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## **SECTION I- General**

### **1. Orientation Overview**

The Orientation Manual is intended to set forth procedures for the supports and services provided by Region V Services. It is intended that additions and modifications will be made as needed with a full revision completed at least every 2 years.

This manual can, by no means, stand by itself. It is absolutely necessary that a staff person have available, and become familiar with pertinent sections of:

The Administrative Policy Manual  
The Personnel Policy Manual  
The Medication Procedures Manual  
Management of Personal Funds  
The Fiscal Procedures Manual  
The Medicaid Waiver Regulations  
Health & Human Services System - Developmental Disabilities Services Regulations  
(Title 205)  
Regulations and Standards for Centers for the Developmentally Disabled (Department  
of Health)

In addition to this manual and those manuals mentioned above, each area agency has the freedom to develop specific procedures within the constraints of existing Region V Services Policies and Procedures.

### **2. Foundations - Mission and Philosophy**

In May of 1973, the Nebraska Legislature passed Legislative Bill (L.B.) 311 that creates six mental retardation regions. Region V Services currently consists of sixteen counties in southeast Nebraska: Butler, Fillmore, Gage, Jefferson, Johnson, Lancaster, Nemaha, Otoe, Pawnee, Polk, Richardson, Saline, Saunders, Seward, Thayer, and York.

#### **Vision Statement - The organizations' ultimate goal for people in services.**

Each Nebraskan with a developmental disability will be so valued as a member of the community that resources will be available to provide integrated, personalized supports that will enable each person to have control of his/her own life.

#### **Mission Statement - The organization's direction and purpose.**

The mission of Region V Services is to empower people with developmental disabilities and their families to make life choices through a personalized plan of education and support that is designed to promote independence and community involvement and lessen reliance upon agency services.

## **Quality Statement - The organization's way of delivering services.**

Region V Services will promote quality by focusing on customer satisfaction, employee involvement, teamwork, communication, continuous improvement, and data based decision making.

## **Principles**

To fulfill its mission, Region V Services believes:

1. Every person has value.
2. Every person should be treated with dignity and respect.
3. Every person can grow and learn through community experiences.
4. Every person should experience life in the most natural setting
5. Every person has the right to be the primary decision maker in his/her life and carries the responsibility for the direction it takes.
6. Every person is protected by the full weight of the constitution and its amendments.

## **3. Service Goals**

**Residential Services:** The goal of residential services is to provide quality supports to individuals with disabilities in a home like environment. These supports focus on the needs identified by the individual and his/her team and are consistent with the vision, mission, and principles of the organization.

The following procedures are the product of our organization's attempt to maintain and/or improve the quality of life of persons with developmental disabilities. It cannot be overstated that the primary purpose of residential services is to provide warm home environments which nurture growth, independence, and positive self-esteem.

Regardless of the type or degree of residential services a person is receiving, an individual's home is first and foremost his/her home, not merely a place where he/she happens to be living. Many quality of life issues such as bed times, food preferences, clothing and personal possessions preferences, etc..., should not and cannot be mandated by standardized procedures. A great deal of freedom for local and individual decision making is implied and encouraged within these procedures. Unilateral blanket decisions, such as "house rules" which are made

for staff convenience or which restrict several individuals due to the behavior or actions of one person, cannot be tolerated.

The level of assistance is varied and individualized. Options include, but are not limited to:

**Residential Options:**

group homes - A highly structured training and living situation seldom serving more than five persons. Group homes provide living environments with emphasis upon teaching basic living skills and providing opportunities for involvement in social activities within the community. Supervision, training, and support are available from staff at all times.

live-in supervision - A structured training and living situation in which staff persons live with persons in their own homes or apartments. Live-in supervision situations provide much the same support and training as group homes, but typically allow for greater flexibility. Staff take on more the role of roommate and friend than in a group home. Depending upon an individual's needs, supervision, training, and support from staff may be needed at all times. In some instances, staff may not need to be present at all times.

extended family homes - A structured training and living environment in the home of a family, couple, or individual. Extended family situations provide intensive social and independent living training in a family setting. The family provides room and board, and training for the individual under a contracted agreement with the agency, and is required to obtain all necessary licenses and certificates.

in-home support - A service for persons living with their natural families. In-home support provides social and independent living training at a level determined by the team.

live-out supervision - A living situation in which people live in non-Region V settings with a minimum of assistance. Live-out supervision provides the training and support necessary to maintain previously acquired skills or to further decrease the need for services. The amount of live-out supervision may vary considerably from person to person depending upon needed support training.

respite care - A temporary living situation for adults or children during either planned absences of parents/care providers or during emergency situations. Respite care is typically facilitated by the residential services component. Respite services provides supervision, support, and training at various levels as agreed upon by the parents/care providers and Region V Services.

**Day Services:** The goal of day services is to provide persons with the supports, services and interventions desired and needed to increase or maintain

their capacity for independent functioning, self-determination, interdependence, productivity and community integration.

The types and levels of interventions, formal training, supports, activities, and supervision provided are based on the preferences and needs of the person receiving services and determined by the interdisciplinary team process. Areas of service may include but are not limited to: employment skills such as job seeking; work hardening; related instruction; work adjustment and occupational skill training; community access, such as utilizing public transportation, the bank, the public library, crossing the street while obeying pedestrian laws; motor skills, such as eye-hand coordination; visual processing; social skills such as displaying a cooperative attitude, respecting other people's feelings and property; personal health care/hygiene skills such as recognizing illness/injury, self-administering medications, providing simple first aid, demonstrating acceptable dress and hygiene, toileting, hand washing; cognitive skills, such as money/time concepts/management, reading/recognizing words; communication skills such as matching shapes and colors, making choices, following directions (simple to complex), asking for help when necessary; and leisure time/recreational skills.

#### **Day Service Options:**

supported day services Staff will provide on-the-job training to persons in the community. Training will begin with a substantial amount of staff time to teach the skills of the job. The training time will consistently decrease as the job skills are obtained. When the training has been completed, the person will utilize natural supports in the workplace and/or staff supports, as needed, to maintain the job.

assisted day services For individuals who are not ready for competitive employment and require more assistance, more intensive training will be provided in a setting with other individuals with similar needs. This setting may be in a Day Service Center, community settings, or any setting that the individuals and their IPP team feels appropriate.

options/alternative services In conjunction with the person's desires and/or IPP team decisions, a person may choose to participate in activities to provide them the quality of life he/she desires or the best quality of life they can achieve. Working may either be a portion of this time or may not be included in the daily routine. This may include retirement activities.

#### **4. Job Description/Work Schedule/Chain of Command**

All employees of Region V Services will receive a job description when hired and a copy will be placed in his/her personnel file. Work schedules are individualized and will be discussed with you by your supervisor. Your supervisor will discuss with you the appropriate chain of command for the specific agency and location of where you will be working.

## 5. Instructions for Completing A Time Card

### Definitions

Pay Week: (Voc.) Friday, 5:00 pm through Friday, 5:00 pm  
(Res.) Friday, 3:30 pm through Friday, 3:30 pm

Day: 12:00 am (midnight) through 12:00 am (midnight)

"A" & "P": Use "A" for am  
Use "P" for pm

Quarter Time: Record "Ins" and "Outs" to the nearest quarter hour.  
i.e. 9:55 P = 10:00 P  
8:10 A = 8:15 A

"Ins" and "Outs" are to be used for hours "**Physically**" worked.

