the document being trained. Check only the applicable boxes; if all were trained then check all.

**Points covered:** What is included in this section may vary, however the following must be documented **(Note: "See Attached" is not an acceptable entry)**:

a) **ISP Training/internal client transfers/client entries:** If you are training a client's new ISP/Transfer/Entry, you will check the appropriate boxes in Section B that you are responsible for training. In the **Points covered**, you will indicate "all points in the above marked documents." If any of the boxes that you marked in **Section B** require that you "list below," you will individually list these in the points covered, including dates, if applicable. For example, "Constipation Protocol, dated 5/1/10; Insulin Pump, Client Schedule, etc.

b) **Revisions/updates:** Indicate what the specific revision(s)/update(s) to a particular document are being trained. For example, if client JS' staffing expectations were revised from 15 minute checks while sleeping to 30 minute checks on 5/3/10, you would mark and input the following:
   - **Section A:** Client initials (JS), Check "Revisions/updates"
   - **Section B:** Check Staffing Expectations and input the date of 5/3/10
   - **Points covered:** Staff is now to perform 30 minute checks on JS while he is sleeping (or something similar).

c) **Re-training:** Indicate what was re-trained. If it was the entire contents of a particular document, you will write: "all points in the above marked document." If it was only a part of any document/box marked in section B, indicate the specifics. For example: "JS liquid consumption guidelines: Staff are to……" **Annual Training:** Indicate what documents/training was provided. For example, "Earthquake Drills, Code of Conduct, Mandatory abuse, etc."

d) **Other:** Indicate the document and if applicable, specific points covered, as well as the document dates (if applicable).

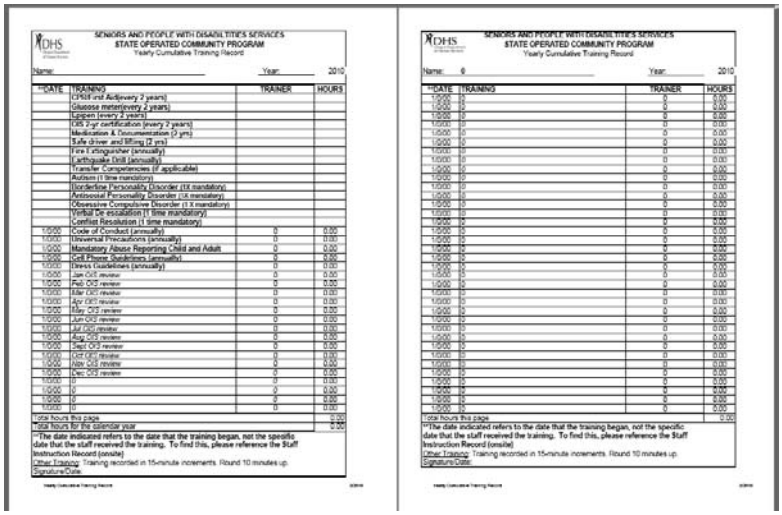
**Signatures:** In this section, ensure that it is accurately and fully completed. You must include the date that the staff was trained, their name, signature/title, and the trainer's initials.

## Record Keeping

Each home will have the following system in place to keep track of staff training needs:

**A notebook set up by calendar year** that contains all materials trained by month and the original signature sheets for the individual training.

- If the training topic is specific to the individual client and the document is kept in medical /program books, a reference to the document can be made in the notebook and the actual document (e.g. ISP, BSP or other archived documents) kept in the medical /program book if desired. If the document would be discarded when an update is put into place (e.g. protocol or schedule), a copy of the document trained must be in the curriculum book and cross-referenced with the signature of the employee.
- If you are training from a program standard curriculum notebook (e.g. Medical Curriculum, OIS, CPR/1st Aide, etc.) the curriculum can be kept in a clearly marked notebook separate from this one. Be sure that the "copyright" date of the curriculum is clearly indicated on the staff signature sheet (e.g. OIS Manual, Medical Administration Curriculum, etc.). It will be clear exactly what you taught and what updates were included in the training session.



SENIORS AND PEOPLE WITH DISABILITIES SERVICES
STATE OPERATED COMMUNITY PROGRAM
Yearly Cumulative Training Record

Name: _____ Year: 2010

| **DATE | TRAINING | TRAINER | HOURS |
|---|---|---|---|
| | CPR/First Aid(every 2 years) | | |
| | Glucose meter(every 2 years) | | |
| | Epipen (every 2 years) | | |
| | CIS 2nd certification (every 2 years) | | |
| | Medication & Documentation (3 yrs) | | |
| | Safe driver and lifting (2 yrs) | | |
| | Fire Extinguisher (annually) | | |
| | Earthquake Drill (annually) | | |
| | Transfer Competencies (if applicable) | | |
| | Autism (1 time mandatory) | | |
| | Borderline Personality Disorder (1X mandatory) | | |
| | Antisocial Personality Disorder (1X mandatory) | | |
| | Obsessive Compulsive Disorder (1 X mandatory) | | |
| | Verbal De-escalation (1 time mandatory) | | |
| | Conflict Resolution (1 time mandatory) | | |
| 1/0/00 | Code of Conduct (annually) | 0 | 0.00 |
| 1/0/00 | Universal Precautions (annually) | 0 | 0.00 |
| 1/0/00 | Mandatory Abuse Reporting Child and Adult | 0 | 0.00 |
| 1/0/00 | Cell Phone Guidelines (annually) | 0 | 0.00 |
| 1/0/00 | Drivers Guidelines (annually) | 0 | 0.00 |
| 1/0/00 | Jan OIS review | 0 | 0.00 |
| 1/0/00 | Feb OIS review | 0 | 0.00 |
| 1/0/00 | Mar OIS review | 0 | 0.00 |
| 1/0/00 | Apr OIS review | 0 | 0.00 |
| 1/0/00 | May OIS review | 0 | 0.00 |
| 1/0/00 | Jun OIS review | 0 | 0.00 |
| 1/0/00 | Jul OIS review | 0 | 0.00 |
| 1/0/00 | Aug OIS review | 0 | 0.00 |
| 1/0/00 | Sept OIS review | 0 | 0.00 |
| 1/0/00 | Oct OIS review | 0 | 0.00 |
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**The date indicated refers to the date that the training began, not the specific date that the staff received the training. To find this, please reference the Staff Instruction Record (onsite)

Other Training: Training recorded in 15-minute increments. Round 10 minutes up.

Signature/Date:

SENIORS AND PEOPLE WITH DISABILITIES SERVICES
STATE OPERATED COMMUNITY PROGRAM
Yearly Cumulative Training Record

Name: 0 Year: 2010

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**The date indicated refers to the date that the training began, not the specific date that the staff received the training. To find this, please reference the Staff Instruction Record (onsite)

Other Training: Training recorded in 15-minute increments. Round 10 minutes up.

Signature/Date:

**Yearly Cumulative Training Record**
(Excel spreadsheet)

**See Appendix for instructions on how to complete.**

**A notebook or folder set up by employee name** or computer file that contains the **Yearly Cumulative Training Record (excel file)** for each person

These documents must be readily available to the Behavior Specialist, and Site Manager. They will be updated quarterly, at a minimum, to assure they are current. These will be emailed / mailed to the QA Manager on a quarterly basis:

- 4/30 for training performed from January-March,
- 7/31 for training performed from April-June,
- 10/31 for training performed from July-September; and
- 1/31 for training performed from October to December.

***Note:*** *The yearly cumulative training record requires the staff's signature. These signatures only need to be obtained at the end of the year (i.e. when they are sent in by 1/31).*

Include on the **Yearly Cumulative Training Record**, Code of Conduct, 1st Aid/CPR, OIS and Universal Precautions training information. If these are not documented, you cannot purge the certificates at the time of replacement with the current one.

The BVS2 is not responsible for maintaining training records or Yearly Cumulative Training Records for any training that is the responsibility of the Vocational Specialist or Nursing.

***Note:*** *If a staff transfers to a new home within SOCP, it will be the responsibility of the sending BVS2 to email the up-to-date Yearly Cumulative Training Record to the receiving BVS2 within 2 weeks of the transfer.*

**Make every effort to schedule your trainings according to the following:**

1. When the majority (or most) staff are scheduled to work
2. Shift change can be an optimal time to train
3. Times when the individuals are asleep, having down time in their rooms, etc, are also optimal times to train
4. Combine training opportunities: For example, if you are going to train an OIS review, couple this with another training about changes to DHS/SOCP policies, etc.
5. Coordinate training: For example, if you have an ISP on the 13th of the month, it will need to be trained by the end of the month. You could schedule your OIS reviews

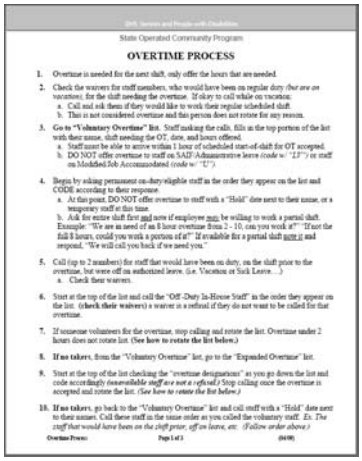
towards the latter part of the month, coordinating them to be during days/times that you had anticipated training the ISP.

**Summary:** There are specific trainings that are "controllable." These include ISP training, changes to the BSP as a result of monthly reviews, OIS reviews and some others (e.g. Earthquake Training). By scheduling these trainings ahead of time, you will alleviate much of the stress caused by having to train the more "incidental" material (e.g. new employees, changes to DHS/SOCP policy/procedures, changes to house specifics).

**Keep in mind, most people remember:** 20% of what they see, 40% of what they see and hear, and 70% of what they hear, see and do.
It is virtually impossible to achieve long-term, verifiable performance improvement or effectiveness with a single training program. New skills take time to become part of a person's repertoire. As such, it will usually be necessary to perform some type of follow-up with the trainees **(e.g. through existing processes: direct observation, interviews, Incident Report(s) and DHS 4596 Progress Note entries).**

# Expanded overtime training

http://www.dhs.state.or.us/spd/tools/dd/socp/socp-ot-manual.pdf



State Operated Community Program

OVERTIME PROCESS

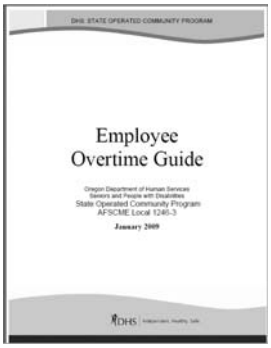
1. Overtime is needed for the next shift, only offer the hours that are needed.
2. Check the waivers for staff members, who would have been on regular duty (*but are on vacation*), for the shift needing the overtime. If okay to call while on vacation:
   a. Call and ask them if they would like to work their regular scheduled shift.
   b. This is not considered overtime and this person does not rotate for any reason.
3. **Go to "Voluntary Overtime" list.** Staff making the calls, fills in the top portion of the list with their name, shift needing the OT, date, and hours offered.
   a. Staff must be able to arrive within 1 hour of scheduled start-of-shift for OT accepted.
   b. DO NOT offer overtime to staff on SAF/Administrative leave (*code w/ "LP"*) or staff on Modified/Job Accommodated (*code w/ "U"*).
4. Begin by asking permanent on-duty/eligible staff in the order they appear on the list and CODE according to their response.
   a. At this point, DO NOT offer overtime to staff with a "Hold" date next to their name, or a temporary staff at this time.
   b. Ask for entire shift first and note if employee may be willing to work a partial shift. Example: "We are in need of an 8 hour overtime from 2 - 10, can you work it?" "If not the full 8 hours, could you work a portion of it?" If available for a partial shift note it and respond, "We will call you back if we need you."
5. Call (up to 2 numbers) for staff that would have been on duty, on the shift prior to the overtime, but were off on authorized leave. (i.e. Vacation or Sick Leave…)
   a. Check their waivers.
6. Start at the top of the list and call the "Off-Duty In-House Staff" in the order they appear on the list. (**check their waivers**) a waiver is a refusal if they do not want to be called for that overtime.
7. If someone volunteers for the overtime, stop calling and rotate the list. Overtime under 2 hours does not rotate list. (**See how to rotate the list below.**)
8. **If no takers**, from the "Voluntary Overtime" list, go to the "Expanded Overtime" list.
9. Start at the top of the list checking the "overtime designations" as you go down the list and code accordingly (*unavailable staff or not a refusal*) Stop calling once the overtime is accepted and rotate the list. (*See how to rotate the list below.*)
10. **If no takers**, go back to the "Voluntary Overtime" list and call staff with a "Hold" date next to their names. Call these staff in the same order as you called the voluntary staff. *Ex. The staff that would have been on the shift prior, off on leave, etc. (Follow order above.)*

Overtime Process Page 1 of 3 (04/08)

**Overview:** The Expanded Overtime list contains employees names from other homes who would like to work volunteer overtimes at different homes. Employees on this list must be able to arrive at the home needing the overtime within one hour of the scheduled start-of-shift where the overtime was accepted.

**BVS2:** Employees are responsible for submitting requests to other homes if they are interested in working the overtime in those homes.

- The sign-up period for expanded overtime is June and December of each year.
- Prior to working in a home, other than an employee's primary assignment, staff must attend training before working overtime in the alternate home. The primary Site Manager will provide (if possible) on-duty time for the employee to attend the training.
- Within 2 weeks of the closure of the sign-up period (end of June, end of December) the Behavior Specialist will publish training dates and times (to be done in July and January).
  - These dates and times will occur on all shifts on different days of the week **(at least 3 different shifts).**
  - Training must be completed by July 31st fro the June sign-up period and January 31st for the December sign-up period.
- The training will include the following:
  - Basic home layout, location of safety equipment, fire evacuations, etc.
  - Overview of critical information (as identified by the ISP team/Manager) regarding each individual in the home that the employee will be working with. This would include basic communication and interaction techniques, critical safety issues, critical medical issues, critical behavior issues and level of physical intervention that are identified for each individual.




Employee Overtime Guide on the SOCP website training page

4654 Expanded Volunteer Overtime Designation

4658 Volunteer & Expanded Overtime Rotation List

4659 Volunteer Waiver form

## Internal client moves

**Overview:** When moving a client internally, the program wants the move to be a positive one for both the client and staff. Further, to provide staff adequate training to meet the needs of the client.

Program administrators need to have two (2) weeks notice of the transfer, in order to provide time for the mandatory activities/processes.

A **"DHS 4632 Needs Meeting"** will be scheduled by the appropriate designee that includes both sending and receiving Individual Support Plan (ISP) teams (include outreach nurse, if applicable). During this meeting, discussion is centered on the medical and behavioral needs of the client.

Unless the team determines it would have a negative impact on the client:

Staff from the receiving home will visit the client and observe staff's interactions with them at their current home, prior to the transfer. The client will visit the new home at a minimum of 2-3 times.

Staff from the sending home will be sent to the receiving home to assist with the transition, a minimum of 2-3 shifts following the transfer.

In consideration of the clients, the program believes it would be best not to have peers (clients) move each other's personal items, unless a property tracking procedure has been established.

If possible, clients should not be moved Friday – Sunday.

**BVS2:** The Behavioral Specialist for the receiving ISP team should develop a written profile on the individual including: family, aggressions, behavior history current and past, and any medical current and past (this can be the blended plan and/or any other pertinent behavioral support documents).

***Note:*** *If at all possible, the sending BVS2 will provide electronic or paper copies of the individual's Blended Plan (or FA and BSP), RTR, most recent monthly, 2 year behavior data and master data sheets to the receiving BVS2 prior to the needs/relocation meeting(s).*

**BVS2/SM:** Prior to the move and after the needs meeting, staff will be trained on all three (3) shifts. This will occur as follows:

1. The receiving Site Manager will coordinate a mandatory training for all staff to attend.
2. This mandatory training will be coordinated with the sending and receiving BVS2 to ensure that they are both available to train and be trained.
   a). If the individual has a nurse client relationship the outreach nurse will also attend these trainings.
3. The Mandatory training will be scheduled, at a minimum, 10 days after the Needs meeting has occurred.

4. The majority of staff on all shifts will need to be trained prior the client moving in to the new home.
5. If, after the mandatory training, there are a few (not the majority) of staff that have not received training, the receiving Behavioral Specialist will provide this training to them, prior to the staff working with the individual.

Bring your calendar to the needs meeting to ensure that you are able to coordinate trainings with the receiving Behavioral/Vocational Specialist/Site Manger.

If staff believe they have not received adequate training, staff can and should request additional training. Management will review what is needed and provide the necessary tools or training to staff.

**Summary:** During the needs/relocation meeting(s) the receiving Sending Behavioral Specialist needs to ensure that the individual's behavioral supports are clearly identified and discussed. The Receiving Behavioral Specialists needs to be prepared to ask questions concerning existing supports that may or may not be present at the anticipated home. For example, if an individual is moving from a locked facility into an unlocked facility, the Behavioral Specialist(s) should make mention of this and work with the ISP team to determine if new supports will need to be installed/removed from the receiving home (e.g. installing door/window alarms).

## Outside referrals

**Overview:** Many of the individuals that SOCP supports come from outside providers (e.g. foster care, private residential services, the State Hospital, and at times, from jail). Typically this will occur with some notice, though this is not always the case. In either instance, the individual will come with a referral packet. This packet typically contains such support documents as: FA/BSP, psychological evaluations, and incidents reports. Depending on the individual, these referral packets can be quite extensive or, on the other hand, minimal. As with internal client transfers, needs and entry meetings will be scheduled. In most cases, these meetings are scheduled in advance to provide time for staff training. However, with emergency entries, these can and do occur on the same day that the individual moves into SOCP.

**BVS2:** The Behavioral Specialist is responsible for developing an **"Entry BSP"** for the referred individual. This entry plan must be developed and trained to staff **prior to** the individual moving into SOCP (or within 24 hours). Though the individual is new to SOCP, and often little may be understood about their behaviors/reactions to the new environment, the BVS2 will proceed with the following to ensure that an adequate entry plan is developed:
**(See the Appendix for a Blank Female and Male Entry BSP)**

1. **Review the referral packet:**
   a. Take a blank copy of the **Entry BSP** and look for information in the referral packet to help fill in the "blanks (i.e. diagnosis, Behaviors to Decrease, Reactive/Proactive Strategies)."
2. **Fill in the Blanks:**
   a. Contact the sending provider (if applicable) to help fill in any of the missing information, OR, bring up the missing information to the team at the needs/entry meeting.
3. **Complete the Entry BSP**
   a. Once you have the information that you need to fill in the blanks of the entry plan, you can use the entry BSP template to efficiently complete the document.
      - There are two Entry BSP templates: One for male clients and the other for female clients. Choose the applicable gender.
      - Once open, press the "Ctrl" and "F" keys.
      - This will bring up the box titled "Find and Replace" on the computer screen.
      - Click on the tab, "Replace."
      - Click on the lower-left-hand tab, "More"
      - Check the box that says "Find whole words only"
      - In the line that says "Find what," type the word "Client"
      - In the line that says, "Replace with," type the first name of the referred client (e.g. "Joe.")
      - Click the tab that says "Replace All"

b. This function will automatically populate the template with the referred client's name.

c. Delete/Add any individual specifics that apply to the referred client (e.g. delete "Unsafe with Flammables," if the individual does not present with this behavior).

**Note:** The entry BSP template comes with 2 automatic "Behaviors to Increase: Problem Solving and Relaxation Techniques." Though the BVS2 may choose to replace these, it is OK in the interim to leave these; however, the BVS2 must review them to ensure that they apply to the referred individual.

d. The date of the entry BSP will be the date that the individual moved into SOCP.
e. The line for "Individuals Interviewed/consulted for the Assessment Plan may include the following: Sending providers, Case Managers, or documents from the Referral Packet. When referencing the documents from the packet, be sure to include their title and date (i.e. Oregon State Hospital Sex Offender Risk Assessment 9/17/07).

**Summary: The Entry BSP is an "interim support" document.** As such, it is not intended to be a substitute for more developed and individualized plans. After an individual moves into SOCP they will have a 60-day ISP (scheduled around 60 days from their entry date). This ISP will proceed like any other annual ISP meeting. Prior to the 60-day ISP, the BVS2 should be very diligent in getting to know and understand the individual (through observation, client/staff interviews, etc.). By doing so, the BVS2 will be able to glean more information for developing a BSP that more specifically addresses the types of supports that an individual may need. The revised BSP for the 60-day ISP will continue to need to be turned into the ISP team 7 days prior to the ISP date.

## Legal matters

**Overview:** Some of the individuals supported by SOCP commit (or have committed) crimes. Our clients don't do well in jail, prison or Mental Health facilities, nor do they know much about the workings of the legal system. It's up to us to communicate with everyone throughout the process to sort through the confusion. It's also up to us to understand the legal systems and support our clients throughout the process.

To begin this understanding, the following is a list of terminology that you may run into if an individual that you support has committed a crime:\

**Fitness to Proceed** – Determining "Legal Competence" to aid and assist in their own defense

Chapter 161 under the Oregon Revised Statute has a provision for determining if an individual is fit to stand trial as a result of a mental disease or defect. That is to say that they are able to aid & assist in their defense.

- **Do not assume that just because someone presents as "high-functioning" that it will determined that they are able to aid and assist.**

**Before or during the trial in any criminal case**, if the court has a reason to doubt the defendant's fitness to proceed by reason of incapacity, the court may order an examination.

- This examination is usually, but not always conducted at the Oregon State Hospital.

**After the evaluation,** depending on the results, the following will take place:

- If the evaluation determines that the individual **does have capacity,** the individual will go to court and face charges.
- If the evaluation determines that the individual **won't ever have capacity** ("Never Able to Aid and Assist") then:
  - All charges dismissed,
  - Discharged/released
  - Civil commitment
  - ORS 427 or 426

If the evaluation determines that the individual is **Likely to regain capacity,** then they will stay at OSH to perhaps undergo further training, which could take weeks, months, and sometimes years.

**Probation**-- Probation is a court-imposed sanction that "releases a convicted offender into the community under a conditional suspended sentence." This practice assumes that most offenders are not dangerous and will respond well to treatment. In fact, the average probationer is a first time and/or non-violent offender who, it is believed, will be best served by remaining in the community while serving out the sentence. While sentences of probation vary widely across and within jurisdictions, the maximum length of time that one can be under supervision is 5 years (60 months)

***Intensive Supervised Probation (ISP)***

ISP is a form of release into the community that emphasizes close monitoring of convicted offenders and imposes rigorous conditions on that release, such as the following:

- Multiple weekly contacts w/officer
- Random and unannounced drug testing
- Stringent enforcement of conditions, i.e.,: maintaining employment
- Required participation in treatment, education programs, etc.

Since probation is a conditional release, it can be revoked, or taken away, if the conditions governing release are not met (technical violation) or if a new crime is committed during the probationary period (new offense). Probation revocation is initiated by the probation officer's belief that a violation warranting revocation has occurred

If a revocation hearing is scheduled, probationers have the right to testify in their own behalf, may present witnesses, and may have an attorney present

Possible outcomes include return to supervision, reprimand with restoration to supervision, or revocation with imprisonment

**Parole**-- Parole is the "conditional early release from prison or jail, under supervision, after a portion of the sentence has been served." It assumes that the offender successfully demonstrated conformity to the rules and regulations of the prison environment and shows an ability to conform to society's norms and laws. The fact

that parole involves some incarceration suggests that the average parolee has committed a more serious crime than the average probationer and, hence, poses a greater risk to the community. Therefore, primary goals of parole must include crime deterrence and offender control.

It is similar to probation; however, it differs in that probation is governed by judicial decisions whereas parole is governed by administrative procedures. Most minor infractions are dealt with by the parole officer and may not necessitate involvement of the parole board.

Parolees are usually discharged from prison into the community

Discharged with conditions of release which stipulate specific behaviors that are expected (treatment, UA's, Restitution).Conditions of Release also stipulate what not to do (No contact with victim, no alcohol, no minors)

**GEI** – **Guilty Except for Insanity -- Due to Mental Disease or Defect**

A defendant may be found incapacitated if, as a result of mental disease or defect, the defendant is unable:

- To understand the nature of the proceedings against the defendant; or
- To assist and cooperate with the counsel of the defendant; or
- To participate in the defense of the defendant

If an individual is found to be GEI, then **they may** be placed under PSRB.

**PSRB** – **Psychiatric Security Review Board**

PSRB acts like a parole board, where they develop conditions that the client must follow or face re-hospitalization and/or face new charges.

A client will remain under PSRB until they are released from PSRB supervision, or

The maximum sentence ends

- Some persons under PSRB jurisdiction stay in the hospital longer than they would have stayed in prison if they had been found guilty through the trial or plea bargain process.

**Civil Commitment (426/427)** – **Court commitment to DHS/SPD for care and custody**

**Chapter 426** is a provision under the Oregon Revised Statute to civilly commit an individual due to mental disease or defect. This chapter is for committing individuals who are determined Mentally Ill. The term of this commitment can be up to 180 days. The individual is generally committed to a governmental agency such as Dept. of Human Services. The main purpose for pursuing this civil commitment is to gain legal authority over a client who may need to receive treatment against their will.

**Chapter 427** is a provision under the Oregon Revised Statute to civilly commit an individual due to mental disease or defect. This chapter is for committing individuals who are determined Mentally Retarded. The term of this commitment can be up to 365 days. The individual is generally committed to a governmental agency such as Dept. of

Human Services. The main purpose for pursuing this civil commitment is to gain legal authority to have the police return the client to the SOCP group home against their will (in the case of Leaves Supervised Settings).

**Steps for obtaining a 427:**

- Must be MR – not DD only
- Any two people can petition
- Court orders investigation
- 30 days to complete investigation
- Person must be:
  a) dangerous to self or others, or
  b) is unable to provide for their personal needs, and
  c) is not receiving care as is necessary for their health, safety or habilitation
- Diagnostic evaluation conducted
- MR diagnosis confirmed by DHS/SPD D and E coordinator
- Client will be served a citation for hearing
- Commitment hearing scheduled
- Attorney appointed
- District Attorney Representation (not always)
- Hearing convened
- Committed to DHS/SPD (SOCP)
- Committed for one year

**<u>Procedure for Renewal of Civil Commitments under Chapter 427</u>**

1) By the 7th month (5 months prior to expiration) of the 427 court order, the ISP team including the county Services Coordinator develops a Discussion Record & Change Form with signatures regarding the agreement to continue civil commitment under ORS 427. The Site Manager will forward a copy to The Placement Services Manager if the teams agrees civil commitment is needed**.

   **Discussion Record example, The Issue could be stated as follows:** Client 427 Civil commitment

   **The Discussion could be stated as follows:** Client has exhibited extreme behavior in the community resulting in frequent police involvement. At this time the client is their own guardian and has the right to refuse to return to homes within SOCP. Client will often engage in assaultive behavior towards staff members, community members and law enforcement officers and then has refused to return to the group home, which has resulted in protracted events. This places the client at risk of further involvement with law enforcement with the potential for detainment, where the client may not receive appropriate psychiatric services. At no time is the client safe in the community while unsupervised and for their own safety it would be appropriate to pursue a 427 commitment to ensure that SOCP can maintain supervision of the client.

**Decision:** This then would be the decision that the team decided (e.g. to pursue the commitment or not).

2) The Placement Services Manager will contact the SOCP homes' CDDP Services Coordinator to complete the DMAP 729 Form (funding for administrative exam).
3) The Placement Services Manager will contact the SOCP Site Manager requesting an electronic copy (current) of the following documents:
   - FA/BSP
   - PFW
   - Monthly Summary
   - PVO (via Fax)
4) The Placement Services Manager will Fax a completed Release of Information to the Site Manager for a client signature/date, and staff witness signature/date. The Site Manager will then Fax it back to The Placement Services Manager and retain the original on site.
5) The Placement Services Manager will negotiate an appointment with the psychologist to conduct the client evaluation and advise the Site Manager of same.
6) Once the evaluation is complete, the Clinical Services Manager will review and determine whether the results support going forward with a petition. If it does, the Placement Services Manager will coordinate the signing & notarization of the Petition for a civil commitment.
7) The placement Services Manager will then submit the petition to the designated CDDP investigator to begin the investigation process. This process will include an interview (either in person or by phone) of the petitioners and the individual. A court date will follow.
   **The ISP team should not feel obligated to request a renew of a civil commitment if the risk has changed over the past year. The team should fully re-assess the presence or absence of risk each year.

## Mental Health Court

Mental Health Court is designed to divert mentally ill individuals from serving a sentence in jail. As such, the client must be determined mentally ill by the court (AXIS I DX).

- Documentation of past psychological evaluations, **DHS 4576 PVO's** can be invaluable in helping to make this determination.

Once accepted, a client is required to attend "Mental Health Court" on a schedule determined by the court (weekly/monthly).

The sentence is 18 months after which all charges are expunged from the clients criminal history.

A client can be terminated from Mental Health Court should they continue to receive charges during their 18 month tenure.

The client's court appointed attorney is responsible to advocate to the presiding judge for consideration of Mental Health Court. This needs to be done at the initial arraignment.

**Guardianship:** Chapter 125 under the Oregon Revised Statute provides for appointment of a guardian to promote and protect the well-being of the protected person.

- An adult protected person for whom a guardian has been appointed is NOT presumed to be incompetent.
- A protected person retains all legal and civil rights provided by law except those that have been expressly limited by court order.

### General powers and duties of guardian

- Guardian shall provide for the care, comfort and maintenance of the protected person.
- Guardian may consent, refuse consent or withhold or withdraw consent to health care.
- Guardian may make advance funeral & burial arrangements.
- Guardian may make an anatomical gift of all or any part of the body of the protected person.
- Guardian of a minor has the powers and responsibilities of a parent who has legal custody of a child.
- Guardian may receive money and personal property deliverable to a protected person.
- Guardian may consent to the withholding or withdrawing of artificially administered nutrition and hydration for the protected person.

### Limitations on guardianship

- Guardian may not use funds from the protected person's estate for room and board that the guardian or relative have furnished for the person.
- Before placing a protected person in a mental health treatment facility, a nursing home or other residential facility, the guardian must file a notice with the court.

### BVS2:

1. If you are scheduled to testify (as in the case of civil commitment), bring a 2-yr behavior data summary, a review of significant **DHS 4595 Incident Reports (IR's), DHS 4588 FA/BSP**, list of current RX, psychosocial history.
2. Bring a blank sheet of paper to write down applicable information given during the hearing such as the next hearing date, attorney's name, judge's name, etc.
3. It is also important to arrive at the hearing early. Often an individual's attorney is assigned on a rotating basis, and does not always know them. Arriving early will provide an opportunity for the client and attorney to meet, as well as debrief.

You will gain respect by dressing in a professional manner (no hats, no gum chewing, no ringing phone). Always address the judge as "Your Honor". Leave the "bling" at home, most courts require that you go through security at the front door. DO NOT bring your pocket knife or key chain pepper-spray canister as you will be sent away or they will be confiscated **by security.**

# Where to find forms and tools

Oregon Technical Assistance Corporation (OTAC):
www.otac.org

DHS Forms Server:
http://dhsforms.hr.state.or.us/forms/databases/FMPRO?-db=FormTbl.fp5&-lay=Main&-format=Findforms_FMP.htm&-findany

State Operated Community Program (SOCP) webpage:
http://www.dhs.state.or.us/spd/tools/dd/socp/

**Oregon Administrative Rules (OAR) 411-325** (Table of Contents )
24-Hour Residential Services for Children and Adults with Developmental Disabilities:
http://www.sos.state.or.us/archives/rules/OARS_400/OAR_411/411_tofc.html
http://arcweb.sos.state.or.us/banners/rules.htm

**Oregon Administrative Rules (OAR) 411-345** (Table of Contents )
Employment/Alternative to Employment Services for Individuals with Developmental Disabilities
http://www.sos.state.or.us/archives/rules/OARS_400/OAR_411/411_tofc.html#340

**Oregon Revised Statues (ORS):** http://www.leg.state.or.us/ors/

| OTAC forms | DHS Forms Server | SOCP Webpage Tools* |
|---|---|---|
| • Individual Support Plan (ISP)<br>• Personal Focus Worksheet (PFW)<br>• The Risk Tracking Record (RTR)<br>• Action Plans<br>• Change Forms | • DHS 4588 FA/BSP Blended Plan<br>• DHS 4588 Good Day Plan<br>• DHS 4588 Interaction Guidelines<br>• DHS 4554 Balancing Test<br>• DHS 4576 Physician's Visit/Orders<br>• DHS 4573 Medication Administration Record (MAR)<br>• DHS 4629 Daily Log<br>• DHS 4596 Progress Note<br>• DHS 4585 Core Competencies<br>• DHS 4586 Client Specific Sheets In-House (Green) / Transfer (Blue)<br>• DHS 4562 Employee Instruction Record<br>• 4654 Expanded Volunteer Overtime Designation<br>• DHS 4658 Volunteer and Expanded Overtime Rotation List<br>• DHS 4659 Volunteer Waiver form<br>• DHS 4632 Needs Meeting | • Functional Behavior Assessment<br>• FBA Assessment Interview form<br>• Client Observation form<br>• Accessing Emergency Services guidelines<br>• Program approved Protective PPI's<br>• Client Monthly Summary Report<br>• In-House Training Duties<br>• Fire extinguisher use<br>• In-House Training Follow-up sheet<br>• Yearly Cumulative Training Record<br>• Employee Overtime Manual<br>• Two-year Cumulative Training Record<br><br>*Not all of the above are currently posted. Some postings are in progress. |

**DHS 4595 Incident Report carbonless pads are available through SOCP Central Office:**

- 4595 Part 1
- 4595A Part 2
- 4595B Part 3
- 4595C Part 4
- 4595D Part 5

If you have questions about information contained in this **Behavior Specialist Manual**:

## Contact the State Operated Community Program.

| | |
|---|---|
| SOCP Program Administrator | 503 378-5952 ext. 242 |
| SOCP Clinical Service Manager | 503 378-5952 ext. 244 |
| SOCP Behavior Support Manger | 503 378-5952 ext. 245 |

Department of Human Services
Seniors and People with Disabilities
State Operated Community Program (SOCP)
(503) 378-5952

An equal opportunity employer

# Appendix A

## Functional Assessment/Behavior Support Plan

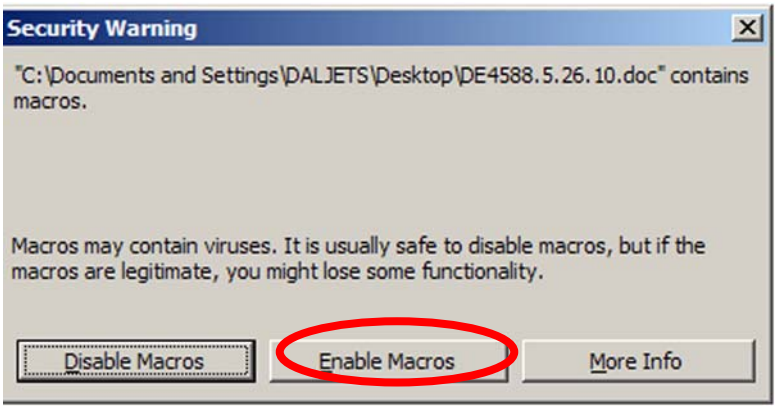
# DHS 4588 FA/BSP Blended Plan

- 4588 FA/BSP User Instructions: Adding Additional Behavior Sections
- 4588 FA/BSP content example
- 4588 Good Day Plan (GDP) example
- 4588 Interaction Guideline (IG) example

Oregon Department of Human Services
Seniors and People with Disabilities
State Operated Community Program

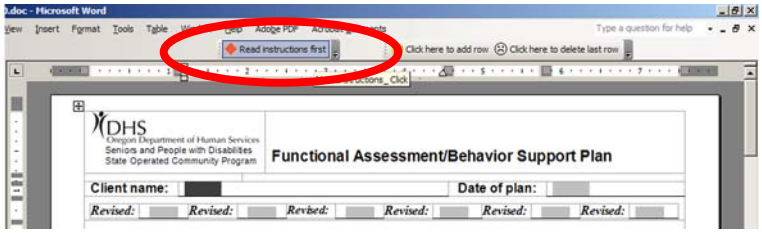
# Functional Assessment/Behavior Support Plan
# User instructions

1). Open DHS 4588 > **Click** > Enable Macros




2).Read the directions

:




## User Instructions

Additional fill-in sections can be created for each of the following using the "View" main menu, scrolling down to Toolbars ▸ and select the desired toolbar.

- Behavior Tool Bar
- Increase Behavior Tool Bar
- Decrease Behavior Tool Bar

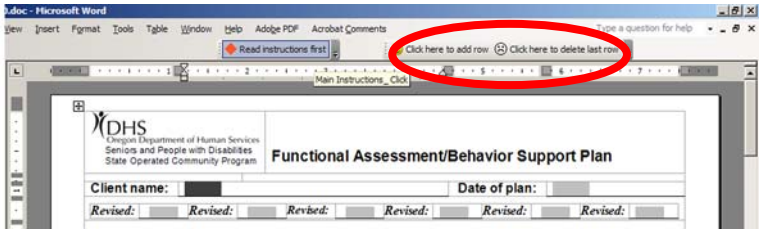
The first two original entries **cannot** be deleted.

**Sequential numbers will need to be added.**

Tool bar window does not print and can be moved or closed at anytime.

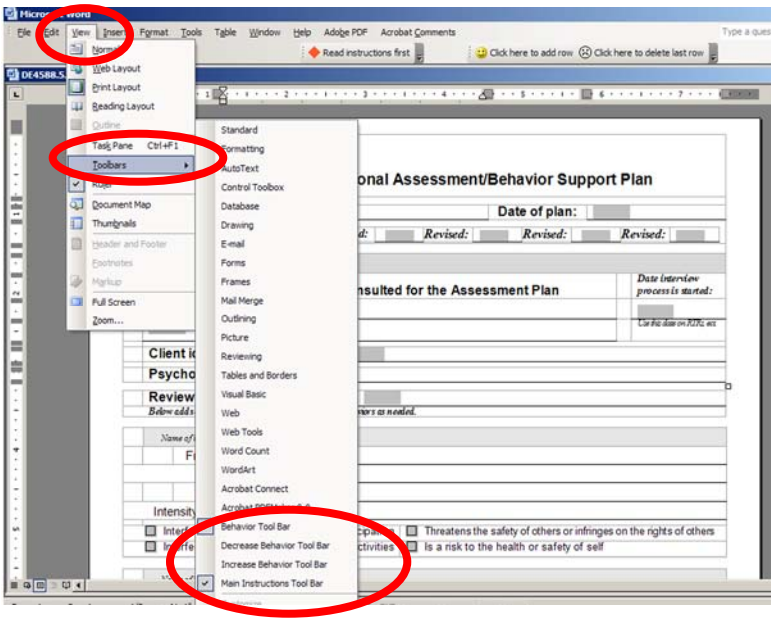
OK

3).“Behaviors” Tool bar may already be visible.



