

**POLICIES
AND
PROCEDURES
MANUAL**

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AGENCY REPORTING – HCA

(Ref. 6 CCR 1011-1 26 6.10)

POLICY

Pikes Peak Respite Services provides a humane and caring environment, which includes diligence to ensure the safety of the persons served. Reporting serious incidents and occurrences and acting on the information in these reports is essential. Pikes Peak Respite Services will complete Incident Reports for all individuals receiving CES/SLS services. In addition, Pikes Peak Respite Services will complete an Occurrence Report for all individuals receiving Class B Non-Medical Home Care Agency (HCA) services. Incident Reports will be kept in the individual's record and will be available to the CCB and the Department of Health Care Policy and Finance (HCPF) and the Colorado Department of Public Health and Environment (CDPHE) upon request. Occurrence Reports will be kept in the individual's record and will be available to HCPF and CDPHE upon request.

PROCEDURE

Pikes Peak Respite Services will:

- Follow and implement its policy (SEE OCCURRENCE REPORTING) for all allegations involving individuals receiving HCA services;
- Follow and implement its policy (SEE INCIDENT REPORTING) for all incidents involving individuals receiving CES/SLS services;
- File separate occurrence reports and incident reports for all allegations/incidents involving individuals receiving both CES/SLS and HCA services simultaneously;
- Investigate each reportable occurrence and institute appropriate measures to prevent similar future occurrences;
- Document all investigations, including the appropriate measures to be instituted, and make this information available to CDPHE, upon request.
- Ensure that the occurrence report and investigation findings are available for review by CDPHE within five (5) working days of the occurrence.
- Notify CDPHE before it initiates discharge of any person who requires and desires continuing HCA paid care or HCA services where there are no known transfer arrangements to protect the person's health, safety or welfare;
- Notify CDPHE within 48 hours of the occurrence when emergency discharge is necessary to protect the safety and welfare of staff;
- Educate and train employees and contractual providers regarding mandatory reporting requirements for at-risk adults;
- Educate and train employees and contractual providers regarding mandatory reporting requirements and standards for children.

ANTI-DISCRIMINATION

(Ref. 10 CCR 2505-10 8.600.5)

POLICY

Pikes Peak Respite Services believes that equal opportunity is important for the continuing success of our organization. In accordance with state, federal, and municipal laws, this agency intends to comply with these laws which preclude negative discrimination because of race, disability, color, creed, religion, gender, age, sexual orientation, national origin, ancestry, citizenship, military status or any other protected classification. Pikes Peak Respite Services defines “negative discrimination” to include (but not limited to) denial of services, employment, participation in programs, or volunteer opportunities to any class of individuals in a manner that negatively restricts opportunities to that class of individuals.

PROCEDURE

Persons

- Referrals will be considered on a first-come / first-serve basis.
- Pikes Peak Respite Services does not maintain a waiting list, but persons are free to request services and supports at any time.
- An Individual Plan (IP) / Support Plan (SP) accompany each referral or request for services.
- Persons will be evaluated and welcomed according to the ability of Pikes Peak Respite Services to support IP goals.

Employment

- Employment will be open to all individuals regardless of race, disability, color, creed, religion, gender, age, sexual orientation, national origin, ancestry, citizenship, military status or any other protected classification.
- Employment will be considered after Pikes Peak Respite Services receives a completed application with references.
- Pikes Peak Respite Services will conduct reference and background checks prior to employment.
- Pikes Peak Respite Services will evaluate hiring based on completed application, references, face to face/phone interviews and overall qualifications.

Pikes Peak Respite Services reserves the right to deny employment for any individual determined to be a health and safety risk to an individual.

CHALLENGING BEHAVIORS

(Ref. 10 CCR 2505-10 8.608)

POLICY

It is the policy of Pikes Peak Respite Services to provide humane services and supports in humane physical environments, and to utilize the least restrictive intervention possible to protect an individual receiving service, or others, from physical injury, or to prevent severe property damage.

Individuals may express challenging behaviors in response to a variety of factors including environment, medical reasons, interpersonal relationships or life changes. To ensure maintenance of rights, dignity, and safety of the individual receiving services, the Interdisciplinary Team (IDT), working with the individual, will address the needs of the individual in a holistic manner, not merely addressing the challenging behavior.

Pikes Peak Respite Services may provide services to a variety of individuals, including individuals with challenging behaviors. When challenging behaviors are addressed using restrictive procedures, Pikes Peak Respite Services will ensure that the provider or employee is trained and responsible for implementing restrictive procedures.

Pikes Peak Respite Services will educate providers and employees regarding challenging behaviors and the use of restrictive procedures and recommend that a comprehensive review of the person's life situation and a comprehensive functional analysis of the person's behavior shall first be completed prior to service delivery. Individuals and families may be educated to seek support from the person's Case Management agency (i.e. CCB – Community Centered Board) and the Human Rights Committee.

Restrictive procedures mean any of the following procedures when the intent or plan is to bring the individual's behavior into compliance with environmental demands or expectations:

- Limitations of an individual's movement or activity against his/her wishes;
- Interference with an individual's ability to acquire rewarding items or engage in valued experiences; or
- The use of psychotropic drugs.

The use of the following procedures or devices IS PROHIBITED:

- Seclusion;
- Corporal punishment, including hitting, slapping, and pinching;
- Abuse, mistreatment, neglect, or exploitation in any form;
- Aversive or noxious stimuli, including electric shock;

- Use of Posey vests, straitjackets, and ankle or wrist restraints;
- Denial or restriction of an individual's access to equipment or devices that facilitate the individual's functioning, including hearing aids, wheelchairs, and communication devices;
- Assignment of individual receiving services to discipline another individual receiving services;
- Use of physical or mechanical restraint as a program in an Individual Service and Support Plan (ISSP) with a Behavioral ISSP. Physical or mechanical restraints can only be used as emergency or safety control procedures following a medical procedure or injury and as authorized by a physician's order, which shall be renewed every twelve hours;
- Use of psychotropic or other behavior modifying medications for the purposes of punishment, the convenience of staff or contractual providers, as a substitute for services, supports or instruction, or in quantities that interfere with the overall intent and implementation of the person's Individualized Plan (IP); and;
- Standing or PRN orders for psychotropic or other medications used for the purpose of modifying a person's behavior.

COMPLAINTS - HCA

(Ref. 6 CCR 1011-1 26 6.9)

POLICY

Each person has the right to raise complaints or grievances. Pikes Peak Respite Services will assist persons in understanding this right and the process for making a complaint/grievance known upon entering services and at a minimum on an annual basis at the individual's Individual Plan meeting. The person making the complaint/grievance may do so in writing or verbally to a representative of Pikes Peak Respite Services. Making a complaint or grievance will not prejudice any future services or supports and the affected individual will not suffer any negative effects due to filing a complaint. Pikes Peak Respite Services will ensure that no individual shall be coerced, intimidated, threatened or retaliated against because the individual has exercised his or her right to file a grievance or has participated in the grievance process. Every effort will be made to resolve the concern at the earliest stage and in a fair manner.

PROCEDURES

Pikes Peak Respite Services will follow its policy (SEE GRIEVANCE RESOLUTION) regarding complaints and grievances made by persons receiving Class B Non-Medical Home Care Agency (HCA) services. Pikes Peak Respite Services will:

- Investigate complaints made by persons or others about services or care that is or is not provided;
- Investigate complaints about lack of respect for the person or her/his property by any employee or contractual provider of Pikes Peak Respite Services.
- Follow and implement documentation standards identified in its Grievance Resolution policy regarding the investigation and resolution of all complaints;
- Incorporate any substantiated complaints into its quality assurance program in order to evaluate and implement systemic changes where needed;
- Not discriminate or retaliate against a person for expressing a complaint or multiple complaints;
- Maintain a separate record/log/file detailing all complaints received, and their investigation and resolution status. The record will be maintained for at least a two (2) year period of time and will be available for audit and inspection purposes.

CONFIDENTIALITY

(Ref. 10 CCR 2505-10 8.606)

POLICY

Pikes Peak Respite Services will protect the privacy of individuals regarding personal information collected, maintained, used and/or disclosed. The following procedure mostly refers to written or hard copied material.

PROCEDURE

Pikes Peak Respite Services will ensure that access to records and confidentiality of information is maintained according to federal and state laws.

Employees and contractual providers will be made aware of their responsibilities regarding confidentiality and privacy of written and verbal information about persons seeking or receiving services.

CONFIDENTIALITY AND ACCESS TO PERSONAL RECORDS

All identifying information gathered while providing services to a person will be confidential and will be protected from unauthorized access. Legal authorities may require access during their work. Individual records and other identifying information will not be released without the knowledge and informed consent of the person, parent/legal guardian or authorized representative as appropriate. This includes written records and digital data (e.g., Word documents and Excel spreadsheets) and verbal communication.

Employee and contractual provider access to records will be limited to those who have received training regarding confidentiality and privacy. Employees and contractual providers are authorized to access individual records using personal computers or phones, but due diligence should be taken so that HIPAA procedures are followed to ensure that the person's confidentiality is maintained.

Records containing information shall be retained in accordance with regulation and policy that may apply to the type of record.

CONFIDENTIAL INFORMATION

Identifying information that will be kept confidential includes but is not limited to Name, Social Security number, Medicaid number or any other identifying number or code, street address, name and address of parents or contact person, photo or any distinguishing mark, which could reasonably be expected to identify a specific individual.

Other information considered to be confidential includes but is not limited to:

- Information contained in medical, psychological or social summary reports including diagnosis and treatment;

- Program reports including contact notes, assessments, evaluations, Individualized Plans, Individual Service and Support Plans and Individual Education Plans;
- Information with respect to financial resources;
- Information contained in applications, reports of investigations and case record forms;
- Photographs of persons.

Access to a person's records can be considered any of the following:

- Viewing the information in the record;
- Duplicating the information in the record;
- Responding to telephone inquiries about the person and/or about information in the record;
- Participating in meetings where the person's information is discussed;
- Discussing the person in public places.

Unrestricted access to information on the person receiving services will be limited to:

- The person receiving services;
- The parent of the person (if the person is under the age of 18) or a court-appointed guardian;
- The person's authorized representative, if so authorized;
- Designated employees of the Department of Health Care Policy and Finance;
- Pikes Peak Respite Services' employees or contractual providers whose duties require access;
- Employees of authorized external organizations, whose responsibility it is to license, accredit, monitor, approve or conduct other functions related to administration;
- Physicians, psychologists and other professionals treating a person in an emergency, which precludes obtaining consent. In such an instance, documentation to this access shall be entered into the person's record. This should include the date and time of the disclosure, the information disclosed, the names of the individuals by whom and to whom the information was disclosed and the nature of the emergency;

- Individuals or agencies authorized by law;
- Persons or agencies for which the person, parent of a minor or guardian has given written consent;
- The agency designated as the protection and advocacy system when: a) a complaint has been received by the advocacy system from or on behalf of a person receiving services; and b) such person does not have a legal guardian, or the state is the legal guardian, when the individual receiving services has given written consent.

In any case, disclosure of confidential information must be limited to those aspects of information that are necessary to perform the duties of the person desiring access.

Individuals Who May Authorize the Release of Information

- The person, if 18 years or older, who does not have a court-appointed guardian;
- An individual designated in writing by the person as an authorized representative;
- The person's legal guardian;
- The person's legal custodian;
- The person's parents if less than 18 years old.

Pikes Peak Respite Services will ensure the proper release of information or viewing of the person's record to any of the above within 24 hours, excluding weekends or holidays for persons currently receiving services and within 10 days for persons formerly receiving services.

Release of Information to Individuals Who Do Not Have Unrestricted Access

Identifying information may be released upon presentation of one of the following:

- A written authorization/release of information form signed by one of the individuals authorized to release information. The release form a) must be dated, b) be in effect no longer than one year, c) must specify the type of information to be released and to whom it will be released and, d) must state the reason the information is being requested.
- A verbal authorization by one of the authorized individuals with a witness to the conversation and documentation in the person's record access log. This will be allowed in an emergency only and must be followed by a written release.
- A court order specifying releases.

This authorization may be revoked in writing at any time by the person who made the original authorization.

CONFIDENTIAL RECORDS ACCESS LOG

At each location where records are maintained, there shall be a Records Access Log. The log shall contain the name and individual/organization who gained access to the records, the date the record was reviewed and/or released and the purpose of accessing the record. ANY ACCESS TO CONFIDENTIAL INFORMATION MUST BE NOTED IN THIS LOG.

Duplication of Information

Identifying information to be released from records may be photocopied or otherwise duplicated only if the authorization for the release of information specifically allows for duplication.

Confidential information will be transferred to a third party on the condition that they will not permit any other party to have access to such information without the written consent of the person authorized to release the information. Information transmitted by fax machine should be monitored at both sending and receiving points to ensure no unauthorized person can see this information. Personally, identifying information shall not be revealed to third parties not involved in the provision of services to the individual or appropriate referrals. If there is a signed Release of Information form, the following procedures will be observed:

- The release form shall specifically state that information may be duplicated;
- Enter the request and pertinent information into the person's Record of Access log;
- Maintain the Release of Information form in the person's file;
- Stamp material going out as CONFIDENTIAL;
- Contact the individual's Case Manager to ensure material is appropriate to be sent out, if it is not a routine request;
- Release the requested information.

Court Requests for Information

When a record is taken to court, it shall be by court order specifying that the record be brought. The record is not to be shown to anyone until the judge requests that the record be presented as evidence. The person accompanying the record must remain with the records at all times, including during any photocopying. The record is never to be left in the custody of the court.

CONSUMER RECORD – HCA

(Ref. 6 CCR 1011-1 26 6.20)

POLICY

Pikes Peak Respite Services will protect the privacy of individuals regarding personal information collected, maintained, used and/or disclosed. Pikes Peak Respite Services will maintain a file for each person receiving supports and services. Each person's file will include a complete and accurate record for each person assessed, cared for, treated or served. Each person's file will contain sufficient information to identify the person; support her/his diagnosis or condition; justify the care, treatment, and/or services delivered; and promote continuity of care internally and externally, where applicable.

PROCEDURE

Pikes Peak Respite Services will ensure that each person's file contain, at a minimum, the following person-specific information necessary to support the person's health and safety and service delivery needs:

- Demographic Data
- Personalized information, including copies of ID cards, birth certificate, guardianship paperwork (if applicable), etc.
- Medical specific information and history (e.g. current medications, medical professional names and contact info, allergies, etc.)
- Emergency contacts
- Safety Control Procedure(s)
- Informed Consent(s)
- Individual Plan (IP)
- Individual Services and Supports Plan (ISSP)
- Assessments and Summaries
- Program/service notes
- Satisfaction surveys
- Communications with the person, guardian or authorized representative regarding care, treatment and services, including documentation of phone calls and e-mails
- Names and contact information of case manager(s), other providers, other home care agencies, individuals and organizations involved in the person's care
- Incident Reports and Occurrence Reports
- Medical protocols and special diets (if applicable)
- Safety measures to support the person and protect the person from harm including fall risk assessments, and documentation why any identified or planned safety measures were not implemented or continued (if applicable)
- Diagnostic and therapeutic procedures, treatments, tests and their results (if applicable)
- Records of ER, Urgent Care and medical/dental appointments/visits (if applicable)

CONTRACTS – HCA

(Ref. 6 CCR 1011-1 26 6.18)

POLICY

Pikes Peak Respite Services will ensure that persons receiving Class B Non-Medical Home Care Agency (HCA) services are supported by caring, competent, professional and trained staff. All contractual providers of Pikes Peak Respite Services will be fully trained and ready to implement all policies and procedures of Pikes Peak Respite Services prior to providing care and support to any person receiving services.

PROCEDURE

Pikes Peak Respite Services will ensure a written employment contract is in place for any contractual provider assisting persons on an hourly or per visit basis in an HCA setting. The employment contract will specify, at a minimum, the following:

- Statement that persons receiving HCA support are accepted for care only by Pikes Peak Respite Services
- Content identifying the specific services to be furnished
- The necessity to conform to all applicable policies and personnel qualifications of Pikes Peak Respite Services
- The contractual providers responsibility for participating in developing plans of care or service
- The manner in which services will be controlled, coordinated, and evaluated by Pikes Peak Respite Services
- The procedures for documenting/collecting service notes, scheduling visits, evaluating care and monitoring service delivery
- The procedures for payment for services furnished under the contract

CRIMINAL HISTORY CHECK – HCA

(Ref. 6 CCR 1011-1 26 6.3)

POLICY

Pikes Peak Respite Services will require any individual seeking employment/contractual relationship with Pikes Peak Respite Services to submit to a criminal history record check to determine whether the individual seeking employment or a contractual relationship has been convicted of a felony or misdemeanor that involves conduct that could pose a risk to the health, safety or welfare of the person in services.