When recording total hours for each day, be sure to convert hours to decimals:

i.e.  $8 \frac{1}{2}$  hours = 8.50  
 $7 \frac{3}{4}$  hours = 7.75

### General

- 1) The very first line on the time card indicates the very first day you are required to work in the pay week. Examples: If you are an employee who works in the Day Services Center and your first day you are required to work in the pay week is on Monday at 8:00 am, you would start your time card with Monday on the very first line. If you are an employee in a residential setting (full time, part time, or substitute) and you are required to work on Friday, beginning at 3:30 pm in the pay week, you would start your time card with Friday on the very first line.
- 2) Record your working hours across each line as they occur, starting with the first IN and OUT columns on each line. (DO NOT SKIP any IN and OUT columns just because you are on "off Duty Hours" during the day.) Remember a "day" starts at 12:00 am midnight and ends at 12:00 am midnight 24 hours later. Therefore, if your job requires you to work from 4:00 pm to 8:00 am the following morning, then a new date line must be started for the hours from 12:00 am to 8:00 am.

- 3) Please indicate quarter hours by hundreds in the TOTAL COLUMN. Example: 1/4 hour = .25: ½ hours = .50: and 3/4 hour = .75. **DO NOT USE FRACTIONS.**
- 4) For those earning benefits; the time cards have a section titled “LEAVES”. Under the “CODE” and “HRS.” columns under the “LEAVES” section, you will need to indicate on the appropriate day the total hours for each particular leave code. These leave hours will then need to be added to the hours worked on that day to indicate the total hours to be paid for that day. (This, however, does not apply if the leave is “without pay”).

When taking holiday time off, in the LEAVE-CODE column put an “H” and write in the holiday you are using next to the “H”. You may abbreviate the name of the holiday since space is limited.

In addition to the above instructions, each agency’s Coordinator will provide their staff with specific instructions for completing their time card.

### **Guidelines for Determining Rates of Pay for All Overnight CSA’s**

#### **General Information**

- 1) A full-time overnight CSA will be eligible for the following hours per benefit:

Holidays	= 16 Hours Each
Personal Leave	= 16 Hours Each (When eligible)
Funeral Immediate Family	= 64 Hours Per Calendar Year - Pro-Rated the First Year
Funeral Secondary Family	= 32 Hours Per Calendar Year - Pro-Rated the First Year

#### Full-time Non-Overnight

Holidays	= 8 Hours Each
Personal Leave	= 8 Hours Each (When eligible)
Funeral Immediate Family	= 32 Hours Per Calendar Year - Pro-Rated the First Year
Funeral Secondary Family	= 16 Hours Per Calendar Year - Pro-Rated the First Year

A part-time overnight CSA earning benefits will be eligible for the above benefits in proportion to the number of hours he/she works during his regular “scheduled” time. No benefits are earned on additional hours worked in a substitute status.

- 2) Overtime must be authorized by the employee’s supervisor.

- 3) The rate of pay for an overnight CSA who attends IPP's, in-services, etc. either during his/her regular scheduled hours, or in addition to his/her regular scheduled hours will be paid at Grade 17. This also applies to hours worked during the day on a holiday or during bad weather when the workshop is closed or during the day when a person served is home sick at an overnight residence.
- 4) If a full-time or regular part-time overnight CSA works at a non-overnight residence during the day hours when a person served is home because of a holiday, bad weather, illness, etc., he/she will be paid on Grade 14 at his same step he currently is on Grade 17 for the day hours outside his normally-scheduled overnight shift. (Refer also to Item #12).
- 5) If a non-overnight CSA works in an overnight residence, he will be compensated on Grade 14, unless the shift runs past 10:00 p.m., then he/she will be compensated on Grade 17 at his/her same step he/she currently is on Grade 14 for the hours worked outside his/her normally-scheduled non-overnight shift.
- 6) If a substitute CSA works only day hours at any residence, he will be paid at Grade 14. If he/she works a "shift" that runs past 10:00 p.m., he/she will be paid at Grade 17 for the entire "shift".
- 7) If a substitute works an overnight shift, then "immediately" works at a non-overnight residence, the overnight shift is paid at Grade 17 and the hours at the non-overnight residence are paid at Grade 14.
- 8) If an overnight CSA works "part of" his "normally-scheduled" shift at a non-overnight facility, he will still be paid at Grade 17 as if he had worked his "normal" schedule. Example: A full-time weekday overnight CSA works from 12:00 p.m. to 8:00 p.m. at a non-overnight residence and then continues to work from 8:00 p.m. to 8:00 a.m. the next morning at his normally-scheduled position. He would be paid on Grade 14 for hours worked from 12:00 p.m. to 4:00 p.m. and on Grade 17 for hours worked from 4:00 p.m. to 8:00 a.m. the next morning.

9) Average Rates of Pay

If an employee works at two or more different rates of pay and have overtime during a particular pay period, the employee will be paid at an average rate of pay. This is not a Region V Services pay rule, it is the federal law. The calculations for average rates of pay are as follows:

- a) All hours from the first rate are added together and multiplied by that designated pay scale rate (e.g. \$8.25).
- b) All hours from the second rate are added together and multiplied by the designated pay scale rate (e.g. \$5.40)

- c) This process is repeated for all possible rates worked during the pay period.
- d) The totals from all of the different rates are added together and divided by the cumulative number of hours that were worked. The end result is the average rate of pay.
- e) This rate is multiplied by regular hours to determine regular earnings. It is then multiplied by 1.5 (time and a half) before multiplying it by overtime to determine overtime earnings. Regular and overtime earnings are then added together to equal gross pay.

Hopefully, the above guidelines will cover the bulk of determining rates of pay for OVERNIGHT CSA'S's. However, occasionally special circumstances or situations may occur which may require special decisions to be made on a case-by-case basis. When these do occur, please attach a note of explanation with the time card authorized by the Area Director.

## **SECTION II Policies & Procedures**

All residential staff are required to read the Personnel Policies & Procedures, Administrative Policies & Procedures, Residential Handbook, Day Service Handbook.

## **SECTION III - Confidentiality**

Every person who receives services from Region V Services is entitled to confidentiality. The following are some guidelines for you:

1. Information is considered confidential if it deals with medical, psychological, legal, financial, sexual, personal or family concerns.
2. Confidential information is released to external agencies (with the exception of regulatory entities) only with a signed consent.
3. All Region V Services staff and hired consultants regard confidential information as a professional trust, not to be given out in any way to the public.
4. General information (person's first and last name, photo, achievements, etc....) may be used in public education activities if the person in services/guardian signs the annual consent form.
5. Records developed by Region V Services will be made available to adults or legal guardians and to parents or legal guardians of minors upon request.

6. When records developed by Region V Services are made available to persons qualified to see them, a Region V staff person will be available to assist the person in understanding the record.
7. Records received, but not developed by Region V Services, are not made available to external parties through Region V Services, except for regulatory entities.
8. Written confidential information is kept in the individual's file. The case file and all portions are secured against loss, destruction, or use by unauthorized persons.