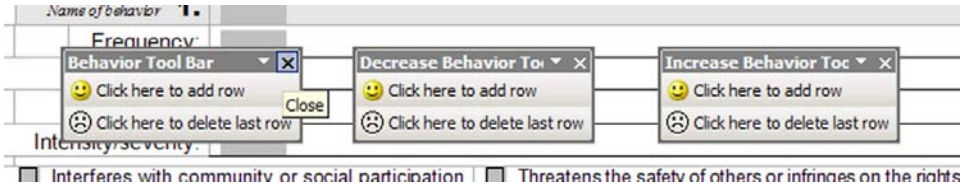

4). **To add additional sections** to “Behaviors to decrease”

And/or “Behaviors to increase”:




5). Select the toolbar for the section you need and the toolbar will appear.

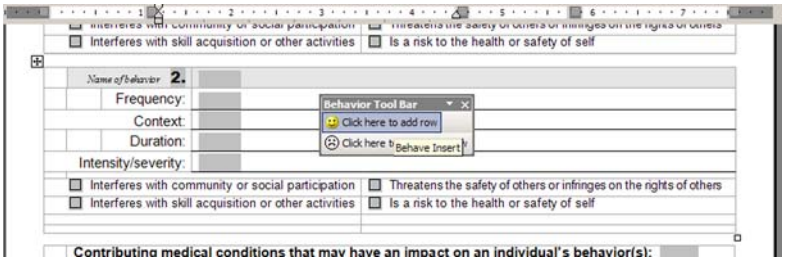
6). **The toolbar boxes can be moved** anywhere on the page and/or closed.



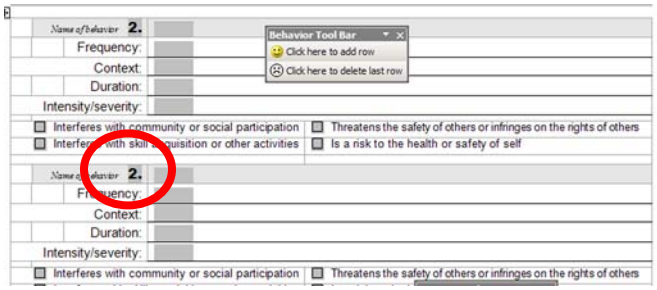
7).**When a new section is required use the corresponding tool box** >

Click to add or delete sections -

remember the first 2 original sections can not be removed.




8). When new sections appears – Sections will not automatically renumber themselves. Click > **type sequential number** > continue filling out form.



DHS
Oregon Department of Human Services
Seniors and People with Disabilities
State Operated Community Program

# Functional Assessment/Behavior Support Plan

FA/BSP Blended Plan

**Client name:** **Mary Smith** **Date of plan:** **6/10/09**

***Revised:*** ***Revised:*** ***Revised:*** ***Revised:*** ***Revised:*** ***Revised:***

## I. Client profile

**Individuals interviewed and/or consulted for the Assessment Plan**

Functional Assessment 05/18/09, Mary Smith (client), Sara Androes HTT2, Rose Miller HTT2, Chandel Schnicker HTT2, Rose Attebery HTT2.

***Date interview process is started:*** 5/1/09
*Use this date on RTRs, ect.*

**Client identifying information:** Mary was born 12/10/1984 in Grants Pass, Oregon. Mary (Likes to be called Mary).
Mary has brown hair and eyes. She weighs approximately 300 pounds and stand 5 feet tall.

**Axis I:** Psychotic Disorder, NOS (by History: Impulse Control Disorder, Adjustment Disorder with depressed mood, Bipolar Disorder)

**Axis II:** Moderate Mental Retardation (WISC-3, Full Scale=40), Adult Antisocial Personality Disorder with Borderline Personality Disorder Characteristics

**Axis III:** Obesity

**Axis IV**: Psychosocial and Environmental Problems

**Psychosocial history:**
Mary's childhood and teenage years were chaotic, due to a highly dysfunctional family life. At age 15 Mary became pregnant with her brothers baby and reportedly engaged in sexual relations with her older brother as well. Following the discovery of her pregnancy Mary was moved to her sister's house where she stayed in a "rather stable environment" from the time her daughter was an infant until Mary turned 18. When Mary turned 18 her parental rights were terminated. Mary's sister (her guardian at the time) was finding Mary's behavior in her home unmanageable at that time so Mary was moved out of the sister's home and she moved back in with her mother. Mary is emotionally dependent upon her mother despite substantiated neglect and exploitation. Mary remains in telephone contact with her sister, who currently has custody of Mary's daughter. Mary has reported that even though she has occasionally drank beer and wine there is no indication that she has a problem with drugs or alcohol and has never been in a substance abuse treatment program.

Mary has had several incidents with the police the most recent are Criminal Trespass II (a class C misdemeanor) and two counts of Menacing (a Class A misdemeanor) and these charges have resulted from the following two incidents: On 12-1-03 Mary allegedly threatened neighbors in her apartment complex by swinging a hammer towards them and approaching them while making stabbing and slashing motions with a knife. She was arrested and taken to Josephine County Jail, where she was booked and released.

About six weeks later Mary trespassed at the Albertson's grocery store across the street from her apartment because she had been harassing another person while on that property. However, after leaving, as instructed, she later returned to the premises and police were called. The officer issued a citation for her to appear in court on Criminal Trespass II and Disorderly Conduct before placing her on a police officer mental hold and taking her to Three Rivers Community Hospital.

Mary and her family became homeless and Mary was found on 2-2-2004 living under a bridge. She was placed in foster care at this time. She was in as many as seven foster care homes, but all placements failed due to Mary's aggressive outbursts. Some of her behaviors included but were not

limited to throwing water on people, trying to break down doors, threatening other residents, threatening to burn down the house and engaging in self-injurious behavior of banging her head on the floor.

Mary was eventually admitted to OSH on 9-23-2004 after Mary's case manager Phyllis Mantle, and Craig Reed MD, advised the court that Mary would not be able to aid and assist in her own defense. This was her first OSH admission. Mary has had previous hospitalizations however at Rogue Valley Medical Center. Over the course of eight months Mary was hospitalized from 2-4-2004 through 2-6-2004…4-23-2004 through 4-26-2004 (Mercy Hospital)…8-29-2004 through 8-31-2004 and then finally 9-5-2004 through 9-7-2004. These hospitalizations were precipitated by her aggressive and self-injurious behaviors in foster home placements. In 2008, she moved to the SOCP Home. She shared one side of the house with a roommate for a short period. The roommate was moved when Mary began targeting her. On April 27, 2009 Mary moved to the SOCP 2nd Group Home.

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**Review of dangerous behaviors:**

***BELOW:*** *In number 1-12 type the Name of the specific behaviors and behavior details.*

| *Name of behavior* 1. | **Ingesting of non-edible objects** |
|---|---|
| Frequency: | Data for the last 11 months indicates that this behavior has not occurred. |
| Context: | When there is too much noise, too many people, reaching a high level of anxiety/mania; Typically occurs when she is alone or has unstructured time. |
| Duration: | This behavior is usually very brief in nature. |
| Intensity/severity: | Mary will put anything in her mouth to get staff's attention; it doesn't matter if it is small or big. This behavior has the potential to cause her harm due to risk of choking, aspiration or bowel obstruction, if she swallows the item. |

☒ Interferes with community or social participation ☐ Threatens the safety of others or infringes on the rights of others
☒ Interferes with skill acquisition or other activities ☒ Is a risk to the health or safety of self

| *Name of behavior* 2. | **Placing non-edible objects in mouth** |
|---|---|
| Frequency: | Data for the last 11 months indicates that this behavior has occurred 47 times (ranging from 1 to 11 times in a month). |
| Context: | When there is too much noise, too many people, reaching a high level of anxiety/mania; Typically occurs when she is alone or has unstructured time. |
| Duration: | This behavior is usually very brief in nature. |
| Intensity/severity: | Mary will put anything in her mouth to get staff's attention; it doesn't matter if it is small or big. This behavior has the potential to cause her harm due to risk of choking, aspiration or bowel obstruction, if she swallows the item. |

☒ Interferes with community or social participation ☐ Threatens the safety of others or infringes on the rights of others
☒ Interferes with skill acquisition or other activities ☒ Is a risk to the health or safety of self

| *Name of behavior* 3. | **Physical aggression** |
|---|---|
| Frequency: | Data for the last 11 months indicates that this behavior has occurred 82 times (ranging from 1 to 21 times in a month). |
| Context: | Home most often and occasionally in the community, staff report that when some staff do not closely follow the BSP it increases the chance of this occurring towards staff that do follow the plan and boundaries, staff are always present (usually more than one), sometimes clients are present, can be getting ready for work, getting into the vehicle, in the yard or home, go off property to the street, Mary may be starting an argument about something completely different and then go into aggression mode over something else, can occur over things like pop, snacks, breaks, disappointments from family |
| Duration: | This behavior can last for several hours, with Mary taking breaks (usually to eat), then she will re-escalate. |
| Intensity/severity: | This behavior can be severe and has the potential of seriously harming others. |

Mary will maliciously strike out at staff and peers.

☒ Interferes with community or social participation ☒ Threatens the safety of others or infringes on the rights of others
☒ Interferes with skill acquisition or other activities ☒ Is a risk to the health or safety of self

*Name of behavior* 4. **Self-injury (SIB)**

Frequency: Data for the last 11 months indicates that this behavior has occurred 69 times, (ranging from 1 to 22 times in a month).

Context: Home, but could occur in community, biting or hitting self occurs as part of her physical aggression under the same conditions as that behavior. Se may engage in this behavior solely on rare occasions.

Duration: This can either be a very brief or last throughout her day, with breaks in-between.

Intensity/severity: This behavior has not been severe. She will engage in this behavior to get staff's attention and elicit a reaction.

☒ Interferes with community or social participation ☐ Threatens the safety of others or infringes on the rights of others
☒ Interferes with skill acquisition or other activities ☒ Is a risk to the health or safety of self

*Name of behavior* 5. **Property destruction**

Frequency: Data for the last 11 months indicates that this behavior has occurred 67 times (ranging from 2 to 12 times in a month).

Context: Home, but could occur in community.
Happens at any time of day, usually when she is not getting instant gratification, is not happy, any activity, other clients may or may not be present, staff are present

Duration: This behavior can last for several hours, with Mary taking breaks (usually to eat), then she will re-escalate.

Intensity/severity: This behavior can be severe and has the potential of seriously harming others. Mary will maliciously strike out at staff and peers.

☒ Interferes with community or social participation ☒ Threatens the safety of others or infringes on the rights of others
☒ Interferes with skill acquisition or other activities ☒ Is a risk to the health or safety of self

*Name of behavior* 6. **Leaves supervised settings**

Frequency: Data for the last 11 months indicates that this behavior has occurred 3 times (ranging from 1 to 2 times in a month).

Context: Mary will display this behavior at home and in the community. Mary also has a history of harassing others, as well as trespassing on other's property. Has happened when she was talking to staff about routine things, leaves home to run away into the community, most attempts have had successful intervention to keep him on the property

Duration: A single incident can last for several hours.

Intensity/severity: This behavior can be quite severe, as it places Mary at risk of exploitation. In the past, Mary ran from staff and sat in the road until the police came and escort her back to the home.

☐ Interferes with community or social participation ☒ Threatens the safety of others or infringes on the rights of others
☐ Interferes with skill acquisition or other activities ☒ Is a risk to the health or safety of self

*Name of behavior* 7. **Unsafe social behavior (verbal aggression)**

Frequency: Data for the last 11 months indicates that this behavior has occurred 123 times (ranging from 3 to 23 times in a month)

Context: Mostly at home, occasionally in the community, can occur any time, with anyone, during any activity, depends more on her inner mood and thoughts

Duration: Can be intermittent throughout her day.

Intensity/severity: This behavior is typically not severe, but it usually leads to more challenging behaviors.

☒ Interferes with community or social participation ☒ Threatens the safety of others or infringes on the rights of others
☐ Interferes with skill acquisition or other activities ☒ Is a risk to the health or safety of self

*Name of behavior* 8. **Undesirable sexual behavior**

Frequency: Data for the last 11 months indicates that this behavior has occurred 82 times (ranging from 2 to 23 times in a month

Context: Community mostly, at home can happen towards staff. On outings, when children are present in area, with staff, any time of day

Duration: This is usually brief in nature.

Intensity/severity: This behavior can be severe, especially in the community. Mary will make sexual advances, gestures, and comments toward others; she will strip and/or expose body parts, etc.

☒ Interferes with community or social participation ☒ Threatens the safety of others or infringes on the rights of others
☐ Interferes with skill acquisition or other activities ☒ Is a risk to the health or safety of self

*Name of behavior* 9. **Use of objects as weapons**

Frequency: Data for the last 11 months is inconclusive on how often this behavior has occurred.

Context: Generally occurs at home but could occur in the community, especially when incident begins at home and then she leaves the site.
Can happen any time of day, people present are staff and other clients, directed towards staff, during any activity when she gets angry at not getting instant gratification.

Duration: This behavior can last for several hours, with Mary taking breaks (usually to eat), then she will re-escalate.

Intensity/severity: This behavior can be severe and has the potential of seriously harming others. Mary will use whatever she can to throw at staff or peers

☒ Interferes with community or social participation ☒ Threatens the safety of others or infringes on the rights of others
☒ Interferes with skill acquisition or other activities ☒ Is a risk to the health or safety of self

*Name of behavior* 10. **Illegal behavior (stealing)**

Frequency: Data for the last 11 months is inconclusive on how often this behavior has occurred.

Home/community: Mary has a history of shoplifting in the community. This behavior can occur more at home, she will try to steal items from her peers and staff if given the opportunity.

Duration: Typically brief in nature.

Intensity/severity: Given Mary's history of shoplifting, this behavior can be severe as it has led to criminal charges being filed against her.

☒ Interferes with community or social participation ☒ Threatens the safety of others or infringes on the rights of others
☒ Interferes with skill acquisition or other activities ☒ Is a risk to the health or safety of self

*Name of behavior* 11. **Suicide threats**

Frequency: Data for the last 11 months indicates that this behavior has occurred 82 times (ranging from 1 to 5 times in a month).

Context: Occurs at home. Occurs any time of day while awake, occurs during bigger episodes including physical aggression, using objects as weapons, property destruction. Usually occurs towards end of the incident when staff have attention focused on her due to violence.

Duration: Threats can occur throughout her day.

Intensity/severity: This behavior has not been severe, even though Mary has made multiple

threats to harm herself. She appears to make threats as a way to get staff's attention and immediate supervision.

☒ Interferes with community or social participation ☐ Threatens the safety of others or infringes on the rights of others
☐ Interferes with skill acquisition or other activities ☒ Is a risk to the health or safety of self

*Name of behavior* 12. **Suicide attempts**

Frequency: This behavior is more likely to occur at home. Data for the last 11 months is inconclusive on how often this behavior has occurred

Context: Occurs at home. Occurs any time of day while awake, occurs during bigger episodes including physical aggression, using objects as weapons, property destruction. Usually occurs towards end of the incident when staff have attention focused on her due to violence.

Duration: A single incident can last for several hours.

Intensity/severity: This behavior can be severe, even though her history shows that most attempts have resulted in superficial scratches or cuts

☒ Interferes with community or social participation ☐ Threatens the safety of others or infringes on the rights of others
☐ Interferes with skill acquisition or other activities ☒ Is a risk to the health or safety of self

*Name of behavior* 13. **Liquid/food seeking**

Frequency: Data for the last 11 months indicates that this behavior has occurred 24 times (ranging from 1 to 7 times in a month).

Context: This is more likely to occur at home and during unstructured times or when she returning from the community and is expecting to have meals.

Duration: Typically, this behavior is brief in nature.

Intensity/severity: Though this behavior is not a serious risk for Mary, it can lead to more challenging behaviors

☐ Interferes with community or social participation ☐ Threatens the safety of others or infringes on the rights of others
☐ Interferes with skill acquisition or other activities ☒ Is a risk to the health or safety of self

*Name of behavior* 14. **False allegations**

Frequency: Data for the last 11 months indicates that this behavior has occurred 4 times (ranging from 1 to 2 times in a month

Context: Typically occurs at home with or without the presence of other clients; Usually occurs towards end of an incident, or during any activity when she gets angry at not getting instant gratification.

Duration: Usually brief in nature.

Intensity/severity: The allegations can be severe ranging from staff calling her names to physical abuse.

☐ Interferes with community or social participation ☒ Threatens the safety of others or infringes on the rights of others
☐ Interferes with skill acquisition or other activities ☐ Is a risk to the health or safety of self

**Contributing medical conditions that may have an impact on an individual's behavior(s):**
Mary has health concerns due to her obesity. Many of Mary's behavior issues are around her food and liquid seeking. Her doctor has her on a low calorie diet, and this has a negative impact on her behaviors. Mary also has a poor self-image, which is evident when she makes fun of others that have weight issues. Other contributing factors are that due to her challenging behaviors she can not be with her family as often as she would like. She misses her family, especially her daughter, which in turn causes her to become depressed and aggressive. Mary's psychotropic medications may also impact her behaviors.

**How the mental health diagnosis manifests in the individual:**
Mary can display anger, aggression, and a disregard for rules. She will display disruptive behaviors quite impulsively. She will act out before thinking it through. Mary will display high-energy almost

manic episode that keeps her awake, even when she is extremely tired. She will become restless and easily upset. Mary may have overwhelming feelings of anxiety, self-worth, and suicidal thoughts. Mary has poor social skills and has a difficult time communicating her feelings. She will deliberately antagonize others and lacks a strong sense of empathy or remorse. Mary is very good at manipulation and lying. Her behaviors are often used as a way of testing the people in her environment to see how they will react. They also result from her lack of self-control and she uses them to punish those she feels angry with. Her family history shows a lack of clear boundaries and she does not appear to understand (or value) accepted social norms. Mary's limitations make communication slow and she has little capacity to abstract. Due to Mary's concrete way of thinking; she is unlikely to learn a concept as unclear as emotion identification through simple verbal interactions with others.

## II. Client needs, preferences, relationships

**Needs:**
Mary needs a secure home with magnetic door locks and alarmed windows to keep her safe. She needs a 2:1 in the community. Mary needs clear boundaries established at home, in the community, and with staff. She needs consistency throughout her day. Mary needs to work with staff that has a good attitude and a calmer approach. She needs positive interaction from staff throughout the day. Mary needs to know that staff likes her and cares about her. Mary needs a pica free, quiet area, like her bedroom that she can go to when she is upset. Mary needs to remain on a diet and practice her exercises often.

**Preferences:**
Mary likes to be the center of attention. She would prefer that her staff stay next to her all shift, and talk only to her and not her peers. Mary likes to stay busy at home doing tabletop activities. She likes to do lots of coloring and artwork and craft activities with her staff. Mary enjoys going on outings to the park for a walk. She likes to plan events and attend activities, she likes to go swimming and exercising at home and in the community. She likes to drink flavored water after she has exercised. Mary likes the color pink. She enjoys working and making money. Mary enjoys physical contact and getting hugs (but she does not understand appropriate boundaries) so staff give her high-fives instead. Mary likes the color pink and will choose items such as shirts, pants room décor, hair items, etc. that are pink. She likes to wear and apply her own makeup but at times may not wear it appropriately. She likes a variety of movies including DVD's and cartoons.

**Relationships:**
Mary's said her favorite people to be around are her family members. Her daughter Emma, Debra (mom), Heather and Savanna (sisters), Jim (father), and Shirley (stepmother), are all very important relationships for Mary. She likes to get cards and packages from her family, and visiting with them when she can. Phone contact with her family is very essential to her being happy and having a good day.

**Expressive communication:**
Mary can construct simple sentences. Mary can verbally communicate her wants and needs. She can name things and express her desires. When Mary is happy is social and enjoys talking to her staff and peers. Mary will speak slowly and often has to stop and think about which word to use. She speaks in a low tone and does not always pronounce her words clearly. Staff has had to ask her to speak louder and to repeat her request. Mary does not always make eye contact when she talks. Even though Mary may not always verbalize her thoughts or feelings, assume she understands everything that is being said around her.

**Receptive communication:**
Mary understands most of what others are saying but seems to respond better to staff that approaches her in a neutral, patient attitude. It may take her time to process what has been said to her, so staff should allow Mary time to process requests and information. She can misunderstand what is said to her and may jump to conclusion based on her emotional state.

Mary has problems understanding what appropriate topics of conversations are and needs to learn appropriate social conversation topics especially in the community.

**Communication in distress:**

When Mary becomes upset she becomes hard to understand. She will mumble her words. Mary will cry and the more she cries the harder she is to understand. She sometimes just wails and screams and then it is hard to understand her as well. When she does this she is not speaking just making noise. Mary also has problems understanding what appropriate topics of conversation are. Staff need to model this for her so staff must not engage in questionable topics in front of her. If she begins talking about sexual or harmful topics or becomes threatening staff should cue her that those are not things we talk about and say something like "Let's talk about (appropriate topic) instead".

## III. Behavior definitions

### Behaviors to increase:

*Behavior to increase* 1. **Teaching appropriate social skills** *Define:* Staff teaching Mary manners and how to behave socially at home and/or in the community, throughout the day.

*Data collection:* Staff will put a hash on her data sheet whenever Mary is able to practice better social skills when cued at home or in the community.

*Behavior to increase* 2. **Communication/problem solving skills** *Define:* Staff will encourage Mary to express what she is feeling and try to help her understand why she is feeling that way.

*Data collection:* Staff will put a hash mark on her data sheet whenever Mary is able to express her emotions appropriately when cued.

*Behavior to increase* 3. **Relaxation/calming skills** *Define:* Staff will assist Mary to use calming skills when she is upset. (i.e., deep breathing, self-soothing, exercise, music, coloring, arts/crafts, etc.).

*Data collection:* Staff will put a hash mark on her data sheet whenever Mary is able to calm down when cued.

*Behavior to increase* 4. **Concern form** *Define:* There are times when Mary will become upset and wants to talk to management when they are not available. To help her cope she will be offered a concern form on which she can write down her issues and who she wants to talk to.

*Data collection:* Staff will put a hash mark when Mary has completed a concern form when cued.

### Behaviors to decrease :

***Some have similar or the same "Triggers":*** *Used to support client in learning how to express his concerns in an appropriate manner.*

*Elaborate in first reference similar **"Triggers"** and **"Precursors."** Check box if different and explain.*

**Triggers:**

Mary's triggers are not being able to get in touch with her family by phone, or if she is talking to them and does not want to end the conversation even though the other party needs to go. Mary becomes upset because she wants to see her family and be with them instead of just talking to them on the phone. She misses them and wants to leave to get to them. She wants more attention, or she is bored. She wants to get staff in trouble because they would not do what she wanted.

**Precursors:**
You can usually tell by Mary's body language, her tone of voice, her verbal request to use the phone, her inability to look at you when she speaks to you that she is about to have a problem, she becomes uncooperative with redirection and gets sweaty looking, and breathes a little faster and will cry or become weepy, with a quivering lip when you ask her what is wrong. Once the tears come you know she is truly upset and at this point redirection will be more difficult. She may become harder to redirect, she ignores verbal cues, she starts targeting staff and peers, she will start to talk louder and start using profanity. She is usually engaged in another behavior such as verbal or physical aggression and will make threats of pica to get attention or to try and get her way.

**Setting events:**
Sometimes Mary wakes up edgy and we are not sure why it tends to predispose her to having a tough morning: regardless of phone use. At other times she may be tired and hasn't taken a nap. Mary might be hungry; she did not get the food that she wanted, or seconds on food. Other setting events include wanting more attention or she is mad at staff/peers and wants to get even.

*Name of behavior* 1. **Ingesting non-edible objects**

This behavior involves her swallowing any small objects such as beads, crayons, buttons, clips, etc. when she is upset.

☒ Trigger same first reference ☒ Precursor same first reference ☒ Setting event same first reference
☐ **Trigger different, explain:** ☐ **Precursor different, explain:** ☐ **Setting event different, explain:**

**Data collection**: Staff will put a hash mark on her data sheet for every item she actually swallows. An Incident Report is required, and her doctor will need to be notified.

**Alteration criteria:** Each Occurrence

*Name of behavior* 2. **Placing non-edible objects in mouth**

This behavior includes putting any non-edible objects in her mouth such as paper, parts of toys, buttons, string, etc. when she is upset.

☒ Trigger same first reference ☒ Precursor same first reference ☒ Setting event same first reference
☐ **Trigger different, explain:** ☐ **Precursor different, explain:** ☐ **Setting event different, explain:**

**Data collection**: Staff will put a hash mark on her data sheet for every item she puts in her mouth.

**Alteration criteria:** Occurs more than 6 times in 3 consecutive months

*Name of behavior* 3. **Physical aggression**

☒ Trigger same first reference ☒ Precursor same first reference ☒ Setting event same first reference
☐ **Trigger different, explain:** ☐ **Precursor different, explain:** ☐ **Setting event different, explain:**

**Data collection**: Staff will put a hash mark on her data sheet whenever Mary engages in this behavior in the community or at home. An Incident Report is required for all aggression.

**Alteration criteria:** Occurs more than 15 times in 3 consecutive months.

*Name of behavior* 4. **Self Injury (SIB)**

This behavior includes biting, scratching herself, kicking, or hitting body parts on walls, windowsills, etc., with the intent to cause injury. This can also include - breaking glass or sharp items to cut herself.

☒ Trigger same first reference ☒ Precursor same first reference ☒ Setting event same first reference
☐ **Trigger different, explain:** ☐ **Precursor different, explain:** ☐ **Setting event different, explain:**

**Data collection**: Staff will put a hash mark on her data sheet whenever Mary engages in this behavior in the community or at home. An Incident Report is required for SIB that results in bleeding/injury.

**Alteration criteria:** Occurs more than 12 times in 3 consecutive months.

*Name of behavior* 5. **Property destruction**

This behavior includes grabbing/tearing things, breaking down doors or attempting to break down doors, intentional destruction of her or other's personal property.

☒ Trigger same first reference ☒ Precursor same first reference ☒Setting event same first reference
☐ **Trigger different, explain:** ☐ **Precursor different, explain:** ☐ **Setting event different, explain:**

**Data collection**: Staff will put a hash mark on her data sheet whenever Mary engages in this behavior in the community or at home. An Incident Report is required for all destruction that is significant or the item needs to be replaced.

**Alteration criteria:** Occurs more than 6 times in 3 consecutive months.

*Name of behavior* 6. **Leaving supervised setting**

This behavior includes leaving assigned area without supervision: When Mary attempts or actually leaves the house, work or community setting

☒ Trigger same first reference ☒ Precursor same first reference ☒Setting event same first reference
☐ **Trigger different, explain:** ☐ **Precursor different, explain:** ☐ **Setting event different, explain:**

**Data collection**: Staff will put a hash mark on her data sheet whenever Mary engages in this behavior in the community or at home. An Incident Report is required

**Alteration criteria:** Each Occurrence

*Name of behavior* 7. **Unsafe social behavior**

This behavior includes verbal aggression, yelling, screaming, profanity, as well as intimidation, manipulation, invading personal boundaries or threatening others.

☒ Trigger same first reference ☒ Precursor same first reference ☒Setting event same first reference
☐ **Trigger different, explain:** ☐ **Precursor different, explain:** ☐ **Setting event different, explain:**

**Data collection**: Staff will put a hash mark on her data sheet whenever Mary engages in this behavior in the community or at home. An Incident Report is required for all public incidents

**Alteration criteria:** Occurs more than 15 times in 3 consecutive months.

*Name of behavior* 8. **Undesirable sexual behavior**

This behavior includes stripping/exposing herself, touching a or grabbing at male private areas pinching males, making verbal comments and sexual drawings to males and female peers and staff and giving them to staff.

☒ Trigger same first reference ☒ Precursor same first reference ☒Setting event same first reference
☐ **Trigger different, explain:** ☐ **Precursor different, explain:** ☐ **Setting event different, explain:**

**Data collection**: Staff will put a hash mark on her data sheet whenever Mary engages in this behavior in the community or at home. An Incident Report is required for all public incidents.

**Alteration criteria:** Occurs more than times in 3 consecutive months

*Name of behavior* 9. **Use of objects as weapons**

This behavior includes using objects within the environment to cause injury or harm to others

☒ Trigger same first reference ☒ Precursor same first reference ☒Setting event same first reference
☐ **Trigger different, explain:** ☐ **Precursor different, explain:** ☐ **Setting event different, explain:**

**Data collection**: Staff will put a hash mark on her data sheet whenever Mary engages in this behavior in the community or at home. An Incident Report is required.

**Alteration criteria:** Occurs more than 10 times in 3 consecutive months

*Name of behavior* 10. **Illegal behavior (stealing)**

This behavior includes Mary stealing form her staff and peers, as well as shoplifting in the community.

☒ Trigger same first reference ☒ Precursor same first reference ☒Setting event same first reference
☐ **Trigger different, explain:** ☐ **Precursor different, explain:** ☐ **Setting event different, explain:**

**Data collection**: Staff will put a hash mark on her data sheet whenever Mary engages in this behavior in the community or at home. An Incident Report is required.

**Alteration criteria:** Each Occurrence

*Name of behavior* 11. **Suicide threats**

This behavior includes Mary saying she wants to die or kill herself, but does not act on her threat.

☒ Trigger same first reference ☒ Precursor same first reference ☒Setting event same first reference
☐ **Trigger different, explain:** ☐ **Precursor different, explain:** ☐ **Setting event different, explain:**

**Data collection**: Staff will put a hash mark on her data sheet whenever Mary engages in this behavior in the community or at home.

**Alteration criteria:** Each Occurrence

*Name of behavior* 12. **Suicide attempts**

This behavior includes Mary making actual gestures or attempts indicating her intent to kill herself. Example: threatening to hang herself with the phone cord.

☒ Trigger same first reference ☒ Precursor same first reference ☒Setting event same first reference
☐ **Trigger different, explain:** ☐ **Precursor different, explain:** ☐ **Setting event different, explain:**

**Data collection**: Staff will put a hash mark on her data sheet whenever Mary engages in this behavior in the community or at home. An Incident Report is required for all attempts.

**Alteration criteria:** Each Occurrence

*Name of behavior* 13. **Liquid/food seeking behavior**

This behavior includes engaging in extreme behavior in an attempt to gain access to food.

☒ Trigger same first reference ☒ Precursor same first reference ☒Setting event same first reference
☐ **Trigger different, explain:** ☐ **Precursor different, explain:** ☐ **Setting event different, explain:**

**Data collection**: Staff will put a hash mark on her data sheet whenever Mary engages in this behavior in the community or at home.

**Alteration criteria:** Occurs more than 5 times in 3 consecutive months.

*Name of behavior* 14. **False allegations**

This behavior includes Mary of making false abuse allegations towards providers and peers ranging from allegations of physical abuse and verbal abuse to allegations of sexual abuse with male staff and peers.

☒ Trigger same first reference ☒ Precursor same first reference ☒Setting event same first reference
☐ **Trigger different, explain:** ☐ **Precursor different, explain:** ☐ **Setting event different, explain:**

**Data collection**: Staff will put a hash mark on her data sheet whenever Mary engages in this behavior in the community or at home. An Incident Report is required for all attempts.

**Alteration criteria:** Each Occurrence

## IV. Behavior functions

**Behavior chains / response classes:**

Mary usually has an escalation chain that involves her building up rather quickly. She will engage in food seeking behavior and that can lead into verbal/ physical aggression. As she escalates she will engage in more behaviors, such as SIB, property destruction, undesirable sexual behavior, and use

of objects as weapons, etc. If the above behaviors have not received enough attention from others she will put non-edible objects in her mouth or threaten suicide. Most of Mary's challenging behaviors are in the same class response and serve the same purposes.

**Function of behavior(s):**
These behaviors appear to be a function of her mental health diagnosis. Mary will act out negatively when she has real or perceived issues that are unresolved. Any or all of these behaviors may be Mary's way of testing to see if others care enough about her to intervene and prevent her from injuring herself. They may also serve to provide her with an excuse or a way to avoid activities. In the community these behaviors may serve as a way of forcing third party intervention such as the police. Mary appears to want to be "rescued" by others and will often seek help from passers by during a behavior. Given her history Mary may want to know that others will intervene if she is truly being victimized. They may also serve the following functions:

**Ingestion Non-Edible Objects/Placing Non-Edible Objects in her Mouth, Physical Aggression, SIB, Property Destruction, Unsafe Social Behavior (Verbal Aggression): Undesirable Sexual Behaviors, Use of Objects as Weapons, and Suicide Threats/Attempts:**
Mary uses these behaviors to communicate her frustrations, as well as a way for her to control others in her environment. These behaviors are possibly because she has difficulty expressing her emotions and this may have been a successful strategy in the past for getting attention from staff, getting interaction with others, or possibly a form of self- expression however negative.

**Leaving supervised setting:**
This behavior functions as a way for her to get to her family by any means possible. She believes she can walk to her mother's house and when she gets upset, angry or misses her family. In the past, any time she has attempted to leave it has been with the intent to go to her mother who lives hundreds of miles away. Mary has difficulty with emotional regulation and this makes it tough for her to handle her feelings when they arise.

**Illegal behavior (stealing), Liquid/food seeking behavior:**
Mary uses these behaviors as a means to obtain more of the things she wants. She will use this behavior to get back at her peers, especially if she is jealous of them.

**False allegations:** This behavior functions as away to get back at her staff especially if she thinks that they did not give her something she wanted. It may occur as a way to vent frustrations with others, or her environment.

**Functional alternatives to behavior(s):**

**Ingestion non-edible objects/placing non-edible objects in her mouth, Physical aggression, SIB, Property destruction, Leaves supervised setting, Unsafe social behavior (verbal aggression), Undesirable sexual behaviors, Use of objects as weapons:**

**Teaching appropriate social behavior:**
Staff should always model appropriate behavior at home and in the community. Staff can be courteous saying "please," "thank you," and "excuse me." Staff should encourage Mary to also say "please" and "thank you" etc. This can be done by incidental training as the situation applies. Staff will also provide ways for Mary to learn and practice her manners at home and in the community. Staff will provide examples of what good manners might be exhibited in the community prior to an outing. Staff will give Mary positive recognition when she is appropriately interacting with others. Staff will also teach Mary to respect people's personal boundaries, and personal property.

**Communication/problem solving skills:**
Mary is verbal but she lacks the ability regulate her emotions and to work through problems. Support Mary in learning to express her emotions appropriately. Staff can cue Mary to communicate her needs and what the problem may be. Mary can collaborate with staff on boundaries, responsibilities, and get support from staff to find a resolution. Mary does better with staff that has a

firm but gentle tone of voice. If she is missing her family, staff can cue her to write to them, send a card, or call them to talk.

**When problem solving with Mary discuss the following:**

- What is the problem? Encourage Mary to talk about why she is upset. Stick to the facts. Allow Mary the opportunity to vent her anger/frustration verbally but always take it at her pace: do not force the discussion unless she is ready and willing.
- Validate her emotions. Example: ("I can tell that you are upset because you miss your daughter. You must be very frustrated that you can't see them as often as you'd like").
- What would she like to see done to resolve the problem? (Explain that this is just an idea: the resolution will not always be what she would like). Reassure Mary that you are "here to help her" and that "she is safe."
- Having a calm tone of voice and flat affect. Do not raise your voice or speak too authoritatively because this will make her become defensive and react defensively.
- Mary does not like to hear the word "no" so offer her choices rather than demand or instruct her to do something else.
- What could she do right now to stay calm and continue with her day until the problem can be solved? (i. e., calming strategies or participating in another preferred activity, etc.).

**Other tips for problem solving with Mary include:**

- Modeling coping skills for stress (i.e., taking deep breaths, and asking her to do the same with you).
- Displaying a non-threatening posture (i. e., anchoring hands and maintaining a physical boundary).
- Utilizing non-verbal communication (i. e., making eye contact, etc.).

**Suicide threats/attempts:**

**Relaxation/calming skills:**

Calming strategies should be used to teach Mary appropriate ways to communicate her need to relieve anxiety and to calm.

a. Mary should be encouraged to take a deep breath when she is becoming escalated. Staff should model calming behaviors with her. For Example: Staff can take a deep breath and ask Mary to take a deep breath with you. Staff should have a calm voice and flat affect.
b. If Mary is open to trying some relaxation techniques staff should cue her to take 10 deep breaths. If this is not effective staff should cue her to try muscle relaxation. This can be done by having her tense each muscle group, and then systematically relax each muscle group.
c. Other calming strategies include: writing in her journal, listening to music, taking a shower, etc. Staff will give Mary recognition and praise whenever she is able to use her calming skills versus acting out emotionally or physically.

**False allegations:**

**Concern forms:**

Many times Mary will have issues that she wants immediately attention, however she may want to speak to the Site manager, BVS2, or BVS1 but they are not available. At these times, staff can help Mary with her issues by helping her complete a concern form. Staff can validate her feelings, and ensure her that the concern form was left for the persons in question to review. Many times, this will help her to calm down. It is also a good opportunity for staff to try to build a bond of trust with her.

**Incentive plan:** ☒ **Not applicable**

## V. Proactive strategies

**Supervision levels (general)**

| Check if applicable | Awake: Bedroom | Asleep: Bedroom | Bathroom | Kitchen | Living / Dining Room | Laundry Room | Yard | Stores | Parks | Restaurants | Crowded Community Events (fairs) |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Not allowed in room | ☐ | ☐ | ☐ | ☒ | ☐ | ☒ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 3 - feet | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☒ | ☒ | ☒ | ☒ | ☒ |
| 10 - feet | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| In the same room | ☐ | ☐ | ☒ | ☐ | ☒ | ☐ | ☐ | ☒ | ☒ | ☒ | ☒ |
| Visual contact at all times | ☐ | ☐ | ☒ | ☐ | ☒ | ☐ | ☒ | ☒ | ☒ | ☒ | ☒ |
| 15 – minute visual checks | ☒ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 30 – minute visual checks | ☐ | ☒ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Hourly visual checks | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Check visual every 2 - hours | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Other: | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

**Supervision levels (other):**

| Check if applicable | Other: Dances | Other: | Other: | Other: | Other: | Other: | Other: | Other: | Other: | Other: | Other: |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Not allowed in room | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 3 - feet | ☒ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 10 - feet | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| In the same room | ☒ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Visual contact at all times | ☒ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 15 – minute visual checks | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 30 – minute visual checks | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Hourly visual checks | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Check visual every 2 - hours | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Other: | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

**General staff interaction guidelines:** Staff must always remember that this is Mary's home and we are here to assistance and enhance her life. We must always treat her with respect and dignity. Always follow Mary's staffing expectation sheet. This is kept in the front of her residential and community program book.

1. Staff has the responsibility to change or modify their behavior to best fit and work with Mary. Staff must leave their ego behind and have genuine empathy (understanding).

2. Staff should not enmesh themselves in Mary's life (i. e. being overly involved, a rescuer, aligning with her against other staff, trying to solve all her problems). Staff should not have a punitive approach (i.e.

sarcastic, judgmental, angry, condescending, or hostile, etc.). Staff should strive to be nurturing (i.e. constant, consistent, calming, and compassionate, etc.).