PROCEDURE

Pikes Peak Respite Services will complete a criminal history record check (background screening) on all prospective employees/contractual providers prior to providing care and support to persons. The criminal history record check will:

- Be completed, not more than 90 days, prior to the establishment of employment/contractual relationship
- At a minimum, include a search of criminal history in the State of Colorado

Pikes Peak Respite Services will consider the applicant's criminal history when assessing the individual's qualifications for employment or contractual status. Pikes Peak Respite Services will evaluate hiring based on completed application, references, background screening results, face to face/phone interviews and overall qualifications. Pikes Peak Respite Services reserves the right to deny employment for any individual determined to be a health and safety risk to persons in services. Background screening results, DORA checks, references, and face-to-face/phone interviews will be utilized to determine employment or the establishment of a contractual relationship.

When assessing whether to employ an applicant with a felony or misdemeanor conviction, Pikes Peak Respite Services will consider the following factors:

- The history of convictions, pleas of guilty or no contest
- The nature and seriousness of the crimes
- The time that has elapsed since the conviction(s)
- Whether there are any mitigating circumstances
- The nature of the position for which the applicant would be employed/contracted

DATA MANAGEMENT

(Ref. 6 CCR 1011-1 26 6.19)

POLICY

Pikes Peak Respite Services maintains hard files and an electronic health record (EHR) for each individual receiving services. Personal health information (PHI) will be maintained in a secure and HIPAA compliant manner.

PROCEDURE

Pikes Peak Respite Services uses binders, hard files, file cabinets and computer-based word processing documents for documentation and file management. Individual records are maintained in hard files and computer hard drives. Hard files are locked and secured, and computers are password protected. Pikes Peak Respite Services will use an encrypted and secure email service when communicating PHI with the individual's other service providers.

Training

Pikes Peak Respite Services provides employees and contractual providers training in the methods and requirements for locking and securing hard files and managing computer records, including passwords, login, documentation, and accessing individual records.

Pikes Peak Respite Services' employees and contractual providers will receive training in the following procedures:

- Employees and contractual providers will be instructed on handling, locking and securing hard files maintained for each person.
- Employees and contractual providers will be instructed in the authorized use of PHI for persons in their care, and to not discuss confidential information outside of their place of employment or work.
- Employees and contractual providers will be instructed on how to transmit PHI securely using Pikes Peak Respite Services' encrypted and secure email service.
- Employees and contractual providers should not share their personal login information or passwords with others; write down their login information on paper or save them in electronic files that can be accessed by others.
- Pikes Peak Respite Services' employees and contractual providers are advised not to store PHI on any removable data devices (e.g., SanDisk, USB flash drive, etc.).
- Contact notes, summary reports and other reports containing PHI may be printed or copied for use as required for Pikes Peak Respite Services business, per Pikes Peak Respite Services policy, or as required by state or federal regulation.

DISCHARGE FROM SERVICES

(Ref. 10 CCR 2505-10 8.607.7)

POLICY

Pikes Peak Respite Services (PPRS) will ensure just and equitable procedures for the discharge or transfer of individuals receiving services. The following circumstances initiate a discharge from PPRS services:

- The individual receiving services, guardian, or authorized representative(s) notifies PPRS, verbally or in writing, that he or she no longer wishes to participate in the service(s);
- The individual refuses to attend the program, has not attended in 30 days and/or refuses to participate in services being provided;
- The individual moves out of PPRS's service area and PPRS is unable to continue to provide services in the new area;
- The individual no longer meets the criteria for eligibility;
- A determination has been made, through the individualized planning process, that services and supports are no longer appropriate or necessary to meet the needs of the individual.

An Interdisciplinary Team (IDT) will be held to discuss the reasons for termination, resolution of potential problems, and to develop a discharge plan. The individual receiving services, guardian, or authorized representative(s) shall be given 15 days written notice prior to termination of services (See Dispute Resolution Procedure). When termination is requested by the individual receiving services, discharge from the program shall occur within a reasonable period of time, except under the following conditions:

- If the individual receiving services has a legal guardian and/or authorized representative, or is under court jurisdiction, PPRS will immediately notify these parties of the desire to be discharged;
- The individual is subject to an emergency order, which could affect the ability to leave the program voluntarily.

No individual will be terminated from services during a dispute resolution/appeals process. An individual who is discharged entirely from services and subsequently reapplies is considered a new applicant.

DISCLOSURE RIGHTS – HCA

(Ref. 6 CCR 1011-1 26 6.7)

POLICY

Pikes Peak Respite Services will inform persons and their guardian/authorized representative regarding the Non-Medical Home Care Agency (HCA) services the person receives, and the obligations/expectations of all parties involved – the person, the HCA worker and Pikes Peak Respite Services. Pikes Peak Respite Services will provide a written disclosure notice to the person or guardian/authorized representative within one (1) business day of the start of services that specifies the service provided by Pikes Peak Respite Services and the person's obligation regarding the HCA worker.

PROCEDURE

Pikes Peak Respite Services will provide the person or guardian/authorized representative the disclosure notice, in the form and manner prescribed by the Colorado Department of Public Health and Environment (CDPHE). Pikes Peak Respite Services will ensure that the person or guardian/authorized representative acknowledges the disclosure notice is within one (1) business day of the start of services.

The disclosure notice will be signed by the person or guardian/authorized representative and will include information as to who is responsible for the following items:

- Employment of the HCA worker
- Liability for the HCA worker while in the person's home
- Payment of wages to the HCA worker
- Payment of employment and social security taxes
- Payment of unemployment, worker's compensation, general liability insurance, and, if provided, bond insurance
- Supervision of the HCA worker
- Scheduling of the HCA worker
- Assignment of duties to the HCA worker
- Hiring, firing and discipline of the HCA worker
- Provision of materials or supplies for the HCA worker's use in providing services to the person
- Training and ensuring qualifications that meet the needs of the person

DISPUTE RESOLUTION – PERSON CENTERED

(Ref. 10 CCR 2505-10 8.605.2 A-J)

1. You have the right to dispute if you find out:
 - You are not eligible for services;
 - You are no longer eligible for services;
 - Your services have changed;
 - Your services have stopped.

Contact your case manager if your Medicaid Waiver benefits change, get reduced, or stop.

2. If your services change, we (Pikes Peak Respite Services) will let you know in 15 days.
3. You have the right to appeal or dispute about any decision.
4. You can get help to appeal or dispute a decision from the following organizations:
 - Disability Law Colorado (303) 722-0300
 - The ARC Pikes Peak Region (719) 471-4800
 - TRE – The Resource Exchange (Community Centered Board) (719) 380-1100
5. You can decide to meet with us and talk about your dispute.
6. You can ask someone to help you talk about your dispute:
 - We will schedule a meeting in 15 days;
 - We will take notes;
 - We will give you a copy of the notes.
7. If you do not like the decision, you can ask for a formal hearing:
 - We will ask someone to look over your dispute;
 - We will schedule the meeting within 10 days;
 - We will take notes;
 - You will be told the decision in 15 days.
8. If you do not like the decision, you can ask the Colorado Department of Health Care Policy and Finance (Department) to review your dispute.
 - We will send your dispute to the Department within 15 days;
 - The Department will review your dispute and let you know in 10 days;
 - The decision of the Department is final.
9. You will not be terminated from services while the department reviews your dispute.
10. We will keep a written record of all meetings and decisions.

You will not be terminated for making a dispute.

DISPUTE RESOLUTION – AGENCY SPECIFIC

(Ref. 10 CCR 2505-10 8.605.2 A-J)

POLICY

Colorado law specifies what types of decisions may be disputed. This dispute resolution procedure pertains to those decisions that are specifically covered by Colorado law. Other complaints or disputes you have may be resolved in other ways.

Persons receiving services, parents, legal guardians, or authorized representatives (if within the scope of their duties) shall be offered a means for resolving disputes when one or more of the criteria listed below is met. The use of this procedure will not prejudice the future provision of services and supports to the individual receiving services. No individual may be terminated from services during the time negotiations of a dispute is occurring or during appeal of a decision.

The law states that you have the right to contest or dispute the following types of decisions made by Pikes Peak Respite Services:

- A decision that you are not eligible for services and supports;
- A decision that you are no longer eligible for services and supports;
- A decision to provide, modify, reduce or deny services and supports set forth in your Individualized Plan;
- A decision to terminate, or end, your services and supports.

Pikes Peak Respite Services does not determine Medicaid Waiver Eligibility. This is a function of the local CCB and/or the Division of Intellectual and Developmental Disabilities (DIDD). In decisions that affect Medicaid Eligibility Pikes Peak Respite Services will educate you regarding your right to appeal and what steps are necessary to follow in order to process a claim.

Generally, you should contact your Case Management representative to file a formal appeal when decisions are made that impact your Medicaid Waiver Eligibility or reduction in service units. Decisions made by Pikes Peak Respite Services' program representatives that impact your services and supports will be handled according to the Dispute Resolution policy and procedure.

PROCEDURE

Pikes Peak Respite Services will provide a copy of the Dispute Resolution Procedure to individuals and/or their legal representatives at the time services and supports begin with Pikes Peak Respite Services, each time there is a change to the procedure, at the annual Individual Plan meeting, or upon request.

If Pikes Peak Respite Services makes a decision affecting services and supports, as defined above, Pikes Peak Respite Services will ensure that a written notice of action is provided to you, in accordance with the Colorado Department of Health Care Policy and Financing Rule 8.605.2 A-J, accompanied by this procedure to inform you of decisions proposed and to help you determine whether you want to contest or appeal the decision. The notice must be provided to you, in writing, at least fifteen (15) days before the action is to be effective.

If you have been notified by Pikes Peak Respite Services that it intends to take action that can be disputed, and you disagree with that action, you have the right to an appeal or complaint. The complaint should be in writing to Pikes Peak Respite Services. Pikes Peak Respite Services will explain the process that is to be followed, if you wish to file a complaint.

If you do not begin the dispute resolution process by filing an appeal, Pikes Peak Respite Services may implement the original decision after the notice period has expired.

If you need assistance to file an appeal with Pikes Peak Respite Services, you may contact the following organizations for help:

- The Legal Center for People with Disabilities and Older People (303) 722-0300
- The ARC Pikes Peak Region (719) 471-4800
- TRE – The Resource Exchange (Community Centered Board) (719) 380-1100

Informal Negotiations

Pikes Peak Respite Services will provide the opportunity to resolve the dispute through an informal negotiation process. The informal negotiation process may be waived only if all parties are in agreement to do so. If the informal negotiation process is waived, formal proceedings will be initiated as described below.

Mediation may be considered as a form of informal negotiation if all parties involved in the dispute are in agreement.

When your complaint is received, Pikes Peak Respite Services will schedule an informal meeting with everyone involved in the decision to try to create a solution. This meeting will be scheduled within fifteen (15) days of receiving your complaint.

Following the meeting, Pikes Peak Respite Services will send the individual and/or legal representatives a written summary of the agreements or disagreements made during the informal negotiation process as well as Pikes Peak Respite Services' decisions based on the meeting.

If the dispute cannot be resolved through informal negotiation, the individual or their representative may request, in writing, a formal hearing with Pikes Peak Respite Services.

Formal Hearing Proceedings

When a request for a formal hearing has been received, Pikes Peak Respite Services will ask a neutral person to review your request. All parties involved in the dispute will be able to present information to the neutral decision maker. The neutral decision maker shall not have been directly involved in the specific decision at issue.

Pikes Peak Respite Services will arrange for a formal meeting and will provide written notification of the meeting at least ten days prior to the meeting.

The parties in the meeting may have their dispute presented by legal counsel, an authorized representative or another individual. All parties will be given the opportunity to respond to or question the opposing position.

The meeting will be documented or recorded.

Within fifteen (15) days of the meeting, the impartial decision maker will mail a written decision to the party who filed the complaint.

If the dispute has not been resolved through the formal hearing process, individuals and their families/guardians may request that the Executive Director of the Colorado Department of Health Care Policy and Finance, or designee, review the outcome of the formal hearing. This request must be in writing and shall include information about the dispute and other information or evidence for a thorough review. Pikes Peak Respite Services will submit information to the Executive Director of the Department of Health Care Policy and Finance as well.

DISPUTE RESOLUTION OF THE DEPARTMENT

It is important to note that if the dispute is not resolved, the objecting party may request that the Executive Director of the Department of Health Care Policy and Finance or his/her designee review the decision. Appeal procedures outside the Community Centered Board are within the jurisdiction of the Department of Health Care Policy and Finance and the Department will proceed as follows:

1. A request to the Executive Director of the Department to review the outcome of the dispute resolution process shall be submitted to the Department within fifteen (15) working days from which the written decision was postmarked;
2. The request for review shall also contain a statement of the matters in dispute and all information or evidence which is deemed relevant to a thorough review of the matter. The community centered board, regional center or the program approved service agency or other party shall be afforded the opportunity likewise to respond within fifteen (15) working days;
3. The Executive Director of the Department or designee shall have the right to additional information and may request oral argument or a hearing if deemed necessary by the Executive Director or designee to render a decision;
4. The Executive Director of the Department or designee shall provide a de novo review of the dispute and shall render a decision within ten (10) working days of the submission of all relevant information; and,
5. The decision of the Executive Director of the Department shall constitute final agency action on the dispute.

No person receiving services may be terminated from services or supports during the dispute resolution process unless the Department determines an emergency situation, as meeting the criteria set forth in section 8.605.4 exists. Pikes Peak Respite Services will keep a written record of all Dispute Resolution proceedings.

Pikes Peak Respite Services will ensure that persons receiving services, their guardians, and family members shall not be coerced, intimidated, threatened or retaliated against because they have exercised their right to complain or participate in the dispute resolution process.

DOCUMENT RETENTION AND DESTRUCTION

POLICY

I. Purpose

In accordance with the Sarbanes-Oxley Act, which makes it a crime to alter, cover up, falsify, or destroy any document with the intent of impeding or obstructing any official proceeding. This policy provides for the systematic review, retention and destruction of documents received or created by Pikes Peak Respite Services (PPRS) regarding the transaction of organization business. This policy covers all records and documents, regardless of physical form (including electronic documents), contains guidelines for how long certain documents should be kept and how records should be destroyed. The policy is designed to ensure compliance with federal and state laws and regulations, to eliminate accidental or innocent destruction of records and to facilitate PPRS's operations by promoting efficiency and freeing up valuable storage space.

II. Document Retention

PPRS follows the document retention procedures outlined below. Documents that are not listed but are substantially similar to those listed in the schedule will be retained for the appropriate length of time.

III. Corporate Records

Articles of Incorporation	Permanent
Contracts (after expiration)	7 years
Correspondence (general)	3 years
Client Records	7 years
Annual Audits and Financial Statements	Permanent
Tax Returns	Permanent
IRS 1099s	7 years
Journal Entries	7 years
Invoices	7 years
Petty Cash Vouchers	3 years
Cash Receipts	3 years
Credit Card Receipts	3 years
Bank Records	Permanent
Check Registers	Permanent
Bank Statements and Reconciliation	7 years
Electronic Fund Transfer Documents	7 years
Federal Unemployment Tax Records	Permanent
State Unemployment Tax Records	Permanent
Payroll Tax returns	7 years
W-2 Statements	7 years
Employment and Termination Agreements	Permanent
Retirement and Pension Plan Documents	Permanent
Records Relating to Promotion, Demotion or Discharge	7 years after termination
Accident Reports and Worker's Compensation Records	5 years

Employment Applications	3 years
I-9 Forms	3 years after termination
Insurance Policies	Permanent
Leases	6 years after expiration
OSHA Documents	5 years
General Contracts	3 years after termination

IV. Electronic Documents and Records

Electronic documents will be retained as if they were paper documents. Therefore, any electronic files that fall into one of the document types on the above schedule will be maintained for the appropriate amount of time. If a user has sufficient reason to keep an email message, the message should be printed in hard copy and kept in the appropriate file or moved to an appropriate computer file folder.

V. Emergency Planning

PPRS's records will be stored in a safe, secure and accessible manner. Documents and financial files that are essential to keeping PPRS operating in an emergency will be duplicated or backed up on a regular basis.

VI. Document Destruction

PPRS's Chief Executive Officer is responsible for the ongoing process of identifying its records, which have met the required retention period and overseeing their destruction. Destruction of financial and personnel and client related documents will be accomplished by shredding.

Document destruction will be suspended immediately, upon any indication of an official investigation or when a lawsuit is filed or appears imminent. Destruction will be reinstated upon conclusion of the investigation.

VII. Compliance

Failure on the part of employees or contract staff to follow this policy can result in disciplinary action against responsible individuals.

EMERGENCY CONTROL

(Ref. 10 CCR 2505-10 8.608.4)

POLICY

Pikes Peak Respite Services will require all employees and contractual providers to understand what an emergency control procedure is, including how and when it should be utilized to support the health and safety of the person.

Emergency control is the unanticipated use of a restrictive procedure or restraint in order to keep the individual receiving services and others safe. Emergency control procedures are those in which the immediate restrictive intervention is necessary to protect an individual receiving service or others from physical injury. Behavior requiring emergency control procedures is infrequent and unpredictable.

Emergency control procedures are the generalized actions that a family member or caregiver will take with a person exhibiting behaviors which may cause physical injury to themselves or others or cause severe property damage. Restrictive procedures shall be employed only by individuals who have been formally trained in its use by a certified instructor, in an emergency situation, when absolutely necessary and when alternative techniques have failed. Pikes Peak Respite Services staff will be trained in implementing crisis intervention strategies, such as CPI, MANDT, NVCI or Safety Care.