#### **SECTION IV - Abuse/Neglect**

All employees of Region V Services are required to comply with the Nebraska law regarding the reporting of abuse/neglect of vulnerable people.

Any person who observes abuse/neglect, or has reasonable cause to believe that it has occurred must either report, or cause a report to be made to the Nebraska office of either Adult Protective Services (APS) or Child Protective Services (CPS).

**Abuse** - is defined as any knowing, intentioned, or negligent act or omission which results in physical injury, unreasonable confinement, cruel punishment, sexual abuse, exploitation, or denial of needed services to a vulnerable person.  
**Neglect** - occurs when someone is negligent or omits or fails to provide a needed service to a vulnerable person.

**Reporting** - may be done by any Region V Services employee or their supervisor. Knowledge of abuse that is not reported is a criminal offense according to Nebraska statute.

**Note: If a person is in immediate danger, contact law enforcement immediately.**

1. Physical: withholding personal care, medical care, or food, pulling someone out of bed, slapping, shoving, hitting, and unreasonable confinement.
2. Psychological: verbal threats/assaults, provocative of fears, isolation.
3. Exploitation: taking of real property or personal property.
4. Denial of essential services: protection from abuse, failure to provide sufficient food and clothing, inadequate supervision, failure to intervene to protect someone, failure to repair communication devices.

## **SECTION V - Area Orientation**

### **1. Introduction to Staff/Individuals**

Your supervisor will ensure that you are introduced to agency management, your fellow staff, and the individuals with whom you will be working.

### **2. Introduction/role of Services Coordinators**

Your supervisor will ensure that you meet the individuals who serve as Service Coordinators for the State of Nebraska. The role of Service Coordination is to determine individual eligibility, complete intake assessments, participate in individual/family meetings, link between persons needing services and providers, participate in Individual Program Plans and monitoring of services.

### **3. Facility Tour**

Tours will occur as part of your on the job training.

### **4. Transportation**

Your supervisor will provide you with information specific to the agency transportation procedures and schedules.

## **SECTION VI - Individual Records**

### **1. General**

Each person receiving residential services from Region V Services has records and documents that are maintained. This enables easy access to information about individuals as it is needed. These records and documents are kept in an orderly and organized format varying between agencies.

- a. Current photo
- b. Physician's name and telephone number
- c. Relevant medical information such as medical conditions, diagnosis, current medications, and allergies.
- d. **Consent forms** (See Appendix)
  1. Emergency Medical Consent completed annually and copy given to Service Coordination

2. Annual Medical Consent  
completed annually and copy given to Service Coordination
  3. Public Education/Information Consent  
completed as needed and at least annually
  4. Activities Consent  
completed annually for individuals with a legal guardian
  5. Consent to Release Information  
completed as needed
- e. The name and telephone numbers of the person's to be notified including the legal representative (if applicable) in the event of emergency.

All individual records are considered confidential and must be maintained and protected in accordance with Administrative Policies concerning confidentiality. (See Administrative Policy Manual p.11)

## 2. Individual Records-Confidential

The following personal records are maintained for individuals receiving residential services based on their living environment and funding source.

- a. **Weight Charts** (See Appendix)
  1. Children (under 19 years of age)  
if residing in a CDD, weights are recorded monthly  
all other facilities, weights are recorded quarterly
  2. Adults (19 years of age or older)  
weights are recorded at least quarterly for individuals living in
- b. **Height Charts**
  1. Children (under 19 years of age)  
all facilities' heights are recorded at least quarterly.
- c. **Miscellaneous Charts** (See Appendix)

There are various miscellaneous charts that are used as needed for individuals served.

1. seizure records
2. blood sugar records
3. menstrual cycle record
4. bowel movement charts

5. other forms requested by the individual's physician

These forms will be made available to the individual's physician as necessary.

d. **Physical Examination** (See Appendix)

All individuals receiving services under the Medicaid Waiver will have the need for medical examination addressed annually by the IPP team. An annual exam may be waived upon written authority of the physician.

Individuals initially entering services in a licensed Center for the Developmentally Disabled (CDD) must have a physical examination within 30 days prior to or 15 days after entrance.

All other individuals receiving services are encouraged to get a medical examination annually. The frequency of these examinations may be determined by the individual, his/her physician, and/or team.

The individual's Medical Service Associate is responsible for the completion of this examination and it is his/her responsibility to give a copy to the individual's Services Coordinator. At the examination the physician completes the medical report, which should include the summary of the examination and permission to use non-prescription medications.

e. **Health and Medical Record** (See Appendix)

The health and medical record is a brief summary of the individual's and his/her family's medical history. It should include the individual's physician's name, allergies, immunizations, surgeries, special diet requirements, and any medical conditions. This record is made available by the individual's services coordinator upon entry into services. This form is updated by the individual's Medical Services Associate at least annually.

f. **Other Exams** (See Appendix)

Any other medical examinations and reports recommended by the individual's physician and/or team should be available. Some examples of these are speech evaluations, psychological evaluations, audiological reports, eye examinations, physical therapy reports, occupational therapy evaluations, medical specialist reports, and/or hospitalization reports.

g. **Dental Examination** (See Appendix)

The frequency of this examination is determined by the dentist. Individuals receiving services under the Medicaid Waiver must have the

need for an exam evaluated annually by the IPP team. All other individuals receiving services are encouraged to get a dental exam annually. However, the frequency of these exams are determined by the individual's dentist and/or team. Individuals residing in a CDD must have a completed dental examination on file.

h. **Physician Contact Forms** (See Appendix)

Documentation of physician examinations is provided on the physician contact form. This is usually where all physician's diagnosis, observations, and prescriptions are recorded. A copy of the form is sent to Service Coordination.

i. **Social History** (See Appendix)

Pertinent social information is maintained on the Social History form. A copy of this form is provided by DDD Service Coordination and updated as necessary.

j. **Individual Orientation**

1. **Orientation Checklist** (See Appendix)

An orientation checklist must be completed any time an individual enters services or transfers to a different assisted residential or day service setting. The orientation checklist must be completed by the individual and the staff person within three days following the change. All items on the orientation checklist should be addressed and documented. There may be times where specific items on the checklist are not pertinent. These items should be listed as non applicable (NA) and include a brief explanation.

Upon completion of the orientation checklist, the individual and the staff person completing it should sign the checklist and then sent to the appropriate Coordinator for review. The Coordinator will then review it and forward it to the individual's guardian, if applicable.

Once all signatures are received, the orientation checklist is kept until another change occurs, at which time it is replaced with the current copy.

2. **Residential/Day Service Handbook**

All individuals receiving services from Region V Services should receive a copy of the "Residential Handbook" and/or "Day Service Handbook" and have it reviewed with him/her by Region V staff within 3 days of placement. If the individual has a guardian, copies of the appropriate handbooks should also be given to him/her.

These handbooks must then be reviewed with the individual annually, with the date of review being documented on the individual's annual IPP.

k. **Correspondence**

All official correspondence that the individual receives should be retained for the current year.