3. Staff needs to inventory Mary's clothing and toys. Mary should not have clothing with buttons, ribbons, etc. Mary's toys or stuffed animals should not have plastic parts on it that can be removed, such as eyes, bows, etc. Mary will put these types of items in her mouth (example: she has ripped out the under wire in her bra, she removed interactive parts from a musical card and another time pulled off the reflective stones from a decorative frame and put them in her mouth during a behavior). Mary can have two stuff toys in her room, pictures with no frames.

4. Staff should take time to initiate contact with Mary often throughout the day. Mary should be offered as many choices as possible throughout the day in order to meet her need for increased independence. She enjoys coloring, clay work, and watching TV cartoons. She seems to want staff to do these things with her or at least get her started and stay in the area. Mary also enjoys working simple math problems on paper. She likes walks, parks, shopping and animals. We will work these things into her day program as much as her behavior will allow.

5. Mary will be assigned a primary staff. All redirection and cues should be by her primary staff. If she asks another staff questions, they should cue her back to her staff. While in the house staff must be with her in her living area at all times. If the staff with Mary needs to leave the area they will wait until the other staff arrives before leaving. Both staff will carry an emergency buzzer with them at all times during their shift. The staff in Mary's living area will carry the emergency buzzer transmitter and the other staff will carry the receiver. This will be used to signal an emergency which requires immediate response. The staff receiving the message will respond by going to Mary's area without delay.

6. Mary seems to respond well to a highly structured environment. Mary needs to have consistency with her staff and her daily activities. She needs to be kept busy throughout her day and have a variety of things to do that will keep her motivated. Make sure that we offer her lots of choices of activities, especially when she is at home. Staff must monitor all craft activities due to possible pica issues. However, any use of scissors should be closely supervised and the scissors locked up at the end of the activity She will often give her pictures to staff that she wants to have them.

7. Staff will not get into a power struggles with Mary, especially if it involves a request. If it is not possible for staff to honor her request, staff will simply explain to her why it can't not happen and then help her to move on to another activity or subject more pleasing.

8. Mary enjoys teasing others. If Mary is in a playful mood and begins teasing, staff needs to help Mary remain appropriate. Staff needs to establish clear boundaries with Mary. Mary likes to get a hug from staff and if staff is uncomfortable with that they should let Mary know and they can offer her a high-five instead. Staff should consistently follow their boundaries for each client so Mary does not become jealous of her peers. It is best policy not to make promises to Mary. If you promise to do something and it cannot follow through on that promise, you will have seriously compromised your credibility with Mary.

9. If Mary wants to talk to her staff, sit in a quiet area and talk to her. Use active listening skills so she knows that you understand what she is trying to communicate to you. Explain things to Mary in specific terms that she understands. She often responds better to having one person speak with her as opposed to having several people telling her what to do. If you cue her too much or have too many staff in the area she often escalates to a point where staff are unable to redirect her. Staff should not dwell on Mary's past bad behavior, let it go and move forward, if you don't Mary can't.

10. Staff should constantly scan the area for things that Mary could put into her mouth. Staff should make sure that small objects such as coins, batteries, caps, and pens, etc. are kept secure due to the risk of pica.

11. Staff should keep their conversations under control. Staff should not talk about their personal lives in front of Mary. If staff has a disagreement with another staff, they should never talk about issues in front of Mary. Staff needs to be modeling appropriate conversations.

**Community Access:**

1. Staff will follow Mary's staffing expectations at all times. Mary requires a 2:1 whenever she is in the community. Staff needs to maintain close supervision in the community, due to her negative behaviors. Staff should constantly scan the area for things that Mary could put into her mouth and pick them up before she sees it (home and community).

2. As Mary has issues with mailboxes and inappropriate interactions with neighbors we will not start walks from the house. If Mary wants to go for a walk staff should take her to a non-residential, un-crowded area.

3. When going on an outing or doing an activity, make sure you give Mary a time frame, example: We are going to the store we will be gone an hour. She likes to know what is happening and what to expect.

4. Staff will rehearse with Mary where she will be going and what she will be doing. When Mary goes to stores staff should inform her of where they are going and what they are doing. At no time should Mary have coins to carry, due to the potential of pica.

5. If they are going to make a purchase then staff should let Mary know exactly what they are going to purchase before they even get to the store. If Mary misses an outing due to behavior she will need to resubmit following the outing request guidelines.

6. Staff should remember that when going to appointments it is best to remind her she can have pop on the way home (either a drive through or store depending on her behavior). They should also plan her outings so Mary is returning home at mealtime.

**Outings may vary depending on what behavior she has engaged in and will be as follows:**

Mary will need to be free of all negative behaviors and precursors before going out of the house. After a challenging behavior has occurred the first and second outings will be limited to drive through. The third outing should be to a non-crowded park or area where she will have limited contact with the community. After three successful outings and no more behaviors Mary will be allowed to return to her normal activities.

- For unsafe social (verbal aggression) or illegal behavior (stealing) Mary will need to exhibit 2 hours of calmness with no negative behaviors or pre-cursors to negative behaviors.
- For physical aggression where injury has not resulted, threats to leave the supervised setting, and/or SIB, or undesirable sexual behavior Mary will need to have 4 hours of calmness with no negative behaviors or pre-cursors to negative behavior.
- If Mary engages in physical aggression that results in injury to others, makes an attempt at property destruction, makes an attempt leaving the supervised setting, uses objects as weapons, suicide threats, or places a non-edible object in her mouth, her outing will be on hold for 8 hours. Staff will check on Mary every ½ hour for the next 8 hours.
- If Mary makes an attempt at suicide; her outings will be on hold for 24 hours. Staff must conduct a 24-hour safety watch. Staff must check on Mary every 15 minutes for the next 12 hours, and every ½ hour for the next 12 hours (for a total of 24 hours).

**Note:** At any time management has the option to put outings on hold if it appears that she is being unsafe or could pose a danger in the community.

**Community restroom procedure:**

1. Staff should cue Mary to use the restroom before she leaves the home. The goal is to try to reduce the need to use a restroom in the community.

2. Before leaving the home, the staff should mentally plan the outing including identifying public restrooms that are along the route.

3. Before Mary can use the restroom staff must check the restroom for potentially dangerous material that she could possibly try to ingest or place in her mouth.

If Mary is accompanied by male staff, a single occupancy restroom will need to be identified and used. The male staff should be posted at the restroom door with the door closed to allow for privacy. Staff should not allow anyone to enter until Mary is out of the restroom.

If Mary is accompanied by female staff, then staff will enter the restroom with her and provide supervision. If Mary needs to use the toilet in the enclosed stalls, staff will post themselves outside the stall door with the door closed to allow for privacy.

**Outing requests:**
Mary will need to submit outing requests for all outings. These forms need to be submitted in advance and must be approved by the site manager. Staff will help Mary to complete outing request. Outing request should include Mary participate in community activities that include peers of her own age group. Staff assisting Mary with submitting outing requests should encourage her to make healthy food choices and follow her diet by helping her to select restaurants that have reduced calorie items (i.e. Subway instead of McDonalds). Use menus for these restaurants to select items and write what she is going to get on the outing request. Mary will need to identify what she will be purchasing on the outing request form. When she gets to the store, she is only to purchase what it says on the form. If Mary wants another item or something other than what it says on the form, staff will inform her that she can fill out another outing request form for that item when she gets home.

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**Other:**

**Dietary Guidelines:**

**Diet:** Mary is on a strict 1800-calorie diet as prescribed by her physician. Mary has no texture modifications to her food however; staff should assist in cutting her food into pieces no more than 1 than 1 square inch. If possible use smaller plates. This makes the portions appear larger. Mary likes her food hot so it may be necessary to re-warm her food in the microwave. However, Staff will heat her food up one time for .30 seconds, however if for some reason she leaves the table to go to her room or the bathroom, staff can heat up her food again for another .30 seconds**.** If Mary is still not satisfied with her initial meal she may have a salad with fat-free dressing. The salad should have no pasta, meats, or anything other than vegetables.

**Snacks:** Mary has 4 snack times. It is important to keep the scheduled snack times to prevent power struggles over food. Her snack times are 10 am, 3 pm, 8 pm, and 9 pm. Her snacks should not exceed 50 calories. Communicate with other staff, as she will try to manipulate staff into an extra snack. DO NOT GIVE MARY FOOD OUTSIDE OF THE SCHEDULED TIMES AND / OR EVENTS. Staff should always encourage Mary to avoid concentrated sugars such as candy, regular pop, cookies, etc. Use a sugar substitute when available for outings plan ahead with Mary and choose restaurants that offer healthy food choices and if possible discuss what you will order. Staff should model by choosing healthy foods.

**Exercise Program**
Mary has an exercise program to assist her with weight loss and has been doing this on a fairly regular basis. When it is time for Mary to exercise staff should present this in a positive and fun manner in order to encourage and motivate Mary. She will have a bowl with several exercise options written on slips of paper. She will draw a slip each day to determine what activity she will do for the day. If staff cue her to exercise and Mary refuses staff should give her some time and try again later and/or possibly have a staff that has been successful in getting her to exercise in the past try to help. She receives flavored waters for exercising only.

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**Hygiene Guidelines:**

Mary's hygiene supplies are kept locked at all times. Mary will ask staff for access to her hygiene supplies. Mary must remain outside the bathroom door whenever staff unlocks the drawers due to her grabbing her peers' personal items. Staff must closely supervise Mary when she is using her hygiene products. Staff will give Mary small med cups to put in her mouthwash, shampoo, conditioner, and body wash. Staff must lock the hygiene drawer before they leave the area.

**Kitchen/Laundry Room Guidelines:**

Mary is not permitted into the kitchen, laundry room, or office due to health and safety issues and the potential risk of injury. Staff are to insure that the kitchen and laundry room doors are always shut and locked. If staff are in the kitchen the door is to be locked at all times. At no time should the kitchen, laundry room, or office door be open for Mary to enter. She should be no closer than 5 ft. of the kitchen door at anytime, especially if you are trying to open it for any reason.

**Media Guidelines:**

Mary currently has no media restrictions, however, historically if shows that watching movies or shows that have a lot of violence, and/or sexual scenes, has had a negative impact to Mary's moods and behaviors toward others. Therefore, she should not watch or listen to any media in the common area of the home that contains nudity, sexual intercourse, or excessive or unnecessary violence. Mary should not listen to any music in the common area of the home that contains explicit language or lyrics that are sexual in nature. Staff should evaluate the movie/shows/music for content before letting her watch it. All movies, shows, and DVDs should be of a therapeutic nature and should accentuated positive feeling for Mary.

**Telephone Guidelines:**

Mary has a close relationship with her daughter Emma, her mother, her sister, her dad and her stepmother. Mary calls her family on a regular basis and likes to be involved in their lives even though they may be a distance away. Mary will have phone access to make long distance calls to her family to prevent power struggles.

- Mary can make 3 calls each day approximately 10 minutes for each call. If no connection is made the call will not be counted against her 3 calls. Mary can call her family at the pre-requested times. Please see the list in Mary's residential book. Phone numbers will also be on the list in the book.
- Mary needs to use her phone card to make these calls, and she may leave messages each day to each of these people, but she is only to have actual conversation with family/friends for a total of 30 minutes a day.
- A log of these calls would be made in the phone log as well as Mary's progress notes in the residential book. Please make a note of all messages left as well as actual conversations that take place between family friends and Mary.
- Be prepared that Mary usually has issues after conversation with her mom and sometimes family. Please make a detailed note in the progress notes about what those issues may be and if it becomes behavioral please give us a good clear picture of what that looked like
- Mary has also been known to display the following behaviors in regards to the telephone: chronic and persistent demands for the phone (even if she just used it), property destruction, threats to hurt staff or self, attempting to leave assigned area, verbal aggression, and physical aggression or suicide attempts or threats.
- Mary's phone usage is contingent on her behavior. If Mary displays any negative behaviors in regards to the telephone, staff is to remind Mary that her behaviors need to be appropriate to use the telephone. She will need to display appropriate behavior for 30 minutes and agree to the appropriate telephone usage rules before using the telephone.

Prior to Mary using the phone, staff to review the following appropriate telephone usage rules with her:

1.) Mary to ask appropriately to use the phone.
2.) Mary will only call family during designated times (as requested by her family).
3.) Staff to dial the telephone for Mary then hand her the receiver only (in the past, Mary took the telephone into her room and called 911).

4.) Mary will use her calling card for all long distance phone calls.
5.) Uses the telephone receiver with staff supervision in the living room or dining room only.
6.) Mary agrees to hand the telephone receiver to staff as soon as she has finished her call.
7.) Mary's behaviors needs to be appropriate for at least the 30 minutes before making a scheduled call to her family.

**Visitation/ Family Gifts**

Mary will have no visitation/visitors without prior approval from management. Mary lived at home with family members a good majority of her life. Her family life has been unstable even prior to placement. She has ongoing contact with her mother, father, sisters, and daughter. Mary send lots of packages and other items to her family, she obviously cares for them. However, Mary will give them any of her personal items and they will unfortunately take them. She gave her mother her digital camera that had been purchased the month before. Her mother said that she would return it, but after several phone calls she still hasn't returned it.

Therefore the following has been put in place: Mary may give her family, on visits or in packages, personal items that have a value of 10.00 or less. The exception to this is items that have been purchased specifically for an individual, most often her daughter Emma. Those purchases are usually approved via "outing slips." Always keep in mind that her family will take anything that Mary offers regardless of the value. Any items that are valued over $10.00 will need to be approved by the ISP team. Staff cueing Mary that the transaction needs to be approved by the ISP team should be sufficient. However if she persists then contact the Site Manager who will then speak with the family. If, for any reason you are unable to avoid the exchange then contact the Site Manager.

Any items that Mary's family brings her need to be in compliance with her program (ISP, BSP, Protocols, etc.). If they offer items that are not within the guidelines of the program then tactfully acknowledge that by cueing Mary "Is that something that you can have here?"
Do not press the issue. If they insist, just place the item in the office when they leave and leave a note for the SM. The ISP team will review it and/or approve it later.

## VI. Reactive strategies

**Room Checks:**

1. Staff will complete her room checks are to be completed 3 times daily-one time on day shift and two times on swing shift (One at the start of swing shift and one at the end of swing shift).
2. When doing Mary's room checks staff will be careful with her personal belongings and re-arrange her belongings appropriately. Staff will look for potentially dangerous materials, as well as looking for items that she may have stolen from staff/peers or in the community.

a) If Mary has taken an item from staff or peers, or staff observes Mary with an item that is clearly not hers, staff should ask her about the item in question. Staff can ask her staff or peer if they are missing anything. If they say "yes" then staff should ask Mary to return the item. If Mary complies with request staff should acknowledges her and say, "thank you." If Mary denies that she has taken the item or refuses to give the item back to the staff or peer. Staff will remove the item(s) from her room. Staff should try to avoid a power struggle with her. Staff should simply end the conversation, notify the site manager of the incident and record a mark on her data sheet for stealing and complete an IR.

3. Examples of places to search include but are not limited to: under her bed, between her bedding, under her mattress, containers, toys, etc. (most of Mary's personal belongings should be locked in her closet due to the nature of her challenging behaviors and potential pica).
4. Staff must remember to put their signature and title in the appropriate box each time after a room check has been completed.

**Pain:**

Recently there have been several incidents with Mary where she has become upset and engaged in maladaptive behavior and it was later found that she was experiencing tooth pain or other pain such

as headaches. It is possible that many of her behaviors may be triggered by her experiencing pain and being unable to effectively communicate this. As a result, when Mary begins to engage in her mal-adaptive behaviors or begins to show signs of agitation staff should ask Mary if she is experiencing any pain. If she is staff should give her the appropriate PRN pain medication for her complaint. This will hopefully help us to avoid some of her behavioral issues.

**General reactive strategies:**

- Before behavior problems occur staff should be responding to Mary's request in a polite and positive manner (i.e. can I have a snack, will you color with me, or can I have my food heated, etc.). Staff's appropriate interaction can and has made a difference in dealing with Mary's difficult behaviors.
- At times, Mary is responsive to singing (e.g. the "hokey-pokey"). When Mary begins to show her precursors, staff can attempt to engage Mary in singing.
- It is important to remember to not focus on Mary's maladaptive behaviors. That is, staff should not cue Mary to stop doing something (e.g. Get off the table, etc.).
- Though we want to encourage Mary to utilize her problem solving and relaxation skills to move through issues that are concerning her, encouraging her to use these as she escalates is not always appropriate. If Mary begins to use these techniques, staff should provide positive reinforcement and support her in using them.

**Community:**

When planning an outing it is best to schedule it so that you are returning at meal time. If you cannot do this make sure you have an activity Mary enjoys for when she gets home. Before leaving make a point of discussing with Mary what you will be doing after the outing, either a meal or activity.

If Mary begins to ignore cues or starts to act out staff should remind her about the planned activity at home. Do not focus on her negative behavior but encourage her to go home so you can eat/do activity.

**Placing non-edible objects in her mouth, Physical aggression, Property destruction, and Use of objects as weapons, Self injury (SIB):**

**Staff response:**

- Staff should remove any items that she can break or that can cause a threat to health and safety.
- If she has an item in her mouth staff will simply say, "When you are finished with it you can put it on the floor/table." Staff will not raise their voices or show any emotions at all. Staff will cue her peers away from the area. Staff will place themselves in position to keep her peers safe. Staff will be close enough to intervene, but only if necessary.
- Staff will proactively disengage from Mary. This means that Staff will stop talking to Mary, but they will maintain supervision. Staff will be present with Mary and use active listening techniques.
- If Mary continues to escalate, staff can redirect her to her next scheduled activity. In doing this, staff will want to focus on not cuing Mary to stop what she is doing, but rather redirect her to what activity is next. In doing this, staff should say, **"Mary, Let's get off the table and work on your crafts (or next scheduled activity)."**
- If Mary continues to escalate, staff can encourage Mary to go to her room. Mary's room is her safe area and staff can ask her to go into her room where she can engage in calming skills to relax or a preferred activity of her choice. Staff will give Mary praise if she agrees and removes herself from the stimuli's.
- If she does choose to go to in her room, staff will check on her to make sure she is doing okay and not engaging in maladaptive behaviors. Once Mary appears calm you can resume normal staffing expectation guidelines for Mary.
- If Mary refuses to go to her room and/or is cussing or threatening to hurt herself, Staff will maintain close supervision but they do not need to stand right next to her. Staff will be

close enough to intervene if necessary.

- **If at any time Mary threatens to bite or harm herself, staff will remain calm and will not intervene unless she has caused an injury or bleeding.**
- If the situation is not conducive to the other strategies previously described or if it does not seem likely that she will respond; staff can simply acknowledge that she seems upset about something. Staff can offer to talk when she is ready, and monitor her (while keeping a close eye on Mary, maintaining their distance and protecting others as necessary).

***Note:*** *Staff must not be alone with Mary at any time. If she needs assistance in her bedroom or the bathroom, etc. 2 staff must be present.*

**Leaving supervised setting:**

Staff must also be sure that all gates in the yard are securely locked before she goes outside, and before she re-enters the home after an outing, staff will re-check the home to see that all internal doors are secure. Oak Street is equipped with magnetic locks, alarmed windows, and fences around the premises. **If Mary attempts to climb out of her bedroom window into the yard:**

**Staff response:**

- Staff will need to immediately respond whenever Mary's window alarm is activated.
- Staff will redirect Mary to her next scheduled activity. Staff will do this by saying, **"Mary, let's move away from your window and watch a movie (or next scheduled activity)."**
- Staff will encourage her to stay in the house (but will not physically prevent her from exiting, as this would be even more dangerous).
- Staff will increase supervision.

**If Mary actually leaves staff supervision at Oak:**

**Staff response:**

- Staff will immediately cue her back to the house.
- Staff will carry the cell phone and call the house for additional staff support.
- If Mary is ignoring staff cues; staff will need to intervene to keep her safe (implementing crisis strategies).

**If Mary is missing from the home:**

**Staff response:**

- Staff will complete a thorough search of the home premises.
- Staff will notify the site manager that Mary is missing.
- Staff will then notify the Program Manager and the police that she is missing.
- If Mary is not found within 15 minutes, staff will need to notify the case manager and her guardian.

**If Mary is missing in the community:**

**Staff response:**

- Staff are to call 911 and call the house for additional staff support.
- Notify the Site Manger and the Program Manager.
- Continue to search the area in which she was lost.

**Unsafe social behavior/ Undesirable sexual behavior:**

**Staff response:**

If Mary is talking to her peer or staff in a way that is not appropriate, staff can redirect her to a more appropriate conversation topic/activity. For example, **"Mary, let's end this conversation and talk about_____."** Staff can encourage Mary to use her appropriate social behavior. If she is in the community, cue her to return to the vehicle and if she continues return to the home. If Mary is at

home, staff can encourage her to go to her room and let her know that you are there to talk to once she is calm.

**Illegal behavior (stealing):**

**Staff response:**
Staff should be aware of Mary's whereabouts and actions at all times. All staff personal belongings should be kept in their vehicles or locked in the office. If Mary is in the community and engages in shoplifting, staff will cue Mary to put the item back and suggest to her that they put in an outing request for the item upon returning to the house. If Mary does not follow staff cues, the outing will be terminated and Mary will be returned to the house immediately.

**Suicide (threats/attempts)**

Staff is to quickly assess the degree of risk using the following criteria:

Does Kim report that she is going to harm herself?
Does Kim have a plan for hurting herself?
Does Kim have the means (immediate access) to carry out this plan?

Examples:

**Low risk:** Kim reports she's going to kill herself by jumping off a bridge as she's standing in the kitchen. See Threats section for response.
**Moderate risk:** Kim reports she's going to swallow something. While she does not have access to the PICA item, she may have some items hidden in her room. Go to Crisis section.
**High risk:** Kim reports she is going to cut herself and she has a sharp piece of broken glass in her hand. Go to Crisis section.

Staff will maintain constant supervision. However, due to Kim's need for attention no more than 2 staff should be observing her, unless it becomes necessary for more staff to be involved.
Staff will proactively disengage from Kim. This means that Staff will stop talking to Kim, but

they will maintain supervision. Staff will be present with Kim and use active listening techniques.

If Kim continues to escalate, staff can redirect her to her next scheduled activity. For example, staff should say, **"Kim, let's put down the sheet and have lunch (or next activity)."**

If the situation is not conducive to the other strategies previously described or if it does not seem likely that she will respond; staff can simply acknowledge that she seems upset about something. Staff can offer to talk when she is ready, and maintain constant supervision.

**Liquid/food seeking behavior:**

**Staff response:**
Staff would need to cue Mary to make good choices, and encourage her to be healthy. When working with Mary staff should provide positive reinforcement to Mary when she does make healthy choices and should provide Mary with positive encouragement for the weight that she has already lost. Mary is on strict diet orders from the doctor and these orders need to be followed consistently. Staff needs to give Mary only the portions listed on the menu and will need to note any substitutions. If Mary does not follow her diet orders for any reason (including going out to eat) staff would need to circle her diet order on the MAR and document on the back of the MAR the reason that she did not follow the order.

**False allegations***:* Staff will treat all allegations of abuse as serious. They will respond to Mary in a flat effect and simply ask her what happened. Do not agree or disagree with anything see says. Complete a detailed Incident Report and notify the Site Manager.

## VII. Crisis strategies

**General:**
Due to Mary's size one person PPIs (except Belt Shirt) are not recommended. It is unlikely staff can get their arms around her without restricting her breathing. Mary will attempt to injure staff while in a PPI. She hits, kicks, spits and bites while in a PPI. If a third staff is available it is helpful for them to put a barrier between Mary and staff to prevent her spitting. Staff also need to be aware that Mary can target one side of a PPI while appearing calm on the other side. If she is targeting a particular staff it may be helpful to switch that person out if possible.

During a crisis this is not the time for staff to raise their voices or get into a lengthy conversation. This is the time to keep it SIMPLE: the less said the better to help her calm down. This is also NOT the time to ask Mary to express her feelings.

**Guidelines for removal of items during a crisis:**

If Mary engages in **Ingestion Non-Edible Objects/Placing Non-Edible Objects in her Mouth, Physical Aggression, SIB, Property Destruction, Use of Objects as Weapons, and Suicide Threats/Attempts:** in her house or her room: Staff will need to remove any potential material that will harm her or others and that may pose a risk. At least 2 staff needs to be present to remove dangerous items.

Her room will be locked and she will remain in the main area of the house until she has been without any problematic behaviors for at least two hours.

**Staff will implement the following procedures:**

If Mary engages in **placing non-edible objects** in her mouth**,** her room and her home will need to be cleared of all possible pica items.

If Mary were using items in her room or house to engage in **SIB** those items would need to be removed.

If Mary engages in **property destruction** her room will need to be cleared of all items that pose a safety risk to her or staff.

If she is engaging in **using objects as weapons** towards staff and is throwing/hitting with items in her room or house those items would need to be removed.

If Mary engages in **suicidal behavior** staff will need to clear the room of items that she can use to attempt suicide.

Staff may remove items from her room at her request when she is feeling upset or unsafe.
Once items are removed they should be placed in a locked location until the site manager has reviewed the situation and has given the staff instructions to return the items

Staff will need to complete the SOCP client removal form (located in her residential program book).

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**Program Protective Physical Intervention (PPI's):**

**OIS Approved Protective Physical Interventions (PPI) During Crisis:**
The Oregon Administrative Rules (OARS) define physical intervention as "any manual physical holding of or contact with an individual that restricts their freedom of movement". Before using a Protective Physical Intervention (PPI) staff should concern "What is the worst thing that is likely to happen if Mary isn't restrained right now?" A PPI is to be used only for health and safety reasons, and if absolutely necessary.

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**Staff response:**
Staff will follow the least to most restrictive intervention in order to assure health and safety.

If Mary has become aggressive to the point where she poses a threat to herself or others and non-physical interventions have not been successful, staff can utilize the following PPI's:

1. Staff may utilize a limb capture.
2. Staff may utilize body positioning to prevent her from leaving the supervised setting, or to keep others safe.
3. Staff may utilize an OIS Belt-Shirt for no more than 5-10 seconds, to redirect her if she is trying to escape/run into traffic or keep her from hitting others.
4. If Mary's behavior becomes increasingly unsafe staff may utilize an OIS Backward Escort to the safest area.
5. If it is not possible to use the intervention mentioned above, and the risk of injury to Mary and other is increasing, staff may utilize: an OIS Approved One person One/Two-Arm Support.

***Note**: All 1-person One/Two-Arm Support requires proper height/weight ratio.*
***Also note:** If Mary starts to become aggressive toward staff or peers, or tries to climb on the table, staff will proceed with the following:*

a) If Mary attempts to climb on the table, staff will want to assess the danger of letting her climb it versus physical intervention. Mary typically will climb on the table to break something (i.e. sprinkler system, etc.). Staff may need to clear items from the table and/or ask her peers to move from the area to ensure their safety. Staff should remain close enough to ensure that she is safe in climbing up on the table (**staff will not assist or encourage her to do so).** In many cases, once Mary has climbed up on the table, she will sit/lie down. (The intention is to keep her safe so she doesn't fall and so staff does not get injured in attempting a PPI).

b) If Mary breaks free from staff, staff should back away and attempt to re-implement the PPI. Staff will not get into a conversation with her about her actions. All cues should be short and direct, and only if needed. If Mary drops to the floor, staff will back away and give themselves more space.

c) Once Mary is in her room, staff will close her bedroom door, but staff will maintain supervision audibly with her staff directly in the hall by peers' door. The second staff will be between the laundry room and bathroom door, in case staff have to intervene or re-escort her to her room. (Mary's bedroom should always be bare except for her pictures on the wall and bedding items. All items that have the potential to cause injury should have been previously removed).

d) A third staff will position his or herself outside the hall back door, just in case Mary climbs out of her window. However, staff will stay out of Mary's line of vision--You are to be there only as a back up if necessary.

6. Staff may utilize an OIS Approved 2/3/4 person Standing or Sitting (wall/couch) PPI for safety reasons.

**All Protective Physical Interventions (PPI's) require an Incident Report.**

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**When to Abort the PPI**

If one or more staff are not able to safely control Mary staff need to abort the PPI. They are also required to follow all OIS guideline to monitor Mary's breathing and general health during all PPIs. If she is having difficulty breathing or shows any other signs of distress staff will abort the PPI. Finally, because Mary will attempt to slide down onto her back staff will release once she is on her back and reengage as needed when she gets up. ****Refer to the SOCP's Accessing 911 and Emergency Services guidelines for directions on what to do in an emergency situation and when to call 911.***

**PPI Release criteria:**
If a personal protective intervention was absolutely necessary for Mary and others safety, staff will release her when she can speak or answer questions calmly, her voice resumes a normal volume, she is not breathing in a pressured manner, and she can talk about what she will do upon being

released and/or she says she is ready. Be aware that she will claim to be calm and insist she will be good while in a PPI. If she does this in a raised voice, whining tone , crying or uses profanity she is not calm and will re-escalate when released. Staff will request (and have her repeat) that she will sit down (if in a standing or sitting position at the time of release) for at least one minute. Staff will be available to talk with her and help her to express her feelings appropriately or problem solve, or if Mary does not want to do this, she can resume her normal routine.

## VIII. Recovery strategies

After Mary has had a tough time emotionally or she has exhibited maladaptive behavior (verbal or physical aggression) it is extremely important to try to transition Mary into a better space. Remember when Mary is upset this is not a teachable moment, this is not the time to lecture Mary about her behavior. What she needs at this point is support and any instruction of a verbal nature needs to be done in a coaching voice with a coaching intent, not a pointing out of wrong doings. When she is ready to accept conversation this would be a good time to help Mary verbalize her thoughts and talking about any frustrations she has experienced during the behavior episode. Mary can be hard to understand at times so be patient. It is important to maintain a neutral attitude when interacting with Mary. Remember that Mary does better when she is busy doing things that she likes to do.

## IX. Assessment summary of recommendations:

Mary's 2009 BSP will include proactive strategies to assist Mary in having a good day, along with other strategies to help her work through difficult situations or behaviors. The goal is to help Mary use calming skills to problem solve and work through her stressors, and teaching her appropriate social behavior. The hourly behavior data will monitor and track data on placing non-edible objects in her mouth, physical aggression, SIB, property destruction, leaving supervised setting, unsafe social behavior, undesirable sexual behavior, as well as illegal behavior, liquid/food seeking, and suicide threats/attempts. False allegations do not occur on a regular basis; therefore we will be tracking these behaviors by IR as they occur, as well as in the progress notes/daily log. The ISP team will review the behavior data and incident reports at the monthly reviews or as needed.

## X: Author: John Doe, BVS2

# Appendix A

## Functional Assessment/Behavior Support Plan

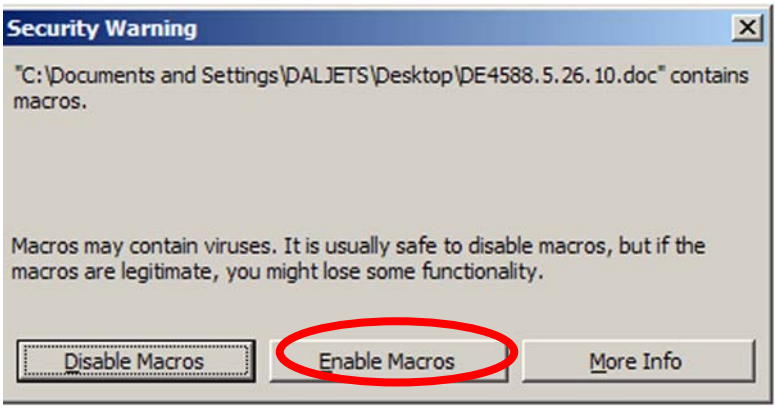
# DHS 4588 FA/BSP Blended Plan

- 4588 FA/BSP User Instructions: Adding Additional Behavior Sections
- 4588 FA/BSP content example
- 4588 Good Day Plan (GDP) example
- 4588 Interaction Guideline (IG) example

Oregon Department of Human Services
Seniors and People with Disabilities
State Operated Community Program

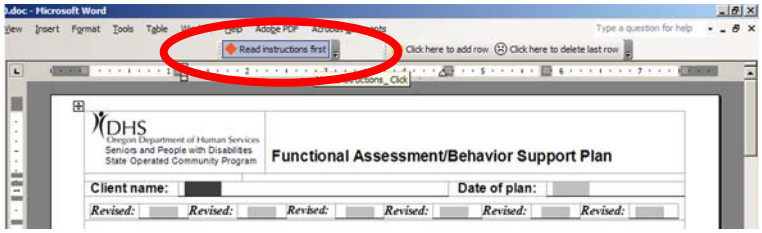
# Functional Assessment/Behavior Support Plan
# User instructions

1). Open DHS 4588 > **Click** > Enable Macros




2).Read the directions

:




## User Instructions

Additional fill-in sections can be created for each of the following using the "View" main menu, scrolling down to Toolbars ▸ and select the desired toolbar.

- Behavior Tool Bar
- Increase Behavior Tool Bar
- Decrease Behavior Tool Bar

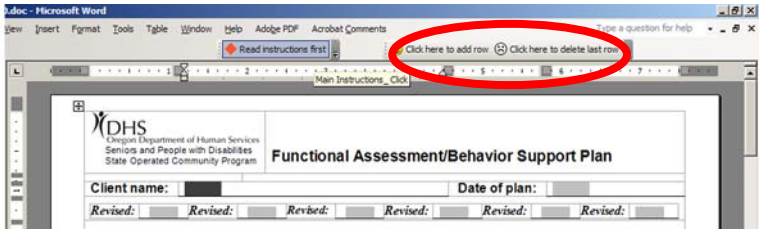
The first two original entries **cannot** be deleted.

**Sequential numbers will need to be added.**

Tool bar window does not print and can be moved or closed at anytime.

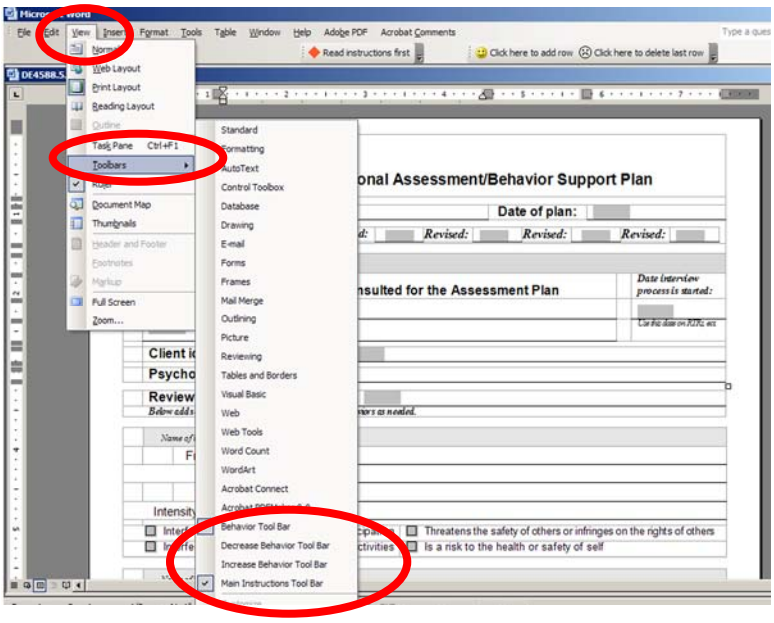
OK

3).“Behaviors” Tool bar may already be visible.



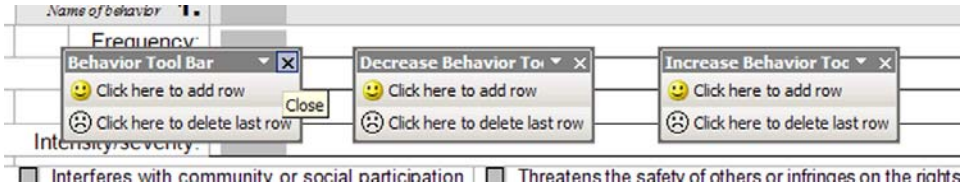

4). **To add additional sections** to “Behaviors to decrease”

And/or “Behaviors to increase”:




5). Select the toolbar for the section you need and the toolbar will appear.

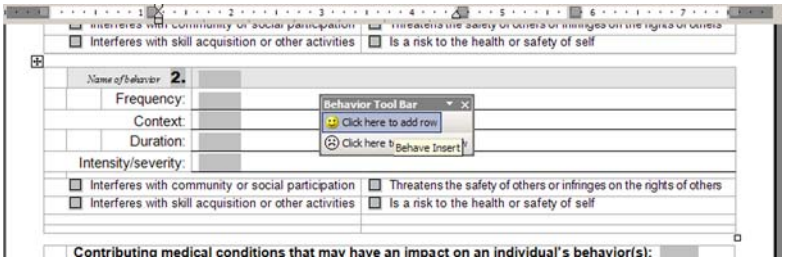
6). **The toolbar boxes can be moved** anywhere on the page and/or closed.



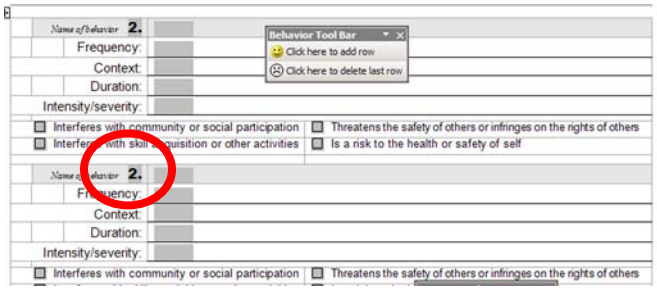
7).**When a new section is required use the corresponding tool box** >

Click to add or delete sections -

remember the first 2 original sections can not be removed.




8). When new sections appears – Sections will not automatically renumber themselves. Click > **type sequential number** > continue filling out form.



DHS
Oregon Department of Human Services
Seniors and People with Disabilities
State Operated Community Program

# Functional Assessment/Behavior Support Plan

FA/BSP Blended Plan

**Client name:** **Mary Smith** **Date of plan:** **6/10/09**

***Revised:*** ***Revised:*** ***Revised:*** ***Revised:*** ***Revised:*** ***Revised:***

## I. Client profile

**Individuals interviewed and/or consulted for the Assessment Plan**

Functional Assessment 05/18/09, Mary Smith (client), Sara Androes HTT2, Rose Miller HTT2, Chandel Schnicker HTT2, Rose Attebery HTT2.

***Date interview process is started:*** 5/1/09
*Use this date on RTRs, ect.*

**Client identifying information:** Mary was born 12/10/1984 in Grants Pass, Oregon. Mary (Likes to be called Mary).
Mary has brown hair and eyes. She weighs approximately 300 pounds and stand 5 feet tall.