Restrictive procedures, which may be used for emergency behavior control, include physical restraint and interference with an individual's ability to acquire rewarding items or engage in valued experiences. **NO PHYSICAL OR MECHANICAL RESTRAINT OF A PERSON RECEIVING SERVICES SHALL PLACE EXCESS PRESSURE ON THE CHEST OR BACK OR INHIBIT OR IMPEDE THE PERSON'S ABILITY TO BREATHE.**

Emergency behavior control procedures shall not be used as punishment, for the convenience of staff or contractual providers, or as a substitute for services, supports, or instruction.

The use of Posey vests (i.e., a medical device used to restrain an individual to a chair or bed), straitjackets, ankle or wrist restraints or a behavior management room for behavior control is prohibited. The use of psychotropic medications for the purpose of emergency behavior control is prohibited.

PROCEDURE

Physical or mechanical restraint can only be used by employees or contractual providers trained in its use, in an emergency, when alternatives have failed, and when necessary to protect the person from injury to self or others.

1. The individual shall be released from physical or mechanical restraint as soon as the emergency condition no longer exists.

2. Physical or mechanical restraint cannot be a part of an Individual Service and Support Plan and can only be used as an emergency or safety control procedure in accordance with these rules and regulations.
3. No physical or mechanical restraint of a person receiving services shall place excess pressure on the chest or back of that person or inhibit or impede the person's ability to breathe.
4. During physical restraint, the person's breathing and circulation shall be checked to ensure that these are not compromised.
5. Pikes Peak Respite Services shall allow for physical restraint exceeding fifteen (15) minutes only when absolutely necessary for safety reasons. **If physical restraint exceeds 15 minutes, an emergency 911 call should be made.**
6. Relief periods of, at a minimum, ten (10) minutes every (1) hour shall be provided to an individual in mechanical restraint, except when the individual is sleeping. A record of relief periods shall be maintained.
7. An individual placed in a mechanical restraint shall be monitored at least every fifteen (15) minutes by employees or contractual providers trained in the use of mechanical restraint to ensure that the individual's physical needs are met, and the individual's circulation is not restricted, or airway obstructed. A record of such monitoring shall be maintained.
8. Emergency control procedures shall not be employed as punishment, for the convenience of staff, or as a substitute for services, supports or instruction.
9. Within twenty-four (24) hours after the use of an emergency control procedure, the responsible employee or contractual provider shall file an incident report. The incident report shall meet all requirements of section 8.608.6.B and shall also include:
 - a. A description of the emergency control procedure employed, including beginning and ending times;
 - b. An explanation of why the procedure was judged necessary; and,
 - c. An assessment of the likelihood that the behavior that prompted the use of the emergency control procedure will recur.
10. Within three (3) days after use of an emergency control procedure, the community centered board, parent of a minor, guardian, and authorized representative if within the scope of his or her duties, shall be notified.

Mechanical restraints used for medical purposes following a medical procedure or injury shall be authorized by a physician's order which shall be renewed every twenty-four (24) hours. Requirements of section 8.608.3.A applicable to mechanical restraint shall also apply.

Mechanical or physical restraints used for a diagnostic or other medical procedure conducted under the control of an agency (e.g., drawing blood by an agency nurse) shall be dually authorized by a licensed medical professional and agency administrator, and its use documented in the person's record.

EMERGENCY PREPAREDNESS – HCA

(Ref. 6 CCR 1011-1 26 6.12)

POLICY

Pikes Peak Respite Services is committed to supporting persons with intellectual and/or developmental disabilities to live as independently as possible and assisting individuals to integrate within the community they live, work and socialize and this includes advocating for their health and safety needs. Pikes Peak Respite Services will provide persons receiving Non-medical (Personal Care) Home Care Agency (HCA) services the opportunity and choice to: prepare, practice and implement emergency preparedness procedures important to ensure health and safety in the home. Pikes Peak Respite Services will utilize the following plan to educate persons about common emergency situations and assist persons, who choose, to develop their own emergency plan.

PROCEDURE

Pikes Peak Respite Services will follow its Emergency Action Guide – Community Supports (SEE APPENDIX J) designed to manage persons' care and services in response to the consequences of natural disasters or other emergencies that disrupt the agency's ability to provide care and services or threatens the lives or safety of its persons. Pikes Peak Respite Services will utilize the Personal Emergency Plan (SEE APPENDIX K) to educate persons about common emergency situations and assist persons, who choose, to develop their own emergency plan.

Pikes Peak Respite Services will ensure that emergency preparedness include the following:

- Staff training, preparation and understanding of their roles/responsibilities in emergency situations.
- Education for persons, caregivers and families on how to manage treatment, safety and/or well-being during and following instances of common natural disasters (tornado, winter storm, fire, etc.) and other emergencies.
- Regular review of emergency preparedness after any incident response and on an annual basis and incorporate into policy any substantive changes.

EMPLOYEE HEALTH – HCA

(Ref. 6 CCR 1011-1 26 6.16)

POLICY

Pikes Peak Respite Services is committed to ensuring the health and safety of all persons receiving services and supports and to the prevention and spread of communicable disease. A communicable disease is defined as any condition which is transmitted directly or indirectly to a person from an infected person or animal through the agency of an intermediate host or vector or through the inanimate environment. Communicable diseases are spread via airborne viruses or bacteria or contact with human blood or other bodily fluids. In addition to viruses and bacteria, communicable disease pathogens include fungi and parasites. Often the terms *infectious* and *contagious* are used to describe a communicable disease (Centers for Disease Control and Prevention). Communicable diseases may include but are not limited to: tuberculosis (TB), chicken pox, pneumonia, measles or German measles (rubella), certain strains of hepatitis and meningitis, SARS, and influenza.

PROCEDURE

Pikes Peak Respite Services' employees and contractual providers who know or suspect they are infected with a contagious disease or afflicted with boils, jaundice, infected wounds, vomiting, diarrhea or acute respiratory infections must notify their supervisor. All employees and contractual providers are required to inform Pikes Peak Respite Services when known to be affected with any illness in a communicable stage or to be a carrier of a communicable illness or disease or afflicted with boils, jaundice, infected wounds, vomiting, diarrhea or acute respiratory infections. Employees and contractual providers who have been suspected as having a contagious disease or afflicted with boils, jaundice, infected wounds, vomiting, diarrhea or acute respiratory infections will:

- Not be allowed to provide direct care services until medically cleared by a medical professional
- Need to provide written documentation from a medical professional documenting that the employee or contractual provider is no longer infectious to others and is able to return to work as of a specified date

Pikes Peak Respite Services Chief Executive Officer or designees have the authority to:

- Remove sick employees and contractual providers from the direct care setting and send employees and contractual providers home
- Require sick employees and contractual providers to seek medical care and attention before returning to work

EXPERIMENTAL RESEARCH

(Ref. 10 CCR 2505-10 8.608)

POLICY

Pikes Peak Respite Services shall ensure that no person is subjected to experimental research or hazardous treatment procedures if the person implicitly or expressly objects to such procedures.

Pikes Peak Respite Services shall also ensure that procedures are in place to protect all individuals receiving services from any experimental research performed by or under the supervision of this agency. Those procedures shall, at a minimum, include the following:

- Adherence to ethical and design standards in the conduct of research;
- Review by the Human Rights Committee;
- Address the adequacy of the research design;
- Address the qualifications of the persons responsible for coordinating the project;
- Address the benefits of the research in general;
- Address the benefits and risks to the participants;
- Address the benefits to the agency;
- Address the possible disruptive effects of the project on agency operations;
- Requires the obtainment of informed consent from participants, their guardians or authorized representatives. If applicable, such consent may be given only after consultation with...
 - The interdisciplinary team (IDT);
 - A developmental disability professional not affiliated with PPRS;
- State any potentially harmful effects that may occur in the course of the research activities and how to deal with them.

Unobtrusive research designs applied to services and supports, or specific program activities normally provided and where there is no potential threat to an individual receiving service, are considered clinical evaluations and may be excluded from these protections at the discretion of the IDT.

DATA MANAGEMENT

(Ref. 6 CCR 1011-1 26 6.19)

POLICY

Pikes Peak Respite Services will maintain hard files and an electronic health record (EHR) for each individual receiving professional service. Personal health information (PHI) will be maintained in a secure and HIPAA compliant manner.

PROCEDURE

Pikes Peak Respite Services uses binders, hard files, file cabinets and computer-based word processing documents for documentation and file management. Individual records are maintained in hard files and computer hard drives. Hard files are locked and secured and computers are password protected.

Training

Pikes Peak Respite Services provides employees and contractual providers training in the methods and requirements for locking and securing hard files and managing passwords, login, documentation, and accessing individual records.

Pikes Peak Respite Services' employees and contractual providers will receive training in the following procedures:

- Employees and contractual providers will be instructed on handling, locking and securing hard files maintained for each person.
- Employees and contractual providers will be instructed in the authorized use of PHI for persons in their care, and to not discuss confidential information outside of their place of employment or work.
- Employees and contractual providers should not share their personal login information or passwords with others; write down their login information on paper or save them in electronic files that can be accessed by others.
- Pikes Peak Respite Services' employees and contractual providers are advised not to store PHI on any removable data devices (e.g., SanDisk, USB flash drive, etc.).
- Contact notes, summary reports and other reports containing PHI may be printed or copied for use as required for Pikes Peak Respite Services business, per Pikes Peak Respite Services policy, or as required by state or federal regulation.

GOVERNING BODY – HCA

(Ref. 6 CCR 1011-1 26 8.1)

POLICY

Pikes Peak Respite Services is committed to providing caring, competent and professional services and supports. Pikes Peak Respite Services will establish and maintain a governing body of members with the legal authority and responsibility to manage the conduct and operations of the agency and ensure quality care and support is provided to persons receiving services.

Pikes Peak Respite Services' Governing Body is comprised of the following persons:

NAME	TITLE	ADDRESS	PHONE NUMBER
Beverly Seemann	CEO/Executive Director, Administrator	4845 Old Brook Cir S, Colorado Springs, CO 80179	719-659-6344
Aimee Mathias	Community Liaison/Agency Manager	4845 Old Brook Cir S, Colorado Springs, CO 80179	719-494-6155
Jessica Gervasi	Agency Manager Alternate/Field Supervisor	4845 Old Brook Cir S, Colorado Springs, CO 80179	719-800-3190
Tiffany Hutson	Program Development Manager/Field Supervisor	4845 Old Brook Cir S, Colorado Springs, CO 80179	719-502-1444
Joshua Shipman	CFO/Agency Manager Alternate	4845 Old Brook Cir S, Colorado Springs, CO 80179	719-761-8472

Pikes Peak Respite Services will establish and maintain a board of directors charged with overseeing the fiduciary responsibilities of the agency. The Board of Directors will hire the CEO and assess the overall direction and strategy of the organization.

Pikes Peak Respite Services' Board of Directors is comprised of the following members:

NAME	TITLE	PHONE NUMBER
Beverly Seemann	President	719-659-6344
Joshua Shipman	VP, Treasurer	719-761-8472
Aimee Mathias	Secretary	719-494-6155
Jessica Gervasi	Member	719-800-3190
Tiffany Hutson	Member	719-502-1444
Leslie Seemann	Member	719-640-7354

PROCEDURE

The Board of Directors will:

- Develop and maintain bylaws or the equivalent, which will be reviewed and revised as needed
- Ensure that the bylaws or the equivalent specify the objectives of the agency

The Governing Board will:

- Designate and employ an Agency Manager
- Adopt, review annually and revise as needed, policies and procedures for the operation and administration of Pikes Peak Respite Services
- Review the operation of the agency at least annually
- Keep minutes of all meetings
- Provide and maintain a fixed office location, that provides for confidentiality of person's information and a safe working environment
- Organize operations and service deliver
- Provide administrative control and lines of authority for the delegation of responsibility down to the care level of the person receiving services that are clearly set forth in writing and are readily identifiable.

GRIEVANCE RESOLUTION – PERSON CENTERED

You have the right complain and ask that your services be better.

We (Pikes Peak Respite Services) will help you understand this right.

We will talk to you about your right to complain when you start services and every year at your Support Plan meeting.

You can talk to us about your complaint or write it down.

Nothing will happen to you if you make a complaint.

We will make sure that no one intimidates you or threatens you, because you made a complaint.

We will try to resolve your concern quickly and fairly.

You can complain about our services, how we support you, the people that assist you, or anything else not covered by the Dispute Resolution Procedure.

We will write down your complaint.

- If you want help to make a complaint, you can contact these organizations for help:
 - The ARC Pikes Peak Region (719) 471-4800
 - TRE – The Resource Exchange (Community Centered Board) (719) 380-1100

We will try to resolve your complaint quickly and fairly.

If we cannot resolve your complaint quickly, we will schedule a meeting at a time convenient to you.

Pikes Peak Respite Services' CEO will review all grievances that are unresolved at a lower level.

If you want, we can ask a person outside of Pikes Peak Respite Services to help with the meeting.

We will try to solve your complaint within fifteen (15) days after the meeting.

We will keep a record of all complaints and a record of all meetings and outcomes.

You also have the right to complain in person, mail or email to the following organization:

**Complaint Intake Coordinator
Health Facilities and Emergency Medical Services Division
4300 Cherry Creek Drive South
Denver, Colorado 80246**

**Home and Community Services Complaint Line: # 303.692.2910/ # 800.842.8826
Email: healthfacilities@state.co.us**

GRIEVANCE RESOLUTION – AGENCY SPECIFIC

POLICY

Each person has the right to raise complaints or grievances. Pikes Peak Respite Services will assist persons in understanding this right and the process for making a grievance known upon entering services and at a minimum on an annual basis at the individual's Individual Plan meeting or other meeting. The person making the grievance may do so in writing or verbally to a representative of Pikes Peak Respite Services. Making a complaint or grievance will not prejudice any future services or supports and the affected individual will not suffer any negative effects due to filing a complaint. Pikes Peak Respite Services will ensure that no individual shall be coerced, intimidated, threatened or retaliated against because the individual has exercised his or her right to file a grievance or has participated in the grievance process. Every effort will be made to resolve the concern at the earliest stage and in a fair manner.

PROCEDURE

Pikes Peak Respite Services will provide this grievance process to the person receiving services and/or the individual's guardian or authorized representative in a manner understandable to all at the time that service begins, when there is a change to the procedure, or upon request.

Complaints and grievances may be about services, supports, employees or other areas that are not covered by the Dispute Resolution Procedure.

- When someone wishes to make a grievance or complaint, they may do so in writing or verbally to a Pikes Peak Respite Services employee. If a verbal complaint is made to Pikes Peak Respite Services, the complaint will be put in writing by a Pikes Peak Respite Services employee for follow-up.
- If you need assistance to file a complaint with Pikes Peak Respite Services, you may contact the following organizations for help:
 - The ARC Pikes Peak Region (719) 471-4800
 - TRE – The Resource Exchange (Community Centered Board) (719) 380-1100
- Pikes Peak Respite Services will ensure that a log is kept which tracks the complaint and its resolution.
- The Pikes Peak Respite Services representative will try to resolve the complaint to the satisfaction of all parties as soon as possible. If an immediate resolution is not possible, Pikes Peak Respite Services will offer an opportunity for all parties to come together to try to find a mutually acceptable solution. All parties will be informed about a meeting time and place at least 10 days before the meeting unless everyone involved wants to meet sooner.
- If a complaint cannot be resolved at a lower level, the complaint will be reviewed by Pikes Peak Respite Services' CEO.

- Mediation may be used if both parties voluntarily agree to this process.
- Pikes Peak Respite Services will make all attempts to resolve the complaint within fifteen (15) days following any meeting.
- Pikes Peak Respite Services will ensure that agreements are documented, and all involved parties receive copies of the decisions made during discussions, meetings or mediation.

Complainants that feel their complaints cannot be resolved with Pikes Peak Respite Services can submit them to the Health Facilities and Emergency Medical Services Division (HFEMSD) Home and Community Services complaint line, in person, mail or email. The division encourages complainants to try to resolve concerns first through the internal grievance process because very often this is the quickest way to address the problem. If concerns cannot be addressed satisfactorily through these more informal processes or the complainant chooses not to utilize Pikes Peak Respite Services' processes, the complainant may file a formal complaint with the division.

**Complaint Intake Coordinator
Health Facilities and Emergency Medical Services Division
4300 Cherry Creek Drive South
Denver, Colorado 80246**

**Home and Community Services Complaint Line: # 303.692.2910/ # 800.842.8826
Email: healthfacilities@state.co.us**

INCIDENT REPORTING

(Ref. 10 CCR 2505-10 8.608.6)

POLICY

Pikes Peak Respite Services provides a humane and caring environment, which includes diligence to ensure the safety of the persons served. Reporting serious incidents and acting on the information in these reports is essential. Pikes Peak Respite Services will complete Incident Reports for all individuals receiving services. Incident Reports will be kept in the individual's record and will be available to the CCB and the Department of Health Care Policy and Finance and the Colorado Department of Public Health and Environment upon request.