All correspondence of a financial nature should be retained in the individual's finance book under the appropriate section. (See Management of Personal Funds).

l. **Incident Reports** (See Appendix)

All incident reports are submitted to the appropriate supervisor(s) for review. After they have been reviewed, the original is placed in the master file, and copies are filed at the appropriate facilities for a 6 month period.

1. Incident reports should be completed for the following:
  - a. medication error (includes missed medications, medications dropped, person refuses medications, error in number of medications, etc.).
  - b. medical need (includes illness or injury, etc.).
  - c. behavior issues (includes aggressive and/or self injurious behavior unless otherwise stated in the individual program and emergency intervention, etc.)
  - d. progress/positive (example: person in services progressing in a certain area of home or work, etc.)
  - e. financial errors
  - f. incidents of abuse & neglect

2. Incident reports should include the detailed factual description of the incident as follows:

**NAME:** *Print* the name of the person involve in the incident. If more than one person is involved, complete separate form relating the incident to the specific action and outcome as it pertains to each individual.

**DATE:** This is the date of the incident, *not* the date of the report.

**TIME:** This should reflect the actual time of the incident including

AM or PM.

**LOCATION:** This is the location at which the incident occurred (i.e. address of residence, grocery store, day service setting, etc...)

**CHECK THE APPROPRIATE BOX:**

**DESCRIPTION:** This should be an **objective, accurate and factual account** of what took place. Actions taken should be included. Be concise, yet comprehensive as possible....(e.g. independently changed clothes and requested to go, physical assistance, physical intervention, first aid, etc.) Please make sure that this is legible.

If staff members are involved, use staff names and titles. If other individuals receiving services are involved use either their first name and last initial or initials.

Be professional in your language. Subjective comments like “sure acted like a baby - Jackie was acting crazy”, etc. should **not** be used. Use words that are descriptive instead. Use back of the form if necessary.

**RESULTS:** Were the actions taken effective in either stopping or avoiding further incidents? If an individual was taken to the emergency room or doctor, have the person who took them complete this section. (Include name & title). If the person is taking seizure medication or has a program relative to the incident, please include this information.

What do you think were the antecedents or causes of the incident? State any realistic measures that would increase the likelihood of positive behavior occurring.

**PERSONS NOTIFIED:** If any medical personnel, supervisors, family, service coordinators, etc. were notified, print their names here. Indicate time (a.m. or p.m.) and date.

**SUPERVISOR COMMENTS:** Do not fill in this section, your supervisor will complete this and indicate distribution.

**SIGNATURE OF PERSON MAKING REPORT:** Sign your name and the date you are actually writing the report. Please try to complete the report as soon after the incident as possible.

**SIGNATURE OF OTHER REVIEWERS/WITNESSES:** If a second staff person is involved, he/she may sign and date report here.

**SIGNATURE OF SUPERVISOR:** Do not write here; your supervisor will sign.

**SIGNATURE OF AREA DIRECTOR:** Do not write here; your area director will sign.

**ADDITIONAL SPACE:** Continue description, results, or comments about the incident. If the incident involves an injury, mark and clarify the location of the injury (laceration, bruise, etc.).

3. Turn the incident report in to your supervisor.
4. Routing of incident reports.
  - a. The incident report is completed by the staff person witnessing the event as soon as possible.
  - b. The incident report is sent to the appropriate coordinator for comments and signature. The coordinator can send the report back to staff for further clarification before signing.
  - c. The incident report is given to Area Director for final review and signature.
  - d. Copies are sent to:
    1. The individual's Services Coordinator
    2. APS/CPS if warranted
    3. Parent/Legal guardian if requested
    4. Individual's residential and/or day service facility for staff review of supervisor comments and filed in the individual's file.

5. Time Frame

In no event will the routing process exceed two weeks.

m. **Personal Possessions Inventory** (See Appendix)

A current personal possessions inventory must be maintained and updated at least annually for individuals receiving assisted residential services. These are kept in the individual's finance book. For people entering assisted services or moving from one residence to another, this should be done within 3 days. This should be done in ink and signed with name and title of staff.

n. **Substitute Staff Information** (See Appendix)

For each individual receiving services from Region V Services, general information will be available to quickly orient substitute staff. This should include information concerning behavior problems, likes, dislikes, etc... This information is updated as necessary.

17. **Program Files**

For each individual receiving assisted services, staff must maintain a program book. This program book consists of a 3 ring notebook divided into sections which must include the following:

- a. Activity Schedule (See Appendix)  
The activity schedule must be current and in place at the time of program/activity implementation for individual's in CDD's and as needed for individual's in other living environments.
- b. Current Residential Assessments (See Appendix)  
This includes all residential assessments, baselines, inventories, checklists, etc... as designated by the team and which have been used to develop the current IPP.
- c. Current IPP's (See Appendix)  
This includes Annuals, Reviews, and Specials for the current IPP cycle, including IEP's for children.
- d. Program design and data sheets for current programs and activities.
- e. Completed/terminated residential programs and activities for the current IPP cycle.

18. **Attendance Records** (See Appendix)

A simple attendance form is maintained daily to record the amount of time the individual receives training on a monthly basis. These attendance records must be sent to the office on the first day of the month.

Staff that provide supported services need to record the number of hours spent with each person on a daily basis. These forms are sent to the office the first day of each month.

19. **Personal Status Change** (See Appendix)

A Personal Status Change form must be completed by an employee any time there is a change in his/her personal status (i.e. name change, address change, employment status, etc...)

20. **Leave Request Form** (See Appendix)

A Leave Request form must be completed by an employee any time he/she is requesting time off (i.e. vacation, holiday, personal leave, and sick leave).

21. **Staff Development Forms** (See Appendix)

All Region V Services employees are required to continue to build upon their current knowledge and skills. This ongoing training is documented on the staff development form and maintained in their personnel file. This training can be formal (i.e. Region V Services' in service training) and/or informal (e.g. reading a magazine article that is relevant to one's position).

22. **Individual Expense Record** (See Appendix)

The individual expense records are used by Region V Service's employees to document expenses that the employee has paid, in which Region V Services is responsible.

23. **Logs/Staff Communication** (See Appendix)

Logs are narrative descriptions used to document activities, events, and staff observations. In situations in which several staff persons may be involved with the same individuals at different times, log entries are a valuable way for staff to communicate necessary information to each other.

a. **Daily Logs**

Daily logs are required for each individual during the 30 day evaluation period upon initially entering assisted services if there is no formal programming in place. Daily logs should be completed by residential staff at least once daily.

b. **Ongoing Logs**

Ongoing logs are required for all individuals receiving assisted residential services. They are optional for individuals receiving supported residential services. The format of logs may vary. (e.g. one log may be utilized for each assisted setting and/or for a specific individual)

c. **Log Contents**

Logs may include

1. non-routine activities occurring in the community.
2. notations of all incidents, including a brief description.
3. information about visitors.
4. positive and negative behaviors displayed.
5. any information or observations needed for evaluation purposes.

6. any illnesses and any medication changes that have occurred.
7. any other information relating to individual behaviors, attitudes,

All log entries should be concise and accurate. Entries should be worded in behavioral terminology and stated clearly. If included, opinions must be identified as such and presented in a constructive manner.