**Axis I:** Psychotic Disorder, NOS (by History: Impulse Control Disorder, Adjustment Disorder with depressed mood, Bipolar Disorder)

**Axis II:** Moderate Mental Retardation (WISC-3, Full Scale=40), Adult Antisocial Personality Disorder with Borderline Personality Disorder Characteristics

**Axis III:** Obesity

**Axis IV**: Psychosocial and Environmental Problems

**Psychosocial history:**
Mary's childhood and teenage years were chaotic, due to a highly dysfunctional family life. At age 15 Mary became pregnant with her brothers baby and reportedly engaged in sexual relations with her older brother as well. Following the discovery of her pregnancy Mary was moved to her sister's house where she stayed in a "rather stable environment" from the time her daughter was an infant until Mary turned 18. When Mary turned 18 her parental rights were terminated. Mary's sister (her guardian at the time) was finding Mary's behavior in her home unmanageable at that time so Mary was moved out of the sister's home and she moved back in with her mother. Mary is emotionally dependent upon her mother despite substantiated neglect and exploitation. Mary remains in telephone contact with her sister, who currently has custody of Mary's daughter. Mary has reported that even though she has occasionally drank beer and wine there is no indication that she has a problem with drugs or alcohol and has never been in a substance abuse treatment program.

Mary has had several incidents with the police the most recent are Criminal Trespass II (a class C misdemeanor) and two counts of Menacing (a Class A misdemeanor) and these charges have resulted from the following two incidents: On 12-1-03 Mary allegedly threatened neighbors in her apartment complex by swinging a hammer towards them and approaching them while making stabbing and slashing motions with a knife. She was arrested and taken to Josephine County Jail, where she was booked and released.

About six weeks later Mary trespassed at the Albertson's grocery store across the street from her apartment because she had been harassing another person while on that property. However, after leaving, as instructed, she later returned to the premises and police were called. The officer issued a citation for her to appear in court on Criminal Trespass II and Disorderly Conduct before placing her on a police officer mental hold and taking her to Three Rivers Community Hospital.

Mary and her family became homeless and Mary was found on 2-2-2004 living under a bridge. She was placed in foster care at this time. She was in as many as seven foster care homes, but all placements failed due to Mary's aggressive outbursts. Some of her behaviors included but were not

limited to throwing water on people, trying to break down doors, threatening other residents, threatening to burn down the house and engaging in self-injurious behavior of banging her head on the floor.

Mary was eventually admitted to OSH on 9-23-2004 after Mary's case manager Phyllis Mantle, and Craig Reed MD, advised the court that Mary would not be able to aid and assist in her own defense. This was her first OSH admission. Mary has had previous hospitalizations however at Rogue Valley Medical Center. Over the course of eight months Mary was hospitalized from 2-4-2004 through 2-6-2004…4-23-2004 through 4-26-2004 (Mercy Hospital)…8-29-2004 through 8-31-2004 and then finally 9-5-2004 through 9-7-2004. These hospitalizations were precipitated by her aggressive and self-injurious behaviors in foster home placements. In 2008, she moved to the SOCP Home. She shared one side of the house with a roommate for a short period. The roommate was moved when Mary began targeting her. On April 27, 2009 Mary moved to the SOCP 2nd Group Home.

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**Review of dangerous behaviors:**

***BELOW:*** *In number 1-12 type the Name of the specific behaviors and behavior details.*

| *Name of behavior* 1. | **Ingesting of non-edible objects** |
|---|---|
| Frequency: | Data for the last 11 months indicates that this behavior has not occurred. |
| Context: | When there is too much noise, too many people, reaching a high level of anxiety/mania; Typically occurs when she is alone or has unstructured time. |
| Duration: | This behavior is usually very brief in nature. |
| Intensity/severity: | Mary will put anything in her mouth to get staff's attention; it doesn't matter if it is small or big. This behavior has the potential to cause her harm due to risk of choking, aspiration or bowel obstruction, if she swallows the item. |

☒ Interferes with community or social participation ☐ Threatens the safety of others or infringes on the rights of others
☒ Interferes with skill acquisition or other activities ☒ Is a risk to the health or safety of self

| *Name of behavior* 2. | **Placing non-edible objects in mouth** |
|---|---|
| Frequency: | Data for the last 11 months indicates that this behavior has occurred 47 times (ranging from 1 to 11 times in a month). |
| Context: | When there is too much noise, too many people, reaching a high level of anxiety/mania; Typically occurs when she is alone or has unstructured time. |
| Duration: | This behavior is usually very brief in nature. |
| Intensity/severity: | Mary will put anything in her mouth to get staff's attention; it doesn't matter if it is small or big. This behavior has the potential to cause her harm due to risk of choking, aspiration or bowel obstruction, if she swallows the item. |

☒ Interferes with community or social participation ☐ Threatens the safety of others or infringes on the rights of others
☒ Interferes with skill acquisition or other activities ☒ Is a risk to the health or safety of self

| *Name of behavior* 3. | **Physical aggression** |
|---|---|
| Frequency: | Data for the last 11 months indicates that this behavior has occurred 82 times (ranging from 1 to 21 times in a month). |
| Context: | Home most often and occasionally in the community, staff report that when some staff do not closely follow the BSP it increases the chance of this occurring towards staff that do follow the plan and boundaries, staff are always present (usually more than one), sometimes clients are present, can be getting ready for work, getting into the vehicle, in the yard or home, go off property to the street, Mary may be starting an argument about something completely different and then go into aggression mode over something else, can occur over things like pop, snacks, breaks, disappointments from family |
| Duration: | This behavior can last for several hours, with Mary taking breaks (usually to eat), then she will re-escalate. |
| Intensity/severity: | This behavior can be severe and has the potential of seriously harming others. |

Mary will maliciously strike out at staff and peers.

☒ Interferes with community or social participation ☒ Threatens the safety of others or infringes on the rights of others
☒ Interferes with skill acquisition or other activities ☒ Is a risk to the health or safety of self

*Name of behavior* 4. **Self-injury (SIB)**

Frequency: Data for the last 11 months indicates that this behavior has occurred 69 times, (ranging from 1 to 22 times in a month).

Context: Home, but could occur in community, biting or hitting self occurs as part of her physical aggression under the same conditions as that behavior. Se may engage in this behavior solely on rare occasions.

Duration: This can either be a very brief or last throughout her day, with breaks in-between.

Intensity/severity: This behavior has not been severe. She will engage in this behavior to get staff's attention and elicit a reaction.

☒ Interferes with community or social participation ☐ Threatens the safety of others or infringes on the rights of others
☒ Interferes with skill acquisition or other activities ☒ Is a risk to the health or safety of self

*Name of behavior* 5. **Property destruction**

Frequency: Data for the last 11 months indicates that this behavior has occurred 67 times (ranging from 2 to 12 times in a month).

Context: Home, but could occur in community.
Happens at any time of day, usually when she is not getting instant gratification, is not happy, any activity, other clients may or may not be present, staff are present

Duration: This behavior can last for several hours, with Mary taking breaks (usually to eat), then she will re-escalate.

Intensity/severity: This behavior can be severe and has the potential of seriously harming others. Mary will maliciously strike out at staff and peers.

☒ Interferes with community or social participation ☒ Threatens the safety of others or infringes on the rights of others
☒ Interferes with skill acquisition or other activities ☒ Is a risk to the health or safety of self

*Name of behavior* 6. **Leaves supervised settings**

Frequency: Data for the last 11 months indicates that this behavior has occurred 3 times (ranging from 1 to 2 times in a month).

Context: Mary will display this behavior at home and in the community. Mary also has a history of harassing others, as well as trespassing on other's property. Has happened when she was talking to staff about routine things, leaves home to run away into the community, most attempts have had successful intervention to keep him on the property

Duration: A single incident can last for several hours.

Intensity/severity: This behavior can be quite severe, as it places Mary at risk of exploitation. In the past, Mary ran from staff and sat in the road until the police came and escort her back to the home.

☐ Interferes with community or social participation ☒ Threatens the safety of others or infringes on the rights of others
☐ Interferes with skill acquisition or other activities ☒ Is a risk to the health or safety of self

*Name of behavior* 7. **Unsafe social behavior (verbal aggression)**

Frequency: Data for the last 11 months indicates that this behavior has occurred 123 times (ranging from 3 to 23 times in a month)

Context: Mostly at home, occasionally in the community, can occur any time, with anyone, during any activity, depends more on her inner mood and thoughts

Duration: Can be intermittent throughout her day.

Intensity/severity: This behavior is typically not severe, but it usually leads to more challenging behaviors.

☒ Interferes with community or social participation ☒ Threatens the safety of others or infringes on the rights of others
☐ Interferes with skill acquisition or other activities ☒ Is a risk to the health or safety of self

*Name of behavior* 8. **Undesirable sexual behavior**

Frequency: Data for the last 11 months indicates that this behavior has occurred 82 times (ranging from 2 to 23 times in a month

Context: Community mostly, at home can happen towards staff. On outings, when children are present in area, with staff, any time of day

Duration: This is usually brief in nature.

Intensity/severity: This behavior can be severe, especially in the community. Mary will make sexual advances, gestures, and comments toward others; she will strip and/or expose body parts, etc.

☒ Interferes with community or social participation ☒ Threatens the safety of others or infringes on the rights of others
☐ Interferes with skill acquisition or other activities ☒ Is a risk to the health or safety of self

*Name of behavior* 9. **Use of objects as weapons**

Frequency: Data for the last 11 months is inconclusive on how often this behavior has occurred.

Context: Generally occurs at home but could occur in the community, especially when incident begins at home and then she leaves the site.
Can happen any time of day, people present are staff and other clients, directed towards staff, during any activity when she gets angry at not getting instant gratification.

Duration: This behavior can last for several hours, with Mary taking breaks (usually to eat), then she will re-escalate.

Intensity/severity: This behavior can be severe and has the potential of seriously harming others. Mary will use whatever she can to throw at staff or peers

☒ Interferes with community or social participation ☒ Threatens the safety of others or infringes on the rights of others
☒ Interferes with skill acquisition or other activities ☒ Is a risk to the health or safety of self

*Name of behavior* 10. **Illegal behavior (stealing)**

Frequency: Data for the last 11 months is inconclusive on how often this behavior has occurred.

Home/community: Mary has a history of shoplifting in the community. This behavior can occur more at home, she will try to steal items from her peers and staff if given the opportunity.

Duration: Typically brief in nature.

Intensity/severity: Given Mary's history of shoplifting, this behavior can be severe as it has led to criminal charges being filed against her.

☒ Interferes with community or social participation ☒ Threatens the safety of others or infringes on the rights of others
☒ Interferes with skill acquisition or other activities ☒ Is a risk to the health or safety of self

*Name of behavior* 11. **Suicide threats**

Frequency: Data for the last 11 months indicates that this behavior has occurred 82 times (ranging from 1 to 5 times in a month).

Context: Occurs at home. Occurs any time of day while awake, occurs during bigger episodes including physical aggression, using objects as weapons, property destruction. Usually occurs towards end of the incident when staff have attention focused on her due to violence.

Duration: Threats can occur throughout her day.

Intensity/severity: This behavior has not been severe, even though Mary has made multiple

threats to harm herself. She appears to make threats as a way to get staff's attention and immediate supervision.

☒ Interferes with community or social participation ☐ Threatens the safety of others or infringes on the rights of others
☐ Interferes with skill acquisition or other activities ☒ Is a risk to the health or safety of self

*Name of behavior* 12. **Suicide attempts**

Frequency: This behavior is more likely to occur at home. Data for the last 11 months is inconclusive on how often this behavior has occurred

Context: Occurs at home. Occurs any time of day while awake, occurs during bigger episodes including physical aggression, using objects as weapons, property destruction. Usually occurs towards end of the incident when staff have attention focused on her due to violence.

Duration: A single incident can last for several hours.

Intensity/severity: This behavior can be severe, even though her history shows that most attempts have resulted in superficial scratches or cuts

☒ Interferes with community or social participation ☐ Threatens the safety of others or infringes on the rights of others
☐ Interferes with skill acquisition or other activities ☒ Is a risk to the health or safety of self

*Name of behavior* 13. **Liquid/food seeking**

Frequency: Data for the last 11 months indicates that this behavior has occurred 24 times (ranging from 1 to 7 times in a month).

Context: This is more likely to occur at home and during unstructured times or when she returning from the community and is expecting to have meals.

Duration: Typically, this behavior is brief in nature.

Intensity/severity: Though this behavior is not a serious risk for Mary, it can lead to more challenging behaviors

☐ Interferes with community or social participation ☐ Threatens the safety of others or infringes on the rights of others
☐ Interferes with skill acquisition or other activities ☒ Is a risk to the health or safety of self

*Name of behavior* 14. **False allegations**

Frequency: Data for the last 11 months indicates that this behavior has occurred 4 times (ranging from 1 to 2 times in a month

Context: Typically occurs at home with or without the presence of other clients; Usually occurs towards end of an incident, or during any activity when she gets angry at not getting instant gratification.

Duration: Usually brief in nature.

Intensity/severity: The allegations can be severe ranging from staff calling her names to physical abuse.

☐ Interferes with community or social participation ☒ Threatens the safety of others or infringes on the rights of others
☐ Interferes with skill acquisition or other activities ☐ Is a risk to the health or safety of self

**Contributing medical conditions that may have an impact on an individual's behavior(s):**
Mary has health concerns due to her obesity. Many of Mary's behavior issues are around her food and liquid seeking. Her doctor has her on a low calorie diet, and this has a negative impact on her behaviors. Mary also has a poor self-image, which is evident when she makes fun of others that have weight issues. Other contributing factors are that due to her challenging behaviors she can not be with her family as often as she would like. She misses her family, especially her daughter, which in turn causes her to become depressed and aggressive. Mary's psychotropic medications may also impact her behaviors.

**How the mental health diagnosis manifests in the individual:**
Mary can display anger, aggression, and a disregard for rules. She will display disruptive behaviors quite impulsively. She will act out before thinking it through. Mary will display high-energy almost

manic episode that keeps her awake, even when she is extremely tired. She will become restless and easily upset. Mary may have overwhelming feelings of anxiety, self-worth, and suicidal thoughts. Mary has poor social skills and has a difficult time communicating her feelings. She will deliberately antagonize others and lacks a strong sense of empathy or remorse. Mary is very good at manipulation and lying. Her behaviors are often used as a way of testing the people in her environment to see how they will react. They also result from her lack of self-control and she uses them to punish those she feels angry with. Her family history shows a lack of clear boundaries and she does not appear to understand (or value) accepted social norms. Mary's limitations make communication slow and she has little capacity to abstract. Due to Mary's concrete way of thinking; she is unlikely to learn a concept as unclear as emotion identification through simple verbal interactions with others.

## II. Client needs, preferences, relationships

**Needs:**
Mary needs a secure home with magnetic door locks and alarmed windows to keep her safe. She needs a 2:1 in the community. Mary needs clear boundaries established at home, in the community, and with staff. She needs consistency throughout her day. Mary needs to work with staff that has a good attitude and a calmer approach. She needs positive interaction from staff throughout the day. Mary needs to know that staff likes her and cares about her. Mary needs a pica free, quiet area, like her bedroom that she can go to when she is upset. Mary needs to remain on a diet and practice her exercises often.

**Preferences:**
Mary likes to be the center of attention. She would prefer that her staff stay next to her all shift, and talk only to her and not her peers. Mary likes to stay busy at home doing tabletop activities. She likes to do lots of coloring and artwork and craft activities with her staff. Mary enjoys going on outings to the park for a walk. She likes to plan events and attend activities, she likes to go swimming and exercising at home and in the community. She likes to drink flavored water after she has exercised. Mary likes the color pink. She enjoys working and making money. Mary enjoys physical contact and getting hugs (but she does not understand appropriate boundaries) so staff give her high-fives instead. Mary likes the color pink and will choose items such as shirts, pants room décor, hair items, etc. that are pink. She likes to wear and apply her own makeup but at times may not wear it appropriately. She likes a variety of movies including DVD's and cartoons.

**Relationships:**
Mary's said her favorite people to be around are her family members. Her daughter Emma, Debra (mom), Heather and Savanna (sisters), Jim (father), and Shirley (stepmother), are all very important relationships for Mary. She likes to get cards and packages from her family, and visiting with them when she can. Phone contact with her family is very essential to her being happy and having a good day.

**Expressive communication:**
Mary can construct simple sentences. Mary can verbally communicate her wants and needs. She can name things and express her desires. When Mary is happy is social and enjoys talking to her staff and peers. Mary will speak slowly and often has to stop and think about which word to use. She speaks in a low tone and does not always pronounce her words clearly. Staff has had to ask her to speak louder and to repeat her request. Mary does not always make eye contact when she talks. Even though Mary may not always verbalize her thoughts or feelings, assume she understands everything that is being said around her.

**Receptive communication:**
Mary understands most of what others are saying but seems to respond better to staff that approaches her in a neutral, patient attitude. It may take her time to process what has been said to her, so staff should allow Mary time to process requests and information. She can misunderstand what is said to her and may jump to conclusion based on her emotional state.

Mary has problems understanding what appropriate topics of conversations are and needs to learn appropriate social conversation topics especially in the community.

**Communication in distress:**

When Mary becomes upset she becomes hard to understand. She will mumble her words. Mary will cry and the more she cries the harder she is to understand. She sometimes just wails and screams and then it is hard to understand her as well. When she does this she is not speaking just making noise. Mary also has problems understanding what appropriate topics of conversation are. Staff need to model this for her so staff must not engage in questionable topics in front of her. If she begins talking about sexual or harmful topics or becomes threatening staff should cue her that those are not things we talk about and say something like "Let's talk about (appropriate topic) instead".

## III. Behavior definitions

### Behaviors to increase:

*Behavior to increase* 1. **Teaching appropriate social skills** *Define:* Staff teaching Mary manners and how to behave socially at home and/or in the community, throughout the day.

*Data collection:* Staff will put a hash on her data sheet whenever Mary is able to practice better social skills when cued at home or in the community.

*Behavior to increase* 2. **Communication/problem solving skills** *Define:* Staff will encourage Mary to express what she is feeling and try to help her understand why she is feeling that way.

*Data collection:* Staff will put a hash mark on her data sheet whenever Mary is able to express her emotions appropriately when cued.

*Behavior to increase* 3. **Relaxation/calming skills** *Define:* Staff will assist Mary to use calming skills when she is upset. (i.e., deep breathing, self-soothing, exercise, music, coloring, arts/crafts, etc.).

*Data collection:* Staff will put a hash mark on her data sheet whenever Mary is able to calm down when cued.

*Behavior to increase* 4. **Concern form** *Define:* There are times when Mary will become upset and wants to talk to management when they are not available. To help her cope she will be offered a concern form on which she can write down her issues and who she wants to talk to.

*Data collection:* Staff will put a hash mark when Mary has completed a concern form when cued.

### Behaviors to decrease :

***Some have similar or the same "Triggers":*** *Used to support client in learning how to express his concerns in an appropriate manner.*

*Elaborate in first reference similar **"Triggers"** and **"Precursors."** Check box if different and explain.*

**Triggers:**

Mary's triggers are not being able to get in touch with her family by phone, or if she is talking to them and does not want to end the conversation even though the other party needs to go. Mary becomes upset because she wants to see her family and be with them instead of just talking to them on the phone. She misses them and wants to leave to get to them. She wants more attention, or she is bored. She wants to get staff in trouble because they would not do what she wanted.

**Precursors:**
You can usually tell by Mary's body language, her tone of voice, her verbal request to use the phone, her inability to look at you when she speaks to you that she is about to have a problem, she becomes uncooperative with redirection and gets sweaty looking, and breathes a little faster and will cry or become weepy, with a quivering lip when you ask her what is wrong. Once the tears come you know she is truly upset and at this point redirection will be more difficult. She may become harder to redirect, she ignores verbal cues, she starts targeting staff and peers, she will start to talk louder and start using profanity. She is usually engaged in another behavior such as verbal or physical aggression and will make threats of pica to get attention or to try and get her way.

**Setting events:**
Sometimes Mary wakes up edgy and we are not sure why it tends to predispose her to having a tough morning: regardless of phone use. At other times she may be tired and hasn't taken a nap. Mary might be hungry; she did not get the food that she wanted, or seconds on food. Other setting events include wanting more attention or she is mad at staff/peers and wants to get even.

*Name of behavior* 1. **Ingesting non-edible objects**

This behavior involves her swallowing any small objects such as beads, crayons, buttons, clips, etc. when she is upset.

☒ Trigger same first reference ☒ Precursor same first reference ☒ Setting event same first reference
☐ **Trigger different, explain:** ☐ **Precursor different, explain:** ☐ **Setting event different, explain:**

**Data collection**: Staff will put a hash mark on her data sheet for every item she actually swallows. An Incident Report is required, and her doctor will need to be notified.

**Alteration criteria:** Each Occurrence

*Name of behavior* 2. **Placing non-edible objects in mouth**

This behavior includes putting any non-edible objects in her mouth such as paper, parts of toys, buttons, string, etc. when she is upset.

☒ Trigger same first reference ☒ Precursor same first reference ☒ Setting event same first reference
☐ **Trigger different, explain:** ☐ **Precursor different, explain:** ☐ **Setting event different, explain:**

**Data collection**: Staff will put a hash mark on her data sheet for every item she puts in her mouth.

**Alteration criteria:** Occurs more than 6 times in 3 consecutive months

*Name of behavior* 3. **Physical aggression**

☒ Trigger same first reference ☒ Precursor same first reference ☒ Setting event same first reference
☐ **Trigger different, explain:** ☐ **Precursor different, explain:** ☐ **Setting event different, explain:**

**Data collection**: Staff will put a hash mark on her data sheet whenever Mary engages in this behavior in the community or at home. An Incident Report is required for all aggression.

**Alteration criteria:** Occurs more than 15 times in 3 consecutive months.

*Name of behavior* 4. **Self Injury (SIB)**

This behavior includes biting, scratching herself, kicking, or hitting body parts on walls, windowsills, etc., with the intent to cause injury. This can also include - breaking glass or sharp items to cut herself.

☒ Trigger same first reference ☒ Precursor same first reference ☒ Setting event same first reference
☐ **Trigger different, explain:** ☐ **Precursor different, explain:** ☐ **Setting event different, explain:**

**Data collection**: Staff will put a hash mark on her data sheet whenever Mary engages in this behavior in the community or at home. An Incident Report is required for SIB that results in bleeding/injury.

**Alteration criteria:** Occurs more than 12 times in 3 consecutive months.

*Name of behavior* 5. **Property destruction**

This behavior includes grabbing/tearing things, breaking down doors or attempting to break down doors, intentional destruction of her or other's personal property.

☒ Trigger same first reference ☒ Precursor same first reference ☒Setting event same first reference
☐ **Trigger different, explain:** ☐ **Precursor different, explain:** ☐ **Setting event different, explain:**

**Data collection**: Staff will put a hash mark on her data sheet whenever Mary engages in this behavior in the community or at home. An Incident Report is required for all destruction that is significant or the item needs to be replaced.

**Alteration criteria:** Occurs more than 6 times in 3 consecutive months.

*Name of behavior* 6. **Leaving supervised setting**

This behavior includes leaving assigned area without supervision: When Mary attempts or actually leaves the house, work or community setting

☒ Trigger same first reference ☒ Precursor same first reference ☒Setting event same first reference
☐ **Trigger different, explain:** ☐ **Precursor different, explain:** ☐ **Setting event different, explain:**

**Data collection**: Staff will put a hash mark on her data sheet whenever Mary engages in this behavior in the community or at home. An Incident Report is required

**Alteration criteria:** Each Occurrence

*Name of behavior* 7. **Unsafe social behavior**

This behavior includes verbal aggression, yelling, screaming, profanity, as well as intimidation, manipulation, invading personal boundaries or threatening others.

☒ Trigger same first reference ☒ Precursor same first reference ☒Setting event same first reference
☐ **Trigger different, explain:** ☐ **Precursor different, explain:** ☐ **Setting event different, explain:**

**Data collection**: Staff will put a hash mark on her data sheet whenever Mary engages in this behavior in the community or at home. An Incident Report is required for all public incidents

**Alteration criteria:** Occurs more than 15 times in 3 consecutive months.

*Name of behavior* 8. **Undesirable sexual behavior**

This behavior includes stripping/exposing herself, touching a or grabbing at male private areas pinching males, making verbal comments and sexual drawings to males and female peers and staff and giving them to staff.

☒ Trigger same first reference ☒ Precursor same first reference ☒Setting event same first reference
☐ **Trigger different, explain:** ☐ **Precursor different, explain:** ☐ **Setting event different, explain:**

**Data collection**: Staff will put a hash mark on her data sheet whenever Mary engages in this behavior in the community or at home. An Incident Report is required for all public incidents.

**Alteration criteria:** Occurs more than times in 3 consecutive months

*Name of behavior* 9. **Use of objects as weapons**

This behavior includes using objects within the environment to cause injury or harm to others

☒ Trigger same first reference ☒ Precursor same first reference ☒Setting event same first reference
☐ **Trigger different, explain:** ☐ **Precursor different, explain:** ☐ **Setting event different, explain:**

**Data collection**: Staff will put a hash mark on her data sheet whenever Mary engages in this behavior in the community or at home. An Incident Report is required.

**Alteration criteria:** Occurs more than 10 times in 3 consecutive months

*Name of behavior* 10. **Illegal behavior (stealing)**

This behavior includes Mary stealing form her staff and peers, as well as shoplifting in the community.

☒ Trigger same first reference ☒ Precursor same first reference ☒Setting event same first reference
☐ **Trigger different, explain:** ☐ **Precursor different, explain:** ☐ **Setting event different, explain:**

**Data collection**: Staff will put a hash mark on her data sheet whenever Mary engages in this behavior in the community or at home. An Incident Report is required.

**Alteration criteria:** Each Occurrence

*Name of behavior* 11. **Suicide threats**

This behavior includes Mary saying she wants to die or kill herself, but does not act on her threat.

☒ Trigger same first reference ☒ Precursor same first reference ☒Setting event same first reference
☐ **Trigger different, explain:** ☐ **Precursor different, explain:** ☐ **Setting event different, explain:**

**Data collection**: Staff will put a hash mark on her data sheet whenever Mary engages in this behavior in the community or at home.

**Alteration criteria:** Each Occurrence

*Name of behavior* 12. **Suicide attempts**

This behavior includes Mary making actual gestures or attempts indicating her intent to kill herself. Example: threatening to hang herself with the phone cord.

☒ Trigger same first reference ☒ Precursor same first reference ☒Setting event same first reference
☐ **Trigger different, explain:** ☐ **Precursor different, explain:** ☐ **Setting event different, explain:**

**Data collection**: Staff will put a hash mark on her data sheet whenever Mary engages in this behavior in the community or at home. An Incident Report is required for all attempts.

**Alteration criteria:** Each Occurrence

*Name of behavior* 13. **Liquid/food seeking behavior**

This behavior includes engaging in extreme behavior in an attempt to gain access to food.

☒ Trigger same first reference ☒ Precursor same first reference ☒Setting event same first reference
☐ **Trigger different, explain:** ☐ **Precursor different, explain:** ☐ **Setting event different, explain:**

**Data collection**: Staff will put a hash mark on her data sheet whenever Mary engages in this behavior in the community or at home.

**Alteration criteria:** Occurs more than 5 times in 3 consecutive months.

*Name of behavior* 14. **False allegations**

This behavior includes Mary of making false abuse allegations towards providers and peers ranging from allegations of physical abuse and verbal abuse to allegations of sexual abuse with male staff and peers.

☒ Trigger same first reference ☒ Precursor same first reference ☒Setting event same first reference
☐ **Trigger different, explain:** ☐ **Precursor different, explain:** ☐ **Setting event different, explain:**

**Data collection**: Staff will put a hash mark on her data sheet whenever Mary engages in this behavior in the community or at home. An Incident Report is required for all attempts.

**Alteration criteria:** Each Occurrence

## IV. Behavior functions

**Behavior chains / response classes:**

Mary usually has an escalation chain that involves her building up rather quickly. She will engage in food seeking behavior and that can lead into verbal/ physical aggression. As she escalates she will engage in more behaviors, such as SIB, property destruction, undesirable sexual behavior, and use

of objects as weapons, etc. If the above behaviors have not received enough attention from others she will put non-edible objects in her mouth or threaten suicide. Most of Mary's challenging behaviors are in the same class response and serve the same purposes.

**Function of behavior(s):**
These behaviors appear to be a function of her mental health diagnosis. Mary will act out negatively when she has real or perceived issues that are unresolved. Any or all of these behaviors may be Mary's way of testing to see if others care enough about her to intervene and prevent her from injuring herself. They may also serve to provide her with an excuse or a way to avoid activities. In the community these behaviors may serve as a way of forcing third party intervention such as the police. Mary appears to want to be "rescued" by others and will often seek help from passers by during a behavior. Given her history Mary may want to know that others will intervene if she is truly being victimized. They may also serve the following functions:

**Ingestion Non-Edible Objects/Placing Non-Edible Objects in her Mouth, Physical Aggression, SIB, Property Destruction, Unsafe Social Behavior (Verbal Aggression): Undesirable Sexual Behaviors, Use of Objects as Weapons, and Suicide Threats/Attempts:**
Mary uses these behaviors to communicate her frustrations, as well as a way for her to control others in her environment. These behaviors are possibly because she has difficulty expressing her emotions and this may have been a successful strategy in the past for getting attention from staff, getting interaction with others, or possibly a form of self- expression however negative.

**Leaving supervised setting:**
This behavior functions as a way for her to get to her family by any means possible. She believes she can walk to her mother's house and when she gets upset, angry or misses her family. In the past, any time she has attempted to leave it has been with the intent to go to her mother who lives hundreds of miles away. Mary has difficulty with emotional regulation and this makes it tough for her to handle her feelings when they arise.

**Illegal behavior (stealing), Liquid/food seeking behavior:**
Mary uses these behaviors as a means to obtain more of the things she wants. She will use this behavior to get back at her peers, especially if she is jealous of them.

**False allegations:** This behavior functions as away to get back at her staff especially if she thinks that they did not give her something she wanted. It may occur as a way to vent frustrations with others, or her environment.

**Functional alternatives to behavior(s):**

**Ingestion non-edible objects/placing non-edible objects in her mouth, Physical aggression, SIB, Property destruction, Leaves supervised setting, Unsafe social behavior (verbal aggression), Undesirable sexual behaviors, Use of objects as weapons:**

**Teaching appropriate social behavior:**
Staff should always model appropriate behavior at home and in the community. Staff can be courteous saying "please," "thank you," and "excuse me." Staff should encourage Mary to also say "please" and "thank you" etc. This can be done by incidental training as the situation applies. Staff will also provide ways for Mary to learn and practice her manners at home and in the community. Staff will provide examples of what good manners might be exhibited in the community prior to an outing. Staff will give Mary positive recognition when she is appropriately interacting with others. Staff will also teach Mary to respect people's personal boundaries, and personal property.

**Communication/problem solving skills:**
Mary is verbal but she lacks the ability regulate her emotions and to work through problems. Support Mary in learning to express her emotions appropriately. Staff can cue Mary to communicate her needs and what the problem may be. Mary can collaborate with staff on boundaries, responsibilities, and get support from staff to find a resolution. Mary does better with staff that has a

firm but gentle tone of voice. If she is missing her family, staff can cue her to write to them, send a card, or call them to talk.

**When problem solving with Mary discuss the following:**

- What is the problem? Encourage Mary to talk about why she is upset. Stick to the facts. Allow Mary the opportunity to vent her anger/frustration verbally but always take it at her pace: do not force the discussion unless she is ready and willing.
- Validate her emotions. Example: ("I can tell that you are upset because you miss your daughter. You must be very frustrated that you can't see them as often as you'd like").
- What would she like to see done to resolve the problem? (Explain that this is just an idea: the resolution will not always be what she would like). Reassure Mary that you are "here to help her" and that "she is safe."
- Having a calm tone of voice and flat affect. Do not raise your voice or speak too authoritatively because this will make her become defensive and react defensively.
- Mary does not like to hear the word "no" so offer her choices rather than demand or instruct her to do something else.
- What could she do right now to stay calm and continue with her day until the problem can be solved? (i. e., calming strategies or participating in another preferred activity, etc.).

**Other tips for problem solving with Mary include:**

- Modeling coping skills for stress (i.e., taking deep breaths, and asking her to do the same with you).
- Displaying a non-threatening posture (i. e., anchoring hands and maintaining a physical boundary).
- Utilizing non-verbal communication (i. e., making eye contact, etc.).

**Suicide threats/attempts:**

**Relaxation/calming skills:**

Calming strategies should be used to teach Mary appropriate ways to communicate her need to relieve anxiety and to calm.

a. Mary should be encouraged to take a deep breath when she is becoming escalated. Staff should model calming behaviors with her. For Example: Staff can take a deep breath and ask Mary to take a deep breath with you. Staff should have a calm voice and flat affect.
b. If Mary is open to trying some relaxation techniques staff should cue her to take 10 deep breaths. If this is not effective staff should cue her to try muscle relaxation. This can be done by having her tense each muscle group, and then systematically relax each muscle group.
c. Other calming strategies include: writing in her journal, listening to music, taking a shower, etc. Staff will give Mary recognition and praise whenever she is able to use her calming skills versus acting out emotionally or physically.

**False allegations:**

**Concern forms:**

Many times Mary will have issues that she wants immediately attention, however she may want to speak to the Site manager, BVS2, or BVS1 but they are not available. At these times, staff can help Mary with her issues by helping her complete a concern form. Staff can validate her feelings, and ensure her that the concern form was left for the persons in question to review. Many times, this will help her to calm down. It is also a good opportunity for staff to try to build a bond of trust with her.

**Incentive plan:** ☒ **Not applicable**

## V. Proactive strategies

**Supervision levels (general)**

| Check if applicable | Awake: Bedroom | Asleep: Bedroom | Bathroom | Kitchen | Living / Dining Room | Laundry Room | Yard | Stores | Parks | Restaurants | Crowded Community Events (fairs) |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Not allowed in room | ☐ | ☐ | ☐ | ☒ | ☐ | ☒ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 3 - feet | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☒ | ☒ | ☒ | ☒ | ☒ |
| 10 - feet | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| In the same room | ☐ | ☐ | ☒ | ☐ | ☒ | ☐ | ☐ | ☒ | ☒ | ☒ | ☒ |
| Visual contact at all times | ☐ | ☐ | ☒ | ☐ | ☒ | ☐ | ☒ | ☒ | ☒ | ☒ | ☒ |
| 15 – minute visual checks | ☒ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 30 – minute visual checks | ☐ | ☒ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Hourly visual checks | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Check visual every 2 - hours | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Other: | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

**Supervision levels (other):**

| Check if applicable | Other: Dances | Other: | Other: | Other: | Other: | Other: | Other: | Other: | Other: | Other: | Other: |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Not allowed in room | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 3 - feet | ☒ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 10 - feet | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| In the same room | ☒ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Visual contact at all times | ☒ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 15 – minute visual checks | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 30 – minute visual checks | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Hourly visual checks | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Check visual every 2 - hours | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Other: | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

**General staff interaction guidelines:** Staff must always remember that this is Mary's home and we are here to assistance and enhance her life. We must always treat her with respect and dignity. Always follow Mary's staffing expectation sheet. This is kept in the front of her residential and community program book.

1. Staff has the responsibility to change or modify their behavior to best fit and work with Mary. Staff must leave their ego behind and have genuine empathy (understanding).

2. Staff should not enmesh themselves in Mary's life (i. e. being overly involved, a rescuer, aligning with her against other staff, trying to solve all her problems). Staff should not have a punitive approach (i.e.

sarcastic, judgmental, angry, condescending, or hostile, etc.). Staff should strive to be nurturing (i.e. constant, consistent, calming, and compassionate, etc.).

3. Staff needs to inventory Mary's clothing and toys. Mary should not have clothing with buttons, ribbons, etc. Mary's toys or stuffed animals should not have plastic parts on it that can be removed, such as eyes, bows, etc. Mary will put these types of items in her mouth (example: she has ripped out the under wire in her bra, she removed interactive parts from a musical card and another time pulled off the reflective stones from a decorative frame and put them in her mouth during a behavior). Mary can have two stuff toys in her room, pictures with no frames.

4. Staff should take time to initiate contact with Mary often throughout the day. Mary should be offered as many choices as possible throughout the day in order to meet her need for increased independence. She enjoys coloring, clay work, and watching TV cartoons. She seems to want staff to do these things with her or at least get her started and stay in the area. Mary also enjoys working simple math problems on paper. She likes walks, parks, shopping and animals. We will work these things into her day program as much as her behavior will allow.

5. Mary will be assigned a primary staff. All redirection and cues should be by her primary staff. If she asks another staff questions, they should cue her back to her staff. While in the house staff must be with her in her living area at all times. If the staff with Mary needs to leave the area they will wait until the other staff arrives before leaving. Both staff will carry an emergency buzzer with them at all times during their shift. The staff in Mary's living area will carry the emergency buzzer transmitter and the other staff will carry the receiver. This will be used to signal an emergency which requires immediate response. The staff receiving the message will respond by going to Mary's area without delay.

6. Mary seems to respond well to a highly structured environment. Mary needs to have consistency with her staff and her daily activities. She needs to be kept busy throughout her day and have a variety of things to do that will keep her motivated. Make sure that we offer her lots of choices of activities, especially when she is at home. Staff must monitor all craft activities due to possible pica issues. However, any use of scissors should be closely supervised and the scissors locked up at the end of the activity She will often give her pictures to staff that she wants to have them.

7. Staff will not get into a power struggles with Mary, especially if it involves a request. If it is not possible for staff to honor her request, staff will simply explain to her why it can't not happen and then help her to move on to another activity or subject more pleasing.

8. Mary enjoys teasing others. If Mary is in a playful mood and begins teasing, staff needs to help Mary remain appropriate. Staff needs to establish clear boundaries with Mary. Mary likes to get a hug from staff and if staff is uncomfortable with that they should let Mary know and they can offer her a high-five instead. Staff should consistently follow their boundaries for each client so Mary does not become jealous of her peers. It is best policy not to make promises to Mary. If you promise to do something and it cannot follow through on that promise, you will have seriously compromised your credibility with Mary.

9. If Mary wants to talk to her staff, sit in a quiet area and talk to her. Use active listening skills so she knows that you understand what she is trying to communicate to you. Explain things to Mary in specific terms that she understands. She often responds better to having one person speak with her as opposed to having several people telling her what to do. If you cue her too much or have too many staff in the area she often escalates to a point where staff are unable to redirect her. Staff should not dwell on Mary's past bad behavior, let it go and move forward, if you don't Mary can't.

10. Staff should constantly scan the area for things that Mary could put into her mouth. Staff should make sure that small objects such as coins, batteries, caps, and pens, etc. are kept secure due to the risk of pica.

11. Staff should keep their conversations under control. Staff should not talk about their personal lives in front of Mary. If staff has a disagreement with another staff, they should never talk about issues in front of Mary. Staff needs to be modeling appropriate conversations.

**Community Access:**

1. Staff will follow Mary's staffing expectations at all times. Mary requires a 2:1 whenever she is in the community. Staff needs to maintain close supervision in the community, due to her negative behaviors. Staff should constantly scan the area for things that Mary could put into her mouth and pick them up before she sees it (home and community).

2. As Mary has issues with mailboxes and inappropriate interactions with neighbors we will not start walks from the house. If Mary wants to go for a walk staff should take her to a non-residential, un-crowded area.