PROCEDURE

All written documentation becomes part of a legal record and thus can be subpoenaed in court should a situation arise. Consequently, when documenting ANYTHING, employees and contractual providers must keep in mind that this documentation could be reviewed in a court of law.

If an individual is injured the burden of proof lies with Pikes Peak Respite Services to demonstrate that employees and contractual providers acted reasonably and responsibly to protect the individual and prevent injury.

Pikes Peak Respite Services' employees and contractual providers will complete written reports according to the process outlined below.

Employees and contractual providers should follow these important guidelines when writing Incident Reports:

1. The name of the individual must be on every page as proof that it really is the individual's record and not a page from another record.
 - Employees and contractual providers may use a name that the individual prefers to be called as long as it is recorded in the file; otherwise use their legal name.
 - Initials of the individual may be used if their full name is identified at the top of each page.
2. All documentation must have a PROFESSIONAL appearance.
 - Use Pikes Peak Respite Services forms.
 - Using blue or black ink, write neat and legible notes.
 - Don't write between the lines or in margins. Don't make arrows.
3. When correcting errors:
 - Do not use white-out.
 - Do not scratch over a word with a pen.
 - Do not use erasable pens and then erase.
 - Draw a single line through the word(s).

- Write the word above the error, initial and date.
 - State the reason for the error if it is not obvious (i.e.; wrote in the wrong individual's file).
4. When recopying:
 - Try not to recopy
 - If recopying (i.e. coffee spilled on entry and it can't be read well), do it word for word.
 - Do not rewrite entries, instead, add Addendums?
 5. Be accurate and factual:
 - Describe behaviors exactly.
 - Don't label behaviors. Avoid expressions like "uncooperative/resistive individual", "angry individual", instead describe actions, which demonstrated angry or resistive behavior.
 - Don't interpret behavior (i.e.; don't use the word "apparently"). Describe the behavior and then write, "In my opinion..." (This individual is having a seizure).
 - Use the individual's exact words, even if foul language is used.
 - Employees and contractual providers may paraphrase but do not use your own words.
 6. Use complete dates: DD/MM/YYYY
 7. Make sure the time is accurate.
 8. When adding late entries, identify by putting the date and time of the new entry, the reason for lateness and refer to the date and time of when the incident actually took place.
 9. Leaving any spaces between any entry and employees or contractual provider name makes an employee or contractual provider liable for anything that is filled in. Draw lines across empty lines and spaces.
 10. Always list full names and titles when writing notes. Any name might be unfamiliar five years from now.
 11. Separate documentation is required for each and every individual involved in an incident.
 12. Never write out another individual's name in a report.
 13. Pikes Peak Respite Services must always follow up all incidents to resolution (at least 72 hours after the event). It does not have to be the same employee or contractual provider who wrote the original incident report.

Employee/Contractual provider Training

Pikes Peak Respite Services will ensure that their employees and contractual providers receive training on incident reporting prior to working unsupervised with individuals receiving services. The scope of training should include, at a minimum:

- How to identify an incident;
- When an incident report is required;
- How and when an incident is to be reported to case management;
- How to complete an incident report (including the use of the database if applicable);
- How the report is to be routed.

Recording Incident Reports

Pikes Peak Respite Services is required to record incident reports for all required incident types as identified by Division for Intellectual and Developmental Disabilities. Types of incidents requiring reporting include:

- Injury to person receiving services;
- Lost or missing person receiving services;
- Medical Emergencies;
- Hospitalizations;
- Death of person receiving services;
- Errors in medication administration;
- Unusual reports or actions;
- Allegations of M/A/N/E;
- Use of Safety Control Procedures;
- Use of Emergency Control Procedures;
- Stolen property.

Incident reports are to be recorded within twenty-four (24) hours of the witnessed or reported incident. Reports of incidents shall include, but not be limited to:

1. Name of the person reporting;
2. Name of the person receiving services who was involved in the incident;
3. Name of persons involved or witnessing the incident;
4. Type of incident;
5. Description of the incident;
6. Date and place of incident;
7. Duration of the incident;
8. Description of the action taken;
9. Whether the incident was observed directly or reported to the agency;
10. Names of persons notified;
11. Follow-up action taken or where to find documentation of further follow-up; and,
12. Name of the person responsible for follow-up.

Routing of Incident Reports

Incident reports that are not considered critical in nature are to be routed to the appropriate case management department (i.e., CCB) within seventy-two (72) hours. If applicable, copies should also be forwarded to guardians within 24 hours. When an incident involves a medical emergency, allegation of mistreatment, abuse, neglect or exploitation, death, missing persons, serious criminal offense and victim of serious crime, Pikes Peak Respite Services shall ensure that the appropriate case management department is notified within 24 hours by telephone, fax or e-mail. Notification in these instances is considered “critical” and to be followed by a full recorded incident report and routed to the case manager and case management agency within twenty-four (24) hours.

Pikes Peak Respite Services’ employees and contractual providers will complete a written summary. The report will include information on the initial/preliminary action taken by Pikes

Peak Respite Services in response to the allegation, injury, medical crises or other occurrence and indicate what additional follow-up is planned.

Mandatory Reporting of MANE

Pikes Peak Respite Services' employees and contractual providers are considered mandatory reporters under **Title 26, Article 3.1 of the Colorado statute (Protective Services for At-Risk Adults)**. Pikes Peak Respite Services' employees and contractual providers who witness, become aware of, or suspect that an individual has been or is at immediate risk for mistreatment (abuse, neglect or exploitation) must make a report to law enforcement within 24 hours. **The report should be made directly to the local law enforcement agency where the individual lives (NOT 911, unless it is an emergency)**. The employee, volunteer and contractual provider must make this report directly to law enforcement – it is NOT enough to simply report mistreatment to a supervisor, Case Manager or another person.

Pikes Peak Respite Services' employees and contractual providers also work with children and are responsible for immediately reporting any allegations of child abuse and neglect to law enforcement or Child Protective Services (SEE MANE).

Human Rights Committee

The CCB case management representative is responsible for ensuring that the HRC reviews appropriate reports involving critical incidents (including Mistreatment, Abuse, Neglect and Exploitation) as well as the use of Emergency or Safety Control Procedures.

Follow-up to Incident Reports

Pikes Peak Respite Services, the Case Manager, the CCB and/or the Human Rights Committee may request follow-up to an incident report. Documentation of follow-up requested, and follow-up completed should be completed on the original incident report.

Follow-up documentation relating to the investigation of a critical incident is to be maintained in a separate administration file by Pikes Peak Respite Services. Pertinent information regarding investigations is to be forwarded to the CCB.

Monitoring

Pikes Peak Respite Services will review and analyze incident reports to identify trends and problematic practices at a minimum of every 6 months and will take appropriate corrective action if problematic practices are identified.

INDIVIDUAL SERVICE AND SUPPORT PLAN

(Ref. 10 CCR 2505-10 8.608)

POLICY

An Individual Service and Support Plan (ISSP) assists an individual receiving service in attaining new skills or maintaining current abilities based on the prioritized needs as developed by the interdisciplinary team in the Individualized Plan (IP). The individual and his/her direct support shall participate in the development of the ISSP within thirty (30) days of the date given in the IP for it to be written.

ISSPs will be developed for all individuals receiving services to ensure that service and supports are provided consistently and reach the intended results, and as determined by the Interdisciplinary Team. **An ISSP is required whenever a restrictive procedure is to be used.**

A copy of the ISSP shall be submitted to the Community Centered Board. The person receiving services, guardian and /or authorized representative shall be made aware that a copy of the ISSP will be made available to them upon request. This will be documented in the Individualized Plan and provided within 30 days of the date given in the IP for it to be written.

The purposes and content of the ISSP document shall be to provide:

1. A written statement of the objective or intent that the ISSP is to accomplish;
2. A written explanation of the specific methodology, strategy or procedure that will be implemented.
3. A means for consistent implementation between the various service agencies providing services and supports provided for the individual; and,
4. Criteria against which the effectiveness of the ISSP shall be measured and timelines for reviews.

When a person needs assistance with challenging behavior, including a person whose behavior is dangerous to himself, herself, or others, or engages in behavior which results in significant property destruction, Pikes Peak Respite Services, in conjunction with the Interdisciplinary Team, will complete a Comprehensive Life Review including:

1. The status of friendships, community access, job or residential situation;
2. The status of family involvement, satisfaction with roommates or providers, and the level of freedom to make and carryout decisions;
3. A review of the person's sense of belonging to any groups, organizations or programs for which they may have an interest, a review of the person's sense of personal security, and a review of the person's feeling of self-respect;
4. A review of other life issues such as staff turnover, long travel times, relationship difficulties and immediate life crises, which may be negatively affecting the person;

5. A review of the person's medical situation which may be contributing to the challenging behavior; and
6. A review of the person's ISSPs to see if the services being provided are meeting the individual's needs and are addressing the challenging behavior using positive approaches.

If any aspect of this review suggests that the person's life situation could be or is adversely affecting his or her behavior, these circumstances shall be evaluated by the interdisciplinary team and specific actions necessary to address those issues shall be included in the IP and/or ISSP prior to the use of any restrictive procedures to manage the persons behavior.

Issues identified that cannot be addressed by the Interdisciplinary Team should be documented in the IP or ISSP and the Community Centered Board Administrator will be notified of these issues and the present or potential effect they will have on the person involved.

PROCEDURE

Within 30 days of the receipt of the Individual Plan (IP) or attendance at the IP meeting:

1. Develop a draft ISSP that is observable and measurable;
2. Ensure plan matches the outcome as stated in the IP;
3. Consider previous programs, current level of performance and objective criteria;
4. Design a method to track progress;
5. Review and ensure completeness;
6. Send ISSP to Person being served, CCB Resource Coordinator and Guardian (if applicable);
7. Run program as stated in ISSP and record results/data;
8. Provide ongoing instruction and monitoring:
 - a. Review data quarterly and more often as needed.
9. If ISSP is discontinued or criteria are met:
 - a. Develop new criteria under the same goal or Request and Interdisciplinary Team (IDT) meeting to make an addendum to the IP if a new goal is needed.

INFECTION CONTROL – HCA

(Ref. 6 CCR 1011-1 26 6.15)

POLICY

Pikes Peak Respite Services will protect the health and safety of persons, employees and contractual providers through education and effective implementation of infection control procedures. Employees and contractual providers will receive training in Infection Control and Universal Precautions and learn methods and strategies to protect themselves and persons served. Pikes Peak Respite Services will review its infection control policies and procedures at least annually and document any substantive changes.

PROCEDURE

Pikes Peak Respite Services provides Non-Medical (Personal Care) Home Care Agency services to persons living in their home. Employees and contractual providers will limit the spread of infectious diseases, while understanding and following Non-Medical Personal Care service limitations (SEE PERSONAL CARE SERVICES – HCA). Pikes Peak Respite Services will ensure that each employee and contractual provider, assisting persons in their home, will receive training in infection control and universal precautions and have read, understood and will implement the following information/guidelines:

What is Infection Control?

Infection Control is the prevention of the spread of microorganisms from:

- Person to person
- Person to Staff member
- Staff member to person

Who is responsible for Infection Control?

All employees and contractual providers who have contact with persons or items used in the care of persons must adhere to PPRS' Infection Control Policies and Procedures, which means **YOU** are responsible for Infection Control.

Why is Infection Control important?

Persons, employees and contractual providers will come into contact with many members of the community who can potentially spread the microorganisms and infections between persons.

What is the risk of employees and contractual providers getting infections from persons?

The risk is very low if all staff members follow good hygiene principles and other Standard Precautions.

What are Standard Precautions?

Standard Precautions (or Universal Precautions) are work practices that are required for the basic level of Infection Control. They include:

- Good hygiene practices
- Frequent hand washing

- The appropriate use of gloves
- The use of disposable equipment where applicable and available
- Correct cleaning, disinfection and sterilization of non-disposable equipment
- The appropriate use of cleaning agents
- Protocols for preventing and managing occupational exposures to blood or body substances

Why do we need Standard Precautions?

Standard Precautions will help stop the spread of infections. Often you can't tell who is infected with a disease, or the person may be infected but have not yet developed any signs or symptoms. Some diseases can take several months before people become sick, but they can still be infectious. Therefore, **ALL** body substances (except sweat and tears) of **ALL** people are considered to be potential sources of infection.

When should we use Standard Precautions?

For the treatment and care of ALL persons regardless of their infectious status.

Why is frequent hand washing important?

Hand washing is the most important procedure in the prevention and minimization of the spread of infection within health care settings. Always wash your hands thoroughly using soap and running water:

- At the start and finish of your work shift
- Before and after physical contact with a person
- After handling contaminated items, such as bedpans, urine bottles and dressings
- After removing gloves
- Before and after eating, drinking and smoking
- Before and after toileting
- After blowing your nose or covering a sneeze
- Whenever hands become obviously soiled

The two methods for hand hygiene: Alcohol-Based Hand Sanitizer vs. Washing with Soap and Water

Alcohol-based hand sanitizers are the most effective products for reducing the number of germs on the hands. Antiseptic soaps and detergents are the next most effective and non-antimicrobial soaps are the least effective. When hands are not visibly dirty, alcohol-based hand sanitizers are the preferred method for cleaning your hands in the home setting. Soap and water are recommended for cleaning visibly dirty hands.

During routine care with persons use soap and water:

- When hands are visibly dirty
- After known or suspected exposure to *Clostridium difficile* if your facility is experiencing an outbreak or higher endemic rates
- After known or suspected exposure to persons with infectious diarrhea during norovirus outbreaks

- If exposure to *Bacillus anthracis* is suspected or proven
- Before eating
- After using a restroom

Use an alcohol-based hand sanitizer:

- For everything else

When should I wear gloves?

Gloves are worn as a barrier to protect the wearer's hands from contamination or to prevent the transfer of organisms already on the hands. Gloves ideally must be worn in situations where the worker can be potentially exposed to blood or body substances:

- When handling blood and body substances
- When handling non-intact skin
- When handling mucous membranes
- While handling items or surfaces that have come into contact with blood or body substances

What other precautions should I take?

Cover cuts with a waterproof occlusive dressing. If you have any concerns about old cuts, sores, rashes or other lesions seek the advice of your Supervisor.

Get yourself vaccinated against hepatitis B, tetanus and influenza. Vaccination is the most effective protection against these diseases. Always make sure your vaccinations are up-to-date.

What should I do if I get a person's blood or body substance on my skin?

If the blood or body substance is on intact skin, wash the blood or body substance off thoroughly with soap and water. The skin acts as a very effective barrier and most infections cannot get through intact skin. All skin cuts, skin breaks, or other lesions should be covered with a water-resistant occlusive dressing at the start of your shift.

If you accidentally get blood or body substance in an open cut, non-intact skin, rash or other lesion:

- Immediately wash the wound with soap and water
- Cover all skin cuts or breaks with a water-resistant occlusive dressing

If you accidentally get blood or body substance in the eye:

- Irrigate it gently and thoroughly with water
- DO NOT USE SOAP
- Gently pour water over the eye while pulling the eye lids up and down
- If you wear contact lenses, keep them in while you wash the eye.
- Then take the contact lenses out, clean them in the normal manner and put them back in again

After any exposure:

Report the injury or exposure to your Supervisor or the Agency Manager. The Supervisor or Agency Manager will determine the risk of infections and refer you for treatment if appropriate. Most injuries are low risk for getting infections, but they **MUST** be reported, documented and assessed by a medical professional.

Cleaning and Disinfection

Personal care areas, common areas, kitchens, bathrooms and other areas where persons may have potentially contaminated surfaces or objects that are frequently touched by employees, contractual providers and persons (doorknobs, sinks, toilets, other surfaces and items in close proximity to persons) should be cleaned routinely with disinfectants, following the manufacturers' instructions for amount, dilution, and contact time.

Housekeeping surfaces such as floors and walls do not need to be disinfected unless visibly soiled with blood or body fluids. They may be routinely cleaned with a detergent only or a detergent/disinfectant product.

Most disinfectants are not effective in the presence of dirt and organic matter; therefore, cleaning must occur first before disinfection. Wet a cloth with the disinfectant, wipe away dirt and organic material, then with a clean cloth apply the disinfectant to the item and allow to air dry for the time specified by the product manufacturer.

Some pathogens such as norovirus and *Clostridium difficile* are not inactivated by commercial disinfectants routinely used in local public health settings. In situations where contamination with these pathogens is suspected, a bleach solution (1:10) is recommended for disinfecting contaminated surfaces and items.

Some personal care items may be damaged or destroyed by certain disinfectants. Consult with the manufacturer of the items before applying disinfectants.

Cough Etiquette

Measures to avoid spread of respiratory secretions should be promoted to help prevent respiratory disease transmission. Elements of respiratory hygiene and cough etiquette include:

- Covering the nose/mouth with a tissue when coughing or sneezing or using the crook of the elbow to contain respiratory droplets.
- Using tissues to contain respiratory secretions and discarding in the nearest waste receptacle after use.
- Performing hand hygiene (hand washing with non-antimicrobial soap and water, alcohol-based hand rub, or antiseptic hand wash) immediately after contact with respiratory secretions and contaminated objects/materials.