## **SECTION VII - Medication Administration**

As part of initial employee orientation, you will be required to complete medication administration training. This will be scheduled as soon as possible. **You cannot administer medications until you have completed the training.** For further details please read: Region V Medication Administration Procedures.

## **SECTION VIII - Habilitation**

Habilitation is providing a planned and organized series of opportunities for learning, to meet the individual's identified needs in the least restrictive, most appropriate way possible, as directed by the IPP Team.

### **1. Introduction to IPP**

Each person receiving services from Region V Services has an individual plan. Traditionally, this has been referred to as the Individual Program Plan (IPP). The individual planning process and recommendations are used to determine the type and level of service needed by each individual. The IPP is designed by a team. Composition of the team varies according to the needs and desires of the individual. At minimum, team members include the individual, the Services Coordinator (if services are funded by DPI), representatives for each service division, the guardian (if applicable), and the individual's parents (if a minor or an adult who desires his family to attend). In every instance, the individual is an active participant to the greatest degree possible. The IPP is developed annually and reviewed at a minimum of semi-annually, with up-dating as applicable. Any member of the team can request a special IPP when they feel it is necessary.

### **2. Introduction to Assessments**

The intent of a full scale assessment is to give an overall measure of current skill levels.

Full scale assessments are administered to all persons entering Region V Services within 30 days of entry. Additionally, full scale assessments must be administered no less than every three years for people in assisted services and annually for Waiver individuals. For people in supported services, the IPP team determines what, if any, assessments are necessary.

Full scale assessments are not necessarily standardized and need not be contained in one specific test. Full scale implies that the seven developmental domains are included: Physical development and health, sensorimotor, cognitive, communicative, social/affective, independent living, and leisure/personal.

### 3. **Introduction to Baselines/Task Analysis**

A baseline is a measure of behavior taken before intervention or teaching (programming). A baseline can help determine if there is a need, where and how to begin teaching, and if the method is successful.

Typically, baselines are used when other evaluation sources such as standardized assessments either do not evaluate a particular skill or are not specific enough to design and implement a program. For example, the CLSST, may indicate that a person cannot appropriately fold sheets, but a baseline using a detailed task analysis will aid in designing a program by pinpointing exactly which steps for folding need particular attention.

Those steps define the activity or skill which the individual is to be taught. A task analysis organizes that activity or skill into teachable steps and strategies for instruction.

### 4. **Program Development**

- a. The IPP/IFSP is developed annually and reviewed semi-annually.
- b. The IPP/IFSP determines the need for assessments in the seven developmental domains of physical development/health, sensorimotor, communications, social affective, cognitive development, independent living and leisure/personal skills.
  1. Assessments are completed as determined by the team;
  2. The IPP/IFSP provides evidence that assessment information is incorporated into the program plan;
  3. Assessments are completed at least 30 days prior to the annual IPP/IFSP.
- c. Long-Term Goals are:
  1. Based on identified needs;
  2. Achievable within one year;
  3. Stated in terms that are specific, observable, and measurable;

4. The culmination of its short-term objectives.
- d. Short-Term Objectives are:
  1. Specific, observable, and measurable;
  2. Show progression appropriate to the person.
- e. Formal Habilitation Programs outline:
  1. What the person will do to perform the skill/behavior;
  2. What staff will do to assist the person;
  3. Criteria for measurement;
  4. Data collection method and schedule;
  5. Conditions needed for habilitation (for teaching and learning to take place);
  6. Materials needed for training;
  7. Staff authorized to implement and monitor program implementation;
  8. Type and schedule for reinforcement.
- f. Program consistency and data collection

All programs must be submitted to the Services Coordinator within 14 calendar days following the IPP and programs must be implemented within 30 calendar days.

## 5. **Medicaid Waiver Regulations**

Many individuals receiving services from Region V Services are funded by the Medicaid Waiver. There are specific regulations that must be met. For further details see Medicaid Waiver Regulations.

## 6. **Health & Human Services System - Developmental Disabilities Services Regulations (Title 205)**

Region V Services operates under regulations promulgated by the Nebraska Health and Human Services System - Developmental Disabilities Division. For further details see these regulations (Title 205).

## 7. **Monitoring of IPP**

All staff are responsible for monitoring programs and activities that were developed at the IPP. This monitoring includes checking progress and making adjustments as necessary to programs. Written monthly reviews are also required.

Monitoring progress of achieving goals and objectives include:

- a. Making revisions/phase changes are made as needed; or
- b. Documenting a rationale to explain why revisions/phase changes have not been made.

Services Coordinators are required to monitor the IPP at least twice annually. This is completed through a group process which may involve the individual, guardian, family members, direct line staff, coordinators, and the service coordinator. These reviews look at various aspects of the individuals life.

## 8. **Protocol of External Surveyors**

**Scope:** Procedures are in effect whenever an external organization sends personnel to survey Region V Services at any site. External organization is defined as any government regulatory or funding agency (local, state, federal), advocacy organization, or national accreditation counsel.

**Purpose:** The procedures are in place to protect individual's dignity and privacy; to maintain individual-centered services during surveys; and to foster mutually respectful interactions between Region V Services staff and surveyors.

**Summary:** Requirements for Region V Services staff and external surveyors are summarized below. Refer to the specific protocols for detail and rationale.

### Region V Services administration will:

1. Meet with the survey team at the beginning of a survey to establish credentials and assist, as needed, in survey logistics.
2. Help survey teams obtain needed information throughout the survey period.
3. Promote a cooperative staff attitude.
4. Establish with the survey team the time, place, and participants for the exit interview.

Region V Services staff will:

1. Protect individual's dignity and privacy during surveys.
2. Maintain programming and other client-centered activities.
3. Respond politely and concisely to questions related.
4. Refer surveyors to administrative staff for answers to administrative/management questions.
5. Expect to be treated with courtesy.

Surveyors will:

1. Check in with administrative staff at the beginning of the survey.
2. Interfere minimally with client-centered services.
3. Treat clients and staff courteously.
4. Conduct an exit interview with agency staff.

**Section VIII - Outcomes**

**1. Introduction to outcomes for people**

Region V Services assists people in achieving "Outcomes". Utilizing the IPP process, each person meets with his/her team for planning and goal setting. To assist the individual to achieve personalized goals, the team may assign the "Outcomes" interview. The "Outcomes" interview, then, is used as a source of information for the individual and Region V Services staff to identify the variety of opportunities experienced by the individual that result in desired "Outcomes."

In addition, the "Outcomes" interview also encourages individuals to state areas of interest and to note areas that may require assistance from friends, family, Region V Services staff, or other service providers, so that further "Outcomes" may be achieved.

"Outcomes" interviews, then, are a tool that both measures achieved "Outcomes", and identify the areas in which "Outcomes" are desired. The emphasis upon "Outcomes" is ongoing.

The Personal Outcomes Measures that are reviewed during interview are:

**IDENTITY**

- People choose personal goals.
- People choose where and with whom they live.
- People choose where they work.
- People have intimate relationships.
- People are satisfied with services.
- People are satisfied with their personal life situations.

## **AUTONOMY**

People choose their daily routines.  
People have time, space, and opportunity for privacy  
People decided when to share personal information.  
People use their environments.