3. When going on an outing or doing an activity, make sure you give Mary a time frame, example: We are going to the store we will be gone an hour. She likes to know what is happening and what to expect.

4. Staff will rehearse with Mary where she will be going and what she will be doing. When Mary goes to stores staff should inform her of where they are going and what they are doing. At no time should Mary have coins to carry, due to the potential of pica.

5. If they are going to make a purchase then staff should let Mary know exactly what they are going to purchase before they even get to the store. If Mary misses an outing due to behavior she will need to resubmit following the outing request guidelines.

6. Staff should remember that when going to appointments it is best to remind her she can have pop on the way home (either a drive through or store depending on her behavior). They should also plan her outings so Mary is returning home at mealtime.

**Outings may vary depending on what behavior she has engaged in and will be as follows:**

Mary will need to be free of all negative behaviors and precursors before going out of the house. After a challenging behavior has occurred the first and second outings will be limited to drive through. The third outing should be to a non-crowded park or area where she will have limited contact with the community. After three successful outings and no more behaviors Mary will be allowed to return to her normal activities.

- For unsafe social (verbal aggression) or illegal behavior (stealing) Mary will need to exhibit 2 hours of calmness with no negative behaviors or pre-cursors to negative behaviors.
- For physical aggression where injury has not resulted, threats to leave the supervised setting, and/or SIB, or undesirable sexual behavior Mary will need to have 4 hours of calmness with no negative behaviors or pre-cursors to negative behavior.
- If Mary engages in physical aggression that results in injury to others, makes an attempt at property destruction, makes an attempt leaving the supervised setting, uses objects as weapons, suicide threats, or places a non-edible object in her mouth, her outing will be on hold for 8 hours. Staff will check on Mary every ½ hour for the next 8 hours.
- If Mary makes an attempt at suicide; her outings will be on hold for 24 hours. Staff must conduct a 24-hour safety watch. Staff must check on Mary every 15 minutes for the next 12 hours, and every ½ hour for the next 12 hours (for a total of 24 hours).

**Note:** At any time management has the option to put outings on hold if it appears that she is being unsafe or could pose a danger in the community.

**Community restroom procedure:**

1. Staff should cue Mary to use the restroom before she leaves the home. The goal is to try to reduce the need to use a restroom in the community.

2. Before leaving the home, the staff should mentally plan the outing including identifying public restrooms that are along the route.

3. Before Mary can use the restroom staff must check the restroom for potentially dangerous material that she could possibly try to ingest or place in her mouth.

If Mary is accompanied by male staff, a single occupancy restroom will need to be identified and used. The male staff should be posted at the restroom door with the door closed to allow for privacy. Staff should not allow anyone to enter until Mary is out of the restroom.

If Mary is accompanied by female staff, then staff will enter the restroom with her and provide supervision. If Mary needs to use the toilet in the enclosed stalls, staff will post themselves outside the stall door with the door closed to allow for privacy.

**Outing requests:**
Mary will need to submit outing requests for all outings. These forms need to be submitted in advance and must be approved by the site manager. Staff will help Mary to complete outing request. Outing request should include Mary participate in community activities that include peers of her own age group. Staff assisting Mary with submitting outing requests should encourage her to make healthy food choices and follow her diet by helping her to select restaurants that have reduced calorie items (i.e. Subway instead of McDonalds). Use menus for these restaurants to select items and write what she is going to get on the outing request. Mary will need to identify what she will be purchasing on the outing request form. When she gets to the store, she is only to purchase what it says on the form. If Mary wants another item or something other than what it says on the form, staff will inform her that she can fill out another outing request form for that item when she gets home.

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**Other:**

**Dietary Guidelines:**

**Diet:** Mary is on a strict 1800-calorie diet as prescribed by her physician. Mary has no texture modifications to her food however; staff should assist in cutting her food into pieces no more than 1 than 1 square inch. If possible use smaller plates. This makes the portions appear larger. Mary likes her food hot so it may be necessary to re-warm her food in the microwave. However, Staff will heat her food up one time for .30 seconds, however if for some reason she leaves the table to go to her room or the bathroom, staff can heat up her food again for another .30 seconds**.** If Mary is still not satisfied with her initial meal she may have a salad with fat-free dressing. The salad should have no pasta, meats, or anything other than vegetables.

**Snacks:** Mary has 4 snack times. It is important to keep the scheduled snack times to prevent power struggles over food. Her snack times are 10 am, 3 pm, 8 pm, and 9 pm. Her snacks should not exceed 50 calories. Communicate with other staff, as she will try to manipulate staff into an extra snack. DO NOT GIVE MARY FOOD OUTSIDE OF THE SCHEDULED TIMES AND / OR EVENTS. Staff should always encourage Mary to avoid concentrated sugars such as candy, regular pop, cookies, etc. Use a sugar substitute when available for outings plan ahead with Mary and choose restaurants that offer healthy food choices and if possible discuss what you will order. Staff should model by choosing healthy foods.

**Exercise Program**
Mary has an exercise program to assist her with weight loss and has been doing this on a fairly regular basis. When it is time for Mary to exercise staff should present this in a positive and fun manner in order to encourage and motivate Mary. She will have a bowl with several exercise options written on slips of paper. She will draw a slip each day to determine what activity she will do for the day. If staff cue her to exercise and Mary refuses staff should give her some time and try again later and/or possibly have a staff that has been successful in getting her to exercise in the past try to help. She receives flavored waters for exercising only.

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**Hygiene Guidelines:**

Mary's hygiene supplies are kept locked at all times. Mary will ask staff for access to her hygiene supplies. Mary must remain outside the bathroom door whenever staff unlocks the drawers due to her grabbing her peers' personal items. Staff must closely supervise Mary when she is using her hygiene products. Staff will give Mary small med cups to put in her mouthwash, shampoo, conditioner, and body wash. Staff must lock the hygiene drawer before they leave the area.

**Kitchen/Laundry Room Guidelines:**

Mary is not permitted into the kitchen, laundry room, or office due to health and safety issues and the potential risk of injury. Staff are to insure that the kitchen and laundry room doors are always shut and locked. If staff are in the kitchen the door is to be locked at all times. At no time should the kitchen, laundry room, or office door be open for Mary to enter. She should be no closer than 5 ft. of the kitchen door at anytime, especially if you are trying to open it for any reason.

**Media Guidelines:**

Mary currently has no media restrictions, however, historically if shows that watching movies or shows that have a lot of violence, and/or sexual scenes, has had a negative impact to Mary's moods and behaviors toward others. Therefore, she should not watch or listen to any media in the common area of the home that contains nudity, sexual intercourse, or excessive or unnecessary violence. Mary should not listen to any music in the common area of the home that contains explicit language or lyrics that are sexual in nature. Staff should evaluate the movie/shows/music for content before letting her watch it. All movies, shows, and DVDs should be of a therapeutic nature and should accentuated positive feeling for Mary.

**Telephone Guidelines:**

Mary has a close relationship with her daughter Emma, her mother, her sister, her dad and her stepmother. Mary calls her family on a regular basis and likes to be involved in their lives even though they may be a distance away. Mary will have phone access to make long distance calls to her family to prevent power struggles.

- Mary can make 3 calls each day approximately 10 minutes for each call. If no connection is made the call will not be counted against her 3 calls. Mary can call her family at the pre-requested times. Please see the list in Mary's residential book. Phone numbers will also be on the list in the book.
- Mary needs to use her phone card to make these calls, and she may leave messages each day to each of these people, but she is only to have actual conversation with family/friends for a total of 30 minutes a day.
- A log of these calls would be made in the phone log as well as Mary's progress notes in the residential book. Please make a note of all messages left as well as actual conversations that take place between family friends and Mary.
- Be prepared that Mary usually has issues after conversation with her mom and sometimes family. Please make a detailed note in the progress notes about what those issues may be and if it becomes behavioral please give us a good clear picture of what that looked like
- Mary has also been known to display the following behaviors in regards to the telephone: chronic and persistent demands for the phone (even if she just used it), property destruction, threats to hurt staff or self, attempting to leave assigned area, verbal aggression, and physical aggression or suicide attempts or threats.
- Mary's phone usage is contingent on her behavior. If Mary displays any negative behaviors in regards to the telephone, staff is to remind Mary that her behaviors need to be appropriate to use the telephone. She will need to display appropriate behavior for 30 minutes and agree to the appropriate telephone usage rules before using the telephone.

Prior to Mary using the phone, staff to review the following appropriate telephone usage rules with her:

1.) Mary to ask appropriately to use the phone.
2.) Mary will only call family during designated times (as requested by her family).
3.) Staff to dial the telephone for Mary then hand her the receiver only (in the past, Mary took the telephone into her room and called 911).

4.) Mary will use her calling card for all long distance phone calls.
5.) Uses the telephone receiver with staff supervision in the living room or dining room only.
6.) Mary agrees to hand the telephone receiver to staff as soon as she has finished her call.
7.) Mary's behaviors needs to be appropriate for at least the 30 minutes before making a scheduled call to her family.

**Visitation/ Family Gifts**

Mary will have no visitation/visitors without prior approval from management. Mary lived at home with family members a good majority of her life. Her family life has been unstable even prior to placement. She has ongoing contact with her mother, father, sisters, and daughter. Mary send lots of packages and other items to her family, she obviously cares for them. However, Mary will give them any of her personal items and they will unfortunately take them. She gave her mother her digital camera that had been purchased the month before. Her mother said that she would return it, but after several phone calls she still hasn't returned it.

Therefore the following has been put in place: Mary may give her family, on visits or in packages, personal items that have a value of 10.00 or less. The exception to this is items that have been purchased specifically for an individual, most often her daughter Emma. Those purchases are usually approved via "outing slips." Always keep in mind that her family will take anything that Mary offers regardless of the value. Any items that are valued over $10.00 will need to be approved by the ISP team. Staff cueing Mary that the transaction needs to be approved by the ISP team should be sufficient. However if she persists then contact the Site Manager who will then speak with the family. If, for any reason you are unable to avoid the exchange then contact the Site Manager.

Any items that Mary's family brings her need to be in compliance with her program (ISP, BSP, Protocols, etc.). If they offer items that are not within the guidelines of the program then tactfully acknowledge that by cueing Mary "Is that something that you can have here?"
Do not press the issue. If they insist, just place the item in the office when they leave and leave a note for the SM. The ISP team will review it and/or approve it later.

## VI. Reactive strategies

**Room Checks:**

1. Staff will complete her room checks are to be completed 3 times daily-one time on day shift and two times on swing shift (One at the start of swing shift and one at the end of swing shift).
2. When doing Mary's room checks staff will be careful with her personal belongings and re-arrange her belongings appropriately. Staff will look for potentially dangerous materials, as well as looking for items that she may have stolen from staff/peers or in the community.

a) If Mary has taken an item from staff or peers, or staff observes Mary with an item that is clearly not hers, staff should ask her about the item in question. Staff can ask her staff or peer if they are missing anything. If they say "yes" then staff should ask Mary to return the item. If Mary complies with request staff should acknowledges her and say, "thank you." If Mary denies that she has taken the item or refuses to give the item back to the staff or peer. Staff will remove the item(s) from her room. Staff should try to avoid a power struggle with her. Staff should simply end the conversation, notify the site manager of the incident and record a mark on her data sheet for stealing and complete an IR.

3. Examples of places to search include but are not limited to: under her bed, between her bedding, under her mattress, containers, toys, etc. (most of Mary's personal belongings should be locked in her closet due to the nature of her challenging behaviors and potential pica).
4. Staff must remember to put their signature and title in the appropriate box each time after a room check has been completed.

**Pain:**

Recently there have been several incidents with Mary where she has become upset and engaged in maladaptive behavior and it was later found that she was experiencing tooth pain or other pain such

as headaches. It is possible that many of her behaviors may be triggered by her experiencing pain and being unable to effectively communicate this. As a result, when Mary begins to engage in her mal-adaptive behaviors or begins to show signs of agitation staff should ask Mary if she is experiencing any pain. If she is staff should give her the appropriate PRN pain medication for her complaint. This will hopefully help us to avoid some of her behavioral issues.

**General reactive strategies:**

- Before behavior problems occur staff should be responding to Mary's request in a polite and positive manner (i.e. can I have a snack, will you color with me, or can I have my food heated, etc.). Staff's appropriate interaction can and has made a difference in dealing with Mary's difficult behaviors.
- At times, Mary is responsive to singing (e.g. the "hokey-pokey"). When Mary begins to show her precursors, staff can attempt to engage Mary in singing.
- It is important to remember to not focus on Mary's maladaptive behaviors. That is, staff should not cue Mary to stop doing something (e.g. Get off the table, etc.).
- Though we want to encourage Mary to utilize her problem solving and relaxation skills to move through issues that are concerning her, encouraging her to use these as she escalates is not always appropriate. If Mary begins to use these techniques, staff should provide positive reinforcement and support her in using them.

**Community:**

When planning an outing it is best to schedule it so that you are returning at meal time. If you cannot do this make sure you have an activity Mary enjoys for when she gets home. Before leaving make a point of discussing with Mary what you will be doing after the outing, either a meal or activity.

If Mary begins to ignore cues or starts to act out staff should remind her about the planned activity at home. Do not focus on her negative behavior but encourage her to go home so you can eat/do activity.

**Placing non-edible objects in her mouth, Physical aggression, Property destruction, and Use of objects as weapons, Self injury (SIB):**

**Staff response:**

- Staff should remove any items that she can break or that can cause a threat to health and safety.
- If she has an item in her mouth staff will simply say, "When you are finished with it you can put it on the floor/table." Staff will not raise their voices or show any emotions at all. Staff will cue her peers away from the area. Staff will place themselves in position to keep her peers safe. Staff will be close enough to intervene, but only if necessary.
- Staff will proactively disengage from Mary. This means that Staff will stop talking to Mary, but they will maintain supervision. Staff will be present with Mary and use active listening techniques.
- If Mary continues to escalate, staff can redirect her to her next scheduled activity. In doing this, staff will want to focus on not cuing Mary to stop what she is doing, but rather redirect her to what activity is next. In doing this, staff should say, **"Mary, Let's get off the table and work on your crafts (or next scheduled activity)."**
- If Mary continues to escalate, staff can encourage Mary to go to her room. Mary's room is her safe area and staff can ask her to go into her room where she can engage in calming skills to relax or a preferred activity of her choice. Staff will give Mary praise if she agrees and removes herself from the stimuli's.
- If she does choose to go to in her room, staff will check on her to make sure she is doing okay and not engaging in maladaptive behaviors. Once Mary appears calm you can resume normal staffing expectation guidelines for Mary.
- If Mary refuses to go to her room and/or is cussing or threatening to hurt herself, Staff will maintain close supervision but they do not need to stand right next to her. Staff will be

close enough to intervene if necessary.

- **If at any time Mary threatens to bite or harm herself, staff will remain calm and will not intervene unless she has caused an injury or bleeding.**
- If the situation is not conducive to the other strategies previously described or if it does not seem likely that she will respond; staff can simply acknowledge that she seems upset about something. Staff can offer to talk when she is ready, and monitor her (while keeping a close eye on Mary, maintaining their distance and protecting others as necessary).

***Note:*** *Staff must not be alone with Mary at any time. If she needs assistance in her bedroom or the bathroom, etc. 2 staff must be present.*

**Leaving supervised setting:**

Staff must also be sure that all gates in the yard are securely locked before she goes outside, and before she re-enters the home after an outing, staff will re-check the home to see that all internal doors are secure. Oak Street is equipped with magnetic locks, alarmed windows, and fences around the premises. **If Mary attempts to climb out of her bedroom window into the yard:**

**Staff response:**

- Staff will need to immediately respond whenever Mary's window alarm is activated.
- Staff will redirect Mary to her next scheduled activity. Staff will do this by saying, **"Mary, let's move away from your window and watch a movie (or next scheduled activity)."**
- Staff will encourage her to stay in the house (but will not physically prevent her from exiting, as this would be even more dangerous).
- Staff will increase supervision.

**If Mary actually leaves staff supervision at Oak:**

**Staff response:**

- Staff will immediately cue her back to the house.
- Staff will carry the cell phone and call the house for additional staff support.
- If Mary is ignoring staff cues; staff will need to intervene to keep her safe (implementing crisis strategies).

**If Mary is missing from the home:**

**Staff response:**

- Staff will complete a thorough search of the home premises.
- Staff will notify the site manager that Mary is missing.
- Staff will then notify the Program Manager and the police that she is missing.
- If Mary is not found within 15 minutes, staff will need to notify the case manager and her guardian.

**If Mary is missing in the community:**

**Staff response:**

- Staff are to call 911 and call the house for additional staff support.
- Notify the Site Manger and the Program Manager.
- Continue to search the area in which she was lost.

**Unsafe social behavior/ Undesirable sexual behavior:**

**Staff response:**

If Mary is talking to her peer or staff in a way that is not appropriate, staff can redirect her to a more appropriate conversation topic/activity. For example, **"Mary, let's end this conversation and talk about_____."** Staff can encourage Mary to use her appropriate social behavior. If she is in the community, cue her to return to the vehicle and if she continues return to the home. If Mary is at

home, staff can encourage her to go to her room and let her know that you are there to talk to once she is calm.

**Illegal behavior (stealing):**

**Staff response:**
Staff should be aware of Mary's whereabouts and actions at all times. All staff personal belongings should be kept in their vehicles or locked in the office. If Mary is in the community and engages in shoplifting, staff will cue Mary to put the item back and suggest to her that they put in an outing request for the item upon returning to the house. If Mary does not follow staff cues, the outing will be terminated and Mary will be returned to the house immediately.

**Suicide (threats/attempts)**

Staff is to quickly assess the degree of risk using the following criteria:

Does Kim report that she is going to harm herself?
Does Kim have a plan for hurting herself?
Does Kim have the means (immediate access) to carry out this plan?

Examples:

**Low risk:** Kim reports she's going to kill herself by jumping off a bridge as she's standing in the kitchen. See Threats section for response.
**Moderate risk:** Kim reports she's going to swallow something. While she does not have access to the PICA item, she may have some items hidden in her room. Go to Crisis section.
**High risk:** Kim reports she is going to cut herself and she has a sharp piece of broken glass in her hand. Go to Crisis section.

Staff will maintain constant supervision. However, due to Kim's need for attention no more than 2 staff should be observing her, unless it becomes necessary for more staff to be involved.
Staff will proactively disengage from Kim. This means that Staff will stop talking to Kim, but

they will maintain supervision. Staff will be present with Kim and use active listening techniques.

If Kim continues to escalate, staff can redirect her to her next scheduled activity. For example, staff should say, **"Kim, let's put down the sheet and have lunch (or next activity)."**

If the situation is not conducive to the other strategies previously described or if it does not seem likely that she will respond; staff can simply acknowledge that she seems upset about something. Staff can offer to talk when she is ready, and maintain constant supervision.

**Liquid/food seeking behavior:**

**Staff response:**
Staff would need to cue Mary to make good choices, and encourage her to be healthy. When working with Mary staff should provide positive reinforcement to Mary when she does make healthy choices and should provide Mary with positive encouragement for the weight that she has already lost. Mary is on strict diet orders from the doctor and these orders need to be followed consistently. Staff needs to give Mary only the portions listed on the menu and will need to note any substitutions. If Mary does not follow her diet orders for any reason (including going out to eat) staff would need to circle her diet order on the MAR and document on the back of the MAR the reason that she did not follow the order.

**False allegations***:* Staff will treat all allegations of abuse as serious. They will respond to Mary in a flat effect and simply ask her what happened. Do not agree or disagree with anything see says. Complete a detailed Incident Report and notify the Site Manager.

## VII. Crisis strategies

**General:**
Due to Mary's size one person PPIs (except Belt Shirt) are not recommended. It is unlikely staff can get their arms around her without restricting her breathing. Mary will attempt to injure staff while in a PPI. She hits, kicks, spits and bites while in a PPI. If a third staff is available it is helpful for them to put a barrier between Mary and staff to prevent her spitting. Staff also need to be aware that Mary can target one side of a PPI while appearing calm on the other side. If she is targeting a particular staff it may be helpful to switch that person out if possible.

During a crisis this is not the time for staff to raise their voices or get into a lengthy conversation. This is the time to keep it SIMPLE: the less said the better to help her calm down. This is also NOT the time to ask Mary to express her feelings.

**Guidelines for removal of items during a crisis:**

If Mary engages in **Ingestion Non-Edible Objects/Placing Non-Edible Objects in her Mouth, Physical Aggression, SIB, Property Destruction, Use of Objects as Weapons, and Suicide Threats/Attempts:** in her house or her room: Staff will need to remove any potential material that will harm her or others and that may pose a risk. At least 2 staff needs to be present to remove dangerous items.

Her room will be locked and she will remain in the main area of the house until she has been without any problematic behaviors for at least two hours.

**Staff will implement the following procedures:**

If Mary engages in **placing non-edible objects** in her mouth**,** her room and her home will need to be cleared of all possible pica items.

If Mary were using items in her room or house to engage in **SIB** those items would need to be removed.

If Mary engages in **property destruction** her room will need to be cleared of all items that pose a safety risk to her or staff.

If she is engaging in **using objects as weapons** towards staff and is throwing/hitting with items in her room or house those items would need to be removed.

If Mary engages in **suicidal behavior** staff will need to clear the room of items that she can use to attempt suicide.

Staff may remove items from her room at her request when she is feeling upset or unsafe.
Once items are removed they should be placed in a locked location until the site manager has reviewed the situation and has given the staff instructions to return the items

Staff will need to complete the SOCP client removal form (located in her residential program book).

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**Program Protective Physical Intervention (PPI's):**

**OIS Approved Protective Physical Interventions (PPI) During Crisis:**
The Oregon Administrative Rules (OARS) define physical intervention as "any manual physical holding of or contact with an individual that restricts their freedom of movement". Before using a Protective Physical Intervention (PPI) staff should concern "What is the worst thing that is likely to happen if Mary isn't restrained right now?" A PPI is to be used only for health and safety reasons, and if absolutely necessary.

---

**Staff response:**
Staff will follow the least to most restrictive intervention in order to assure health and safety.

If Mary has become aggressive to the point where she poses a threat to herself or others and non-physical interventions have not been successful, staff can utilize the following PPI's:

1. Staff may utilize a limb capture.
2. Staff may utilize body positioning to prevent her from leaving the supervised setting, or to keep others safe.
3. Staff may utilize an OIS Belt-Shirt for no more than 5-10 seconds, to redirect her if she is trying to escape/run into traffic or keep her from hitting others.
4. If Mary's behavior becomes increasingly unsafe staff may utilize an OIS Backward Escort to the safest area.
5. If it is not possible to use the intervention mentioned above, and the risk of injury to Mary and other is increasing, staff may utilize: an OIS Approved One person One/Two-Arm Support.

***Note**: All 1-person One/Two-Arm Support requires proper height/weight ratio.*
***Also note:** If Mary starts to become aggressive toward staff or peers, or tries to climb on the table, staff will proceed with the following:*

a) If Mary attempts to climb on the table, staff will want to assess the danger of letting her climb it versus physical intervention. Mary typically will climb on the table to break something (i.e. sprinkler system, etc.). Staff may need to clear items from the table and/or ask her peers to move from the area to ensure their safety. Staff should remain close enough to ensure that she is safe in climbing up on the table (**staff will not assist or encourage her to do so).** In many cases, once Mary has climbed up on the table, she will sit/lie down. (The intention is to keep her safe so she doesn't fall and so staff does not get injured in attempting a PPI).

b) If Mary breaks free from staff, staff should back away and attempt to re-implement the PPI. Staff will not get into a conversation with her about her actions. All cues should be short and direct, and only if needed. If Mary drops to the floor, staff will back away and give themselves more space.

c) Once Mary is in her room, staff will close her bedroom door, but staff will maintain supervision audibly with her staff directly in the hall by peers' door. The second staff will be between the laundry room and bathroom door, in case staff have to intervene or re-escort her to her room. (Mary's bedroom should always be bare except for her pictures on the wall and bedding items. All items that have the potential to cause injury should have been previously removed).

d) A third staff will position his or herself outside the hall back door, just in case Mary climbs out of her window. However, staff will stay out of Mary's line of vision--You are to be there only as a back up if necessary.

6. Staff may utilize an OIS Approved 2/3/4 person Standing or Sitting (wall/couch) PPI for safety reasons.

**All Protective Physical Interventions (PPI's) require an Incident Report.**

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**When to Abort the PPI**

If one or more staff are not able to safely control Mary staff need to abort the PPI. They are also required to follow all OIS guideline to monitor Mary's breathing and general health during all PPIs. If she is having difficulty breathing or shows any other signs of distress staff will abort the PPI. Finally, because Mary will attempt to slide down onto her back staff will release once she is on her back and reengage as needed when she gets up. ****Refer to the SOCP's Accessing 911 and Emergency Services guidelines for directions on what to do in an emergency situation and when to call 911.***

**PPI Release criteria:**
If a personal protective intervention was absolutely necessary for Mary and others safety, staff will release her when she can speak or answer questions calmly, her voice resumes a normal volume, she is not breathing in a pressured manner, and she can talk about what she will do upon being

released and/or she says she is ready. Be aware that she will claim to be calm and insist she will be good while in a PPI. If she does this in a raised voice, whining tone , crying or uses profanity she is not calm and will re-escalate when released. Staff will request (and have her repeat) that she will sit down (if in a standing or sitting position at the time of release) for at least one minute. Staff will be available to talk with her and help her to express her feelings appropriately or problem solve, or if Mary does not want to do this, she can resume her normal routine.

## VIII. Recovery strategies

After Mary has had a tough time emotionally or she has exhibited maladaptive behavior (verbal or physical aggression) it is extremely important to try to transition Mary into a better space. Remember when Mary is upset this is not a teachable moment, this is not the time to lecture Mary about her behavior. What she needs at this point is support and any instruction of a verbal nature needs to be done in a coaching voice with a coaching intent, not a pointing out of wrong doings. When she is ready to accept conversation this would be a good time to help Mary verbalize her thoughts and talking about any frustrations she has experienced during the behavior episode. Mary can be hard to understand at times so be patient. It is important to maintain a neutral attitude when interacting with Mary. Remember that Mary does better when she is busy doing things that she likes to do.

## IX. Assessment summary of recommendations:

Mary's 2009 BSP will include proactive strategies to assist Mary in having a good day, along with other strategies to help her work through difficult situations or behaviors. The goal is to help Mary use calming skills to problem solve and work through her stressors, and teaching her appropriate social behavior. The hourly behavior data will monitor and track data on placing non-edible objects in her mouth, physical aggression, SIB, property destruction, leaving supervised setting, unsafe social behavior, undesirable sexual behavior, as well as illegal behavior, liquid/food seeking, and suicide threats/attempts. False allegations do not occur on a regular basis; therefore we will be tracking these behaviors by IR as they occur, as well as in the progress notes/daily log. The ISP team will review the behavior data and incident reports at the monthly reviews or as needed.

## X: Author: John Doe, BVS2

# Appendix B

## Instructions for completing the

# Behavior Monthlies

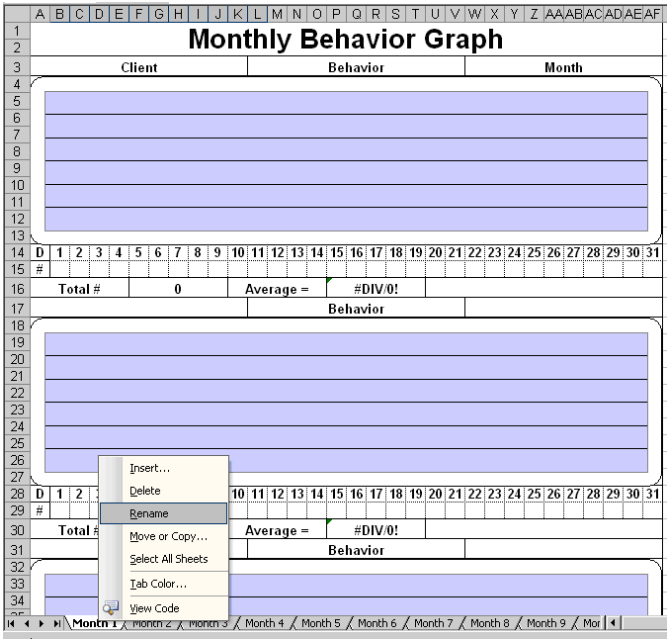
DHS
Oregon Department of Human Services
Seniors and People with Disabilities
State Operated Community Program

# Instructions for completing the Behavior Monthlies

## STEP 1: Enable macros

1. When you open the file, it will ask if you want to enable macros in the document. Click on **"Enable Macros."** If you disable the macros, the file will not work to your advantage.

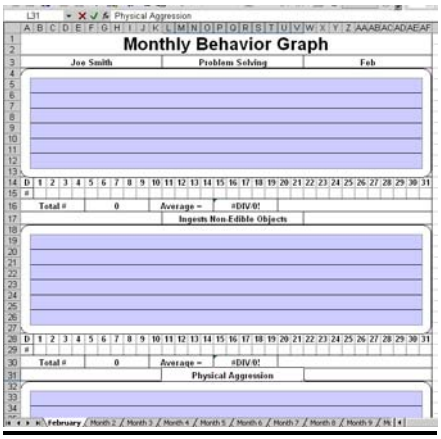
## STEP 2: Name each worksheet




1. An Excel **Workbook** is like a client's Program Book. When you open up the Program book, there are several tabs to organize information (e.g. ISP, BSP, PVO's, etc). Each **Worksheet** in an Excel Workbook is like a tab in a client's Program Book.
2. To organize your Excel Workbook, you will need to **re-name** each of the Worksheet tabs on the bottom of the workbook.
3. **NOTE: You will only rename the tabs titled "Month 1, Month 2, Month 3…." The tabs titled: Monthly, Yearly, Sleep Data, Data Analysis, IR, etc., <u>WILL NOT BE RE-NAMED</u>**
4. To complete this, **Right Click** the worksheet named "Month 1." A box will appear with several options. Highlight "Rename." Then, type the name of the month and hit "Enter." Repeat this process for all of the months.
   a. *Note: Typically "Month 1" would be the month that the client's ISP year started. However, as we are starting this process on 3/1/10, "Month 1" will be re-named "February." When an individual has their ISP, you will start a new workbook with the Month 1 corresponding to the beginning of their ISP year.*

## STEP 3: Enter data/client information/month into the worksheet

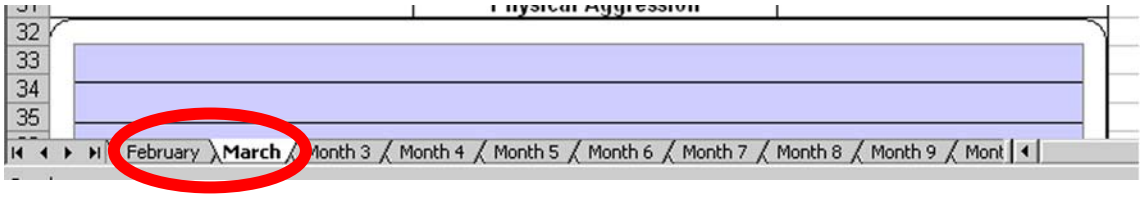
Enlarge the picture below to see demonstration.



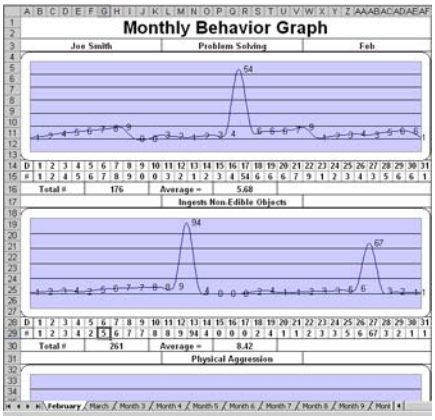

1. In the worksheet now labeled "February," you will need to populate the appropriate information for the following cells:
   a. Client b. Behavior c. Month d. Raw Data
2. For **Client:** Enter the name of your client. *Remember, each workbook represents **one client's** data.*
3. For **Month:** Enter the month, represented by its first **3** letters. For example, *Feb for February, Mar for March, and so on.*
4. For **Behavior:** You will need to enter all of the **Functional Alternatives and Behaviors** that the client's BSP and RTR are currently addressing.

a. Enter the Functional Alternatives **First,**
b. **Then** start with the Maladaptive Behaviors (in the order of the RTR)

5. As you scroll down your worksheet, you will notice that the name of your client (in the example above, "Joe Smith,") and the Month automatically appear on each new page. As such, you will only have to enter this information once on the worksheet.
6. In addition, if you open the next corresponding month, in this case, March, you will see that the client's name and their behaviors have automatically transferred over.
   a. The only new item that you will need to enter (besides raw data) is the name of the month to which the worksheet corresponds.

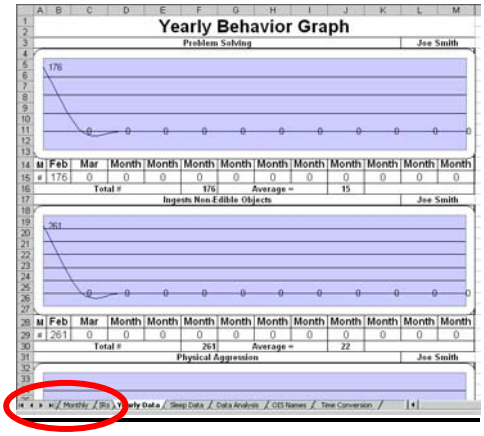



7. Finally, you will need to enter your raw data in directly beneath each behavior graph. You be entering the daily totals. For example, you will need to enter the daily total number of times that the client participating in Problem Solving on the 1st of the month….and so on.
8. As you may notice, the graphs will automatically chart the data for you. In addition, they will also tally the total number for the month, as well as the average.
9. You will repeat STEPS 2-3 for every month (as you have raw data).

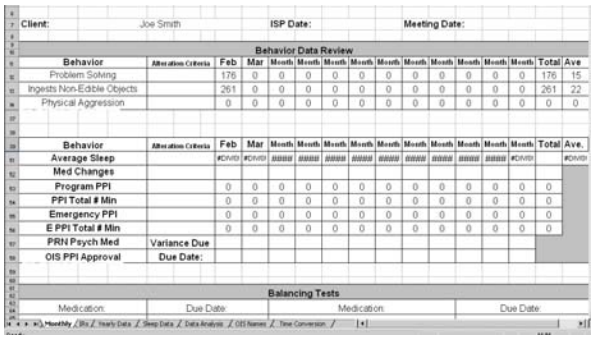



## STEP 4: COMPLETING The monthly and yearly data

1. With this program, after completing steps 2-3, your yearly data is automatically completed.
   **a. Note: The yearly data will replace the old "2 year data." However, keep the old records for reference.**
2. To see this, simply click on the "Yearly" tab at the bottom of the worksheet.
3. As you will see, the currently tracked behavior name automatically appears, as does the client's name. In addition, the yearly automatically charts the monthly total for February and will provide a Yearly total and average of behaviors.

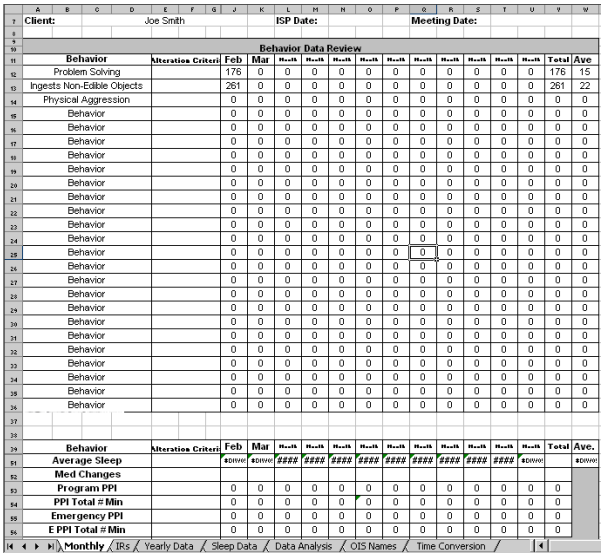


4. **Monthly:** Your monthly is also nearly completed with this program. Click on the "Monthly" tab in the Workbook. When you open it, it will look strange (but familiar).




5. Why does the Monthly look strange, but familiar? To ensure that this document is able to accommodate for the wide range of clients that we support, an excess of behavior graphs have been created. For instance, throughout one client's ISP year, they may only have 5 behaviors (and functional alternatives) that are being addressed, while another client may have up to 20. Technically, the monthly actually looks like the example:

6. What you will see is numerous rows for possible behaviors. This worksheet has been programmed with a Macro to automatically hide any rows that are not being used (hence, why it looks like it does above). This will allow for a cleaner, more professional document (and why you need to enable the Macros).

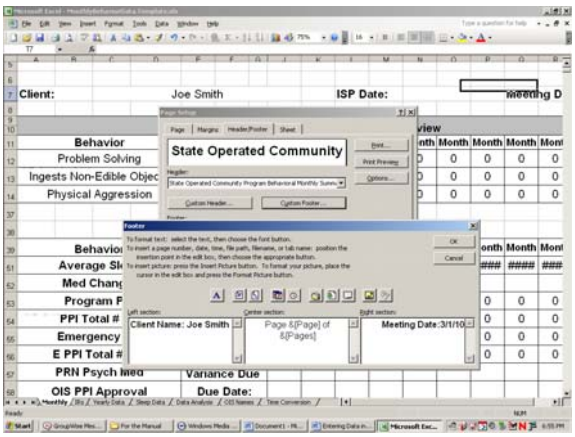



7. **Items that will already be entered into the monthly:**
   a. Tracked Behaviors and Functional Alternatives (from the Behavior Graphs)
   b. Total # of behaviors
   c. Average of behaviors
   d. Client Name
   e. Average hours of sleep
   f. Total # of PPIs (including Emergency)
   g. Total amount of time in a PPI (including Emergency)

*The highlighted items e-g are automatically entered in another section of the Workbook. See Steps #5-6.*

**NOTE: Med Changes** refer to Pysch Med Changes, **E PPI**, refers to Emergency PPI's and **OIS PPI Approval** refers to any individual who has a PPI that requires Steering Committee Approval.