Surgical Masks

All employees and contractual providers who have not received an annual flu vaccine must wear surgical masks, throughout the entire flu season (Oct-April), when providing HCA services in the person's home. Pikes Peak Respite Services requires employees and contractual providers suspected of being ill to wear surgical masks and also requires employees and contractual providers who suspect they are ill to wear a surgical mask while providing services in the person's home.

All employees and contractual providers are required to inform Pikes Peak Respite Services when known to be affected with any illness in a communicable stage or to be a carrier of a communicable illness or disease or afflicted with boils, jaundice, infected wounds, vomiting, diarrhea or acute respiratory infections (SEE EMPLOYEE HEALTH).

INFLUENZA PREVENTION - HCA

(Ref. 6 CCR 1011-1 26 10.1-10.12)

PURPOSE

The purpose of this policy is to minimize transmission of the influenza virus in the workplace by providing occupational protection to employees and thus preventing transmission to participants and members of the community, which we serve.

Annual influenza vaccination has been found to be both safe and effective in reducing the risk of influenza and health-care related transmission. The Centers for Disease Control and Prevention (CDC) recommend vaccination of all workers in health care settings. Research, however, has shown that vaccination programs restricted to those who actively seek the vaccine have limited penetration and, thus, effectiveness in protecting patients and employees. However, since Pikes Peak Respite Services provides community-based support services, in non-clinical settings, annual vaccination will be recommended but not mandatory for employees.

POLICY

All employees and contractual providers of Pikes Peak Respite Services shall be provided annual influenza prevention education, as well as, the opportunity to receive an influenza vaccine during flu season. Employees and contractual providers will be required to obtain vaccination by December 1 of each calendar year or sign a declination. Vaccine will be offered at the expense of Pikes Peak Respite Services. Records will be maintained documenting vaccinations and declinations for at least a period of three (3) years and available for audit by oversight agencies of the State of Colorado.

Pikes Peak Respite Services will report – on an annual basis by December 31st to the Colorado Department of Health and Environment (CDPHE) – the percentage of its Home Care Agency (HCA) employees and contractual providers that have been vaccinated. In order to be exempt from more restrictive CDPHE influenza guidelines, Pikes Peak Respite Services will ensure the following minimum vaccination targets are met:

- 60 percent of HCA employees and contractual providers vaccinated by December 31, 2018;
- 75 percent of HCA employees and contractual providers vaccinated by December 31, 2019; and
- 90 percent of HCA employees and contractual providers vaccinated by December 31, 2020; and by December 31st of each year thereafter.

If local vaccine shortages occur or if CDC recommendations are altered, Pikes Peak Respite Services may suspend or revoke all or part of this policy.

PROCEDURES

All employees and contractual providers will be required to obtain the influenza vaccine or sign the declination on the *Influenza Vaccination Employee Statement* (Attachment 1) each year. Pikes Peak Respite Services will coordinate influenza vaccination opportunities annually at no cost to all employees and contractual providers. The Live Attenuated Influenza Vaccine (LAIV)

or the Trivalent Inactivated Influenza (TIV) should be administered to employees and contractual providers based on vaccine availability and published CDC guidelines.

Employees and contractual providers shall be responsible for:

- Familiarizing themselves with this policy and procedure and signing and returning the *Acknowledgement of Receipt* form to Pikes Peak Respite Services;
- Annually, completing and signing the *Influenza Vaccination Employee Statement*, whether consenting to or declining vaccination by the established deadline;
- Taking one of the above actions by **December 1** or, if hired during the annual influenza vaccination campaign, within 1 month of employment;
- Annually, submitting the signed form to Pikes Peak Respite Services; and
- Completing annual influenza prevention training.

Directors and Administrators of Pikes Peak Respite Services shall be responsible for:

- Allowing employees and contractual providers time to attend a vaccination clinic; and
- Assuring that employees and contractual providers comply with this policy and procedure.

Pikes Peak Respite Services shall be responsible for:

- Providing copies of this policy and procedure to employees and contractual providers and maintaining copies of the *Acknowledgement of Receipt* form in employees and contractual providers' personnel files;
- Providing each employee annually with a reminder of this policy and a copy of the *Influenza Vaccination Employee Statement*;
- Providing new employees and contractual providers with information about the annual influenza vaccine policy during orientation and where to obtain the vaccine if employment begins during the influenza campaign;
- Providing annual influenza prevention training; and
- Notifying supervisors regarding those employees and contractual providers who are not in compliance with this policy.
- Offering employees and contractual providers influenza vaccination or educating them as to where they can receive a vaccination;
- Paying for influenza vaccine or reimbursing employees and contractual providers who provide written documentation from the facility where they were vaccinated;
- Receiving a signed *Influenza Vaccination Employee Statement* from all employees and contractual providers;
- Maintaining electronic records of employees and contractual providers who have received or declined influenza vaccination;
- Reviewing annual employee influenza vaccination rates; and
- Developing and recommending strategies including revisions to this policy to enhance and improve influenza vaccination rates.

All unvaccinated employees and contractual providers must wear surgical masks, throughout the entire flu season (Oct-April), when providing HCA services in the person's

home. Additional procedures for unvaccinated employees and contractual providers to prevent the spread of influenza include the following:

- Cover your nose and mouth with a tissue when you cough or sneeze;
- Throw the tissue in the trash after you use it;
- Use an alcohol-based hand sanitizer or wash your hands often with soap and water;
- Avoid touching your eyes, nose and mouth;
- Avoid close contact with sick people; and
- If you are sick with flu-like illness (i.e., symptoms that could include fever, cough, sore throat, runny or stuffy nose, body aches, headache, chills, fatigue, and in some instances, even vomiting and diarrhea) you should stay away from the work environment for at least 24 hours after your fever is gone.

All employees and contractual providers are required to inform Pikes Peak Respite Services when known to be affected with any illness in a communicable stage or to be a carrier of a communicable illness or disease or afflicted with boils, jaundice, infected wounds, vomiting, diarrhea or acute respiratory infections (SEE EMPLOYEE HEALTH).

MEDICATION ADMINISTRATION

(Ref. 10 CCR 2505-10 8.609)

POLICY

Pikes Peak Respite Services provides supports to individuals receiving services; in the use of prescription and non-prescription medications which simultaneously protect the health and safety of individuals receiving services. Employees and contractual providers assisting individuals with medications will receive training from an Approved Training Entity (ATE) authorized and approved by the Colorado Department of Public Health and Environment (CDPHE). Employees and contractual providers not assisting individuals with medications will not be required to receive training from an ATE. Training from an ATE will be used to establish the employee and contractual provider as a qualified medication administration person (QMAP). QMAP means an unlicensed administrator, employee, or contractual provider who has passed an ATE approved competency evaluation and is authorized to provide medication administration. CDPHE will maintain an online list of all QMAP certified individuals submitted by ATEs.

PROCEDURE

Pikes Peak Respite Services' procedures for the appropriate procurement, storage, distribution and disposal of medications include:

- No prescription or medication will be administered without a written order by a licensed physician or authorized practitioner or a verbal order which has been taken by the agency nurse;
- All medications (new, changed or discontinued) must have a written and signed order from the physician or other authorized practitioner. The physician or other authorized practitioner may write a prescription that the QMAP may take to the pharmacy to fill (the QMAP will need to get a copy of the prescription for Pikes Peak Respite Services' records), or the physician or other authorized practitioner may phone the pharmacy with the medication order and give the QMAP a written order in a different format.
- QMAP's may NOT take a prescription order from the physician or authorized practitioner over the phone. They may either:
 - Travel to the physician's or other authorized practitioner's office and ask him/her to write out and sign an order;
 - Call the agency nurse who will then phone the physician or other authorized practitioner for the medication order and notify the QMAP of this order (in writing); or,
 - Ask the physician or other authorized practitioner to fax the order to the QMAP or appropriate agency person (e.g. the Chief Executive Officer or agency nurse).
- Non-prescription medications shall be labelled with the individual's full name;
- No individual shall be allowed to take another's medication nor shall a QMAP be allowed to give one individual's medication to another individual;

- The contents of any medication container having no label or with an illegible label shall be destroyed immediately;
- All drugs are stored under proper conditions of temperature, light, and with regard for safety;
- Discontinued drugs, outdated drugs, and drug containers with worn, illegible, or missing label will be promptly disposed of in a safe manner;
- A record will be maintained of missing, destroyed or contaminated medications;
- The drug regime of each individual receiving services on prescription medication will be reviewed and evaluated by a licensed physician semi-annually, or more frequently if recommended by the physician or required by law;
- Refusals to take medications by an individual receiving services and drug reactions will be recorded on the Individual's MAR and the Chief Executive Officer or nurse will be notified immediately. Ongoing refusals to take medications will be addressed by the individual's physician and documented in an Incident Report, as determined by the nurse or Chief Executive Officer;

Decisions concerning the type and level of supports provided are based on the abilities and needs of the individual receiving services as determined by assessment. Colorado law defines administration as *assisting a person in the ingestion, application, inhalation, or, using universal precautions, rectal or vaginal insertion of medication, including prescription drugs, according to the legibly written or printed directions of the attending physician or other authorized practitioner or as written on the prescription label and making a written record thereof with regard to each medication administered, including the time and amount taken, but administration does not include judgement, evaluation, or assessments of injections of medication, the monitoring of medication, or the self-administration of medication, including prescription drugs and including the self-injection of medication by the individual.* If an individual needs assistance in administering medication, the following will be in place:

- The Individual Plan (IP)/Support Plan (SP) team has recommended that the individual be assisted with taking medications;
- There is a written training program, if appropriate, in place to teach the individual some aspect of self-administration of his/her medications if the IDT has prioritized self-administration as a goal;
- A medication record must be kept to document that the individual has taken the medication;
- Physician's orders will be obtained for over-the-counter medications.

Colorado law defines monitoring as *reminding a person to take medication or medications at the time ordered by the physician or other authorized practitioner; handing an individual a container or package of medication lawfully labeled previously for the individual by a licensed physician or other authorized licensed practitioner; visual observation of the individual to ensure compliance; making a written record of the individual's compliance with regard to each*

medication, including the time taken notification to the physician or other practitioner if the individual refuses to or is not able to comply with the physician's or other practitioner's instructions with regard to the medication. If an individual needs monitoring of medications while working toward self-administration of medications, the following will be in place:

- The IP/SP team recommends that the individual be monitored when taking medications;
- A written ISSP is in place for the individual until they have shown that they can independently administer their own medication (e.g., working on cues for 'time' or working on reordering medication);
- A medication record must be kept to document that the individual has taken the medication;
- Physician's orders are obtained for over-the-counter medications.

Colorado law defines self-administration as "the ability of a person to take medication independently without any assistance from another person". If an individual self-administers medication, the following will be in place:

- The person wants to take their medication independently and demonstrates the ability to self-administer their medications without the assistance from another person;
- PPRS will develop a self-administration plan to monitor medication intake and determine that medications are being taken properly. The self-administration plan may include periodic interviews with the person and other methods to validate administration.

MEDICATION REMINDER BOXES

POLICY

Pikes Peak Respite Services' policy regarding the use of medication reminder boxes is that only QMAP's may administer or monitor administration of medications from a medication reminder box (MRB).

PROCEDURE

QMAP's may not prepare (fill and label) medication reminder boxes (MRB). Filling and labelling of medication reminder boxes can occur only after being specifically trained to do so by a Qualified Manager (QM). A QM is the owner or operator of an agency (e.g. Pikes Peak Respite Services) who has completed training in a CDPHE approved training in the administration of medication, the filling of medication reminder boxes and must successfully re-test in medication administration every 4 years, or is a licensed nurse, licensed physician, or licensed pharmacist in the State of Colorado. The QM will document the QMAP's training in MRB-filling and labeling. Pikes Peak Respite Services will document each QMAP's satisfactory completion of on-the-job training and passage of the competency evaluation in his or her personnel file.

Persons receiving services that are independent in the administration of medication and have received training or are receiving training (e.g., ISSP) from a QM in filling the medication reminder box may prepare their own MRB.

MRB may not be filled for more than two weeks at a time.

MRB must be labeled with the name of the individual, the name of each medication, the dosage, the quantity, the count, the route of administration, the time, and day that each medication is to be administered.

Original medication containers as labeled by a pharmacist must be maintained at the person's home.

MRB cannot be used for PRN or "as needed" medications.

Medications in the MRB may only be used at the time specified on the medication reminder box.

Medications that must be administered according to special instructions such as "thirty minutes before meals" or "give before a dental appointment" may not be placed in an MRB.

If the physician or other authorized practitioner orders a change in an individual's medication regime, the agency must discontinue the use of the MRB until the designated qualified medication administration person, nurse, or individual, if independent, has refilled the MRB according to the order change.

If the medications in the MRB are not consistent with the labeling or the written physician's or other authorized practitioner's orders, the qualified medication administration person must not proceed with the administration of medications from the MRB until the problem is solved. The employee or contractual provider should not correct the discrepancy: a licensed person, qualified manager or the qualified medication administration person who filled the MRB should resolve any/all differences. Employees and contractual providers will need to follow Pikes Peak Respite Services procedures as to whom to contact for assistance. In addition, the nurse will ensure that the person receives his or her medications during the time it takes to resolve any issues with the use of an MRB. When the problem is resolved, and the medications are correctly assigned to the compartments of the MRB, the qualified medication administration person may resume the administration from the MRB. All medication problems must be resolved prior to the next administration.

A medication administration record (MAR) is required for recording all medication administrations from the MRB. The MAR must contain all the appropriate information and all general guidelines for medication administration apply.

All employees and contractual providers not otherwise authorized by law to administer medication, who assist and/or monitor individuals receiving services in the administration of medications, will pass a competency evaluation by an Approved Training Entity.

MANE – MISTREATMENT, ABUSE, NEGLECT AND EXPLOITATION

(Ref. 10 CCR 2505-10 8.608.8)

POLICY

Pikes Peak Respite Services expects employees and contractual providers will provide services in a humane and caring environment. It is expected that persons served will always be treated with dignity and respect. This means that, at the very least, the person will be free from mistreatment, abuse, neglect and exploitation.

PROCEDURE

Pikes Peak Respite Services shall have written policies and procedures for handling cases of alleged or suspected mistreatment of any person receiving services.

Pikes Peak Respite Services absolutely prohibits mistreatment of any person receiving services. All persons working or contracting with Pikes Peak Respite Services are required to immediately report any observed or suspected incidents of abuse (physical or sexual), caretaker neglect or exploitation to law enforcement.

Prevention and Monitoring of Mistreatment

All Pikes Peak Respite Services' employees and contractual providers are responsible for implementing efforts to prevent and detect instances of mistreatment and the promotion of safe and humane environments for the people served. Pikes Peak Respite Services will provide training on mistreatment reporting requirements and will provide support to employees as needed in the prevention of mistreatment of individuals receiving services and being aware of signs or symptoms of potentially abusive situations.

Persons served need to be supported to discuss concerns they may have with how they are treated. Persons should be interviewed regarding their satisfaction with employees.

Review of records, log notes, incident reports, etc. may point to unusual behaviors or changes that may lead to suspicion of mistreatment. Concerns or reports from persons, family members, guardians, advocates and others regarding the treatment of individuals receiving services must always be given close attention. Pikes Peak Respite Services will provide information regarding concerns and patterns to the CCB, so safeguards may be implemented.

Definitions of Mistreatment

Mistreatment means: Abuse; Caretaker neglect; or Exploitation; An act or omission that threatens the health, safety, or welfare or an at-risk adult; or, an act or omission that exposes an at-risk adult to a situation or condition that poses an imminent risk of bodily injury to the at-risk adult.

Abuse (Physical or Sexual) means any of the following acts or omissions committed against an at-risk person:

- (a) The nonaccidental infliction of bodily injury, serious bodily injury, or death;
- (b) Confinement or restraint that is unreasonable under generally accepted caretaking standards;
or
- (c) Subjection to sexual conduct or contact.

Physical Abuse means any infliction of physical pain or injury such as substantial or multiple skin bruising, malnutrition, dehydration, burns, bone fractures, poisoning, subdural hematomas, soft-tissue swelling, suffocation, striking, twisting body parts or unreasonable use of force with or without apparent injury, or imposition of unreasonable confinement or restraint. This includes directing a person to physically abuse another person receiving services.

Sexual Abuse means subjecting a person to any nonconsensual sexual conduct or contact classified as a crime under the “Colorado Criminal Code”, including sexual assault, rape, fondling, sexual exploitation or sexual interaction between an adult and a minor. In addition, any sexual interaction of any employee with individuals receiving services shall constitute sexual abuse.

Caretaker Neglect means neglect that occurs when adequate food, clothing, shelter, psychological care, physical care, medical care, habilitation, supervision, or other treatment necessary for the health or safety of a person with an intellectual and developmental disability is not secured for a person with an intellectual and developmental disability or is not provided by a caretaker in a timely manner and with the degree of care that a reasonable person in the same situation would exercise, or a caretaker knowingly uses harassment, undue influence, or intimidation to create a hostile or fearful environment for an at-risk adult with IDD.