## **AFFILIATION**

People live in integrated environments.  
People participate in life of the community.  
People interact with other members of the community.  
People perform different social roles.  
People have friends.  
People are respected.

## **ATTAINMENT**

People choose services.  
People realize personal goals.

## **SAFEGUARDS**

People are connected to natural support networks.  
People are safe.

## **RIGHTS**

People exercise rights.  
People are treated fairly.

## **HEALTH AND WELLNESS**

People have the best possible health.  
People are free from abuse and neglect.  
People experience continuity and security.

For further details on the personal outcome measures, see [The Accreditation Council's Outcomes Manual](#) and [Region V Services Outcomes Manual](#).

## **2. Rights**

All people have human and legal rights. People do not need to earn these rights or work for them. These rights include, but are not limited to: right to privacy, right to make and receive personal telephone calls, right to choose clothes and other personal items, right to choose activities, right to be involved in personal decisions, right to personal earnings and property, right to protection from exploitation and unfair treatment, right to protection from abuse and neglect, right to education, right to be a part of all aspects of local community life, right to appropriate medical care, right to follow personal religious beliefs.

All people have the responsibilities associated with their rights. Individuals must follow the laws and rules that are set within their communities. Individuals are responsible for conducting themselves in a socially acceptable manner.

For further details please see the Administrative Policy Manual, Residential Handbook, and Day Services Handbook..

3. **Recreation & Leisure**

People enjoy recreation and leisure opportunities. Each person has the opportunity to enjoy leisure time, both alone and with others. Staff will assist individuals in exploring a variety of recreation options, so that each person may develop a base of experiences from which to make choices.

Individuals are encouraged to access community activities, to volunteer as indicated by personal interest, and to participate in clubs and civic organizations of individual choice.

4. **Special Activities Outside the Community**

- a. Events which constitute special activities are defined by the area director in each agency.
- b. Community is defined in this section as the area in which residents of a town or city routinely carry out commercial, recreational, and personal transactions. Community, therefore, frequently encompasses the district in which a town is located.
- c. A special activities request form must be submitted to the area director or coordinator before a special activity outside the community is to take place.
- d. Minors and adults with legal guardians must have on file an activities consent in order to take part in special events outside the community.
- e. If transportation is not provided in a Region V Services vehicle, there must be proof of insurance coverage which includes a minimum insurance coverage for bodily injury liability of \$25,000 per person, \$50,000 per occurrence, and \$25,000 property damage liability. A minimum of \$300,000 in liability coverage is recommended.
- f. All activities are to be supervised by a Region V Services paid staff or an individual approved by the Area Director. At least one of the supervisors must have successfully completed first aid training. All supervising staff must have in their possession emergency and agency phone numbers to be used in case of an emergency or crisis.
- g. Adequate personal information must accompany individuals when they go out of town. At a minimum, this should be: the name and phone number

of emergency contact person. Additional information is at the discretion of staff.

## **SECTION IX - Management of Personal Funds**

The management of individual's personal funds is an area of great responsibility and liability. It is imperative that adequate documentation be maintained while allowing individuals access to their money. Your supervisor will provide you with training in this area. For further details please see Management of Personal Funds Manual.

## **SECTION X - Behavior Management**

### **Behavior Management Philosophy**

The role of behavior intervention within the scope of Region V Services shall always be to improve an individual's quality of life by meeting his or her needs in a manner that is habilitative in nature and the reflects an attitude of dignity and respect for the individual.

Accordingly, training and procedures should be consistent with the following guidelines:

- A. Training should be founded on the assumption that all persons are capable of development and personal growth.
- B. Techniques should lend themselves to individual application.
- C. Programming and training should have the aim of increasing the personal autonomy and control of the individuals affected. Thus, approaches that emphasize development of self-control, personal decision making, and individual responsibility are favored.
- D. The rights and liberties of the individual should always be considered when choosing behavior techniques. Dimensions such as level of restrictiveness, potential for aversion, and social acceptability of techniques should be taken into account.
- E. Training procedures should emphasize an effort to move individuals in the direction of community integration and the most normal possible lifestyle.
- F. Training and programming should be founded on current and sound behavioral approaches and principles.

#### **1. Proactive Programming and Challenging Behavior**

Proactive Programming/Behavior Management refers to designed interventions to teach and/or strengthen adaptive and appropriate

behaviors in order to replace or modify inappropriate, maladaptive, or problem behaviors.

A. **Strengthening Desired Behaviors**

1. Major behavioral objectives for all persons receiving services from Region V Services are:
  - a. To increase competence to cope with the environment
  - b. To develop increasingly complex adaptive behaviors.
  - c. To minimize dangerous behaviors or behaviors which consistently bring negative attention, if such behaviors are present.
  - d. To define desired behavior(s) and procedure for teaching/strengthening desired behavior(s).
2. These objectives can best be achieved in a physical, social and emotional environment which nurtures, supports and stimulates people. Therefore, a primary obligation of Region V Services staff is to help individuals live and work in a stimulating, nurturing environment.
3. Within the context of the proper environment, Region V Services staff are further obligated to assure that individuals have numerous opportunities to display adaptive and appropriate behavior.
4. Behavior management programs are not used as a substitute for a stimulating environment or lack of sufficient opportunity to display adaptive and appropriate behavior.
5. The absence of maladaptive or problem behavior(s) does not constitute a definition of desired behavior(s).
6. Procedures for strengthening desired behaviors may include learning when maladaptive or problem behaviors may be appropriately exhibited or learning to channel such behaviors into similar but appropriate expressions.
7. Any method directed at strengthening desired behavior must be appropriate for the individual's level of understanding, age, and location in which it is used.

**B. Weakening Problem Behaviors**

1. Behaviors requiring a behavioral intervention program or procedure include:
  - a. Behaviors that are obstacles to an individual's becoming more independent;
  - b. Behaviors that interfere with the person's ability to take part in habilitation or training;
  - c. Self-injurious behavior; and
  - d. Behaviors that are a threat to others, aggressive or destructive.
2. When problem behaviors persist in the presence of a nurturing environment, there must be numerous opportunities to engage in adaptive behaviors, and efforts to help the person acquire desired behaviors. Intervention will also be directed toward weakening undesirable behaviors.
3. Any intervention directed at weakening undesirable behavior must have the following characteristics:
  - a. It is one component of a two-step program which places equal, if not more, emphasis on teaching/strengthening socially positive alternative behavior.
  - b. It has a program to increase alternative or competing positive behaviors running simultaneously.
  - c. It is appropriate for the individual's level of understanding, age, and the location in which it is used.
  - d. It is not more severe than the behavior warrants.
  - e. It is not a substitute for adequate supervision.
  - f. It has a developmental function in leading the individual toward the increased ability to discriminate between acceptable and unacceptable behavior and to exercise control over his or her own actions.

- g. It is totally non-aversive whenever possible and must represent the least restrictive effective alternative.