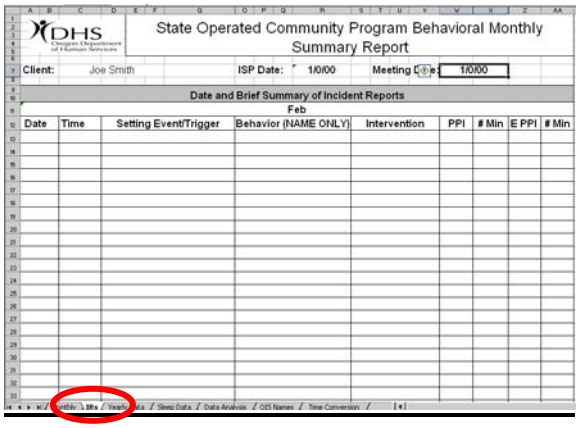
8. **Items that you will need to manually enter into the monthly:**
   a. These are the same that you have done before
      i. Alteration Criteria
      ii. ISP and Meeting Date
      - You will also need to enter this into the Footer of the workbook. To complete this, go to the "View" tab and click on "Footer." A box will open. Click on "Custom Footer." In the box with "Client," type in the client's name, then type in the meeting date. Click "OK" and close. **Leave the Center Box as is.**



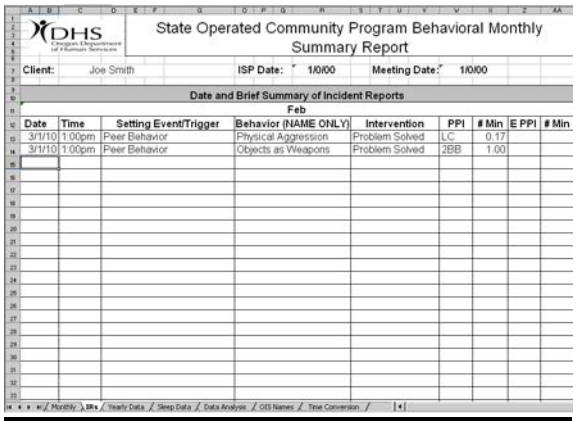
iii. OIS PPI Approval
iv. Psyc Med Changes
v. Psychotropic PRN usage
vi. Balancing Test information
vii. Behavior Review Comments

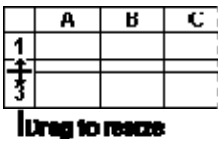
- There is a new section titled "Emerging Behaviors." This is where you and the team can document and discuss any emerging behaviors that an individual may be engaging in.

## STEP 5: Completing the IR review



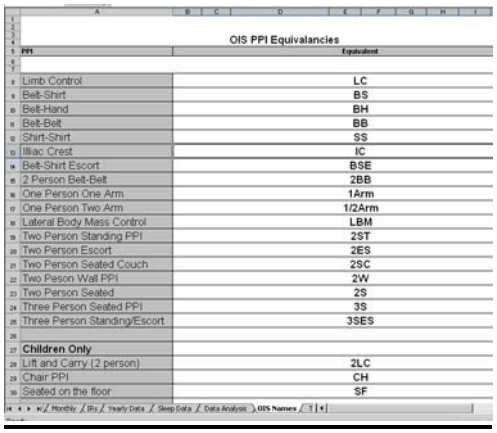

1. As with the previous monthlies, you will continue to complete an IR review. However, this workbook will allow you to do in a way that will increase your abilities to analyze data in the future.
2. Open the "IR" tab. You will see a pretty straight-forward document.
3. As in the past, you will enter the date, behavior, type of PPI (Emergency or Approved) and the corresponding number of minutes that the client is in these.
4. What is different, is there is now a section for detailing the Time, Setting Events/Triggers and Staff Intervention. To complete the IR review proceed with the following:
   a. **Date:** Date of the incident
   b. **Time:** Time of the incident. Often there is only one incident report completed for several behaviors that happened during a specific time. In addition, there is often more than 1 PPI used to support an individual during these times. Use the time row to account for each separate behavior and PPI on a single IR.
   c. **Setting Event/Trigger:** This can be as long or short of a description that you want to give. *You can enlarge the cell as needed. To change the row height of one row, drag the boundary below the row heading until the row is the height that you want:*




   d. **Behavior:** This must be the Name of the Behavior as it appears in the BSP. For example, Verbal Aggression, Physical Aggression, etc.
   e. **Intervention:** This can be as short or as detailed as you would like.
   f. **PPI:** These will be standardized abbreviations. To view these, click on the tab, "OIS Names." For example, "LC" is a limb control.

   **Note:** *If an incident <u>did not require</u> the use of a PPI (or Emergency PPI) leave the cell blank. Do not input "0," "N/A" or anything else. If you do, the Excel formula will count it as a PPI and skew your monthly data.*



g. **Number of minutes for both Emergency and Approved PPIs:** This will need to be recorded as a decimal (very similar to the same system used for Time Capture). For example: a 10 second PPI will become .17 and so on. Click on the "Time Conversion" tab to find time equivalencies. The important thing to remember that the base for the time is **minutes**. Therefore, all time will need to be converted to minutes (e.g. seconds to minutes, hours to minutes)—**See picture to right**.

**Equivalancy Chart for Time**

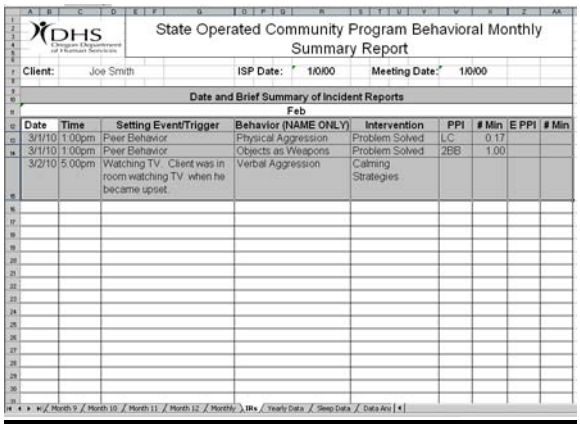
| Hour | Minute | | Second | Minute | Second | Minute | Second | Minute |
|---|---|---|---|---|---|---|---|---|
| 1 | 60 | | 1 | 0.02 | 25 | 0.42 | 49 | 0.82 |
| 2 | 120 | | 2 | 0.03 | 26 | 0.43 | 50 | 0.83 |
| 3 | 180 | | 3 | 0.05 | 27 | 0.45 | 51 | 0.85 |
| 4 | 240 | | 4 | 0.07 | 28 | 0.47 | 52 | 0.87 |
| 5 | 300 | | 5 | 0.08 | 29 | 0.48 | 53 | 0.88 |
| 6 | 360 | | 6 | 0.10 | 30 | 0.50 | 54 | 0.90 |
| 7 | 420 | | 7 | 0.12 | 31 | 0.52 | 55 | 0.92 |
| 8 | 480 | | 8 | 0.13 | 32 | 0.53 | 56 | 0.93 |
| 9 | 540 | | 9 | 0.15 | 33 | 0.55 | 57 | 0.95 |
| 10 | 600 | | 10 | 0.17 | 34 | 0.57 | 58 | 0.97 |
| 11 | 660 | | 11 | 0.18 | 35 | 0.58 | 59 | 0.98 |
| 12 | 720 | | 12 | 0.20 | 36 | 0.60 | 60 | 1.00 |
| 13 | 780 | | 13 | 0.22 | 37 | 0.62 | | |
| 14 | 840 | | 14 | 0.23 | 38 | 0.63 | | |
| 15 | 900 | | 15 | 0.25 | 39 | 0.65 | | |
| 16 | 960 | | 16 | 0.27 | 40 | 0.67 | | |
| 17 | 1020 | | 17 | 0.28 | 41 | 0.68 | | |
| 18 | 1080 | | 18 | 0.30 | 42 | 0.70 | | |
| 19 | 1140 | | 19 | 0.32 | 43 | 0.72 | | |
| 20 | 1200 | | 20 | 0.33 | 44 | 0.73 | | |
| 21 | 1260 | | 21 | 0.35 | 45 | 0.75 | | |
| 22 | 1320 | | 22 | 0.37 | 46 | 0.77 | | |

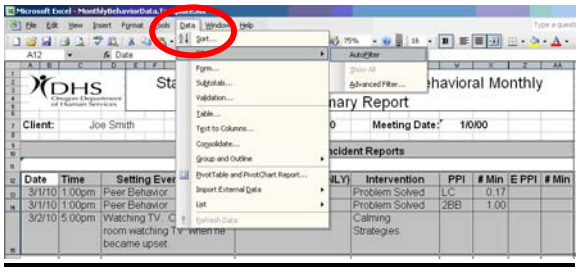
Sleep Data / Data Analysis / OIS Names / Time Conversion

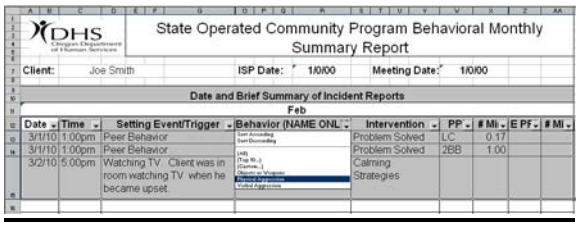
5. **Filtering:** By entering the IRs in the Excel workbook, you now have the option to analyze your data. To do this proceed with the following:
   a. Highlight the rows (including titles) for "Date, Time, Setting Event/Trigger, Behavior, Intervention and all PPIs, with minutes."

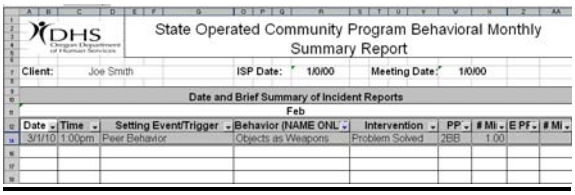
   b. Go to the "Data" button on your toolbar and click on "Filter," then "Auto Filter."

   c. Once this is complete "arrows" will appear over your data. Click on the arrow next to "Behavior." A pull-down menu will appear with all of the behaviors that you have entered for the IR's. Click on any behavior that you want to review. For example, if you want to see how many physical aggressions an individual has had throughout the year, highlight "physical aggression." The document will only show the behaviors for "Physical aggression."

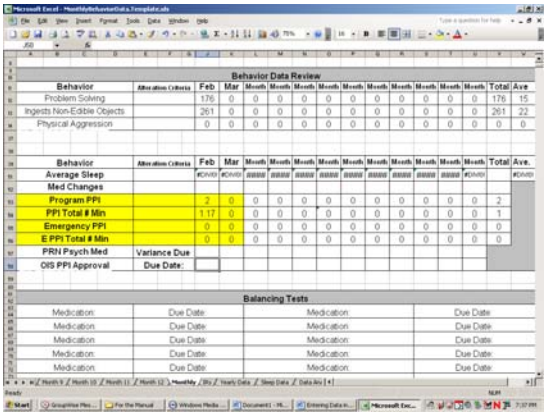


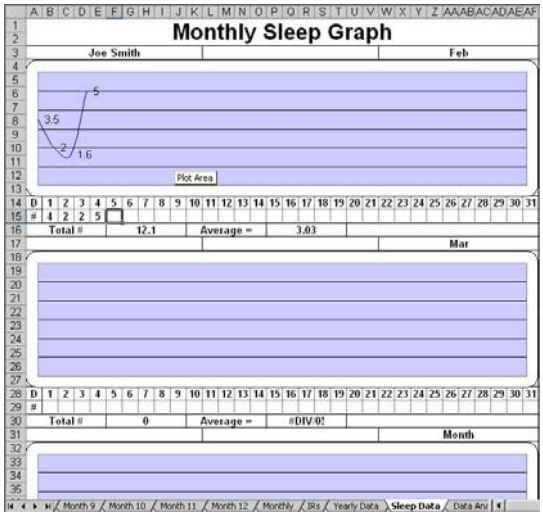



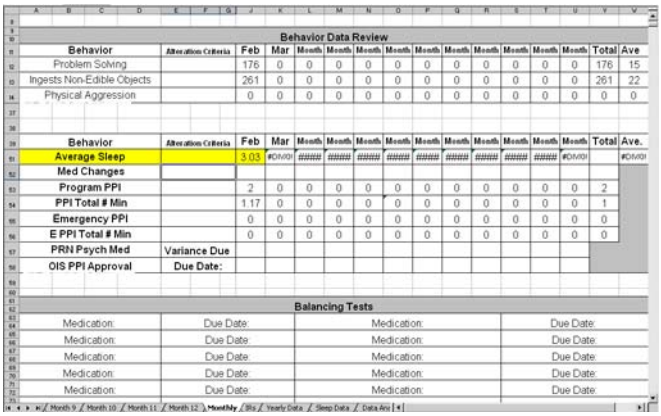
6. **How this helps with monthlies:** Once you enter the PPIs and the number of minutes in each of these on the IR sheet go back to the "Monthly" tab. You will see that the number of PPIs as well as the total number of minutes that an individual was in these is already entered. As a result, you don't have to worry about tallying these up separately.
   a. **Note:** The number of minutes for the PPI's and Emergency PPI's will show up in the following format: hh:mm:ss. For example, 1:15:07, or 1 hour, 15 minutes, and 7 seconds.




## STEP 6: Sleep Data

1. Sleep Data is an important part of understanding an individual's behaviors (i.e. increases/decreases). To complete the sleep data, open the "Sleep Data" tab on the Worksheet.
2. You will notice that the individual's name already appears on the graphs, as does the month.
3. You will enter daily totals of hours of sleep, just as you entered your raw data in the behavior graphs.
4. The graphs will automatically tabulate the total number of hours for the month. The average will automatically appear in the monthly section.




## STEP 7: Print out for the Monthlies

1. This Excel workbook is meant to as a means to complete several of your job expectations at once: Behavior Graphs, Sleep Data, and Monthlies. Primarily, this document is meant to expedite the data entry for the monthlies.

2. When you prepare your monthlies, you will print out the following documents to provide to the Site Manager to combine with the current Vocational and Site Manager sections of the monthly:

   **The worksheet in the "Monthly" tab and the Corresponding month in the "IR" tab. <u>Do not print the entire document in the IR tab. Print just the pages that correspond to the appropriate month for the meeting.</u>**

# Appendix C

# Lifting and Positioning Training

(Equipment Specific)

# Table of Contents

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**The Sling** ..... **8**

**Positioning equipment** ..... **12**

## Purpose of this Training

1. Define correct body mechanics and posture when lifting/transferring / positioning clients
2. Identify and prevent environmental risks factors that can lead to client/staff injuries while lifting/positioning
3. Understand and demonstrate correct use of lifting devices
4. Understand and demonstrate correct use of positioning/mobility devices

***Note:*** *This training provides equipment-specific instructions for operating lifting and positioning/mobility devices. These instructions will apply to all of the individuals who utilize these devices. However, some clients may require "special considerations" that are in addition to the following operating instructions. These considerations are detailed in the client's individual profiles.*

The development of this training manual was informed and guided by the following: Health Care Hazards Module, Back Injury Guide for Health Care Providers (California OSHA branch), Ergonomic Guidelines for Nursing Homes (all developed by the Occupational Safety and Health Administration (OSHA) at www.osha.org), Client Care Ergonomics Resource Guide: Safe Client Handling and Movement, developed by the Client Safety Center of Inquiry (Tampa, FL), Veterans Health Administration and Department of Defense, the "Guidance of Safe Moving of Clients," issued by the Occupational Health and Safety Commissioner, and SOCP zero lifting policy.

## Lifting and Positioning Overview

Many of the clients living at SOCP require staff assistance with lifting, moving and handling (e.g. being turned during the night, being lifted in and out of bed, transferring from a seat to a wheelchair or from a wheelchair to a toilet, being pushed in a wheelchair and so on). The sheer volume of these activities can lead to fatigue, muscle strain and injury. To ensure the continued safety and health of the individuals living at SOCP, as well as the staff, SOCP is committed to a zero-lifting policy of not manually lifting or transferring clients unless there is no alternative. The goal of the zero-lift program is to create a safer environment for staff and individuals, reduce the physical strain needed to perform lifting tasks and improve the level of care offered in the homes.

**Mechanical Lifts**: A key component to complying with SOCP's zero-lift policy is the utilization of mechanical lifts. Currently, SOCP primarily utilizes the Hoyer for these types of lifts. Understanding how to correctly operate these mechanical lifts is key to ensuring the health and safety of clients and staff and will greatly reduce the prevalence of injuries.

**Positioning Equipment:** Many of the clients at SOCP utilize a variety of positioning equipment from sidelyers to crawligators. Utilizing this equipment helps to counteract medical problems like weight gain, constipation, muscle contractures, and skin breakdown. In addition, some of the equipment promotes opportunities for the clients to experience self

initiated movement and gain benefits in the areas of cognition, self esteem, and environmental awareness. As with the use of mechanical lifts, understanding how to correctly operate and utilize the various positioning equipment is key to ensuring the health and safety of clients and staff, will greatly reduce the prevalence of injuries, as well as, increase the client's overall quality of life.

## Safe Client Handling and Movement

### Maintaining correct body mechanics and posture

**Body Mechanics:** Body mechanics is a term used to describe the ways we move as we go about our daily lives. It includes how we hold our bodies when we sit, stand, lift, carry, bend, and sleep. Poor body mechanics are often the cause of back problems. When we don't move correctly and safely, the spine is subjected to abnormal stresses that over time can lead to degeneration of spinal structures like discs and joints, injury, and unnecessary wear and tear.

The following are key body mechanic principles that are important to employ when lifting/transferring/positing clients:

### Posture

Good body mechanics are based on good posture. Good posture means the spine is in a "neutral" position - not too rounded forward and not arched back too far.

**To maintain good posture follow these few steps:**

- Stand with your feet apart.
- Create a small hallow in your lower back by tucking the tailbone in and tilting your pelvic bone slightly forward. Be careful not to arch too much.
- Pull the shoulders back and lift your chest.
- Lift your chin until it is level and relax your jaw and mouth.

***Being aware of your posture during all of your daily activities is the best way to ensure you are using good body mechanics.***

| Pushing | DO NOT |
|---|---|
| ✔ Push whenever possible:<br>• Keep head up<br>• Knees bent, and<br>• Back straight<br>✔ Keep the load in front and use both hands<br>✔ Remain close to the item being pushed | ✘ Pull when you can push<br>✘ Twist your body<br>✘ Learn forward |

| Carrying objects | DO NOT |
|---|---|
| ✔ When carrying objects:<br>• Test load first<br>• Use a transfer device whenever possible<br>• Pivot with your feet - don't twist at waist<br>• Take multiple trips<br>• Use both hands<br>• Keep objects near your body and directly in front of you<br>• Ask for assistance with heavy items | ✘ Carry with one hand<br>✘ Twist body<br>✘ Carry with a bent-over, stooped posture<br>***GET HELP IMMEDIATELY!***<br>***If items are too heavy.*** |

| Reaching | DO NOT |
|---|---|
| ✔ When reaching for an object:<br>• Keep back straight<br>• Reach with two hands<br>• Face the object<br>• Stand on a stable step-stool to reach high items<br>• Bend knees slightly | ✘ Overreach by standing on toes<br>✘ Reach with one hand<br>✘ Twist at waist<br>✘ Stand on an unsafe surface<br>✘ Reach with legs locked in straight position |

| Lifting | DO NOT |
|---|---|
| ✔ When lifting objects, always:<br>• Use a mechanical lift device when feasible<br>• Keep objects close to your body and directly in front<br>• Keep feet at least shoulder width apart<br>• Test the load before lifting<br>• Squat, bending your knees and hips<br>• Keep your head up and back straight<br>• Tighten stomach and lift with leg muscles<br>• Request help with heavy items | ✘ Lift in a bent-over, stooped position<br>✘ Twist at waist<br>✘ Lift with one hand<br>✘ Lift with outstretched arms<br>✘ Keep feet together<br>✘ Lift above shoulders or below knees when feasible |

## Safe Client Handling and Movement:

### Identify and prevent environmental risk factors

Prior to lifting/positioning a client, take the time to prepare the environment, organize the equipment and client, and finally, yourself.

**Prepare the environment:**

- ✓ Clear a working area
- ✓ Eliminate any obstacles (chairs, tables, rugs)
- ✓ Ensure adequate lighting
- ✓ Ensure that the floor is dry
- ✓ Minimize distracting noises

**Prepare the client:**

- ✓ Explain what you are about to do with the client
- ✓ If necessary move/reposition any personal medical devices (IV tubing, etc.)

**Prepare the equipment:**

- ✓ Adjust position of the equipment (bed, sidelyer, wheelchair, hoyer, etc)
- ✓ You may need to make adjustments to the client's wheelchair: include locking brakes, removing arm rests, and positioning the wheelchair at an appropriate angle
- ✓ You may need to make adjustments to the client's bed include locking brakes, putting down side rails, or adjusting bed height.
- ✓ Ensure all devices are in good working order including belts, lifts, and slings.
  - Do the lift brakes work?
  - Are any of the straps frayed on the sling?
  - Is the lift battery charged?
  - Do all of the buttons work on the lift?
  - Is the lift making strange noises?

**Prepare yourself:**

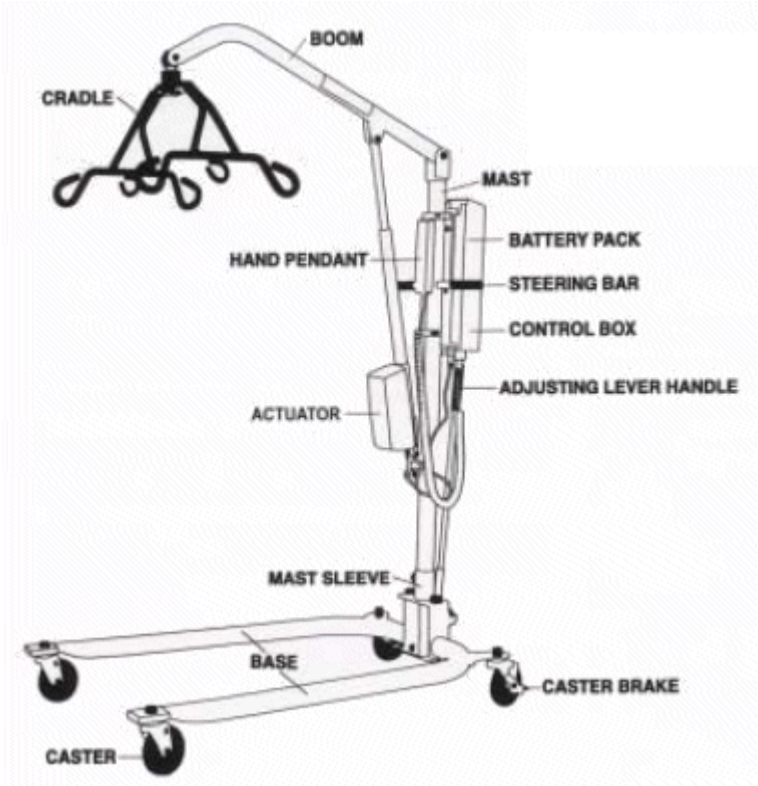
- ✓ Discuss the plan with lifting partners
- ✓ Use simple instructions/one step commands
- ✓ Be prepared for the unexpected.
- ✓ Postpone the lift/transfer if the client is resistive, uncooperative or aggressive
- ✓ Ask for help. Ask for help before you begin the move or transfer. While you wait for someone to come and help you with a transfer, finish preparing yourself, the environment and the client for the transfer, so when help comes, you are completely ready.
- ✓ Know how to do the transfer that is being used. Is it safe? Can you do it safely?

## Mechanical Lifts: Hoyer

**Hoyer Lifts** allow a person to be lifted and transferred with a minimum of physical effort. Before attempting to lift anyone practice with the lifter by using a helper, not the client. You must know and understand how the lifter will feel with a client in it. Be certain to explain the lifting sequence to the client before attempting to lift them the first time.

The Boom of the lift does not swivel. The client's weight must be centered over the base legs at all times. Do not attempt to lift client with the mast/boom assembly swiveled to either side. Always keep the client facing the attendant operating the lifter.

**Typical Hoyer Client Lift diagram**:



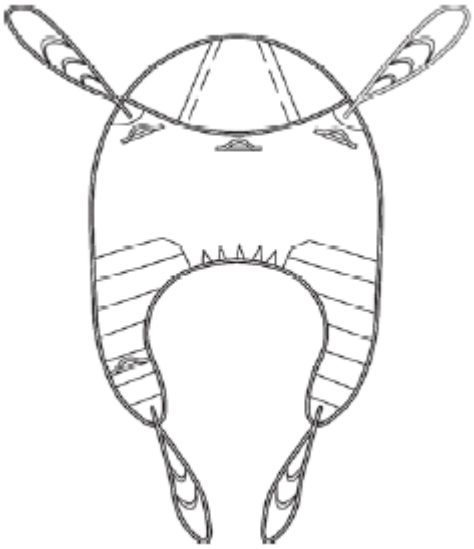

**Manual and Powered Hoyer Lifts operate similarly**. The manual versions have hydraulic cylinders and a hand-pump, the powered lifters use rechargeable battery packs and a pushbutton hand control. All lifts share the same nomenclature names as pictured (above).

- **To raise the client** the base of the Hoyer Lifter must be spread to its widest possible position to maximize stability.
- **To lower client** open the hydraulic pressure release knob by turning it counter-clockwise, not more than on full turn. The release knob is located on pump near pump handle. Battery powered “lifters” have a button on the hand control for lowering the client.

## The Sling

The **U-Sling** is the most commonly used sling for transferring a client. These U-Slings wrap around the thigh and cross between the legs. This gives the client a secure feel and prevents them from slliding out of the sling.

Below is a diagram of a typical padded **U-Sling**.

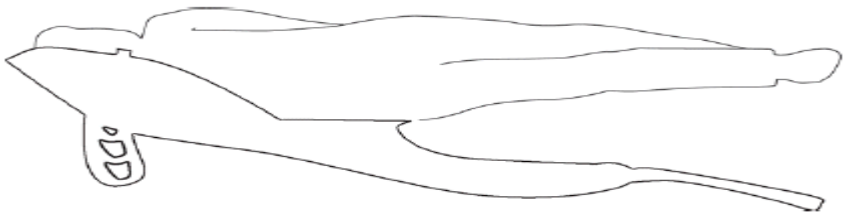


**Typical U-Sling**

**Sling in Use**

**Applying the Sling (For transfers from the Client's bed):**

1. The client should be in center or one side of their bed
2. Roll the client on the side away from staff. (Raise side rail, if equipped, on side opposite staff)
3. Place wider piece (seat) under the client's thighs so the lower edge of the seat is up to the client's knees. Place narrower piece (back) just above small of the back.
4. Roll the client towards the staff. Pull sling through
5. Pull the leg loops forward and under the thigh.
6. Cross the loops



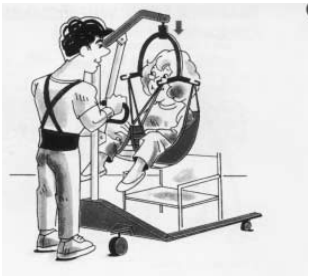
**Applying the sling while the client is lying**

**Transferring from a Client's Bed:**

- Roll the base as far under the bed as possible locating the cradle over the client. Be careful not lower the frame onto the client. The parking brakes (caster locks) should not be on when lifting the client, let the lift move a little with the weight adjustment.
- When both sides of the sling are attached to their respective sides of the cradle, raise the client slowly. If client is in a hospital bed it will help to raise the head section slightly.
- Raise the client until buttocks are just above the mattress. The self-leveling cradle will bring client into a sitting position. Grasp client's legs and turn client so their legs dangle off side off the bed. Do not push or pull client off of bed. Lower bed if you need more clearance.
- Grasp steering handles and move lifter away from the bed. Move client into position over the seat of wheelchair. Make sure wheelchair brakes are on.
- When moving the client lift away from the bed, turn the client so that he/she faces assistant operating the client lift.
- To lower client open the hydraulic pressure release knob by turning it counter-clockwise, not more than one full turn. The release knob is located on pump near pump handle. Battery powered Lifters have a button on the hand control for lowering the client.

Positioning the Lift for Use

**Transfer to Wheelchair or Chair:**



1. Position the lifter so that the client will be as far back in the chair as possible (always be sure to lock the wheelchair brakes, if transferring to a wheelchair).
2. Slowly lower the client into the chair.
3. To gain appropriate positioning, gently push on the client's knees with your right or left hand while simultaneously lowering the client.

**Applying the Sling (For transfers when the client is in a seated position):**

If the client is in a chair/wheelchair, you can place the sling under them without lifting by following these few simple steps:

- Have leg flaps open.
- Standing in front of the client, have them lean forward slightly (if unable, gently lean them forward). Put the seat part of the sling behind the client and press it down until it touches the seat of the chair.
- Grasp leg flap on one side of the client and, while holding against knee, pull leg flap forward; repeat with other side until sling is in correct position.
- Pull the leg loops forward and under the thigh.

**Lifting the client from the floor:**

1. Apply the sling as described above (transferring from the client's bed).
2. Position the lifter behind the client with a pillow over the base to support their neck and head. The lifter should be positioned with the lifter arm over the client.
3. Lower the cradle so that the straps reach the hooks of the sling.
4. Raise the client's knees and attach the sling.
5. Lift the client up above the floor. Turn the client to face the staff and place their feet on the base of the lifter, straddling the mast for extra stability.

**Lowering the client to the floor:**

1. Apply sling as appropriate.
2. Place a pillow on the base support legs
3. Lower the client to the floor, minding the position of their extremities.

**Removing the Sling:**

1. Disconnect the sling from the lifter.
2. If the client is sitting, stand in front of them and gently lean them forward.
3. Pull the sling flaps to the side, out from under the client's thighs.
4. Still standing in front of the client, reach back and pull the sling up from behind the client.
5. Reposition the client in their chair.

**SAFETY PRECAUTIONS:**

- **Never exceed** the maximum weight capacity of the lifter
- **Never push or pull on the boom**—this may cause the lift to tip over
- **Pay attention to the client's attire**. If they are wearing slippery garments they may slide out of the sling if they are not positioned properly. Always position the client so that their knees are slightly above their waist.
- **Do not move the lift and client over** shag or deep pile carpeting, thresholds, unpaved surfaces, outdoors or over other obstructions that can cause wheel stoppage and a tip over.

## Positioning equipment

**Wedges, Leg Abductor, Cans:**

Are types of positioning equipment that help to provide stability and support for clients who lack a degree of body control. In many cases, pillows can be used in place and/or in addition to these devices. They come in a variety of shapes and sizes, but are similar to the ones pictured below.

**Can**

**Wedges**

**Abductor**

**Sidelyer**

Sidelyers can help to relax the body, make joints more flexible, decrease spasticity, and improve head movement. Elevated sidelying may be good for eating, visual activities, and general care giving. In general, sidelyers are similar to the figure below.

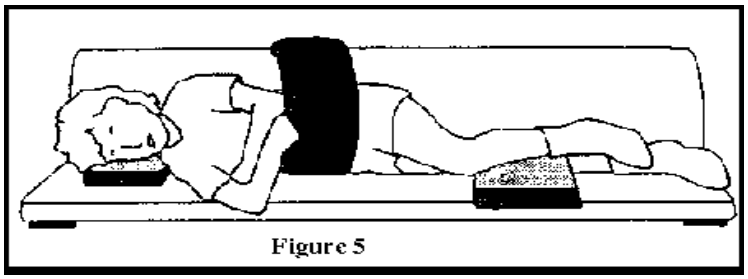


Figure 5

**General procedure:**

1. Prepare the environment, the equipment, the client and yourself.
2. Transfer the client onto the sidelyer (Client will be need to be on their back).
3. Client will need to be rolled onto their side.
4. Align the client:
    - Remember to maintain the client's midline symmetry (align head with spine)
    - Support the client's head with a pillow or foam block.
    - Shoulder side and hip are on the bottom of the sidelyer
    - Shoulder, back and hips are against the back of the sidelyer
    - Support areas between the underarms and the pelvis by fastening the thoracic strap securely
    - Bottom leg needs to be straight from the hips.
    - Top leg needs to be slightly bent with knees and toes pointing forward.
    - If needed, a pillow or foam block/wedge can be used in between the legs.
    - Arms are not caught under the client's body; these need to be forward.

**Sidelying:**

Sidelying is similar to utilizing the sidelyer positioning equipment. Most often, sidelying in utilized while an individual is in bed.

**General procedure:**

1. Prepare the environment, the equipment, the client and yourself.
2. Client will need to be rolled onto their side.
3. Remember to maintain the client's midline symmetry (align head with spine)
4. Make sure that the client is off of the point of their hips and shoulder.
5. Legs should be flexed with a pillow/abductor between their leg and knees to support entire upper leg.
6. Have a pillow tucked behind the individual's trunk (upper body)
7. Place another pillow in front of the client starting under their armpit and extending downward.

**Prone positioner:** This is a positioning device where the client is placed on their stomach. It is typically rectangular in shape with a rounded front end. It usually has an abduction block and/or triangular pad to separate the client's knees once in position. There are several security straps to maintain the client's safety. In addition the positioner may be on wheels, and therefore act as a mobile aid for the client. Overall, the prone positioner is utilized with clients to encourage weight bearing and shifting on hands and knees, develop and strengthen neck, shoulder and arm muscles, improve visual skills, increase tolerance to prone position, develop upper extremity coordination, promote motor development, and/or provide independent locomotion.

**General procedure:**

1. Prepare the environment, the equipment, the client and yourself.
2. Transfer the client onto the side of the positioner, then roll them onto their stomach.
   - Remember to keep the head supported during the roll.
3. Align the client:
   a) First align the hips, then the shoulders, head, legs, feet and arms. Remember to maintain the client's midline symmetry (align head with spine)
   b) Ensure that the client's pelvis and hips are level
   c) Assist the client in placing their head on either of the sides of the positioner
   d) Arms may be at the side, slightly bent, or flush with the front of the positioner
   e) If there is an abductor or pad, ensure that both legs are on either side. If there is none, place a pillow between the client's legs (to separate the knees).
   f) Secure straps.
   g) To protect the client's toes place a towel roll or pillow under their ankles.

4. If the positioner has wheels, ensure that the client is wearing shoes and/or slippers to protect their feet.
    - In addition, when the client is moving in the positioner watch to make sure that their hands don't accidently get pinched.
5. **Note:** If you need to move the client up or down in the positioner to maintain saftey assist at the client's pelvis. NEVER pull on the client's legs or arms.

**Easystand Stander:**

Some of the clients living at SOCP utilize standing devices. These devices come in a variety of models; however the general mechanics of operating these are very similar.

Standers provide a means for clients to participate in passive standing, which has been demonstrated to prevent, reverse, or improve many of the adverse effects of prolonged immobilization. Some benefits of standing include: The prevention of contractures (ankles, knees, and hips), improvement of range of motion (spine, hips, knees and ankles), reduction in spasticity, prevention of pressure ulcers through changing positions, development and improvement of upper body balance and strength, alleviation of pain caused by prolonged or inappropriate positioning, development of standing tolerance and endurance, increase independence, self-image, and inclusion.

**General procedure (Easystand Stander):**

1. Prepare the environment, the equipment, the client and yourself.
2. Swing the knee block and arm rest out of the way.
3. Ensure that the casters are locked.
4. Transfer client onto the seat of the stander; Ensure that their hips are slid all of the way back into the seat.
5. Place the client's feet in the shoe holders and fasten the straps.
6. Fasten the hip belt.
7. Swing the knee block over the client's knees to secure their lower legs.
8. Fasten the chest harness around the client.
9. Raise the client to a standing position by pumping the hydraulic handle.
10. As the client rises, ensure that their arms are clear and are able to rest on the tray.
11. Once in a standing positioning, ensure that the foot and chest straps are snug and fastened.
12. To return the client to a sitting position, release the hydraulic handle (slowly).
13. Ensure and guide the client's hands as they are being lowered.
14. Remove the straps. Remove the knee block and armrest out of the way.

# Appendix D

## DHS 4562
# Employee Instruction Record

- DHS 4562 Revised form (06/10)
- Directions for completing Instruction Record

DHS
Oregon Department of Human Services
Seniors and People with Disabilities
State Operated Community Program

# Employee Instruction Record

Date training started: _____ Trainer signature: _____

Length of time: _____ Trainer signature: _____

Subject: _____

## SECTION A:

Client(s): *(initials)* _____ _____ _____ _____ _____

- ☐ Initial training
- ☐ Revisions/updates
- ☐ Re-training
- ☐ Internal client transfer
- ☐ Other _____
- ☐ Annual review _____

*(list documents, including dates, if applicable)*

## SECTION B:

- ☐ Individual Support Plan (ISP) *(including Action Plans)* Date: _____
- ☐ ISP Protocols *(list below)* Date: _____
- ☐ FA/BSP Date: _____
- ☐ Staffing Expectations Date: _____
- ☐ Safety Plan (Home) Date: _____
- ☐ Safety Plan (Voc) Date: _____
- ☐ PFW Date: _____
- ☐ Nursing Care Plan Date: _____
- ☐ Vocational Day Supports *(list specific documents/in the "Points covered:" section below. Include dates if applicable.)*
- ☐ Nursing Protocols *(list specific documents/in the "Points covered:" section below. Include dates if applicable.)*
- ☐ Other *(list specific documents/in the "Points covered:" section below. Include dates if applicable.)*

Points covered: _____

Oregon Department of Human Services
Seniors and People with Disabilities
State Operated Community Program

# Employee Instruction Record

Subject: _____

My signature below indicates that I have read the applicable instructions and will follow the instructions to the best of my ability. My signature also indicates that I was given the opportunity to ask questions and express concerns. My signature, further indicates, that I was given a copy of all necessary documentation on the documented subject(s), when applicable.

| Date | Staff | Signature & Title | Trainer initials | Date | Staff | Signature & Title | Trainer initials |
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DHS
Oregon Department of Human Services
Seniors and People with Disabilities
State Operated Community Program

# Directions for completing
# Employee Instruction Record

| | | |
|---|---|---|
| 1. | Date training started | The date that you began training staff. This should correspond to the earliest date that an employee signs off that they received the training. |
| 2. | Trainer signature(s) | Signatures of the trainer(s). |
| 3. | Length of time | Total length of time that the training took.<br>**Remember:** The duration of the training should be structured according to the magnitude of the points covered. For example, at a minimum, training for an ISP and support documents should last an hour. |
| 4. | Subject | Input and/or check the following in **SECTION A**: |
| | Client(s) | **a).** Initial of the client(s) to whom the training pertains. |
| | **Initial training** | **b).** Check this box if this is the first time that the staff is receiving the training. This would include such training as: A client's new ISP, client transfers, new and/or changes to policy/procedures, new/revised support documents, etc. |
| | **Revisions/updates** | **c).** Check this box if you are training staff on any updated documents/policies/procedures, etc. |
| | **Re-training** | **d).** Check this box if this is a re-training for any of the staff on the particular subject. |
| | **Annual training** | **e).** Check this box if the training covers any mandatory annual training (e.g. Mandatory Abuse, Dress Code, Fire Extinguisher, Earthquake Drills, etc.).<br>***Note:*** *This does not include the mandatory training taught by the Central Training Department (e.g. CPR/First Aid, Conflict Resolution, etc.).* |
| | **Internal client transfers** | **f).** Check this document if you are training staff when a client transfers to another SOCP home. |
| 5. | **SECTION B** | This section includes several check boxes to indicate what support/other documents were trained. You must check the appropriate box, and if applicable the date of the document being trained. Check only the applicable boxes; if all were trained then check all. |
| 6. | **Points covered** | What is included in this section may vary, however the following must be documented<br>***Note:*** *"See Attached" is not an acceptable entry* |
| | **ISP Training / Internal Client Transfers / Client Entries** | **a).** If you are training a client's new ISP/Transfer/Entry, you will check the appropriate boxes in Section B that you are responsible for training. In the **Points Covered**, you will indicate "all points in the above marked documents." If any of the boxes that you marked in **Section B** require that you "list below," you will <u>individually</u> list these in the points covered, including dates, if applicable.<br>***For example****, "Constipation Protocol, dated 5/1/10; Insulin Pump, Client Schedule, etc.* |

# Directions for completing
# Employee Instruction Record

| | | |
|---|---|---|
| | **Revisions/updates** | **b).** Indicate what the specific revision(s)/update(s) to a particular document are being trained. For example, if client JS' staffing expectations were revised from 15 minute checks while sleeping to 30 minute checks on 5/3/10, you would mark and input the following:<br>• **Section A:** Client Initials (JS), Check "Revisions/Updates"<br>• **Section B:** Check Staffing Expectations and input the date of 5/3/10<br>• **Points covered:** Staff is now to perform 30 minute checks on JS while he is sleeping (or something similar). |
| | **Re-training** | **c).** Indicate what was re-trained. If it was the entire contents of a particular document, you will write: "all points in the above marked document." If it was only a part of any document/box marked in section B, indicate the specifics.<br>***For example:*** *"JS liquid consumption guidelines: Staff are to……"*<br><br>**Annual Training:** Indicate what documents/training was provided.<br>***For example,*** *"Earthquake Drills, Code of Conduct, Mandatory abuse, etc."* |
| | **Other** | **d).** Indicate the document and if applicable, specific points covered, as well as the document dates (if applicable). |
| 7. | **Signatures** | In this section, ensure that it is accurately and fully completed. You must include the date that the staff was trained, their name, signature/title, and the trainer's initials. |

# Appendix E

## Directions for completing excel workbook

# Yearly Cumulative Training Record

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State Operated Community Program

# Instructions for completing the Yearly Cumulative Training Records

## Overview:

The **Yearly Cumulative Training Records** are a part of an **Excel Workbook.** It contains the following Worksheets (tabs at the bottom of the screen): A **"Master"** sheet ***(The Red Tab),*** 3 **"Transfer Staff"** sheets and 30 **"Staff"** sheets.