This includes acts or omissions of acts that contribute to injuries, or placement of an individual in an at-risk situation or denial of a safe and humane environment. This may include, but is not limited to, failure to provide adequate food and/or denial of meals, clothing, shelter, psychological care, physical care, medical care, medication, habilitation, supervision or other treatment necessities.

Caretaker means a person who is responsible for the care of a person with an intellectual and developmental disability as a result of a family or legal relationship; or has assumed responsibility for the care of a person with an intellectual and developmental disability; or is paid to provide care, services, or oversight of services to a person with an intellectual and developmental disability.

Exploitation means an act or omission committed by a person who:

- (a) Uses deception, harassment, intimidation, or undue influence to permanently or temporarily deprive a person with an intellectual and developmental disability of the use, benefit, or possession of anything of value;

- (b) Employs the services of a third party for the profit or advantage of the person or another person to the detriment of the person with an intellectual and developmental disability;
- (c) Forces, compels, coerces, or entices an at-risk adult to perform services for the profit or advantage of the person or another person against the will of the person with an intellectual and developmental disability; or,
- (d) Misuses the property of a person with an intellectual and developmental disability in a manner that adversely affects the person with an intellectual and developmental disability's ability to receive health care or health care benefits or to pay bills for basic needs or obligations.

It is the misrepresentation, manipulating or taking advantage of an individual's trust for another person's benefit, such as promoting activities for another person's amusement or pleasure, or taking, destroying or misusing another's funds or property.

Reporting

Pikes Peak Respite Services' employees and contractual providers have dual reporting standards regarding allegations of mistreatment. **All persons working or contracting with Pikes Peak Respite Services are required to immediately report any observed or suspected incidents of abuse (physical or sexual), caretaker neglect or exploitation to law enforcement.** In addition, employees and contractual providers are required to record an incident report and follow the Critical Incident reporting standards of Pikes Peak Respite Services.

Incidents may also qualify as an "occurrence." Pikes Peak Respite Services will file Occurrence Reports for any incidents involving a person receiving Non-medical (Personal Care) Home Care Agency (HCA) services. If the incident is also an occurrence follow the Occurrence Reporting policy and procedure to file an Occurrence Report.

If you are unsure about whether an incident qualifies as an Occurrence, contact your Supervisor. Your Supervisor will help you determine whether or not the incident qualifies as an Occurrence. It is much better to report something that ends up not being an Occurrence than to not report something that is.

Mandatory Reporting of Mistreatment (abuse, caretaker neglect, and exploitation)

Pikes Peak Respite Services' employees and contractual providers are considered mandatory reporters under **Title 26, Article 3.1 of the Colorado statute (Protective Services for At-Risk Adults)**. Pikes Peak Respite Services' employees and contractual providers who witness, become aware of, or suspect that an individual has been or is at immediate risk for mistreatment (abuse, caretaker neglect or exploitation) must make a report to law enforcement within 24 hours. **The report should be made directly to the local law enforcement agency where the individual lives (NOT 911, unless it is an emergency).** The employee or contractual provider must make this report directly to law enforcement – it is NOT enough to simply report mistreatment to a supervisor, case manager or another person.

Allegations of mistreatment, in addition to being reported directly to local law enforcement, are considered critical incidents. Pikes Peak Respite Services' employees and contractual providers will also follow critical incident reporting processes and procedures. The protection, safety, medical attention and support of the alleged victim will be of primary concern.

Pikes Peak Respite Services' employees and contractual providers must be able to define what constitutes mistreatment and shall receive training regarding applicable laws, regulations, policies and procedures. Pikes Peak Respite Services is responsible for the monitoring of appropriate interactions and timely reporting.

All Pikes Peak Respite Services' employees and contractual providers are responsible for immediately reporting any allegations of mistreatment as defined in this procedure. Failure to do so can result in disciplinary action.

The alleged victim must be protected and made to feel comfortable in reporting. It is imperative to initiate the actions that will ensure the safety of the alleged victim and identify others who could be at risk. Such actions may include, but are not limited to, removing the person from a school or day service setting and removing or replacing employees or independent contractors. Provide victim support as appropriate.

At no time should the individual be coerced, intimidated, threatened or retaliated against because he or she, in good faith, makes a report of suspected mistreatment. Anyone who assists or participates in any manner in an investigation of such allegations will be afforded these same protections.

SERIOUS INCIDENT INVESTIGATION PROCESS

After an act of alleged mistreatment is reported, a thorough investigation may be conducted by a trained/certified investigator of serious incidents who has no direct involvement with the program area under investigation. (When facts are known and clear follow up is indicated, employees of Pikes Peak Respite Services may be assigned to address personnel issues or to convene the team to ensure safeguards are implemented.) This investigation needs to not only determine what happened, but also what may have contributed to the incident. A priority of the investigator will be to determine if the involved individual or others are at ongoing risk and to secure protection or victim support if indicated.

The serious incidents investigator is not responsible for conducting a criminal investigation and will defer this process to law enforcement.

When the alleged perpetrator is an employee or contractual provider of Pikes Peak Respite Services and separation is indicated, the alleged perpetrator may be suspended if deemed appropriate. If the allegations are unsubstantiated or proven to be false, the employee will be reinstated.

Investigations will be conducted in a timely, objective, thorough and confidential manner and will not interfere with any criminal investigation already underway. Individuals who have information relevant to the investigation may be interviewed. These individuals may include:

- Victim(s) of alleged mistreatment;
- Person(s) making the allegations;
- The alleged perpetrator(s);
- Witnesses to the alleged incident (may include other persons, employees, family members, etc.);
- Others pertinent to the incident.

Investigators should be careful not to form opinions regarding whether mistreatment occurred until the conclusion of their review. Preliminary investigation results will be shared with Pikes Peak Respite Services and the CCB. The final report of the investigation should contain written documentation of the following items:

- Interviews with alleged victims and others as specified above;
- Documentation of any physical evidence pertinent to the investigation;
- Results of investigations by law enforcement or any external agencies that may be available;
- A Summary of findings and actions taken by Pikes Peak Respite Services.

The standard of proof shall be by preponderance of the evidence. Evidence considered should include, but not be limited to statements of the alleged perpetrator, testimony of witnesses, physical evidence correlating to the allegation, circumstantial evidence and other information gathered in the course of the investigation. Appropriate legal recourse and disciplinary actions shall be taken in cases where an allegation is sustained. If the alleged perpetrator is an employee with Pikes Peak Respite Services, this may include termination. When abuse is founded, the results of the investigation will be recorded in the employee's personnel record with the employee's knowledge. The investigator shall ensure that the following entities are notified as indicated:

Parent/Guardian Notification

The parent of a minor, guardian or authorized representative will be notified as soon as possible but at least within 24 hours of a report of mistreatment. Parents or family members of adults who are not adjudicated will ONLY be contacted if the person makes a request for this information to be shared.

Notification to Criminal or Civil Authorities

Contact the CCB to determine what, if any, further contact with Criminal or Civil authorities (beyond the initial report) is appropriate for the incident. Entities that may become involved are:

- Police
- Child Protection, County Department of Human Services: (888) 396-1540
- Adult Protection, County Department of Human Services: El Paso County (719) 444-5755
- Notification of Human Rights Committee.

All completed investigations shall be reported to the Human Rights Committee (HRC) via the CCB. The HRC may request further information, advice on further recommendations or actions or choose to conduct an independent investigation.

INVESTIGATIVE REPORT/RECORD/FOLLOW UP

Pikes Peak Respite Services and the CCB will maintain a separate administrative record of all investigations including:

- The incident report detailing the allegation. Include information on any preliminary review conducted to determine immediate actions and the need for the investigation.
- A summary of the steps taken in the investigation, e.g. who was interviewed, in what order, documents reviewed, physical evidence, etc.
- A summary of the information provided by each witness.
- The findings and conclusions drawn (substantiated, unsubstantiated or inconclusive) must be thoroughly summarized.
- HRC review of the report.
- Documentation of appropriate actions that should have been taken as a result of the investigation and HRC recommendations. All actions should be implemented, or an explanation given as to why they were not.

All reports will be maintained by Pikes Peak Respite Services in a highly confidential manner.

CHILD ABUSE AND NEGLECT

Pikes Peak Respite Services' employees and contractual providers also work with children and are responsible for immediately reporting any allegations of child abuse and neglect to law enforcement or Child Protective Services.

SIGNS OF CHILD ABUSE AND NEGLECT

Emotional Abuse

- The child has delayed physical or emotional development
- The child may show extremes in behavior, such as overly compliant or demanding behavior, extreme passivity, or aggression
- The parent overtly rejects the child
- The parent constantly blames, belittles, or berates a child, is unconcerned about the child, and refuses to consider offers of help for the child's problems

Neglect

- The child may wear dirty clothing, shoes too small or large, clothing often in need of repair or inadequate for the weather
- The child seems to be hungry; hoards, steals, begs for food or comes to school with little food
- The child may appear depressed or to lack energy
- The child may have dirty or decaying teeth, may demonstrate poor hygiene
- The child frequently reports caring for other siblings, or states there's no one at home to provide care
- The parent seems apathetic, depressed, appears to be indifferent to the child
- The parent abuses alcohol or drugs
- The parent may deny the existence of a problem and blame the child, school, or others for problems at home

Physical Abuse

- The child has unexplained burns, bites, bruises, broken bones
- The child may have fading bruises or marks noticeable after absence from school
- The child seems frightened of parents and protests or cries when it is time to go home
- The child shrinks back at the approach of adults
- The parent offers conflicting, unconvincing, or no explanation for the child's injury, or the explanation is not consistent with the injury

Sexual Abuse

- The child has difficulty walking or sitting; may suddenly refuse to change for gym or other physical activities
- The child may demonstrate unusual sexual knowledge or behavior
- The child may report unusual nightmares or bedwetting
- The parent may be secretive and isolated, jealous or controlling with family members
- The parent acts unduly protective of the child or severely limits contact with others

Child Sex Trafficking

- The child or youth possesses money, cell phone or other material items that cannot be explained

- The child or youth reports participation in a sexual act in exchange for shelter, transportation, drugs, alcohol, money or other items of value
- The child or youth is accompanied by an overly controlling “friend,” “partner,” or “boss”
- The child or youth has signs of physical or sexual abuse; hesitant to explain tattoos or scars
- The child or youth may have low self-esteem, anxiety, guilt or shame, be hostile or uncooperative, and demonstrate suicidal thoughts or actions

Institutional Abuse

- Any form of abuse or neglect may occur while a child is in the care of an institution
- If maltreatment is caused by employees of the institution, it is institutional abuse
- Make a report immediately upon becoming aware maltreatment is occurring while in the care of an institution

REPORTING CHILD ABUSE

Pikes Peak Respite Services’ employees and contractual providers are required to immediately report any allegations of child abuse or neglect to law enforcement, the county department or through the child abuse reporting hotline system.

Pikes Peak Respite Services’ employees and contractual providers are considered mandatory reporters of child abuse and neglect. Disclosing suspected child abuse or neglect to a supervisor or reporting through Pikes Peak Respite Services’ internal process does not fulfill a mandatory reporter's legal obligation to report suspected child abuse and neglect. It is a class 3 misdemeanor in Colorado for a mandatory reporter to fail to report suspected child abuse or neglect. The legal obligation will remain unmet until the mandatory reporter has either reported or received confirmation that a report was immediately made to the county department, local law enforcement agency or through the child abuse reporting hotline system.

When should a mandatory reporter make an official report? If a mandatory reporter has:

Reasonable cause to know or suspect that a child has been subjected to abuse or neglect or

Observed the child being subjected to circumstances or conditions that would reasonably result in abuse or neglect;

Colorado law states the mandatory reporter shall immediately upon receiving such information report or cause a report to be made of such fact to the county department, the local law enforcement agency, or through the child abuse reporting hotline system. Knowingly making a false report is also punishable under law.

To make a report, call: 1-844-CO-4-KIDS (1-844-264-5437)

MISSED VISITS – HCA

(Ref. 6 CCR 1011-1 26 6.17)

POLICY

Pikes Peak Respite Services is committed to providing consistent and uninterrupted services to persons receiving Non-medical Home Care Agency (HCA) care in their home. Pikes Peak Respite Services will work to ensure that all persons receiving HCA services in their home are supported according to the frequency and duration identified in their Individual Services and Supports Plan (ISSP) and that all planned service visits are fulfilled. Pikes Peak Respite Services will develop procedures to manage planned and unplanned missed service visits from employees and contractual providers. The ISSP will be developed by the person and Pikes Peak Respite Services and will identify the areas of support needed and a schedule of planned visits. A copy of the ISSP will be provided to the person and/or their guardian/legal representative and any changes or alterations in the person's schedule will be communicated as soon as possible.

PROCEDURE

ISSP

Pikes Peak Respite Services will develop a simple care plan (ISSP) for each person receiving HCA services. A copy of the ISSP will be provided to the person and/or their guardian/legal representative and any changes in the person's schedule will be communicated as soon as possible and any ongoing alterations provided to the person as soon as practical. The ISSP will:

- Be developed by the person and Pikes Peak Respite Services
- Identify areas of support needed
- Develop a schedule of planned visits

Coverage

Field Supervisors for Pikes Peak Respite Services are responsible for covering for any planned or unplanned missed visits by employees or contractual providers. Field Supervisors will ensure adequate staff coverage is in place to manage missed visits or provide services in place of a missing employee or contractual provider. Pikes Peak Respite Services will document all missed visits and, as soon as possible, provide the agreed upon services identified in the person's ISSP. Back-up planning for scheduled visits will not include calling emergency services, unless the presence of the scheduled staff in the home would still have warranted the summons of emergency services

Refusal

In the event that Pikes Peak Respite Services staff arrive at a person's home and the person refuses services or does not let staff in the home for a scheduled visit, Pikes Peak Respite Services will document the refusal and all steps taken to ensure the safety of the person is maintained. Steps to ensure the safety of a person who refuses services may include but are not limited to:

- Educating the person about scheduled services and the potential consequences if not provided as identified in the ISSP
- Contacting the person's Case Manager/Resource Coordinator
- Contacting the person's guardian/legal representative (if applicable)
- Contacting the person's primary care provider
- Contacting other service providers supporting the person in other capacities

MONITORING SERVICE DELIVERY

(Ref. 10 CCR 2505-10 8.609.5)

POLICY

Individuals receiving services from Pikes Peak Respite Services have the right to an environment that is safe and meets the individual's needs while promoting health and happiness.

To ensure this environment, regular monitoring of the following occurs through:

- Private conversation with the individual receiving services, or direct support person, and guardian if applicable;
- Observation of employee/contractual provider and individual receiving services;
- Review of employee or contractual provider contact notes;
- Complete follow-up as needed;
- Satisfaction survey form.

Monitoring will occur on a quarterly basis and will include both announced and unannounced reviews of the service environment. Monitoring will be conducted by the Chief Executive Officer or designee. A report summarizing monitoring is prepared. This report identifies trends and states actions to be taken. Cumulative trends are reviewed throughout the year(s) to evaluate ongoing provision of quality services. Issues or concerns encountered during the monitoring process will be noted in the report and communicated directly to the employee or contractual provider. The employee or contractual provider will be responsible to address and/or correct issues or concerns in the time frame indicated in the report. In addition, when available, an outside professional may be utilized to monitor services and submit a report to Pikes Peak Respite Services for additional monitoring purposes.

OCCURRENCE REPORTING – HCA

(Ref. 6 CCR 1011-1 2 3.2)

POLICY

Pikes Peak Respite Services provides a humane and caring environment, which includes diligence to ensure the safety of the persons served. Reporting occurrences and acting on the information in these reports is essential. Pikes Peak Respite Services will complete Occurrence Reports for all individuals receiving Non-Medical (Personal Care) Home Care Agency (HCA) services. Occurrence Reports will be kept in the individual's record and will be available to the Department of Health Care Policy and Financing and the Colorado Department of Public Health and Environment upon request.

No officer or employee of Pikes Peak Respite Services will discharge or in any manner discriminate or retaliate against any person, relative or sponsor thereof, employee or contractual provider of Pikes Peak Respite Services, or any other person because such person, relative, legal representative, sponsor, or employee/contractual provider has made in good faith or is about to make in good faith, an Occurrence Report or has provided in good faith or is about to provide in good faith evidence in any proceeding or investigation relating to any occurrence required to be reported by Pikes Peak Respite Services.

PROCEDURE

All written documentation becomes part of a legal record and thus can be subpoenaed in court should a situation arise. Consequently, when documenting ANYTHING, employees and contractual providers must keep in mind that this documentation could be reviewed in a court of law. Pikes Peak Respite Services' employees and contractual providers will complete Occurrence Reports according to the process outlined below:

Reporting Occurrences

- Occurrences MUST be reported within one (1) business day of the initial incident
- Occurrences may also qualify as an “incident”
 - If also an “incident” follow the Incident Reporting policy and procedure to file an Incident Report
- If you are unsure about whether an incident qualifies as an Occurrence, contact your Field Supervisor. Your Field Supervisor will help you determine whether or not the incident qualifies as an Occurrence. It is much better to report something that ends up not being an Occurrence than to not report something that is.

