

Policy

Living Well Disability Services will provide oversight and support to people receiving services to assure their health needs are met. The organization will employ or contract with licensed, certified, and/or formally trained personnel to assure nursing and health care services are provided, according to the level of care needed.

Procedures

- A. Physician Services
 - 1. Individuals or guardians may choose physicians, specialists, and other health care professionals based upon their insurance and personal preference.
 - 2. Living Well Disability Services employees will assist with making appointments, transporting to and from appointments, and implementing prescriber orders.
 - 3. If a prescriber needs to be consulted after clinic hours, the staff or facility nurse will call the answering service for the clinic and follow directions provided by the clinic. After-hour clinics, such as Urgent Care, may be utilized. In the event of an emergency, 911 will be notified.

- B. Health Status Review
 - 1. People receiving services will have an individualized health care plan.
 - a. The individualized health care plan will be written by a Registered Nurse.
 - b. A nurse will provide direct nursing care and health support to people receiving services as required.
 - c. Where necessary, a Registered Nurse will provide oversight to Licensed Practical Nurses.
 - d. The individualized health care plan will include specifics regarding the person's allergies, if any, including a plan to prevent exposure.
 - 2. A full visual and/or physical examination for each person receiving services will be completed and findings documented as needed, in accordance with their individual plan of care.
 - 3. The nurse and QIDP are responsible for ensuring that the health status review information is communicated to IDT team members and that the plan of care is implemented as documented. The nurse will monitor staff performance related to the plan of care.
 - 4. All health status and review information is located in the person's Medical Record.

- C. Medical Device Reporting
 - 1. Employees providing direct care will receive training by a registered nurse or delagatee on medical devices used by people in the home they are assigned. This training will be documented in the employee training record.
 - 2. Form FDA 3500A is completed and submitted to the FDA within ten (10) working days in the event that a medical device may have contributed to the serious injury or death of a person. The device manufacturer must also be notified in the event a certain device may have contributed to a person's death or serious injury.
 - 3. Form FDA 3419 (semi-annual report) is filled out and sent to the FDA if one or more reports (3500A) have been made to the FDA within a six month period of time.

D. Communicable Disease

1. Living Well Disability Services provides services to people within its licensed criteria, including those who have communicable diseases.
2. No person receiving services shall be subjected to testing, removed from services, or deprived of any rights, privileges or freedoms because of his/her communicable disease status except for clearly stated, specific, or compelling medical regulatory and/or public health reasons.
3. Universal precautions will be followed and are required. The following procedures are required in providing care to persons receiving services who have communicable diseases.
 - a. Care must be taken to avoid accidental sticks or stabs from sharp instruments as well as any contact with open lesions.
 - b. Gloves will be worn at all times when handling soiled items, body fluids, excretions, and secretions from people.
 - c. Hands will be washed immediately prior to and following treatments. Hands will also be washed thoroughly and immediately if they become contaminated with body fluids, excretions, and secretions from people.
4. Persons involved in the care of persons receiving services who have a communicable disease will respect the person and family's right to privacy. Private records will be maintained as specified by state and federal law.

E. Generator's Infectious Waste Management Plan

1. Living Well Disability Services contracts its waste disposal services through a licensed waste management firm. OSHA standards are followed.

F. Death

1. At the time of death, all efforts will be directed toward preserving the dignity of the deceased. All local, county, and state regulations will be followed.
2. In the event of a suspicious or unexpected death, a thorough investigation will be made to assist in identification of the cause of death.
3. When death occurs we are committed to providing support to all people involved as it is needed.
4. A full and complete list of tasks to complete after a death is located in the document "What To Do When Someone Dies".
5. All deaths and serious injuries must be reported:
 - a. If the program is a **non-ICF/DD** A report of the death or serious injury of a person must be reported to both the Department of Human Services Licensing Division, and the Office of Ombudsman immediately, as soon as possibly but no longer than 24 hours.
 - b. If the program is an **ICF/DD**, a report of the death or serious injury of a person must also be reported to the both the Office of Ombudsman, Department of Human Services Licensing Division, and Office of Health Facility Complaints immediately.
 - c. If maltreatment is suspected surrounding the death or serious injury, Minnesota Adult Abuse Reporting Center (MAARC) must be notified.
6. Disposition of the body
 - a. If the preferences of the person or their legal representative are known, the Program Manager will direct staff in carrying out those directives.

- b. If not already known, the Program Manager shall contact the legal representative or case manager for directives.
7. Documentation
- a. Staff will document all information in the progress notes of the person's individual record.
 - b. Staff will complete the program's Incident Report/GER document.
 - c. All personal items will be accounted for and a record provided for family or guardian.
 - d. All prescription medication will be maintained until the cause of death has been determined and then the medication will be destroyed according to the Medication Destruction Policy in the Medication and Health Care Policy and Procedure Manual.