C. **Procedures Requiring Review**

1. Behavior management programs employing any of the elements listed below must meet internal and external review requirements.
  - a. Behavior modifying drugs;
  - b. Any form of physical restraint;
  - c. Restriction of an individual's legal rights;
  - d. Any procedure clearly disliked by the individual (aversive);
  - e. Any time out procedure when this involves removing the individual from the situation in which the undesired behavior is exhibited; this removal may not last for over an hour and the individual must be Program Ethics Committee must review and approve the procedure/case every six months. Constant monitoring is also required if the room used for time out is locked;
  - f. Any procedure that invokes the criminal justice system;
  - g. Any procedure withholding tobacco products;
  - h. Any punitive procedure creating an individual break or meal time for a person;
  - i. Any procedure requiring the individual to earn an item that already belongs to him/her;
  - j. Any procedure requiring the individual to perform extra work as a result of inappropriate behavior;
  - k. Restricted use of the telephone;
  - l. Restricted access to personal possessions;
  - m. Restrictions on accessibility to food and drink;
  - n. Any other procedure considered restrictive by any member of the Individual Program Planning Team.
2. Internal and external review requirements
  - a. The Individual Program Planning Team refers restrictive behavior management plans to the Behavior Intervention Team. The Behavior Intervention Team must approve the restrictive program before it is implemented. However, if the team intends to request the introduction of a medication to modify maladaptive behavior as part of

the program, the Program Ethics Committee must review and approve the Program as soon as possible.

- b. The Behavior Intervention Team is comprised of the area director, coordinators, when there is an allegation of abuse or neglect of a person served and, when possible, the services coordinator. Other personnel may be involved at the discretion of the area director.
- c. External Review
  - 1. All procedures requiring review must be examined by the Region's Program Ethics Committee as a condition of continuing implementation.
  - 2. When a medication is first prescribed for the purpose of modifying a maladaptive behavior, it is reviewed per PEC guidelines.
  - 3. Documented recommendations of the Program Ethics Committees are followed unless the executive director of Region V Services specifically authorizes an alternative approach in writing.
  - 4. Once a procedure is approved by the Program Ethics Committee, all staff who work with the individual in the setting(s) designated must follow the procedure.
  - 5. After the Program Ethics Committee reviews a procedure, the committee may request follow-up information. If substantive changes are made in the procedure or if another restrictive procedure is instituted, the case must be referred again for internal and external review.
  - 6. If an approved program continues for three years as anticipated, and with no additional ethical reviews, it is re-referred to the Program Ethics committee as an updated report.
- d. The policy and procedures of the internal and external review requirements are available upon request to

people served, their parents and/or legal representative and staff.

D. **Physical Restraint**

1. Emergency use of physical restraint is permissible only to prevent danger to self, staff, or other persons. When emergency physical intervention is used, the Individual Program Planning team must convene within 72 hours (48 hours for Medicaid Waiver certified individuals) to review the incident and to formulate the least restrictive response. In addition, an incident report must be filed within 24 hours.

If these emergency procedures are used three times or more within a six month period, these procedures must be incorporated as part of a written behavior management program.

2. Except for emergencies, it is not permissible in Region V Services to use physical restraint without approval of the Individual Program Planning Team, the Behavior Intervention Team (PEC), and the Program Ethics Committee (PEC).
3. The methods taught in the Preventing Resolving Aggressive Behavior (PRAB) course shall be followed.
4. The total duration of restraint, per incident, shall be documented.

E. **Behavior Modifying Drugs**

1. Behavior modifying drugs are those medications prescribed or administered for the purpose of modifying behavior. Medications are reviewed (at least annually) and medical testing is conducted as specified by the individual's physician and documented on a Physician Contact form. Excluded are medications that may have behavior modifying effects, but that are not prescribed or administered for that purpose, such as anti-convulsant.
2. All programs utilizing behavior modifying drugs must be an integral part of an individual program plan designed by an interdisciplinary team to lead to less restrictive ways of managing the behaviors for which the drugs are employed. The prescribing physician/physiatrist is considered a member of, or consultant to, the interdisciplinary team. If the physician cannot regularly attend team meetings, other

members of the team are responsible for assuring that the physician regularly reviews data.

3. Use of behavior modifying drugs includes:
  - a. Documentation that less restrictive alternatives have been employed unsuccessfully in the past;
  - b. A physician's written order, name of the medication and dosage before administering the drug; documenting the reason for the medication and the specific behavior(s) to be affected.
  - c. Documented reports of staff observations to the physician regarding the behavior for which the medication has been prescribed to reduce;
  - d. A medication review procedure which documents the rationale for continued use for the medication.
4. All programs utilizing behavior modifying drugs must:
  - a. Specify the undesirable behavior to be modified.
  - b. Specify the desired behavior.
  - c. Specify the data to be collected to assess progress toward achieving the desired behavior.
  - d. Document the fact that potentially harmful effects of the drugs have been carefully weighed against the harmful effects of the behavior for which the drugs are given.
  - e. Assure that staff are alerted to the potentially harmful effects of the drug and that they monitor for them on a continuing basis.

F. **Unacceptable Methods of Behavior Management**

The following procedures are unacceptable under any condition and are not used in Region V Services.

1. Corporal punishment- any type of hitting, striking, or unwanted physical contact from a staff to a person served.
2. Withholding meals, breaks, sleep or the opportunity to maintain personal hygiene.
3. Verbal abuse, including name calling, shouting, or ridicule.

4. Isolation (except for valid medical reasons as documented by physician's orders).
5. Seclusion (placing an individual alone, in a room or other area from which exit is prevented). Seclusion may be used in a time out program that meets all applicable standards.
6. People in services disciplining other people in services.
7. Forfeiture of money or personal property, except when the person is asked to replace property which he/she is known to have damaged intentionally. For details please see Administrative Policies.
8. Delivery of abusive consequences; any type of negative, or act which the person served finds inappropriate or objects to, delivered after a specific behavior.
9. Restraining devices such as mechanical restraints or totally enclosed cribs.
10. Physical abuse.
11. Psychological abuse: any form of control over a person by means of words, actions, by structuring the environment that the person objects to, or any other actions that the person in services finds offensive, belittling or does not provide an atmosphere of dignity and respect.

### **Program Ethics Committee**

The Program Ethics Committee (PEC) reviews and makes recommendations to the executive director on individual, agency, or systems procedures which may raise ethical questions. The committee is comprised of at 8 persons. Members are drawn from professionals such as law, medicine, psychology, clergy, and law enforcement. Also included are individuals with disabilities and/or family members. No Region V Services staff person serves as a voting member of the committee.

## **Section XI - Safety Maintenance Issues**

### **1. Universal Precautions**

- A. Universal precautions are to be used when giving care to all persons receiving services.
- B. Region V uses the most current version of the Nebraska Department of Health's list of communicable diseases.
- C. If either a staff person or person served is suspected of having a communicable disease, a physician's examination is required. In addition to diagnosis and treatment, this assures proper reporting of the disease. The physician's directions regarding prevention of disease transmittal must be followed.
- D. Hand Washing Procedures-
  - 1. Wet hands with warm water. Lather with soap.
  - 2. Lather to your elbows. Scrub hands for 20 seconds.
  - 3. Rinse hands and elbows thoroughly.
  - 4. Dry hands with a single use towel.
  - 5. Use towel to turn off faucet.
  - 6. Use towel to open the door.