Submit an initial Occurrence Report

1. Go to the [CDPHE Portal webpage](https://www.hfemsd4.dphe.state.co.us/hfportal/hfstart.aspx):
<https://www.hfemsd4.dphe.state.co.us/hfportal/hfstart.aspx>

2. Type in your Username and Password for the specific site for which you are reporting the Occurrence.
3. On the left side of the page, click “Occurrence Reporting.”
4. Click “Report a New Occurrence.”
5. Select the type of Occurrence and the requirements that were met. Remember, that at all Occurrences are considered allegations, so you’re not saying that those requirements were definitely met, but just that they were alleged to have been met.
6. Answer the questions on the form and submit.
 - i. **If Necessary, Contact the Police:** The police must be contacted for any incidents involving **Mistreatment** (SEE MANE policy and procedure). When contacting the police, call the non-emergency number for the city where the site is located:
 1. El Paso County Sheriff: (719) 520-7100
 2. Typically, you will speak to a dispatcher who will take your basic information and will have an Officer call you back. When you get that call back, let the Officer know that you are reporting based on Mandatory Reporting requirements. Make sure you get the Officer’s name and a Case Number to put in your Occurrence Report.

Submit a Final Occurrence Report

Pikes Peak Respite Services’ Field Supervisor or Agency Manager will complete the following tasks after submitting the initial Occurrence Report:

1. Investigative Summary Report
 - a. The Investigative Summary Report must be completed within 4 calendar days
2. Log back in to the CDPHE portal
3. Submit full Occurrence Report using responses from the Investigative Summary Report
 - a. Must be submitted within 5 days from the date of the initial Occurrence Report
4. Answer whether the allegation was substantiated
 - a. Decide whether or not the allegation was an Occurrence (USE BEST JUDGEMENT)

CDPHE Investigation

Once a final report has been submitted, CDPHE occurrence investigators will perform an off-site investigation and may request further information. Once that investigation is complete, a summary of the occurrence will be prepared and sent to Pikes Peak Respite Services. Pikes Peak Respite Services has 7 calendar days to review the summary and provide comments to CDPHE prior to the summary becoming public information. After 7 calendar days, the occurrence summary will be made publicly available via CDPHE website, www.healthfacilities.info. After the summary has been made publicly available, it will not be altered.

Types of Occurrences

Please refer to the full [Health Facilities and Emergency Medical Services Division \(HFEMSD\) Occurrence Reporting Manual](#) for further technical guidance and reporting standards.

Abuse (Physical)

- Two (2) Elements Needed:
 - Intent OR knowingly OR recklessly
 - Bodily injury and/or serious bodily injury, and/or Unreasonable confinement or restraint (26-3.1-101 (4)(a)(II) C.R.S.)
 - Note: "Bodily injury means physical pain, illness, or any impairment of physical or mental condition" 18-1-901 (3)(c) C.R.S.
 - Note: Serious bodily injury is defined as "bodily injury, which involves a substantial risk of death, a substantial risk of serious permanent disfigurement, or a substantial risk of protracted loss or impairment of the function of any part or organ of the body." 18-1-901 (3)(p), C.R.S.
- Notes
 - Most Consumer-on-Consumer (person-on-person) violence will need to be reported as an Occurrence

Abuse (Sexual)

- Three (3) Elements Needed:
 - Knowingly
 - Consent not given
 - Sexual intrusion or penetration or, touching intimate parts or the clothing covering the intimate parts or, examines or treats resident/patient for other than bona fide medical purposes or, observes or photographs another person's intimate parts or, physical force/threat.

Abuse (Verbal)

- Three (3) Elements Needed:
 - Knowingly
 - Threat OR Physical Action (includes threatening gesture)
 - Fear of imminent, serious bodily injury
 - Note: Serious bodily injury is defined as "bodily injury, which involves a substantial risk of death, a substantial risk of serious permanent disfigurement, or a substantial risk of protracted loss or impairment of the function of any part or organ of the body." 18-1-901 (3)(p), C.R.S.

Brain Injuries

- Two (2) Elements Needed:
 - Result of occurrence AND
 - Change in level of consciousness and/or loss of bodily function OR
 - Diagnostic test which shows brain injury

Burns

- Two (2) Elements Needed:

- Second or third-degree burns
- 20% or more of body surface in an adult or 15% or more of body surface in a child

Death

- Two (2) Elements Needed:
 - Occurrence resulting in death
 - Reportable to the coroner as unexplained or suspicious
- Notes
 - Unlike Critical Incidents, not all instances of Death will qualify as Occurrences

Diverted Drugs

- One (1) Element Needed:
 - Deliberate
- Notes
 - Only diversions of controlled medications need to be reported as Occurrences

Life-Threatening Complications of Anesthesia

- Two (2) Elements Needed
 - Occurrence as a result of Anesthesia
 - Life-threatening complication/reaction

Life-Threatening Transfusion Errors or Reactions

- Two (2) Elements Needed:
 - Errors or reaction from transfusion of blood or blood products
 - Life-threatening

Malfunction or Misuse of Equipment

- Three (3) Elements Needed:
 - Malfunction or intentional or unintentional misuse
 - Adverse effects or potentially-adverse effects
 - Occurring during treatment or diagnosis

Misappropriation of Person's Property

- Two (2) Elements Needed:
 - Deliberate misplacing, exploiting, or wrongful use of a person's property OR A pattern of misplacing, exploiting, or wrongful use of a patient's or resident's property AND
 - Consent not given by person
- Notes

- Misappropriation can include one consumer (person) taking and/or using another person's belonging(s)

Missing Persons

- One (1) Element Needed:
 - Person is at risk and missing after search conducted OR
 - Missing more than eight (8) hours, regardless of risk
- Notes
 - If police are contacted as part of the search, then it should be considered an Occurrence

Neglect (Caretaker neglect means neglect that occurs when adequate food, clothing, shelter, psychological care, physical care, medical care, habilitation, or supervision is not secured for the at-risk adult is not secured for an at-risk adult or is not provided by a caretaker in a timely manner and with the degree of care that a reasonable person in the same situation would exercise, or a caretaker knowingly uses harassment, undue influence, or intimidation to create a hostile or fearful environment for an at-risk adult (C.R.S Section 26-3.1-101(2.3)(a)).

- One (1) Element Needed:
 - Failure to provide any care or services as provided above resulting in actual harm OR
 - Staff member has a history in the past 12 months of similar neglect and had been counseled and/or re-educated OR
 - Staff member intentionally failed to follow standard of practice and/or facility policy with significant potential for harm

Spinal Cord Injury

- Three (3) Elements Needed:
 - Result of occurrence (event) AND
 - Functional loss consistent with spinal cord injury AND
 - Permanent or temporary

Mandatory Reporting of Mistreatment (abuse, caretaker neglect, and exploitation)

Pikes Peak Respite Services' employees and contractual providers are considered mandatory reporters under **Title 26, Article 3.1 of the Colorado statute (Protective Services for At-Risk Adults)**. Pikes Peak Respite Services' employees and contractual providers who witness, become aware of, or suspect that an individual has been or is at immediate risk for mistreatment (abuse, caretaker neglect or exploitation) must make a report to law enforcement within 24 hours. **The report should be made directly to the local law enforcement agency where the individual lives (NOT 911, unless it is an emergency)**. The employee or contractual provider must make this report directly to law enforcement – it is NOT enough to simply report mistreatment to a supervisor, case manager or another person.

Allegations of mistreatment, in addition to being reported directly to local law enforcement, are considered critical incidents. Pikes Peak Respite Services' employees and contractual providers will also follow critical incident reporting processes and procedures. The protection, safety, medical attention and support of the alleged victim will be of primary concern.

Pikes Peak Respite Services' employees and contractual providers must be able to define what constitutes mistreatment and shall receive training regarding applicable laws, regulations, policies and procedures. Pikes Peak Respite Services is responsible for the monitoring of appropriate interactions and timely reporting.

All Pikes Peak Respite Services' employees and contractual providers are responsible for immediately reporting any allegations of mistreatment as defined in this procedure. Failure to do so can result in disciplinary action.

The alleged victim must be protected and made to feel comfortable in reporting. It is imperative to initiate the actions that will ensure the safety of the alleged victim and identify others who could be at risk. Such actions may include, but are not limited to, removing the person from a school or day service setting and removing or replacing employees or independent contractors. Provide victim support as appropriate.

At no time should the individual be coerced, intimidated, threatened or retaliated against because he or she, in good faith, makes a report of suspected mistreatment. Anyone who assists or participates in any manner in an investigation of such allegations will be afforded these same protections.

ORGANIZATION ROLES – HCA

(Ref. 6 CCR 1011-1 26 8.3-8.5)

POLICY

Pikes Peak Respite Services will identify roles within the organization necessary for the delivery of Non-medical Home Care Agency (HCA) services and supports. These roles will include, at a minimum, an Agency Manager, Field Supervisor and Personal Care Worker. Pikes Peak Respite Services will establish and maintain role expectations, position qualifications, and training requirements for the Agency Manager, Supervisor and Personal Care Worker(s). Depending on the size of Pikes Peak Respite Services' HCA program, these three roles may be held the same person.

PROCEDURE

Agency Manager (Qualifications)

Pikes Peak Respite Services will designate an Agency Manager to supervise the provision of all HCA services. The Agency Manager will meet the following qualifications:

- Be at least 21 years of age, possess a high school diploma or GED, and at least one (1) year documented supervisory experience in the provision of personal care services
- Be able to communicate, understand and return communication effectively in exchanges between the person, family representatives, and other providers
- Have successfully completed an eight (8) hour agency manager training course
Additional related annual training that equals 12 hours shall be required in the first year and annually thereafter
- Be familiar with all applicable local, state, and federal laws and regulations concerning the operation and provision of home care services

Agency Manager (Responsibilities)

The Agency Manager for Pikes Peak Respite Services will be responsible for ensuring:

- Pikes Peak Respite Services is in compliance with all applicable federal, state and local laws
- Completion, maintenance and submission of all required reports and records
- Ongoing communication with Pikes Peak Respite Services' governing body, its staff members and the community
- A current organizational chart is developed and maintained to show lines of authority down to the person level
- Hiring, orientation and training of personnel
 - Developing and implementing ongoing in-service education programs
 - Providing opportunities for continuing education
- Establishing and maintaining effective bookkeeping practices, administrative records and policies and procedures
- Designating in writing a qualified employee to act in the absence of the Agency Manager

- Availability of the Agency Manager or designee for all hours that employees and contractual providers are providing services
- All marketing, advertising and promotional information accurately represents Pikes Peak Respite Services HCA program and addresses the care, treatment and services that the HCA program can provide directly or through contractual arrangement

Agency Manager (Training)

Pikes Peak Respite Services will ensure that the Agency Manager is adequately trained to perform the role. Pikes Peak Respite Services will ensure, if the training is provided by an accredited college, university or vocational school; or an organization, association, corporation, group or agency with specific expertise in personal care services, that the training is approved by the Colorado Department of Public Health and Environment (CDPHE). All training curriculum, whether provided by Pikes Peak Respite Services or by a CDPHE approved vendor, will include at least eight (8) actual hours of training. Instruction will include, at a minimum, discussion of each the following topics:

- Home care overview including other agency types providing services and how to interact and coordinate with each including limitations of personal care versus health care services
- Regulatory responsibilities and compliance including, but not limited to,
 - Person rights
 - Governing body responsibilities
 - Quality management plans
 - Occurrence reporting
 - Complaint investigation and resolution process
- Personnel qualifications, experience, competency and evaluations, staff training and supervision
- Needs of the fragile, ill and physically and cognitively disabled in the community setting regarding special training and staffing considerations
- Behavior management techniques

Field Supervisor

Pikes Peak Respite Services will designate qualified employees as Field Supervisors to coordinate HCA operations and manage designated Personal Care Workers. The Field Supervisor will be available to the Personal Care Worker at all times for questions and guidance. The Field Supervisor will be responsible for evaluating each Personal Care Worker providing services at least annually. The evaluation will include observation of tasks performed and feedback from the person receiving services. The Field Supervisor will:

- Be at least 18 years of age
- Have appropriate experience or training in the home care industry or closely related personal care services
- Have completed training in the provision of personal care services

Personal Care Worker

Pikes Peak Respite Services will ensure that each Personal Care Worker is qualified and completed training to provide HCA services to persons. Personal Care Worker's will provide HCA services according to the person's ISSP. The duties of the Personal Care Worker may include the following:

- Observation and maintenance of the home environment that ensures the safety and security of the person;
- Assistance with household chores including cooking and meal preparation, cleaning, and laundry;
- Assistance in completing activities such as shopping, and appointments outside the home.
- Companionship including, but not limited to, social interaction, conversation, emotional reassurance, encouragement of reading, writing and activities that stimulate the mind;
- Assistance with activities of daily living, personal care and any other assignments as included in the service plan;
- Completion of appropriate service notes regarding each service visit. Documentation will contain services provided, date and time in and out, and a confirmation that care was provided.

PERSONAL CARE SERVICES – HCA

(10 CCR 2505-10 8.500.94.A.10 and 6 CCR 1011-1 26 8.5)

POLICY

Pikes Peak Respite Services provides Non-Medical Home Care Agency (HCA) Personal Care services as a Provider Approved Service Agency (PASA). Personal Care services are designed to support persons with intellectual and developmental disabilities who require assistance with activities of daily living necessary to live as independently as possible in the community of their choice. Personal Care services will be provided in the person's home and in the community and allow the person to maintain their health and well-being. Personal Care services involve providing hands-on support or cueing to prompt the person to complete a personal care task. The level of support required must meet Class B HCA licensing standards and clearly identified in the person's Individual Plan (IP) and approved by the person's Case Manager/Resource Coordinator.

PROCEDURE

When providing Personal Care services for individuals receiving support from Pikes Peak Respite Services certain conditions must be met. These involve safety, service quality and the record keeping of our Personal Care program. Personal Care services are provided according to the person's needs as identified by the Case Manager/Resource Coordinator in the person's Individual Plan. Personal Care services include the following:

- Assistance with Self-Care:
 - Bathing/Washing
 - Dressing
 - Eating/Feeding
 - Grooming
 - Bowel/Bladder Care
 - Personal Hygiene
 - Skin Care
- Medical Appointment/Scheduling Assistance
- Medication Assistance
- Money Management
- Menu Planning
- Grocery Shopping

Limitations

Pikes Peak Respite Services does NOT provide skilled home health care. Pikes Peak Respite Services will ensure that all services provided by Personal Care Workers fall within the guidelines of Non-medical personal care services. Pikes Peak Respite Services will notify the Case Manager/Resource Coordinator when the person's care needs require skilled home health care. In order to delineate the types of services that can be provided by Personal Care Workers,

the following are examples of limitations where skilled home health care would be needed to meet higher needs of the person.

- **Skin care:** A Personal Care Worker may perform general skin care assistance and only when skin is unbroken, and when any chronic skin problems are not active. The skin care provided by a Personal Care Worker shall be preventative rather than therapeutic in nature and may include the application of non-medicated lotions and solutions, or of lotions and solutions not requiring a physician's prescription. Skilled skin care includes wound care other than basic first aid, dressing changes, application of prescription medications, skilled observation and reporting. **A person requiring skilled skin care will be provided by an agency licensed to provide home health services.**
- **Ambulation:** A Personal Care Worker may generally assist persons with ambulation who have the ability to balance and bear weight. If the person has been determined by a health professional to be independent with an assistive device, a Personal Care Worker may be assigned to assist with ambulation.
- **Bathing:** A Personal Care Worker may assist persons with bathing. When a person has skilled skin care needs or skilled dressings that will need attention before, during or after bathing, the person will be in the care of an agency licensed to provide home health services.
- **Dressing:** A Personal Care Worker may assist a person with dressing. This may include assistance with ordinary clothing and application of support stockings of the type that can be purchased without a physician's prescription. A Personal Care Worker shall not assist with application of an ace bandage and anti-embolic or pressure stockings that can be purchased only with a physician's prescription.
- **Exercise:** A Personal Care Worker may assist a person with exercise. However, this does not include assistance with a plan of exercise prescribed by a licensed health care professional. A Personal Care Worker may remind the person to perform ordered exercise program. Assistance with exercise that can be performed by a Personal Care Worker is limited to the encouragement of normal bodily movement, as tolerated, on the part of the person and encouragement with a prescribed exercise program. **A Personal Care Worker shall not perform passive range of motion.**
- **Feeding:** Assistance with feeding may generally be performed by a personal service worker. Personal Care Workers can assist persons with feeding when the person can independently chew and swallow without difficulty and be positioned upright. **Unless otherwise allowed by statute, assistance by a Personal Care Worker does not include syringe, tube feedings and intravenous nutrition. Whenever there is a high risk that the person may choke as a result of the feeding the person should be in the care of an agency licensed to provide home health services.**
- **Hair Care:** As a part of the broader set of services provided to persons who are receiving personal services, Personal Care Workers may assist persons with the maintenance and appearance of their hair. Hair care within these limitations may include shampooing with

non-medicated shampoo or shampoo that does not require a physician's prescription, drying, combing and styling of hair.