Unanticipated Death Procedures:

In the event a person is unconscious or appears to be dead the following procedures will be followed:

1. Call 911.
2. Follow directives given to you by the Emergency Medical Services responding to the call.
3. Notify other staff, if present.
4. Begin CPR unless there is a DNR/DNI order. Continue until Emergency Medical Services responder arrives.
5. Notify the Program Manager.
6. The Program Manager will:
 - a. Ensure 911 is notified.
 - b. Notify the home nurse. Home nurse will notify the physician and the pharmacy.
 - c. Notify the Sheriff's Office/ Coroner (as appropriate).
 - d. Notify the Legal Representative.
 - e. Notify the Case Manager.
 - f. Ensure an Incident Report/GER document is completed.
 - g. If the program is **an non ICF/DD** A report of the death or serious injury of a person must be reported to both the Department of Human Services Licensing Division, and the Office of Ombudsman immediately, as soon as possible but no longer than 24 hours.
 - h. If the program is **an ICF/DD**, a report of the death or serious injury of a person must also be reported to the both the Office of Ombudsman, Department of Human Services Licensing Division, and Office of Health Facility Complaints immediately.
 - i. If maltreatment is suspected surrounding the death or serious injury, Minnesota Adult Abuse Reporting Center (MAARC) must be notified.
 - j. Complete the Internal Investigation of Maltreatment form or Therap 245D State Form as part of the GER.
 - k. Complete the Ombudsman Death Report and fax the form to Ombudsman and DHS within 24 hours.
 - l. The Program Manager will notify the Regional Director. The Regional Director will notify the Chief Operating Officer and CEO.
 - m. Contact the Lifeline group member for support.

- n. The census book will be completed to indicate date of death.
- 7. Document the circumstances of the client death in the Therap T-logs (staff notes).
- 8. If the death occurs outside the facility, carry out these same guidelines as circumstances allow.
- 9. Where possible the wishes of the person and their family regarding funeral arrangements will be honored.
- 10. Personal belongings of the person will be handled in a responsible and legal manner.
- 11. The records of the person will be maintained at the facility until the next licensing review occurs, and then will be moved to master filing.

Do Not Resuscitate/Do Not Intubate (DNR/DNI) Guidelines:

- a. Living Well Disability Services respects the right of each individual to make advance end-of-life decisions. All physician, advanced practice Registered Nurse, and Physician Assistant directed Do Not Resuscitate/Do Not Intubate (DNR/DNI) orders will be honored.
- b. Recommends that any Do Not Resuscitate/Do Not Intubate (DNR/DNI) decision be made jointly by the family, guardian(s), physician(s), the person, other support people at the request of the family, and the case manager as appropriate. Living Well staff will, as requested, assist the team in the decision-making process.
- c. To initiate a Do Not Resuscitate/Do Not Intubate (DNR/DNI) order, the procedure outlined in the Medication and Health Care Policy and Procedure Manual will be followed.
- d. Procedures for notification of external agencies at the time of death will be followed according to Living Well Disability Services policy.
- e. All staff of Living Well Disability Services shall follow prescribed procedures.

DNR/DNI Review Criteria of the Team:

It is recommended that at a minimum, the areas below are addressed by the team prior to a physician's Do Not Resuscitate/Do Not Intubate (DNR/DNI) order:

- a. The opinion of the person who is affected by the order.
- b. The opinion of any individual actively involved in the person's care affected by the potential order (e.g., case manager, siblings, advocate, etc.).
- c. The person's diagnosed condition.
- d. The person's medical history and current physical condition.
- e. The person's medical deterioration.
- f. The person's prognosis and life expectancy.
- g. A written assessment by the medical professional of the likelihood that CPR or other treatment would avert death, or significantly prolong life, addressing the potential benefit or futility of CPR.
- h. The question of whether this decision was made solely on the basis of the person's developmental disability.
- i. A second medical opinion in the event of a controversy.

Anticipated Death Procedures:

When preparing for an anticipated death of a person supported by Living Well Disability Services, the following will be considered:

- a. The person's privacy and comfort.

- b. Appropriate equipment needed.
- c. The notification of the appropriate people: physician, staff nurse or nurse consultant, parent(s), relatives, legal guardian(s), friends, and staff advocate.
- d. Engaging hospice services; (usually upon the recommendation of the physician or nurse when anticipated death or a terminal diagnosis is made).
- e. Emotional support services for the person, staff, and other people residing in the home.
- f. Spiritual counseling or completion of religious rites at the request of the person and/or the person's family.
- g. Training for staff to assist in the care and comfort of the person.
- h. Training for staff to assist in emotional support of the person who is dying and other people residing in the home.
- i. Follow up grief support for staff and other people in the home.
- j. Arrangements for coverage of the home to enable staff and other people to attend the memorial service if they choose.