The **"Master"** sheet is where you will input all of your training for the year.

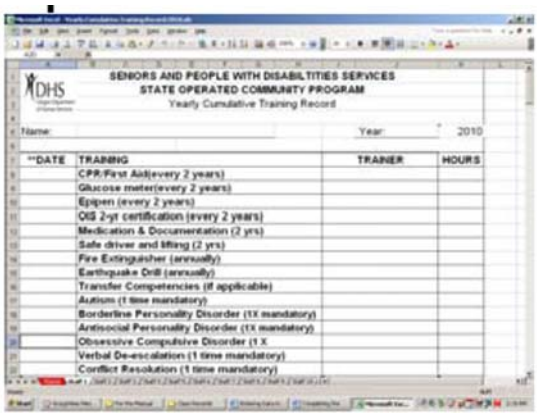
The **"Transfer staff"** sheets are blank worksheets, and the **"Staff"** sheets are for each of the staff at your home(s).

Each "Training Record" has columns for the date of the training. There is also a column to record the type of training that the staff received.

- "Fixed" trainings are the "mandatory" trainings,
- Bi-annual trainings, and
- Annual training

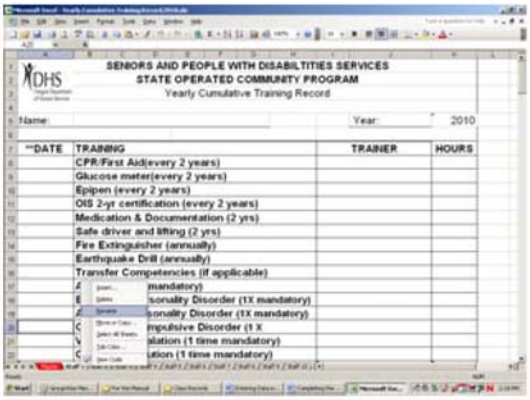
The dates staff receive training for the above trainings, are not linked to one another and will need to be ***entered for each staff, manually***.

Finally, there are columns in which to enter the trainer's name (or initials) and the length of the training. *(See image at right)*




## Step 1: Worksheet Set-Up

1. An Excel **Workbook** is like a client's Program Book. When you open up the Program book, there are several tabs to organize information (e.g. ISP, Blended Plan, PVO's, etc). Each Worksheet in an Excel **Workbook** is like a tab in a client's Program Book.
2. To organize your Excel Workbook, you will need to **re-name** each of the Worksheet tabs on the bottom of the workbook.
3. **<u>NOTE:</u>** *You will only rename the tabs titled "Staff 1, Staff 2, etc…."* You **WILL NOT** RE-NAME THE RED TAB **"MASTER."**
4. To complete this, **Right click** the worksheet named "Staff 1." A box will appear with several options. Highlight "Rename." Then, type the name of the staff and hit "Enter." Repeat this process for all of the staff at your home. *(See image at right)*



## **Step 2:** Inputting Training Information

All training information (with some exceptions) will need to be inputted into the "Master" Worksheet. This sheet is "linked" to the 30 "Staff" worksheets. As such, any information recorded on the Master sheet will automatically appear on the remaining staff sheets. In addition, the worksheets automatically add up the training hours. The Yearly Cumulative Training records have been designed in this way to reduce the amount of data entry required to complete these in a timely manner.

**In the Master Worksheet you will input the following:**

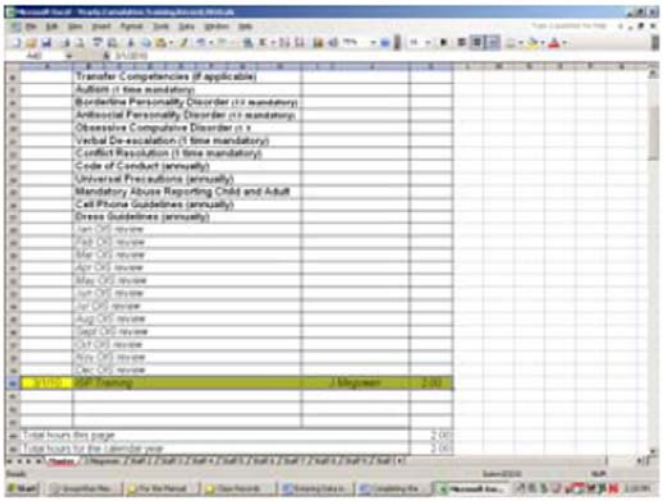
**Year:** This is a cell linked to all of the Staff worksheets. Input the current year (this has already been completed for 2010).

**Date:** This is the date that the training started. For example, if you were training a new Blended Plan and you began training staff on 2/1/10, you would input 2/1/10. In many cases, this **will not be** the date that the particular staff actually received the training.

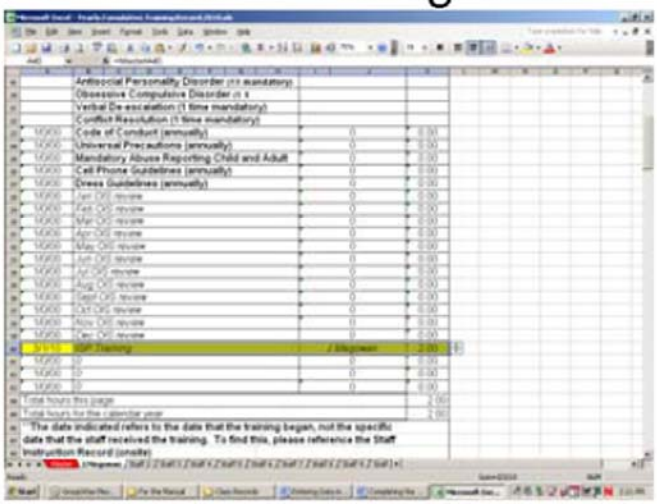
***For example,*** you may have started the training on 2/1/10, however only 1 staff actually received the training on that date. Other staff may have received the training on 2/5/10, 2/15/10, and 2/22/10 respectively. The Yearly Cumulative Training Record will no longer reflect this. That is what the **"DHS 4562 Employee Instruction Record," DHS 4609 Instruction Record/Manual Restraints" and "DHS 4610 Employee Record/Evasions & Releases"** are for. As such, **do not lose your Instruction Records.**

***In the Example below, you will see that the information entered on the Master Sheet automatically appears on the staff sheet labeled "J.Megowan." Master Sheet / Staff Sheet "J.Megowan."*

Master Sheet



Staff Sheet "J.Megowan"



**Mandatory Trainings**: There are several Mandatory trainings that appear on each Training Record. When inputting dates for these trainings you will need to input the specific date that each staff received this training. The dates are not the same for all staff. As such, you will need to manually input these for each staff. Exceptions to this include the following trainings:

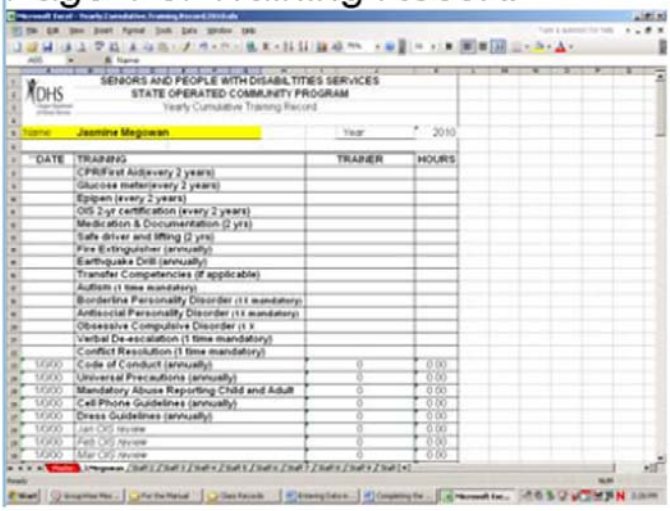
a. Code of Conduct (annually)
b. Cell Phone Guidelines (annually)
c. Universal Precautions (annually)
d. Dress Guidelines (annually)
e. Mandatory Abuse Reporting Child & Adult
f. Jan – Dec. OIS reviews

These dates will be the same date for every staff.

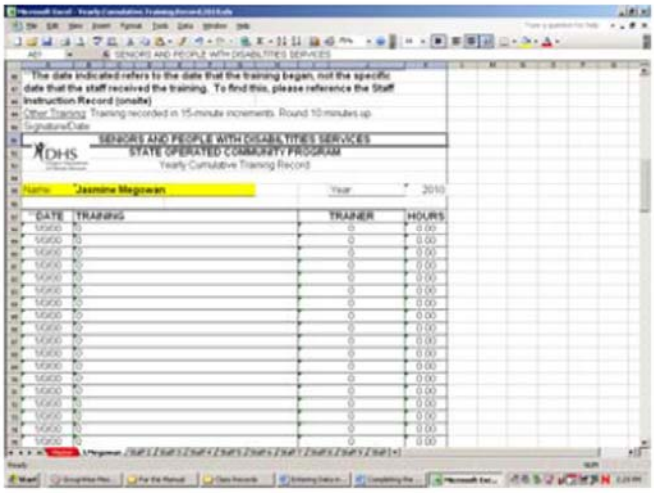
## **Step 2a:** Inputting Information into the "Staff" Worksheets

The only information that you will need to input into the Staff Worksheets is the name of the particular staff. Go to the "Name" box and type in the staff's name. There are 4 pages to each Yearly Training Record. **Type the Staff's name on Page 1.** *(Their name will automatically appear on the remaining three pages.) See image below.*

Page 1 of Training Record




Page 2 of Training Record

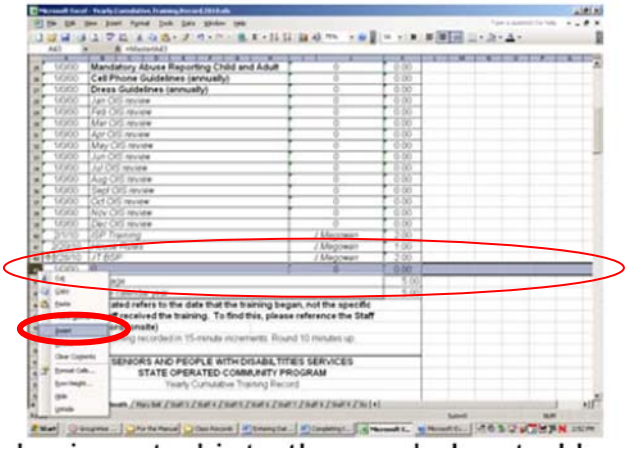



## **Step 3:** Trouble Shooting

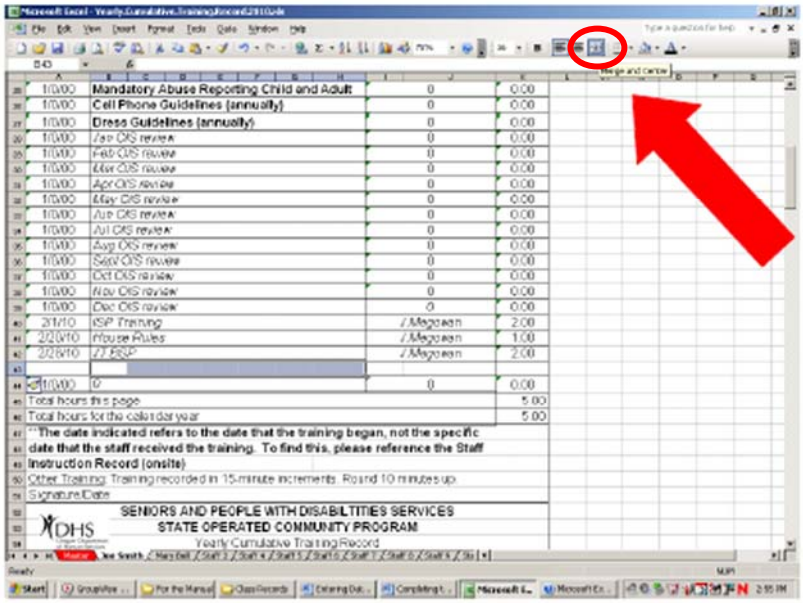
**Q: What if I complete an individual training for a staff, however no one else received that training. For example, if I complete an individual re-training on a client's Blend Plan? Where do I enter the data?**

**A:** At times, this will happen. In the example below, Joe Smith received an individual re-training on 3/1/10 for AB's Blended Plan. However, Mary Bell did not need this re-training. To document this training, proceed with the following:

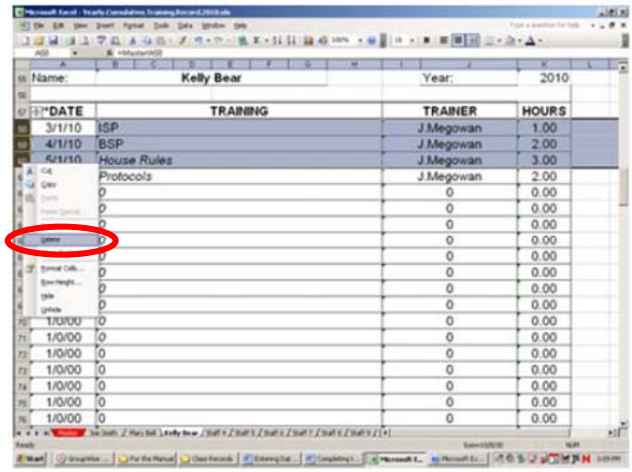
1. Open Joe's training record (click on the tab with his name).
2. In Excel all rows and columns are numbered. For row numbers, look to the far left hand of your screen. Column numbers are designated by letters at the top of the worksheet.
3. Drag your mouse over the row numbers. Highlight the row after the most recent training (i.e. the next corresponding blank row) by *right clicking* on the mouse.
4. A box will appear with several options. Click on "Insert." ***See image to the left.***




5. A row will automatically be inserted into the worksheet. However, the row will need to be formatted—more specifically; the cells will need to be **"merged."** To complete this:
   a. Highlight the cell (not the entire row).
   b. Click on the "Merge and Center" Button in your toolbar. This is a little blue box with a lowercase "a."
   c. This will automatically format the row for typing. You will need to format the cell for "Training" and Trainer every time that you insert a row. See image below.



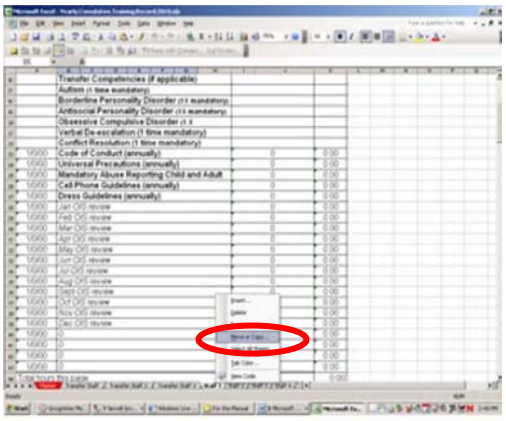
5. Once the cells are merged, you will be able to type in the training that Joe received for AB's Blended Plan. This training will not appear on any of the other staff's records.

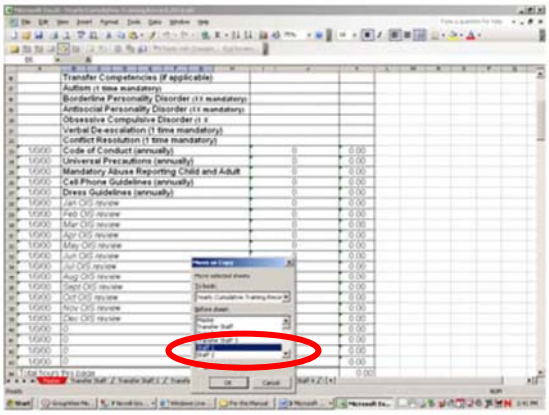



**Q: What if a new staff comes to my house? For example, say it is June when the new staff comes. How do I remove training from January-June that they did not receive?**

**A:** This will be similar the example above. For the example, say that the new staff/transfer staff, Kelly Bear is the new staff that arrives on 6/1/10. Re-name one of the tabs with her name. Then open her worksheet. Highlight the rows containing training for 3/1-5/1 (as in the example above). *Right click* on your mouse and when the box appears, highlight **"Delete."**

**Q: What if I run out of worksheets and a new staff arrives?**
**A:** Open one of the "staff" tabs. Right click on the tab and highlight **"Move or Copy."**



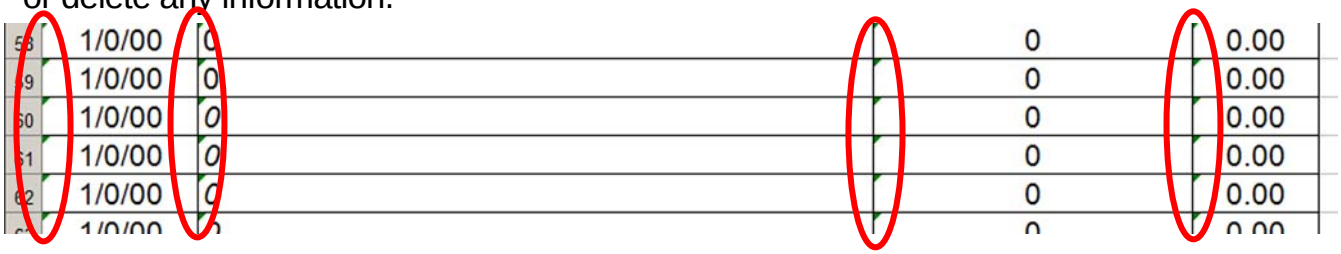


A box will appear asking where you want to "move" the new tab. Scroll down on where you want the new staff's tab to be located. Remember to check the box at the bottom **"Create a Copy."** Click "okay."

Finally, **rename** the new worksheet.

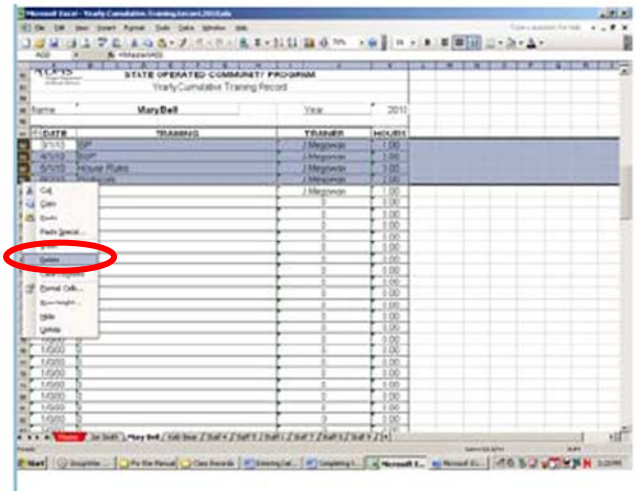
## **Step 4:** Important things to Remember!!

1. **Green Arrows:** The ***green arrows*** that you see in the upper left hand corners of each cell indicates that the ***cell is linked*** to either the Master document or another cell in the worksheet. When you see the arrows it is a reminder **NOT TO delete or enter any information in these cells.** If you do, you will break the link to the Master document. The Master document does not contain too many green arrows. This is where you should enter or delete any information.

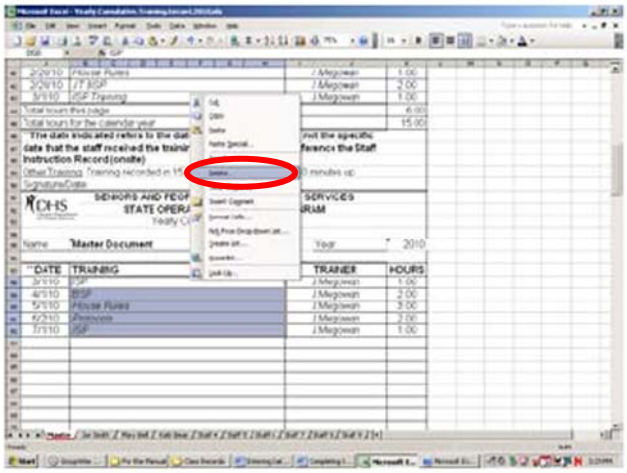


2. **Never Delete/Enter any information in the cells of the staff's worksheets:** If you need to add/delete any specific information for a particular staff, only **insert or delete** entire **Rows *(See step #3).** This way no links are broken. You can only delete the contents of a cell (e.g. Training, dates, number of hours) from the Master Sheet.

**Deleting Entire Rows from Staff Worksheet**



**Deleting specific contents in a cell from the Master Worksheet**



3. The cells within the Excel document are "merged." As such, you will not be able to "sort" the trainings. For example, if you had inputted all of your training for January-March, then found in June that you forgot to input training in January. You want to enter the training, and then have it sorted into chronological order. This is your option:

   a. Highlight all of the cells that you want to sort into chronological order.

   b. Hit the un-merge button.

   c. Sort the data

   d. Re-merge each cell individually.

**SENIORS AND PEOPLE WITH DISABILTITIES SERVICES**
**STATE OPERATED COMMUNITY PROGRAM**
Yearly Cumulative Training Record

Name: **Master Document** Year: 2010

| **DATE | TRAINING | TRAINER | HOURS |
|---|---|---|---|
| | **CPR/First Aid(every 2 years)** | | |
| | **Glucose meter(every 2 years)** | | |
| | **Epipen (every 2 years)** | | |
| | **OIS 2-yr certification (every 2 years)** | | |
| | **Medication & Documentation (2 yrs)** | | |
| | **Safe driver and lifting (2 yrs)** | | |
| | **Fire Extinguisher (annually)** | | |
| | **Earthquake Drill (annually)** | | |
| | **Transfer Competencies (if applicable)** | | |
| | **Autism (1 time mandatory)** | | |
| | **Borderline Personality Disorder (1X mandatory)** | | |
| | **Antisocial Personality Disorder (1X mandatory)** | | |
| | **Obsessive Compulsive Disorder (1 X mandatory)** | | |
| | **Verbal De-escalation (1 time mandatory)** | | |
| | **Conflict Resolution (1 time mandatory)** | | |
| | **Code of Conduct (annually)** | | |
| | **Universal Precautions (annually)** | | |
| | **Mandatory Abuse Reporting Child and Adult** | | |
| | **Cell Phone Guidelines (annually)** | | |
| | **Dress Guidelines (annually)** | | |
| | *Jan OIS review* | | |
| | *Feb OIS review* | | |
| | *Mar OIS review* | | |
| | *Apr OIS review* | | |
| | *May OIS review* | | |
| | *Jun OIS review* | | |
| | *Jul OIS review* | | |
| | *Aug OIS review* | | |
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****The date indicated refers to the date that the training began, not the specific date that the staff received the training. To find this, please reference the Staff Instruction Record (onsite)**

Other Training: Training recorded in 15-minute increments. Round 10 minutes up.

Signature/Date:

**SENIORS AND PEOPLE WITH DISABILTITIES SERVICES**
**STATE OPERATED COMMUNITY PROGRAM**
Yearly Cumulative Training Record

Name: **Master Document** Year: 2010

| **DATE | TRAINING | TRAINER | HOURS |
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****The date indicated refers to the date that the training began, not the specific date that the staff received the training. To find this, please reference the Staff Instruction Record (onsite)**

Other Training: Training recorded in 15-minute increments. Round 10 minutes up.

Signature/Date:

# SOCP
# Forms list

**As of 12/2010**

Oregon Department of Human Services
State Operated Community Program

# Where to find the forms and/or tools you are looking for:

| OTAC forms<br>www.otac.org | DHS Forms Server | SOCP Webpage(s) in progress:<br>Behavior Specialist., VOC and Nurse |
|---|---|---|
| • Individual Support Plan (ISP)<br>• Personal Focus Worksheet (PFW)<br>• The Risk Tracking Record (RTR)<br>• Action Plans<br>• Change Forms | • DHS 4588 FA/BSP Blended Plan<br>• DHS 4588 Good Day Plan<br>• DHS 4588 Interaction Guidelines<br>• DHS 4554 Balancing Test<br>• DHS 4576 Physician's Visit/Orders<br>• DHS 4573 Medication Administration Record (MAR)<br>• DHS 4629 Daily Log<br>• DHS 4596 Progress Note<br>• DHS 4585 Core Competencies<br>• In-House (Green)<br>• Transfer (Blue)<br>• DHS 4562 Employee Instruction Record<br>• 4654 Expanded Volunteer Overtime Designation<br>• DHS 4658 Volunteer & Expanded Overtime Rotation List<br>• DHS 4659 Volunteer Waiver form<br>• DHS 4632 Needs Meeting | • Functional Behavior Assessment<br>• FBA Assessment Interview form<br>• Client Observation form<br>• Accessing Emergency Services guidelines<br>• Program approved Protective PPI's<br>• Client Monthly Summary Report<br>• In-House Training Duties<br>• Fire extinguisher use<br>• In-House Training Follow-up sheet<br>• Yearly Cumulative Training Record<br>• Employee Overtime Manual<br>• Two-year Cumulative Training Record |

**DHS 4595 Incident Report carbonless pads are available through SOCP Central Office:**

- 4595 Part 1
- 4595A Part 2
- 4595A – SIB attachment (Self Injurious Behavior) – in progress
- 4595B Part 3
- 4595C Part 4
- 4595D Part 5

# State Operated Community Program

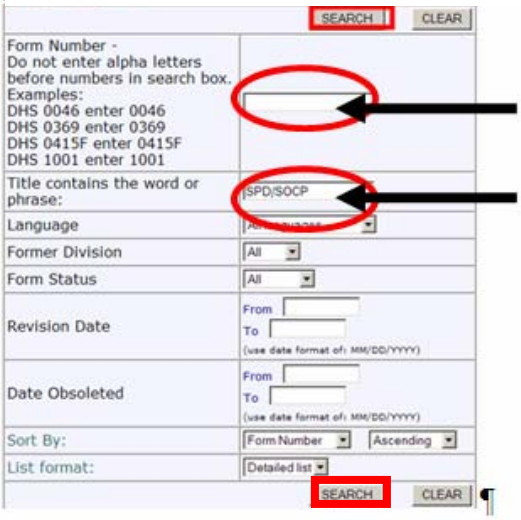
4494 River Rd. N. Keizer, OR 97303 - PO Box 14680, Salem OR 97309-0449
**HOURS**: 8 a.m. -5 p.m. **MAINLINE:** 503-378-5952 **FAX:** 503-378-5917

## 1. HOME PAGE

http://www.oregon.gov/DHS/index.shtml

## 2. FORMS PAGE

## 3. Scroll down ▽ the page . . . type in "form number 4-digits" or "SPD/SOCP" :




**A.** Type in "form number 4-digits" hit "SEARCH" ***or***

**B** Type in "SPD/SOCP" hit "SEARCH" for a listing of posted forms

# Numeric order - SOCP Forms / Tools:

| Form # | Form name | PDF | Word | Revised, Obsoleted, New |
|---|---|---|---|---|
| 121 | Employee Emerg. Info. Record (ANNUALLY) | | | SOCP (10/09) |
| 121 | DHS Employee Emerg. Info. Record | | ● | DHS (06/08) |
| 134 | Small Purchase Order Transaction System (SPOTS) VISA Card Agreement form | ● | ● | N09/2009 |
| CE134 | Authorization for Direct Deposit | | ● | 6/1/2008 |
| 844 | Receipting of Checks & Other Negotiable Instruments | ● | ● | 1/1/2009 |
| 225 | Driving Record Certification | ● | | 2/24/2010 |
| | SOCP Driving Record Certification (ANNUALLY) | ● | | R 09/22/2010 |
| 4551 | Abuse Investigation Follow-Up (**Word/**PDF) | ● | ● | R 1/1/2007 |
| 4554 | Balancing Test *(In review - Add Prescriber Sign./date)* | | ● | R 06/29/10 |
| 4555 | Client Grievance Report | ● | ● | R 1/1/2007 |
| 4556 | Client Demographic Form | ● | ● | R 1/1/2007 |
| 4557 | Client's Rights Sign-Off *(In review - S.R.) 05/10* | | ● | N 3/1/2007 |
| 4558 | Disbursement of Weekly Incentive Money | ● | ● | R 04/01/2008 |
| 4559 | Employee Assigned Property Tracking (ANNUALLY) | ● | ● | R 11/09 |
| 4560 | Individual Emergency Support Sheet | | ● | N 10/27/10 |
| 4561 | SOCP Request for Medical Leave FMLA/OFLA | ● | ● | N 12/15/2008 |
| 4562 | Employee Instruction Record | ● | ● | R 08/01/10 |
| 4595D | Instruction Record Directions | ● | | N 08/26/10 |
| 4563 | SPOTS Card Activity Log | ● | ● | R 02/01/09 |
| 4566 | Hepatitis B Immunization Series Designation | ● | ● | R 1/1/2007 |
| 4568 | Income and Expense Account Record | ● | ● | R 3/11/09 |
| 4570 | Individual Narcotic Count Sheet *(In review 05/10) J.M)* | ● | ● | R 1/1/2007 |
| 4571 | Psychotropic Drug Record *(05/10 changes in prog.)* | | ● | R 06/16/10 |
| 4573 | Med. Administration Rec.(at FORMS UNIT-interactive) | ● | | R 11/16/10 |
| 4574 | Mileage Log | ● | ● | R 1/1/2007 |
| 4575 | Petty Cash Ledger | ● | ● | R 04/01/2009 |
| 4576 | Physician's Visit Orders (PVO) *(05/10 changes in prog.)* | | ● | R 6/29/10 |
| 4577 | Safety Checklist | ● | | R 10/27/10 |
| 4578 | Transaction Slips | ● | | R 4/1/2008 |
| 4579 | Two Year Behavior Record (REMOVAL) | ● | | R 2/1/2007 |
| 4580 | Behavior Support Plan Data Form (REMOVAL) | ● | | R 2/1/2007 |
| 4581 | Checklist in the Event of Death | ● | ● | R 03/01/10 |
| 4582 | Community Integration Data Sht. 1 - Desired Outcome | ● | | R 2/1/2007 |
| 4583 | Community Integration Data Sheet 2 - Action Plan Step | ● | | R 2/1/2007 |
| 4584 | Confidentiality Sign-Off Sheet (ANNUAL PACKET) | | ● | R 11/15/10 |
| 4585 | Employee (Full) Core Competencies / Reference | ● | | R 10/27/10 |

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|---|---|---|---|---|
| 4585T | Transfer Core Compentencies (Print on BLUE) | ● | | R 10/27/10 |
| 4585I | InHouse Core Comp (Print on GREEN) | ● | | R 10/27/10 |
| SOCPWeb | In-House training duties/responsibilities grid | ● | | R 10/06/10 |
| 4586 | Client Specific (V14) "InHouse" GRN/"Transfer" BLUE | ● | | N 08/04/10 |
| 4587 | Daily Planner | | ● | R 3/1/2007 |
| 4588 | Functional Assessment/Behavior Support Plan - FA/BSP_Blended Plan | | ● | N 06/29/10 |
| 4588GDP | Good Day Plan | | ● | 06/23/10 |
| 4588IG | Interaction Plan | | ● | 06/23/10 |
| 4589 | Day Program Preferred Activity List | | ● | R 3/1/2007 |
| 4590 | Drug Disposal Sheet | ● | | Submitted / |
| 4591 | VOC/Day Service Change Order | | ● | R 10/09 |
| 4594 | Request to Attend VISA Training | | ● | R 3/1/2007 |
| 4595 | Incident Report (IR) - Part 1 of 5 | set pads | | R 06/21/10 |
| 4595A | Incident Report (IR) - Part 2 of 5 (revision) | set pads | | R 06/21/10 |
| 4595A_SIB | Self Injurious Behavior (SIB) Tracking Part 2_SIB | IN PROGESS | | N 11/16/10 |
| 4595B | Incident Report (IR) - Part 3 of 5 | set pads | | R 06/21/10 |
| 4595C | Incident Report (IR) - Part 4 of 5 | set pads | | R 10/1/2007 |
| 4595D | Incident Report (IR) - Part 5 of 5 NEW | set pads | | N 02/01/2010 |
| 4595G | Incident Report Guidelines | ● | | N 6/1/2007 |
| 4596 | Progress Notes | ● | | R 08/12/09 |
| 4609 | Instruction Record - OIS Mnth Rev. - Manual Restraints | | ● | N 4/1/2007 |
| 4610 | Instruction Record.OIS Mnth Rev. - Evasions & Releases | | ● | R 4/1/2008 |
| 4611 | Vacancy Position Posting - Information Form | | ● | N 04/01/07 |
| 4612 | Work Order Form | ● | ● | N 09/01/10 |
| 4613 | Health List | | ● | N 4/1/2007 |
| 4614H | Safety Plan for Home | ● | ● | N 05/18/10 |
| 4614W | Safety Plan for Work/ATE/Community | | ● | N 05/18/10 |
| 4615 | Client Monthly Summary Report/USE - Linked Excel | | ● | SOCP File 2010 |
| 4616 | Placement Referral Assessment | | ● | N 06/16/10 |
| 4616G | Placement Referral Assessment Guidelines | ● | | N 6/1/2007 |
| 4617 | Petition for Commitment Alledging Mental Retardation and Need for Residential Care, | | ● | N 4/1/2007 |
| 4618 | Staffing Expectations (REMOVAL) | ● | ● | R 11/1/2007 |
| 4619 | SIRP Initial Review Procedure and Checklist | | ● | N 6/1/2007 |
| 4620 | Performance Eval - ONA Represented Employee | | ● | N6/1/2007 |
| 4621 | Addendum to Physician Orders, Medication Administration Irregularities, Physician's Directions | | ● | R 06/29/10 |
| 4622 | Referral Packet Contents Checklist- Internal Client move | ● | | N 6/1/2007 |
| 4623 | Injury Tracking Form | | ● | R 08/12/09 |

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|---|---|---|---|---|
| ~~4624A~~ | Mandatory Abuse Reporting Notice (Adult) | ● | ● | R 09/22/10 |
| ~~4624C~~ | Mandatory Abuse Reporting Notice (Children) | ● | ● | R 09/22/10 |
| 4625 | Relocation Plan | | ● | R 03/22/10 |
| 4625C | Children's Crisis Entry/Exit | | | N 11/16/10 |
| 4626 | Request for Investigation | | ● | N 6/1/2007 |
| 4627 | Outing Request | | ● | N 6/1/2007 |
| 4628 | Outing Log | | ● | N 6/1/2006 |
| 4629 | Daily Log | ● | | R 07/2010 |
| 4629E | Daily Log/Shift Report - for Eliott Nurses 05/2010 | ● | | N 04/01/10 |
| 4630 | Medication Incident Report (MIR) UPDATED | set pads | | R 05/01/10 |
| 4631 | Medical Home Support Service Assessment | | ● | N 10/1/2008 |
| 4632 | Needs Meeting Form | | ● | N 06/01/07 |
| 4633 | Bloodbourne Pathogens Exposure Plan | | ● | R 4/1/2008 |
| 4634 | Personal Property Rec. Replaced by 4634C & 4634H | | ● | N 04/01/08 |
| 4634C | Client Personal Property Record Replaces 04634 | | ● | N 11/1/2008 |
| 4634H | House Property Record Replaces 04634 | | ● | N 11/1/2008 |
| 4635 | Client Room Inspection | | ● | N 10/1/2007 |
| 4636 | Notice of Resignation | | ● | N 10/1/2007 |
| 4637H | House Evacuation/Fire Drill Record | ● | ● | R 10/10/2010 |
| 4637V | Voc/Day Service Fire Drill Record | ● | ● | R 08/10/2010 |
| 4638 | Monthly Overtime Summary | | ● | R 9/1/2008 |
| 4638P | Monthly Overtime Summary For Program Managers | | ● | R 10/1/2008 |
| 4639 | Employee Working File Checklist | | ● | N 11/1/2007 |
| 4640 | Universal Precautions (ANNUALLY) | ● | | R 10/09 |
| 4641 | Significant Exposure Information - 1 time signature | | ● | N 11/1/2007 |
| 4642 | Request for Early Release of Payroll Check | | ● | N 11/1/2007 |
| 4644 | Request for SOCP "Stock Room" Office Supplies | ● | ● | R 03/01/10 |
| 4645 | Bowel Record - Nurse Tool | ● | ● | N 5/1/2008 |
| 4646 | Delegation&Teaching of Nursing.Care.Tasks. To Unlicensed .Glucometer.Check.Glucose Level - | ● | ● | N 5/1/2008 |
| 4647 | Delegation and Teaching of Nursing Care Tasks to Unlicensed Persons - Insulin Admin - Nurse Tool | ● | ● | N 5/1/2008 |
| 4648 | Delegation & Teaching of Nursing Care Tasks to Unlicensed Persons.Use of Inhaler for Asthma - | ● | ● | R12/29/08 |
| 4649 | Weight Record | ● | | N 6/1/2008 |
| 4650 | Hospitalization and Surgery Record | ● | ● | N 12/15/2008 |
| 4651 | Annual Menstruation Record | ● | ● | R 12/30/2008 |
| 4652 | $100 and Over Purchase Request Form | ● | ● | N 9/1/2008 |
| 4653 | Eyewash Weekly "15 Minute" Flush Record | ● | ● | N 12/30/2008 |
| 4654 | Expanded Volunteer Overtime Designation | ● | ● | R 02/21/09 |
| 4655 | Mandatory Overtime Posting | ● | ● | R 02/20/09 |