### **2. Fire Safety**

A staff person's primary responsibility is the safety of people served, not fighting fires or removal of personal belongings, furniture, or agency records.

- A. Assisted Services
  - a. Evacuation Plans: At least one written fire evacuation plan is
    - ❖ A map or diagram of the home showing the pathways for exiting the facility
    - ❖ Instructions for and the location of fire alarm pull stations, if available
    - ❖ the location of fire extinguishers
    - ❖ procedures for notification of the fire department and agency staff including appropriate telephone numbers
    - ❖ instructions for evacuating the facility, including designating a safe place for people to meet once they have left the facility
    - ❖ description of specific staff responsibilities, particularly concerning evacuating people who are non-ambulatory or might have difficulty evacuating independently
  - b. Fire Drills
    - ❖ are conducted at least once each month at all facilities
    - ❖ are conducted both on weekdays and weekends at residences

- ❖ are conducted at least three times a year during typically non-awake hours at residences
- ❖ are conducted at varying times of the day and under varying circumstances, e.g. morning and evening, during meal times, with an exit blocked to simulate a possible fire situation, etc.
- ❖ are recorded on a standard report form and kept on file for 3 years.
- ❖ are reviewed by the designated person and any problems

- c. Fire evacuation plans and fire drill requirements are reviewed at least annually with all group home staff. Documentation of that review is on file, e.g. as part of staff meeting minutes.

B. Supported Services

While specific written and posted evacuation plans and regularly scheduled fire drills are not necessarily required, staff are encouraged to periodically review evacuation procedures with individuals served.

Specific plans and drills may be required at the discretion of the area director, coordinator, or as determined by the IPP team.

3. **Tornado and Severe Weather Safety**

Tornadoes and severe weather are relatively common and can develop quickly in Nebraska, particularly in the spring and summer months. If conditions are such that severe weather appears likely, local radio and TV stations are the best source of information.

Tornado Watch means that weather conditions are such that a tornado could develop.

Tornado Warning means that a tornado has been sighted in the immediate vicinity and you must take cover immediately, whether or not civil defense sirens have sounded.

The safest location during a tornado is the center of a basement and away from windows. If possible, it is desirable to sit under a heavy table and cover your head with a pillow or heavy blanket.

In public buildings such as office buildings, movie theaters, shopping centers, and restaurants, go to an interior hallway on the lowest floor or to a designated shelter area.

In open country, move away from the tornado's path at a right angle. If there is little or no time, lie flat in the nearest depression or ditch with your hands shielding your head. Do not try to outrun the tornado.

A. Assisted Services

1. Tornado Plans: At least one written tornado plan is posted on each floor. The plan must include:
  - ❖ A map or diagram of the home showing the pathways to the safest location
  - ❖ description of specific staff responsibilities, particularly the movement of people who are non-ambulatory or might have difficulty in quickly getting to the safest location
  - ❖ the location of a battery operated radio and flashlight
  - ❖ specific instructions concerning where people should go if there is no basement, e.g. to a neighbor's home
2. Tornado Drills:
  - ❖ are conducted at least once each month during the months of April, May, June, July, August, and September
  - ❖ are conducted both on weekdays and weekends at residences

4. **Emergency telephone**

A. Assisted Service

1. An emergency telephone number list is posted next to every telephone. The list includes:
  - ❖ fire department
  - ❖ police department
  - ❖ rescue squad or ambulance
  - ❖ poison control
  - ❖ 911 emergency number if available
  - ❖ pertinent agency numbers which may include home phone numbers (or beeper numbers) of pertinent agency such as the Area Director, service coordinators, and coordinators
2. Emergency calls should include the following procedures:
  - ❖ identify yourself
  - ❖ describe the specific emergency, including whether there are any injuries requiring a rescue squad
  - ❖ give your location or address
  - ❖ never hang up first, always wait for additional questions and/or for the other person to hang up first.

B. Supported Services

While specific written and posted emergency telephone numbers are not necessarily required, staff are encouraged to help individuals post such

lists by each telephone. In addition, staff are encouraged to periodically review the numbers and calling procedures with persons served. Written and posted telephone lists may be required at the discretion of the area director, coordinator, or as determined by the IPP team.

5. **Other Emergency Procedures**

- A. Emergency procedures are reviewed at least annually with all staff and documentation of that review is on file, (e.g., as part of staff meeting minutes or safety committee minutes).
- B. For further details see Administrative Policies and Procedures for additional Health, Leisure, Safety, and Emergency procedures.

6. **Safety/Maintenance Checklist**

A Safety/Maintenance Checklist is completed for each assisted residential facility and day service setting at least monthly.

7. **Purchase and Repair Procedures**

These procedures are agency specific and your supervisor will review these with you.

## **Section XII - Socialization/Sexuality Issues**

1. If the IPP team requests the training, the socialization/sexuality trainers will complete socialization/sexuality assessment and present the results to the IPP team. The IPP team will then decide how much of the training the person will receive. Some individuals will participate in a class designed to meet their needs. Additional social training is available for individuals (e.g. Circles, Life Horizons).
2. Individuals served are given training in responsible social/sexual behavior.
3. Information is made available to family members. Each staff member will be trained to provide guidance to persons in services and family members.
4. Each agency has Socialization/Sexuality trainers to provide classroom/informal teaching in this area as needed.
5. Refer to the Socialization/Sexuality Procedures Manual for specific information.

## **SECTION XIII - Nutrition**

1. Individuals living in a Region V Services supervised setting receive nourishing, well-balanced diets. Within this framework, Region V Services encourages individual choice in matters of food.

Each person's developmental needs are attended to in all aspects of food service.

Religious and ethnic dietary tenets of people receiving services are observed.

Region V Services regards meals as social, as well as nutritional, functions. Because of this, attractiveness of food and surroundings, interpersonal communication and the opportunity to acquire increasingly complex social skills are consistently emphasized.

Region V complies with pertinent government food service regulations and, if independent accreditation is sought or in effect, accreditation standards pertaining to food service.

Modified diets for individuals served by Region V Services are only implemented with recommendations from qualified medical personnel, and approval by the individual served, his or her legal representative, if applicable, and the Individual Program Planning team. Such modified diets, if approved will be accompanied by a formal training program if needed. The program shall include alternatives should the individual refuse the modified diet at a later date.

When an individual receives limited residential support and assistance from Region V Services, as determined by the individual and his/her team or lives in a setting not operated by Region V Services, menu review is not required. However, Region V must act affirmatively to help such individuals receive adequate, nourishing diets consistent with their dietary preferences.

Food purchased corresponds with approved menus. A receipt of food purchases is forwarded to the appropriate person, as designated by the area director, as soon as possible. An itemized listing of purchases should accompany the receipt, if not on the sales receipt. Only items allowable by state regulations or regional guidelines are purchased. Records of food purchases shall be maintained for at least 30 days.

2. People in services help plan meals, purchase groceries, prepare and serve meals, clean up and store the food, to the extent possible.
3. Menus (if required) are reviewed and modified by a dietician or nutritionist. Once approved, the menu is adhered to as closely as possible and substitutions, if necessary, are recorded on the menu and should be of similar nutritive value as the original item. Records of menus are kept for six months.