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|---|---|---|---|---|
| 4656 | Prearranged Overtime Posting | ● | ● | R 02/20/09 |
| 4657 | Predetermined Overtime Rotation List | ● | ● | R 02/20/09 |
| 4658 | Volunteer & Expanded Overtime Rotation List | ● | ● | R 08/13/09 |
| 4659 | Volunteer Waiver Form | ● | ● | N 02/20/09 |
| 4660 | Shift Trade/Exchange Form (HR Tool) | ● | ● | N 03/01/10 |
| 4661 | Warrant of Detention (inactive) use Debbie's | | ● | |
| 4662 | Acknowledgement of Money Received | | ● | N 03/25/09 |
| 4663 | Med. Admin. Accountability Sign-off Sheet | ● | | N 09/23/09 |
| 4664 | Telephone Orders | ● | | N 08/19/09 |
| 4665 | SOCP Vehicle Assignment | ● | | N 08/19/09 |
| 4666 | Nurse Training FAX | ● | | N 08/19/09 |
| 4667 | SOCP Photo Release Form | ● | | N 08/19/09 |
| 4670 | VISA Itemization Form (NEW) | ● | | N 08/28/09 |
| 4671 | VOC Services Work Order Request form | ● | | N 09/07/10 |
| 4672 | ~~POLST Form (NEW) Policy 4.007 Medical Services~~ | ● | | R 03/08/10 |
| 4673 | SOCP Nutritional Intake Record | ● | | N 04/30/10 |
| 4674 | SOCP Intake/Output Record (Being UPDATED) | ● | | N 05/07/10 |
| 4675 | Acute Care Plan and Worksheet | ● | | N 05/17/10 |
| 4676 | Immunization Record | ● | | N 05/17/10 |
| | **Program related** | | | |
| TOOL | SOCP Dress Guideline | ● | | SOCP (10/09) |
| TOOL | SOCP Personal Cell Phone Use | ● | | SOCP (10/09) |
| TOOL | SOCP Employee Code of Conduct | ● | | SOCP (09/09) |
| TOOL | SOCP Central Office Confidentiality Sign-off | | | SOCP (08/10) |
| TOOL | SOCP Emergency Individual Summary Sheet | | ● | SOCP (10/10) |
| TOOL | SOCP Group Home Rules | ● | | SOCP (09/09) |
| TOOL | SOCP Program-wide Communication Checklist | | ● | SOCP (07/10) |
| TOOL | SOCP Action Request Memo (AR)_Template | | ● | SOCP (07/10) |
| TOOL | SOCP Informational Memo (IM)_Template | | ● | SOCP (07/10) |
| TOOL | SOCP Maglock Info and Contact number | | ● | SOCP (08/10) |
| TOOL | SOCP Petty Cash Memo | | ● | SOCP (03/09) |
| TOOL | SOCP Request for Emergency Petty Cash | | ● | SOCP (01/10) |
| TOOL | SOCP Petty Cash Object Codes (AOBJ) | ● | | SOCP (01/10) |
| TOOL | SOCP Policy Memorandum (PM)_Template | | ● | SOCP (2010) |
| TOOL | SOCP Central Office Emergency Petty Cash | | ● | SOCP (01/10) |
| TOOL | SOCP Central Office Meeting Request | | ● | SOCP (01/08) |
| TOOL | SOCP Central Office Project Request | | ● | SOCP (09/08) |
| TOOL | SOCP Central Office Modified Questionnaire | | ● | SOCP (01/10) |
| TOOL | SOCP Central Office Request NON-DHS Training | ● | | NEW 2008 |

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|---|---|---|---|---|
| TOOL | SOCP Central Office SOVS Checks Received/PickedUp | | ● | SOCP (01/10) |
| TOOL | SOCP IN-HOUSE Training - Duties / responsibilities | | ● | Revised 10/10 |
| TOOL | SOCP IN-HOUSE Shift Spending Record | ● | ● | NEW 06/21/10 |
| TOOL | SOCP IN-HOUSE Self Admin. of Medications | | ● | 12/01/09 |
| TOOL | SOCP Incident Reports (IRS) Tracking Sheet | | ● | NEW 1/05/10 |
| | **Nurse Tools** | | | |
| TOOL | SOCP RN_Aspiration Protocol | | | |
| TOOL | SOCP RN_Asthma Inhaler Protocol | | ● | 05/08/10 |
| TOOL | SOCP RN_CPAP.BIPAP Care | | | |
| TOOL | SOCP RN_Constipation Protocol | | | |
| TOOL | SOCP RN_Daily Weight & BP Tracking sheet | | ● | 6/30/2010 |
| TOOL | SOCP RN_Dehydration Protocol | | | |
| TOOL | Delegation of Teaching to unlicensed/Asthma Inhaler | | | 05/08/10 |
| TOOL | SOCP RN_EpiPen Protocol | | ● | Revised 04/19/10 |
| TOOL | SOCP RN_Focused Nursing Care Plan | | ● | 07/01/05 |
| TOOL | SOCP RN_G-Tube meds, feeding and documentation | | ● | |
| TOOL | SOCP RN_Generic Protocol | | | |
| TOOL | SOCP RN_Glucagon Protocol | | ● | 02/09/10 |
| TOOL | SOCP RN_Hypertension Protocol | | ● | 02/09/10 |
| TOOL | SOCP RN_Inhaler Protocol | | | 05/08/10 |
| TOOL | SOCP RN_Influenaz Immunization Informed Consent | | | 07/01/04 |
| TOOL | SOCP RN_Insulin Protocol | | ● | 05/08/10 |
| TOOL | SOCP RN_Multiple Sclerosis Info Sheet | | | 12/08/09 |
| TOOL | SOCP RN_Physician Order for Constipation | | ● | 12/08/09 |
| TOOL | SOCP RN_Registered Nurse Communication Log | | | |
| TOOL | SOCP RN_New Nurse Training FAX | | ● | 08/09/10 |
| TOOL | SOCP RN_Outreach Nurse Assessment | | ● | 02/09/10 |
| TOOL | SOCP RN_Outreach Nurse/Client Notes | | | 02/09/10 |
| TOOL | SOCP RN_Respiratory Therapy | | | 01/08/10 |
| TOOL | SOCP RN_Review Schedule (Every 60 days) | | | 05/08/10 |
| TOOL | SOCP RN_Reveiw Schedule (Every 120 days) | | | 09/08/10 |
| TOOL | SOCP RN_Review of Performance | | | 09/08/10 |
| TOOL | SOCP RN_Review of Unlicensed Persons | | | 08/08/10 |
| TOOL | SOCP RN_Seizure Protocol | | | 02/09/10 |
| TOOL | SOCP RN_Seizure Report, Log, Calendar | | | |
| | **VOC/Day Services Tools** | | | |
| OTAC | VOC Action Plan (OTAC) Read Only | | ● | 09/09/09 |
| TOOL | VOC Annual Family/Guardian Survey | ● | | 10/08/07 |
| TOOL | VOC Employment Application | | ● | R 11/02/10 |

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| TOOL | VOC Employment Assessment | | ● | R 11/02/10 |
| TOOL | VOC Drop-in Checklist | | ● | 03/01/07 |
| TOOL | VOC/Day Services Change Tool | | ● | R 11/02/10 |
| 4591 | PREVIOUS VOC/Day Services Change Tool | | ● | NEW 10/01/2009 |
| TOOL | VOC Employment History | | ● | |
| TOOL | VOC ISP Timelines Checklist | | ● | R 05/01/2010 |
| 4562 | VOC Employee Instruction Record | | ● | R 08/01/2010 |
| TOOL | I-9 2010 version | ● | | 2010 version |
| TOOL | VOC Interest Survey | | ● | 03/01/09 |
| TOOL | VOC Job Development Contact Log | | ● | 02/01/10 |
| TOOL | VOC Job Procedure Data Sheet | | ● | 10/01/09 |
| TOOL | VOC Lifestyle Evaluation | | ● | 03/29/09 |
| TOOL | VOC Payroll Data sheet _ BLANK | | ● | 10/01/10 |
| TOOL | VOC Payroll Data Sheet A - Single | | | |
| TOOL | VOC Payroll Data Sheet B - Newspaper | | | |
| TOOL | VOC Preservice Training Record | ● | | R 07/2010 |
| TOOL | VOC Program Cover Sheet (RN/BVS) | | ● | N 06/10/10 |
| TOOL | VOC Program Data Sheet/Task Analyzed (RN/BVS) | | ● | R 11/02/10 |
| TOOL | W-4 2010 version | ● | | 2010 version |
| TOOL | VOC Services Work Order Request form (4671) | ● | | N 09/24/10 |
| TOOL | VOC Yearly Cumulative Record | | | 07/01/04 |
| TOOL | VOC Worksite Supervisor Evaluation Sheet | | | |

# Alphabetical - SOCP Forms & Tools

| Form name | Form # | PDF | Word | Revised, Obsoleted, New |
|---|---|---|---|---|
| $100 and Over Purchase Request Form | 4652 | ● | ● | N 9/1/2008 |
| Abuse Investigation Follow-Up (**Word/**PDF) | 4551 | ● | ● | R 1/1/2007 |
| Acknowledgement of Money Received | 4662 | | ● | N 03/25/09 |
| Acute Care Plan and Worksheet | 4675 | ● | . | N 05/17/10 |
| Addendum to Physician Orders, Medication Administration Irregularities, Physician's Directions | 4621 | . | ● | R 06/29/10 |
| Annual Menstruation Record | 4651 | ● | ● | R 12/30/2008 |
| Authorization for Direct Deposit | CE134 | . | ● | 6/1/2008 |
| Balancing Test *(In review - Add Prescriber Sign./date)* | 4554 | . | ● | R 06/29/10 |
| Behavior Support Plan Data Form (REMOVAL) | 4580 | ● | . | R 2/1/2007 |
| Bloodbourne Pathogens Exposure Plan | 4633 | . | ● | R 4/1/2008 |
| Bowel Record - Nurse Tool | 4645 | ● | ● | N 5/1/2008 |
| Checklist in the Event of Death | 4581 | ● | ● | R 03/01/10 |
| Children's Crisis Entry/Exit | 4625C | . | . | N 11/16/10 |
| Client Demographic Form | 4556 | ● | ● | R 1/1/2007 |
| Client Grievance Report | 4555 | ● | ● | R 1/1/2007 |
| Client Monthly Summary Report/USE =Linked Excel | 4615 | . | ● | SOCP File 2010 |
| Client Personal Property Record Replaces 04634 | 4634C | . | ● | N 11/1/2008 |
| Client Room Inspection | 4635 | . | ● | N 10/1/2007 |
| Client Specific (V14) "InHouse" GRN/"Transfer" BLUE | 4586 | ● | . | N 08/04/10 |
| Client's Rights Sign-Off *(In review - S.R.) 05/10* | 4557 | . | ● | N 3/1/2007 |
| Community Integration Data Sheet 2 - Action Plan Step | 4583 | ● | . | R 2/1/2007 |
| Community Integration Data Sht. 1 - Desired Outcome | 4582 | ● | . | R 2/1/2007 |
| Confidentiality Sign-Off Sheet (ANNUAL PACKET) | 4584 | . | ● | R 11/15/10 |
| Daily Log | 4629 | ● | | R 07/2010 |
| Daily Log/Shift Report - for Eliott Nurses 05/2010 | 4629E | ● | | N 04/01/10 |
| Daily Planner | 4587 | . | ● | R 3/1/2007 |
| Day Program Preferred Activity List | 4589 | . | ● | R 3/1/2007 |
| Delegation & Teaching of Nursing Care Tasks to Unlicensed Persons.Use of Inhaler for Asthma - Tool | 4648 | ● | ● | R12/29/08 |
| Delegation and Teaching of Nursing Care Tasks to Unlicensed Persons - Insulin Admin - Nurse Tool | 4647 | ● | ● | N 5/1/2008 |

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|---|---|---|---|---|
| Delegation of Teaching to unlicensed/Asthma Inhaler | TOOL | . | . | 05/08/10 |
| Delegation&Teaching of Nursing.Care.Tasks. To Unlicensed .Glucometer.Check.Glucose Level - Tool | 4646 | ● | ● | N 5/1/2008 |
| DHS Employee Emerg. Info. Record | 121 | . | ● | DHS (06/08) |
| Disbursement of Weekly Incentive Money | 4558 | ● | ● | R 04/01/2008 |
| Driving Record Certification | 225 | ● | | 2/24/2010 |
| Drug Disposal Sheet | 4590 | ● | . | Submitted / |
| Employee (Full) Core Competencies / Reference | 4585 | ● | . | R 10/27/10 |
| Employee Assigned Property Tracking (ANNUALLY) | 4559 | ● | ● | R 11/09 |
| Employee Emerg. Info. Record (ANNUALLY) | 121 | . | . | SOCP (10/09) |
| Employee Instruction Record | 4562 | ● | ● | R 08/01/10 |
| Employee Working File Checklist | 4639 | . | ● | N 11/1/2007 |
| Expanded Volunteer Overtime Designation | 4654 | ● | ● | R 02/21/09 |
| Eyewash Weekly "15 Minute" Flush Record | 4653 | ● | ● | N 12/30/2008 |
| Functional Assessment/Behavior Support Plan - FA/BSP_Blended Plan | 4588 | . | ● | N 06/29/10 |
| Good Day Plan | 4588GDP | . | ● | 06/23/10 |
| Health List | 4613 | . | ● | N 4/1/2007 |
| Hepatitis B Immunization Series Designation | 4566 | ● | ● | R 1/1/2007 |
| Hospitalization and Surgery Record | 4650 | ● | ● | N 12/15/2008 |
| House Evacuation/Fire Drill Record | 4637H | ● | ● | R 10/10/2010 |
| House Property Record Replaces 04634 | 4634H | . | ● | N 11/1/2008 |
| I-9 2010 version | TOOL | ● | . | 2010 version |
| Immunization Record | 4676 | ● | . | N 05/17/10 |
| Incident Report (IR) - Part 1 of 5 | 4595 | set | pads | R 06/21/10 |
| Incident Report (IR) - Part 2 of 5 (revision) | 4595A | set | pads | R 06/21/10 |
| Incident Report (IR) - Part 3 of 5 | 4595B | set | pads | R 06/21/10 |
| Incident Report (IR) - Part 4 of 5 | 4595C | set | pads | R 10/1/2007 |
| Incident Report (IR) - Part 5 of 5 NEW | 4595D | set | pads | N 02/01/2010 |
| Incident Report Guidelines | 4595G | ● | . | N 6/1/2007 |
| Income and Expense Account Record | 4568 | ● | ● | R 3/11/09 |
| Individual Emergency Support Sheet | 4560 | . | ● | N 10/27/10 |
| Individual Narcotic Count Sheet *(In review 05/10)* | 4570 | ● | ● | R 1/1/2007 |
| InHouse Core Comp (Print on GREEN) | 4585I | ● | . | R 10/27/10 |

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| In-House training duties/responsibilities grid | SOCPWeb | ● | . | R 10/06/10 |
| Injury Tracking Form | 4623 | . | ● | R 08/12/09 |
| Instruction Record - OIS Mnth Rev. - Manual Restraints | 4609 | . | ● | N 4/1/2007 |
| Instruction Record Directions | 4595D | ● | . | N 08/26/10 |
| Instruction Record.OIS Mnth Rev. - Evasions & Releases | 4610 | . | ● | R 4/1/2008 |
| Interaction Plan | 4588IG | . | ● | 06/23/10 |
| Mandatory Abuse Reporting Notice (Adult) | ~~4624A~~ | ● | ● | R 09/22/10 |
| Mandatory Abuse Reporting Notice (Children) | ~~4624C~~ | ● | ● | R 09/22/10 |
| Mandatory Overtime Posting | 4655 | ● | ● | R 02/20/09 |
| Med. Admin. Accountability Sign-off Sheet | 4663 | ● | . | N 09/23/09 |
| Med. Administration Record- Replaces SOCP 0002 | 4573 | ● | . | R 11/16/10 |
| Medical Home Support Service Assessment | 4631 | . | ● | N 10/1/2008 |
| Medication Incident Report (MIR) UPDATED | 4630 | set | pads | R 05/01/10 |
| Mileage Log | 4574 | ● | ● | R 1/1/2007 |
| Monthly Overtime Summary | 4638 | . | ● | R 9/1/2008 |
| Monthly Overtime Summary For Program Managers | 4638P | . | ● | R 10/1/2008 |
| Needs Meeting Form | 4632 | . | ● | N 06/01/07 |
| Notice of Resignation | 4636 | . | ● | N 10/1/2007 |
| Nurse Training FAX | 4666 | ● | . | N 08/19/09 |
| Outing Log | 4628 | . | ● | N 6/1/2006 |
| Outing Request | 4627 | . | ● | N 6/1/2007 |
| Performance Eval - ONA Represented Employee | 4620 | . | ● | N6/1/2007 |
| Personal Property Rec. Replaced by 4634C & 4634H | 4634 | . | ● | N 04/01/08 |
| Petition for Commitment Alledging Mental Retardation and Need for Residential Care, Treatment &Training | 4617 | . | ● | N 4/1/2007 |
| Petty Cash Ledger | 4575 | ● | ● | R 04/01/2009 |
| Physician's Visit Orders (PVO) *(05/10 changes in prog.)* | 4576 | . | ● | R 6/29/10 |
| Placement Referral Assessment | 4616 | . | ● | N 06/16/10 |
| Placement Referral Assessment Guidelines | 4616G | ● | . | N 6/1/2007 |
| ~~POLST Form (NEW) Policy 4.007 Medical Services~~ | 4672 | ● | . | R 03/08/10 |
| Prearranged Overtime Posting | 4656 | ● | ● | R 02/20/09 |
| Predetermined Overtime Rotation List | 4657 | ● | ● | R 02/20/09 |
| PREVIOUS VOC/Day Services Change Tool | 4591 | . | ● | NEW 10/01/2009 |

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|---|---|---|---|---|
| Progress Notes | 4596 | ● | . | R 08/12/09 |
| Psychotropic Drug Record *(05/10 changes in prog.)* | 4571 | . | ● | R 06/16/10 |
| Receipting of Checks & Other Negotiable Instruments | 844 | ● | ● | 1/1/2009 |
| Referral Packet Contents Checklist- Internal Client move | 4622 | ● | . | N 6/1/2007 |
| Relocation Plan | 4625 | . | ● | R 03/22/10 |
| Request for Early Release of Payroll Check | 4642 | . | ● | N 11/1/2007 |
| Request for Investigation | 4626 | . | ● | N 6/1/2007 |
| Request for SOCP "Stock Room" Office Supplies | 4644 | ● | ● | R 03/01/10 |
| Request to Attend VISA Training | 4594 | . | ● | R 3/1/2007 |
| Safety Checklist | 4577 | ● | . | R 10/27/10 |
| Safety Plan for Home | 4614H | ● | ● | N 05/18/10 |
| Safety Plan for Work/ATE/Community | 4614W | . | ● | N 05/18/10 |
| Self Injurious Behavior (SIB) Tracking Part 2_SIB | 4595A_SIB | set | pads | N 11/16/10 |
| Shift Trade/Exchange Form (HR Tool) | 4660 | ● | ● | N 03/01/10 |
| Significant Exposure Information - 1 time signature | 4641 | . | ● | N 11/1/2007 |
| SIRP Initial Review Procedure and Checklist | 4619 | . | ● | N 6/1/2007 |
| Small Purchase Order Transaction System (SPOTS) VISA Card Agreement form | 134 | ● | ● | N09/2009 |
| SOCP Action Request Memo (AR)_Template | TOOL | . | ● | SOCP (07/10) |
| SOCP Central Office Confidentiality Sign-off | TOOL | . | . | SOCP (08/10) |
| SOCP Central Office Emergency Petty Cash | TOOL | . | ● | SOCP (01/10) |
| SOCP Central Office Meeting Request | TOOL | . | ● | SOCP (01/08) |
| SOCP Central Office Modified Questionaire | TOOL | . | ● | SOCP (01/10) |
| SOCP Central Office Project Request | TOOL | . | ● | SOCP (09/08) |
| SOCP Central Office Request NON-DHS Training | TOOL | ● | . | NEW 2008 |
| SOCP Central Office SOVS Checks Received/PickedUp | TOOL | . | ● | SOCP (01/10) |
| SOCP Dress Guideline | TOOL | ● | . | SOCP (10/09) |
| SOCP Driving Record Certification (ANNUALLY) | | ● | . | R 09/22/2010 |
| SOCP Emergency Individual Summary Sheet | TOOL | . | ● | SOCP (10/10) |
| SOCP Employee Code of Conduct | TOOL | ● | . | SOCP (09/09) |
| SOCP Group Home Rules | TOOL | ● | . | SOCP (09/09) |
| SOCP Incident Reports (IRS) Tracking Sheet | TOOL | . | ● | NEW 1/05/10 |
| SOCP Informational Memo (IM)_Template | TOOL | . | ● | SOCP (07/10) |
| SOCP IN-HOUSE Self_Admin. of Medications | TOOL | . | ● | 12/01/09 |

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|---|---|---|---|---|
| SOCP IN-HOUSE Shift Spending Record | TOOL | ● | ● | NEW 06/21/10 |
| SOCP IN-HOUSE Training - Duties / responsibilities | TOOL | . | ● | Revised 10/10 |
| SOCP Intake/Output Record | 4674 | ● | . | N 05/07/10 |
| SOCP Maglock Info and Contact number | TOOL | . | ● | SOCP (08/10) |
| SOCP Nutritional Intake Record | 4673 | ● | . | N 04/30/10 |
| SOCP Personal Cell Phone Use | TOOL | ● | . | SOCP (10/09) |
| SOCP Petty Cash Memo | TOOL | . | ● | SOCP (03/09) |
| SOCP Petty Cash Object Codes (AOBJ) | TOOL | ● | . | SOCP (01/10) |
| SOCP Photo Release Form | 4667 | ● | . | N 08/19/09 |
| SOCP Policy Memorandum (PM)_Template | TOOL | . | ● | SOCP 2010 |
| SOCP Program-wide Communication Checklist | TOOL | . | ● | SOCP (07/10) |
| SOCP Request for Emergency Petty Cash | TOOL | . | ● | SOCP (01/10) |
| SOCP Request for Medical Leave FMLA/OFLA | 4561 | ● | ● | N 12/15/2008 |
| SOCP RN_Aspiration Protocol | TOOL | . | . | |
| SOCP RN_Asthma Inhaler Protocol | TOOL | . | ● | 05/08/10 |
| SOCP RN_Constipation Protocol | TOOL | . | . | |
| SOCP RN_CPAP.BIPAP Care | TOOL | . | . | |
| SOCP RN_Daily Weight & BP Tracking sheet | TOOL | . | ● | 6/30/2010 |
| SOCP RN_Dehydration Protocol | TOOL | . | . | |
| SOCP RN_EpiPen Protocol | TOOL | . | ● | Revised 04/19/10 |
| SOCP RN_Focused Nursing Care Plan | TOOL | . | ● | 07/01/05 |
| SOCP RN_Generic Protocol | TOOL | . | . | |
| SOCP RN_Glucagon Protocol | TOOL | . | ● | 02/09/10 |
| SOCP RN_G-Tube meds, feeding and documentation | TOOL | . | ● | |
| SOCP RN_Hypertension Protocol | TOOL | . | ● | 02/09/10 |
| SOCP RN_Influenaz Immunization Informed Consent | TOOL | . | . | 07/01/04 |
| SOCP RN_Inhaler Protocol | TOOL | . | . | 05/08/10 |
| SOCP RN_Insulin Protocol | TOOL | . | ● | 05/08/10 |
| SOCP RN_Multiple Sclerosis Info Sheet | TOOL | . | . | 12/08/09 |
| SOCP RN_New Nurse Training FAX | TOOL | . | ● | 08/09/10 |
| SOCP RN_Outreach Nurse Assessment | TOOL | . | ● | 02/09/10 |
| SOCP RN_Outreach Nurse/Client Notes | TOOL | . | . | 02/09/10 |
| SOCP RN_Physician Order for Constipation | TOOL | . | ● | 12/08/09 |
| SOCP RN_Registered Nurse Communication Log | TOOL | . | . | |

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|---|---|---|---|---|
| SOCP RN_Respiratory Therapy | TOOL | . | . | 01/08/10 |
| SOCP RN_Reveiw Schedule (Every 120 days) | TOOL | . | . | 09/08/10 |
| SOCP RN_Review of Performance | TOOL | . | . | 09/08/10 |
| SOCP RN_Review of Unlicensed Persons | TOOL | . | . | 08/08/10 |
| SOCP RN_Review Schedule (Every 60 days) | TOOL | . | . | 05/08/10 |
| SOCP RN_Seizure Protocol | TOOL | . | . | 02/09/10 |
| SOCP RN_Seizure Report, Log, Calendar | TOOL | . | . | |
| SOCP Vehicle Assignment | 4665 | ● | . | N 08/19/09 |
| SPOTS Card Activity Log | 4563 | ● | ● | R 02/01/09 |
| Staffing Expectations (REMOVAL) | 4618 | ● | ● | R 11/1/2007 |
| Telephone Orders | 4664 | ● | . | N 08/19/09 |
| Transaction Slips | 4578 | ● | . | R 4/1/2008 |
| Transfer Core Compentencies (Print on BLUE) | 4585T | ● | . | R 10/27/10 |
| Two Year Behavior Record (REMOVAL) | 4579 | ● | . | R 2/1/2007 |
| Universal Precautions (ANNUALLY) | 4640 | ● | . | R 10/09 |
| Vacancy Position Posting - Information Form | 4611 | . | ● | N 04/01/07 |
| VISA Itemization Form (NEW) | 4670 | ● | . | N 08/28/09 |
| VOC Action Plan (OTAC) Read Only | OTAC | | ● | 09/09/09 |
| VOC Annual Family/Guardian Survey | TOOL | ● | . | 10/08/07 |
| VOC Drop-in Checklist | TOOL | . | ● | 03/01/07 |
| VOC Employee Instruction Record | 4562 | . | ● | R 08/01/2010 |
| VOC Employment Application | TOOL | . | ● | R 11/02/10 |
| VOC Employment Assessment | TOOL | . | ● | R 11/02/10 |
| VOC Employment History | TOOL | . | ● | |
| VOC Interest Survey | TOOL | . | ● | 03/01/09 |
| VOC ISP Timelines Checklist | TOOL | . | ● | R 05/01/2010 |
| VOC Job Development Contact Log | TOOL | . | ● | 02/01/10 |
| VOC Job Procedure Data Sheet | TOOL | . | ● | 10/01/09 |
| VOC Lifestyle Evaluation | TOOL | . | ● | 03/29/09 |
| VOC Payroll Data sheet _ BLANK | TOOL | . | ● | 10/01/10 |
| VOC Payroll Data Sheet A - Single | TOOL | . | . | |
| VOC Payroll Data Sheet B - Newspaper | TOOL | . | . | |
| VOC Preservice Training Record | TOOL | ● | . | R 07/2010 |

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|---|---|---|---|---|
| VOC Program Cover Sheet (RN/BVS) | TOOL | . | ● | N 06/10/10 |
| VOC Program Data Sheet/Task Analyzed (RN/BVS) | TOOL | . | ● | R 11/02/10 |
| VOC Services Work Order Request form | 4671 | ● | . | N 09/07/10 |
| VOC Services Work Order Request form (4671) | TOOL | ● | | N 09/24/10 |
| VOC Worksite Supervisor Evaluation Sheet | TOOL | . | . | |
| VOC Yearly Cumulative Record | TOOL | . | | 07/01/04 |
| VOC/Day Service Change Order | 4591 | . | ● | R 10/09 |
| Voc/Day Service Fire Drill Record | 4637V | ● | ● | R 08/10/2010 |
| VOC/Day Services Change Tool | TOOL | . | ● | R 11/02/10 |
| Volunteer & Expanded Overtime Rotation List | 4658 | ● | ● | R 08/13/09 |
| Volunteer Waiver Form | 4659 | ● | ● | N 02/20/09 |
| W-4 2010 version | TOOL | ● | . | 2010 version |
| Warrant of Detention (inactive) use Debbie's | 4661 | . | ● | |
| Weight Record | 4649 | ● | . | N 6/1/2008 |
| Work Order Form | 4612 | ● | ● | N 09/01/10 |
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# SOCP MEMORANDUMS

## Policy, Action Request or Informational

**As of 12/2010**

Oregon Department of Human Services
State Operated Community Program

# SOCP Memorandum(s) 2006 – 2010

***Policy Memo (PM)*** *= high priority process immediately* ***Action Request (AR)*** *= request action by a given date*
***Information Memo (IM)*** *= general information, updates, alerts, training sessions – no required action / not policy related.*

***In Progress:*** *Memorandums will be posted to the SOCP Web site listed by date.*

| Issue date | Effective date | Type of memo | Subject | Author - Distribution |
|---|---|---|---|---|
| 11/29/06 | 11/29/06 | Contract related | Staff meal clarification | DB/Colleen Savage |
| 10/23/07 | 10/23/07 | Information Memo (IM) | HouseRules/Cleaning List | Laura Traeger |
| 01/29/08 | 01/29/08 | Policy Transmittal (PT) | ISP Standards/Expectations | Laura Traeger |
| 03/20/08 | 03/20/08 | Contract related | Overtime "Offer" Order | Laura Traeger |
| 04/29/08 | 04/29/08 | Information Memo (IM) | Fire Extinquisher Training | Brad Heath |
| 08/22/08 | 08/22/08 | Information Memo (IM) | IRs/MIRs Current Process | Laura Traeger |
| 08/26/08 | 08/26/08 | Policy Transmittal (PT) | $100 Purchase Authorization | Deanna Bathke |
| 12/05/08 | 12/05/08 | Information Memo (IM) | OIS Oversight Mnthly Practice | Brad Heath |
| 12/22/08 | 12/22/08 | Contract related | Employee Restroom Breaks | Deanna Bathke |
| 02/20/09 | 02/20/09 | Policy Transmittal (PT) | Criminal Hist Check | DHS Agency Wide |
| 02/24/09 | 02/24/09 | Policy Transmittal (PT) | State Veh. vs. Private Veh. | Deanna Bathke |
| 04/01/09 | 04/01/09 | Information Memo (IM) | OT Manual, Forms, Process | Deanna Bathke |
| 05/22/09 | 05/22/09 | UPDATE | IRs/MIRs Process UPDATE | Laura Traeger |
| 07/14/09 | 07/14/09 | Information Memo (IM) | Dressing for Work | Deanna Bathke |
| 07/29/09 | 07/29/09 | Policy Transmittal (PT) | Prone PPIs | Brad Heath |
| 09/22/09 | 09/22/09 | UPDATE | IRs/MIRs Process UPDATE | Laura Traeger |
| 12/10/09 | 12/10/09 | Information Memo (IM) | Training Record Timelines | Pat K, Q&A |
| 12/18/09 | 12/18/09 | Information Memo (IM) | SOCP Smoking Policy | Deanna Bathke |
| 12/23/09 | 12/23/09 | Action Needed (AR) | Annual Paperwork/Forms | Pat K, Q&A |
| 01/21/10 | 01/21/10 | Policy Transmittal (PT) | Sharps/No Drug Disposal | Linda Fiegi |
| 01/22/10 | 01/22/10 | Policy Transmittal (PT) | POLST/Limited Code | Laura Traeger |
| 01/27/10 | 01/27/10 | | Abuse Reporting Chng.DRAFT | Deanna Bathke |
| 02/12/10 | 02/12/10 | Information Memo (IM) | Self-Assessments | Laura Traeger |
| 02/26/10 | 02/26/10 | Information Memo (IM) | Pets/Nghbrhd Animal Policy | Deanna Bathke |
| 03/25/10 | 03/25/10 | Information Memo (IM) | OIT Case_Required Actions | Deanna Bathke |
| 03/26/10 | 03/26/10 | Information Memo (IM) | Medication Training 85% req. | Brad Heath |
| 04/01/10 | 04/01/10 | Policy Transmittal (PT) | 3.002 - Environmental needs | Laura Traeger |
| 04/15/10 | 04/15/10 | Policy Transmittal (PT) | 911 Emerg Services UPDATE | Brad Heath |
| 04/15/10 | 04/15/10 | Information Memo (IM) | Core Comp Test Group | Deanna Bathke |
| 05/18/10 | 05/18/10 | Information Memo (IM) | Hep B Poster | TerriMillsap/DB |
| 05/21/10 | 05/21/10 | Information Memo (IM) | BVS1&2s Duties scope | Laura Traeger |
| 05/27/10 | 05/27/10 | UPDATE | ISP Standards/Expectations | Laura Traeger |
| 06/11/10 | 06/11/10 | Information Memo (IM) | Hep B Poster / MUST POST | Deanna Bathke |
| 06/16/10 | 06/16/10 | Policy Transmittal (PT) | Employee Found Sleeping | Deanna Bathke |
| 06/21/10 | 08/01/10 | Policy Transmittal (PT) | Client $$$ Shift Spending Log | Deanna Bathke |
| 06/22/10 | 06/22/10 | Information Memo (IM) | In-House Trning Duties UPDATE | Laura Traeger |

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|---|---|---|---|---|
| 07/22/10 | 07/22/10 | Policy Transmittal (PT) | Red Ink Required MAR/DC.Orders | Brad Heath |
| 07/27/10 | 08/01/10 | Action Needed (AR) | Shift Spending Log reminder email | Aljets |
| 08/12/10 | 09/01/10 | Action Needed (AR) | Written Maglock Procedure/Contact | Deanna Bathke |
| 09/29/10 | 09/29/10 | Policy Transmittal (PT) | Mandatory Abuse Reporter Notice | Deanna Bathke |
| 10/04/10 | 10/04/10 | Informational Memo (IM) | 4573mar Medication Admin Record | Elaine Stauffer |
| 10/05/10 | 10/05/10 | Informational Memo (IM) | R10 Guardianship, S14 Food Hand | Brad Heath |
| 12/01/10 | 12/01/10 | Policy Transmittal (PT) | 2.007.01 Abuse Reporting/Secure. | Deanna Bathke |
| 12/07/10 | 12/07/10 | Policy Transmittal (PT) | 2.009 Archive Color Folders | Elaine Stauffer |
| 12/08/10 | 12/08/10 | Informational Memo (IM) | Other Incurred Medical (OIM) | Deanna Bathke |
| 12/15/10 | 12/15/10 | Policy Transmittal (PT) | 2.009 Archive Folders Procedure | Elaine Stauffer |
| 12/15/10 | 12/15/10 | Policy Transmittal (PT) | Emergency Reporting Procedure | Deanna Bathke |

State Operated Community Program

# SOCP Policy Memorandum

| **Topic:** | **Xxxxx xxxx xxxx** | **Issue date:** | XX/XX/XX |
|---|---|---|---|
| **Related policy:** | | | |

Policy Memorandums - should be considered high priority, and processed immediately. They are used to disseminate new federal, state, and program policies or administrative rules, changes in existing policy or administrative rules, **policy clarifications** and manual updates.

**Applies to:**
*(check all that apply)*

- ☐ All employees includes:
- ☐ Prog. Managers
- ☐ Site Managers
- ☐ Nurses
- ☐ BVS1s
- ☐ BVS2s
- ☐ Cent. Office staff
- ☐ Group home staff
- ☐ Trainers
- ☐ HR
- ☐ Other :

**Implementation date:** XX/XX/XXX

**FROM:** Deanna Bathke, SOCP Director
*(Example: Brad Heath, Clinical Services Manager)*
*Get initials of author before sending – use RED envelope alert email.*

**SUBJECT:**

**Attachments:**

**If you have questions about this information, contact:**

| | | |
|---|---|---|
| **Contact(s):** | Deanna Bathke | Brad Heath |
| **Phone:** | 503 378-5952 ext. 241 | 503 378-5952 ext. 244 |
| **Email:** | Deanna. Bathke@state.or.us | Brad.J.Heath@state.or.us |

***Policy Transmittals (PT) -*** *Policy transmittals should be considered high priority, and processed immediately. They are used to disseminate new federal, state, and program policies or administrative rules, changes in existing policy or administrative rules, policy clarifications and manual updates.*

***Information Memoranda (IM) -*** *Information Memoranda are used to disseminate general information such as client and/or provider notice alerts, conferences or training sessions that do not require a specific action or involve policy. IMs are generally a lower priority than Policy Transmittals or Action Requests.*

***Action Requests (AR) -*** *Action Requests are used to request action by a given deadline. They are time-sensitive and should be read and processed or assigned upon receipt.*

*File in: Reference Notebook:Memorandums by date*

State Operated Community Program

# SOCP Information Memorandum

| **Topic:** | | **Issue date:** | XX/XX/XXX |
|---|---|---|---|
| **Related policy:** | | | |
| Information Memoranda(s) are used to disseminate general information such as client and/or provider notice alerts, conferences or training sessions that do not require a specific action or involve policy. IMs are generally a lower priority than Policy Memorandums or Action Requests. | | | |

**Applies to:**
*(check all that apply)*

- ☐ All employees includes:
- ☐ Nurses
- ☐ Cent. Office staff
- ☐ HR
- ☐ Prog. Managers
- ☐ BVS1s
- ☐ Group home staff
- ☐ Other : _____
- ☐ Site Managers
- ☐ BVS2s
- ☐ Trainers

**Implementation date:** XX/XX/XXX

**FROM:**

*(Example: Deanna Bathke, Director)*

*Get initials of author before sending – use RED envelope alert email.*

**SUBJECT:**

**Attachments:**

**If you have questions about this information, contact:**

| | | |
|---|---|---|
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| **Phone:** | 503 378-5952 ext. 241 | 503 378-5952 ext. 244 |
| **Email:** | Deanna. Bathke@state.or.us | Brad.J.Heath@state.or.us |

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*File in: Reference Notebook:Memorandums by date*

State Operated Community Program

# SOCP Action Request Memo

| **Topic:** | | **Issue date:** | XX/XX/XXX |
|---|---|---|---|
| **Related policy:** | | | |

Action Requests (AR) - Action Requests are used to request action **by a given deadline**. They are time-sensitive and should be read and processed or assigned upon receipt.

**Applies to:**
*(check all that apply)*

- ☐ All employees includes:
- ☐ Nurses
- ☐ Cent. Office staff
- ☐ HR
- ☐ Prog. Managers
- ☐ BVS1s
- ☐ Group home staff
- ☐ Other : _____
- ☐ Site Managers
- ☐ BVS2s
- ☐ Trainers

**Implementation date:** XX/XX/XXX

**FROM:**

*(Example: Deanna Bathke, Director)*

*Get initials of author before sending – use RED envelope alert email.*

**SUBJECT:**

**Attachments:**

**If you have questions about this information, contact:**

| | | |
|---|---|---|
| **Contact(s):** | Deanna Bathke | Brad Heath |
| **Phone:** | 503 378-5952 ext. 241 | 503 378-5952 ext. 244 |
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