- **Mouth Care:** A Personal Care Worker may assist and perform mouth care. This may include denture care and basic oral hygiene. **Mouth care for persons who are unconscious, have difficulty swallowing or are at risk for choking and aspiration should be performed by an agency licensed to provide home health services.**
- **Nail Care:** A Personal Care Worker may assist generally with nail care. This assistance may include soaking of nails, pushing back cuticles without utensils, and filing of nails. **Assistance by a Personal Care Worker shall not include nail trimming.** Persons with a medical condition that might involve peripheral circulatory problems or loss of sensation should be under the care of an agency licensed to provide home health services to meet this need.
- **Positioning:** A Personal Care Worker may assist a person with positioning when the person is able to identify to the personal care staff, verbally, non-verbally or through others, when the position(s) needs to be changed and only when skilled skin care, as previously described, is not required in conjunction with the positions. Positioning may include simple alignment in a bed, wheelchair, or other furniture.
- **Shaving:** A Personal Care Worker may assist a person with shaving only with an electric or a safety razor.
- **Toileting:** A Personal Care Worker may assist a person to and from the bathroom, provide assistance with bedpans, urinals and commodes; peri care, or changing of clothing and pads of any kind used for the care of incontinence.
 - A Personal Care Worker may empty urinary collection devices, such as catheter bags. **In all cases, the insertion and removal of catheters and care of external catheters is considered skilled care and shall not be performed by a Personal Care Worker.**
 - A Personal Care Worker may empty ostomy bags and provide assistance with other person-directed ostomy care only when there is no need for skilled skin care or for observation or reporting to a nurse. A Personal Care Worker shall not perform digital stimulation, insert suppositories or give an enema.
- **Transfers:** A Personal Care Worker may assist with transfers only when the person has sufficient balance and strength to reliably stand and pivot and assist with the transfer to some extent. Adaptive and safety equipment may be used in transfers, provided that the person and Personal Care Worker are fully trained in the use of the equipment and the person, person's family member or guardian can direct the transfer step by step. Adaptive equipment may include, but is not limited to wheel chairs, tub seats and grab bars. Gait belts may be used in a transfer as a safety device for the Personal Care Worker as long as the worker has been properly trained in its use.
 - **A Personal Care Worker shall not perform assistance with transfers when the person is unable to assist with the transfer.** Personal Care Workers, with

training and demonstrated competency, may assist a person in a transfer involving a lift device.

- A Personal Care Worker may assist the informal caregiver with transferring the person provided the person is able to direct and assist with the transfer.
- **Medication Assistance:** Unless otherwise allowed by statute, a Personal Care Worker may assist a person with medication only when the medications have been pre-selected by the person, a family member, a nurse, or a pharmacist, and are stored in containers other than the prescription bottles, such as medication minders. Medication minder containers shall be clearly marked as to day and time of dosage and reminding includes: inquiries as to whether medications were taken; verbal prompting to take medications; handing the appropriately marked medication minder container to the person; and, opening the appropriately marked medication minder container for the person if the person is physically unable to open the container. These limitations apply to all prescription and all over-the-counter medications. Any irregularities noted in the pre-selected medications such as medications taken too often, not often enough or not at the correct time as marked in the medication minder container, shall be reported immediately by the Personal Care Worker to the Supervisor.
- **Respiratory Care:** Respiratory care is considered skilled care and shall not be performed by a Personal Care Worker. Respiratory care includes postural drainage, cupping, adjusting oxygen flow within established parameters, nasal, endotracheal and tracheal suctioning.
 - Personal Care Workers may temporarily remove and replace a cannula or mask from the person's face for the purposes of shaving and/or washing a person's face.
 - Personal Care Workers may set a person's oxygen flow according to written instruction when changing tanks, provided the Personal Care Worker has been specifically trained and demonstrated competency for this task.
- **Accompaniment:** Accompanying the person to medical appointments, banking errands, basic household errands, clothes shopping, grocery shopping or other excursions to the extent necessary and as specified on the ISSP may be performed by the Personal Care Worker when all the care that is provided by the personal care staff in relation to the trip is unskilled personal care.
- **Protective oversight:** A Personal Care Worker may provide protective oversight including stand-by assistance with any personal care task identified in this policy. When the person requires protective oversight to prevent wandering, the Personal Care Worker shall have been trained in appropriate intervention and redirection techniques.

In addition to the exclusions described in the preceding section, Pikes Peak Respite Services will not allow Personal Care Workers to:

- Perform skilled home health services
- Perform or provide medication set-up for a person
- Perform other actions specifically prohibited by policy, regulations or law

PERSONNEL RECORD & DORA – HCA

(Ref. 6 CCR 1011-1 26-6.11)

POLICY

Pikes Peak Respite Services will maintain a personnel file for each employee or contractual provider that provides direct services to persons in their home or in the community. Pikes Peak Respite Services will ensure that each employee and contractual provider working directly with persons has a personnel file that includes their qualifications, competency, training and completed criminal history check. In addition, the personnel file will include a Colorado Department of Regulatory Agencies (DORA) check on all employees and contractual providers providing Non-medical (Personal Care) Home Care Agency (HCA) services.

PROCEDURE

Pikes Peak Respite Services will ensure that all HCA program services are provided in accordance with the person's Individual Plan (IP) and Individual Services and Supports Plan (ISSP). Pikes Peak Respite Services will define the required competence, qualifications, and experience of staff in each program or service it provides. Personnel policies will be available to all full and part-time employees and personnel records will include:

- References
- Starting/ending employment dates
 - Including reason for separation
- Qualifications
 - Experience (type and depth)
 - Advanced skills
 - Training and education
 - Competency evaluations and/or written tests
- Licensure or certifications (kept current)
- Orientation
- Job description
- Performance evaluation (minimum – annual)

DORA

Before employing any individual to provide direct Personal Care or HCA services, Pikes Peak Respite Services will contact the Colorado Department of Regulatory Agencies ([DORA](#)) to verify whether a license, registration or certification exists and is in good standing. A copy of the inquiry will be placed in the individual's personnel file.

PHYSICAL RESTRAINT

(Ref. 10 CCR 2505-10 8.608.3)

POLICY

Pikes Peak Respite Services believes that every person has the right to be free of physical restraint unless physical intervention is necessary to prevent such body movement that is likely to result in imminent injury to self or others, and only if alternative techniques have failed. "Physical Restraint" means the use of manual methods to restrict the movement or normal functioning of a portion of an individual's body through direct physical contact by others except for the purpose of providing assistance/prompts. Examples include, but are not limited to:

- Placing a hand on a person to prevent her/him from entering traffic;
- Holding a person's arm preventing her/him from throwing an object directed at another person;
- Holding a person's arm or hand to prevent her/him from self-injurious behavior.

Assistance/prompts means the use of manual methods to guide or assist with the initiation or completion of and/or support the voluntary movement or functioning of an individual's body through the use of physical contact by others except for the purpose of providing physical restraint.

"Mechanical Restraint" means the use of devices intended to restrict the movement or normal functioning of a portion of an individual's body. Mechanical restraint does not include the use of protective devices used for the purpose of providing physical support or prevention of accidental injury. Mechanical restraint shall be designed and used so as not to cause physical injury and the least possible discomfort. Mechanical restraint is subject to special review and oversight, applied only in emergency, and if alternative techniques have failed. The process for review is by the person and the person's Interdisciplinary Team (IDT) and the Human Rights Committee (HRC).

Physical or mechanical restraint can only be used by individuals trained in its use, in an emergency situation, when alternatives have failed, and when necessary to protect the person from injury to self or others.

PROCEDURE

When using an emergency restrain, the following requirements must be followed:

1. The individual shall be released from physical or mechanical restraint as soon as the emergency condition no longer exists.
2. Physical or mechanical restraint cannot be a part of an ISSP and can only be used as an emergency or safety control procedure.

3. No physical or mechanical restraint of a person receiving services shall place excess pressure on the chest or back of that person or inhibit or impede the person's ability to breathe.
4. The agency will not use physical restraint techniques that include placing the person in a prone position or restraining a person in a prone position as part of an emergency or safety control procedure.
5. During physical restraint, the person's breathing and circulation shall be checked to ensure that these are not compromised.
6. Relief periods of, at a minimum, ten (10) minutes every (1) hour shall be provided to an individual in mechanical restraint, except when the individual is sleeping. A record of relief periods shall be maintained.
7. Physical restraint shall not exceed 15 minutes except when absolutely necessary for safety reasons. If physical restraint exceeds 15 minutes, an emergency 911 call should be made and PT's protocol for emergency notification of agency staff shall be employed.
8. Emergency control procedures shall not be employed as punishment, for the convenience of staff, or as a substitute for services, supports or instruction
9. An individual placed in a mechanical restraint shall be monitored on an on-going basis by employees or contractual providers trained in the use of mechanical restraint to ensure that the individual's circulation is not restricted, or airway obstructed. A record of such monitoring shall be maintained.
10. An incident report should be completed and filed according to the Incident Reporting policy.

Mechanical restraints used for medical purposes following a medical procedure or injury shall be authorized by a physician's order, which shall be renewed every 24 hours. Pikes Peak Respite Services' employees and contractual providers will receive training in the proper use and application of physical restraint, including situations and techniques.

QUALITY MANAGEMENT PLAN – HCA

(Ref. 6 CCR 1011-1 26 6.14)

POLICY

Pikes Peak Respite Services will implement a Quality Management Plan (QMP) to identify and correct issues of concern involving its Non-medical (Personal Care) Home Care Agency (HCA) services program.

PROCEDURE

Pikes Peak Respite Services will develop and maintain a Quality Management Team (QMT) to meet and review the following concerns and trends on a quarterly basis:

- Incident Reporting Trends
- Occurrence Reporting Trends
- Satisfaction Survey/Feedback

The criteria for selecting concerns or trends is that they are either:

- A trend of more than one occurrence of a concerning issue, or
- A single occurrence of a particularly concerning issue that has significant health and safety implications

The Agency Manager will add any new identified issues to the QMT meeting on a quarterly basis. When a new QMP issue is identified, the Agency Manager will notify the QMT, which will consist of the following people:

- CEO
- Agency Manager
- Field Supervisor(s)

The QMT will discuss the identified issue, and will document and complete the following tasks:

- Review documentation to determine what was the probable cause for the issue
- Decide what actions will be taken to address the issue
- Put actions into place to address the issue
- Create additional documentation to track progress in addressing the issue

At the next quarter, the Agency Manager will review all current QMP items to determine whether they are still issues of concern. If so, they will be discussed at that quarter's QMT meeting, and new actions will be put in place to address the issue. If an issue is no longer of concern, then it will be cleared from the Quality Management Plan.

RIGHTS

(Ref. 10 CCR 2505-10 8.604)

The policies and procedures of community centered boards, program approved service agencies and regional centers otherwise referred to as "agencies" must, at a minimum, provide that each person receiving services has the rights contained in Sections 25.5-10-218 through 231, C.R.S.

POLICY

A person receiving services has the same legal rights and responsibilities guaranteed to all other individuals under the federal and state constitutions and federal and state laws including, but not limited to, those contained in section 25.5-10, C.R.S., unless such rights are modified pursuant to state or federal law.

No person receiving services, his/her family members, guardians, authorized reps may be retaliated against in their receipt of services or supports or otherwise as a result of attempts to advocate on their own behalf

PROCEDURE

The following document *Your Rights* defines individuals' rights. Employees and contractual providers are required to be familiar with and read these rights as part of their training requirements and keep them in mind when interacting with people receiving services.

Pikes Peak Respite Services will ensure that *Your Rights* has been read and/or explained to the individual in a manner that is easily understood by that person and in their native language.

Pikes Peak Respite Services will also explain to the individual how to exercise their rights and provide assistance or support as necessary, including ongoing training as needed.

Pikes Peak Respite Services will ensure that rights are explained at the time services are started and as needed thereafter, but no less than yearly.

YOUR RIGHTS

If you receive services through Pikes Peak Respite Services, you have the following rights:

RIGHT TO NOTIFICATION

You have the right to read or have explained, in your or your family's native language, any rules adopted by Pikes Peak Respite Services and pertaining to your activities.

IP

You have the right to an individualized plan, called an IP. You have the right to be at your IP meeting, to talk about what you want or need, and to invite anyone you want to your IP meeting. When services and/or supports are suggested, you or your guardian has the right to say "yes" or "no" to those services and/or supports.

HUMANE CARE AND TREATMENT

You have the right to get help from employees who will treat you fairly and not hurt or embarrass you.

PRIVACY AND RELATIONSHIPS

You have the right to choose your relationships and your friends and to choose when and where you will talk and visit with them. You have the right to talk with visitors in private, to send and get unopened mail, and to talk privately on the phone with anyone you want.

PERSONAL BELONGINGS

You have the right to keep and use your clothes, money and other personal belongings like you want, unless you agree in your IP that there is good reason for you to get help with this.

FAIR EMPLOYMENT

You have the right to be paid fairly for the work you do that is not part of the regular jobs done to take care of a house or apartment.

DOCTOR and DENTIST

You have the right to see the doctor or dentist of your choice when you are sick or need treatment. If needed, you will receive help in finding a doctor or dentist to provide services.

VOTE

You have the right to vote if you are qualified to register.

RELIGION

You have the right to be whatever religion you want and to attend any church you want. You cannot be made to do anything that is against your religion.

REPORTS

You have the right to keep reports in your file at Pikes Peak Respite Services private unless you/your guardian sign a form allowing someone to look at these reports.

RULES

You have the right to have rules you must follow explained to you and to have a copy of those rules.

INFLUENCE POLICY

You have the right to tell Pikes Peak Respite Services and other service provider(s), including the person representative(s), your opinion in order to influence how services are provided. You have the right to apply to serve on these Boards.

INFORMED SUPPORT

You or your guardian have the right to be informed of the full name, licensure status, staff position and employer of all persons supplying, staffing or supervising the care and services you receive.

BEHAVIOR PROGRAMS, MEDICATION PROGRAMS, RIGHTS MODIFICATIONS

Some programs take a right away from you for a while or include medication in order to help or protect you. If you/your guardian say “yes” to such a program, you have the right to have the program/medication regularly reviewed to make sure it is still helping and to make sure you are not taking too much medication.

APPEAL

You have the right to appeal if you are not treated fairly or are hurt or embarrassed by the employees working with you, if you do not get the services agreed on in your IP meeting, or if you do not agree with a decision made about you. If you have a problem concerning the services you are receiving or should be receiving, refer to the Pikes Peak Respite Services Grievance Procedure.

SELF-ADVOCACY

You have the right to self-advocate on your own behalf. No person receiving services, his/her family members, guardian or authorized representatives, may be retaliated against in their receipt of services or supports or otherwise as a result of attempts to advocate on their own behalf.

DISCRIMINATION

You have the right to be free from discrimination. No person receiving services, his/her family members, guardian or authorized representatives, may be discriminated because of race, disability, color, creed, religion, gender, age, sexual orientation, national origin, ancestry, citizenship, military status or any other protected classification. Pikes Peak Respite Services defines “negative discrimination” to include (but not limited to) denial of services, employment, participation in programs, or volunteer opportunities to any class of individuals in a manner that negatively restricts opportunities to that class of individuals.

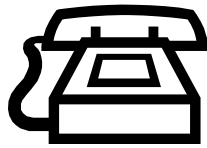
STERILIZATION

You cannot be sterilized without your consent. If you are sterilized, you will not be able to give birth. You have the right to complain when sterilization is being considered. Pikes Peak Respite Services will follow its policies and procedures when sterilization is being considered. You can request a full copy of the policies and procedures manual at any time.

STAFFING

You have the right to be informed of the full name, licensure status, staff position and employer of all persons who are supporting, staffing or supervising your services.

**YOU HAVE THE RIGHT TO:
USTED TIENE EL DERECHO DE:**



PRIVATE CONVERSATIONS

**CONVERSACION EN
PRIVADO**



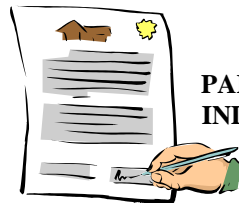
RELIGION

RELIGION



MEDICAL SERVICES

SERVICIOS MEDICOS



**PARTICIPATE IN YOUR
INDIVIDUAL PLAN**

PARTICIPAR EN SU PLAN



**SEND AND RECEIVE
PERSONAL MAIL**

**MANDAR Y RECIBIR CORREO
(PERSONAL)**



GOOD FOOD

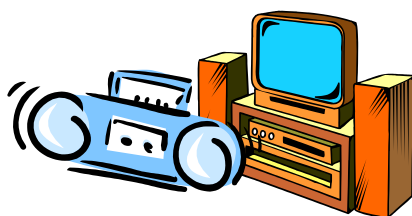
COMIDA SABROSA Y NUTRITIVA



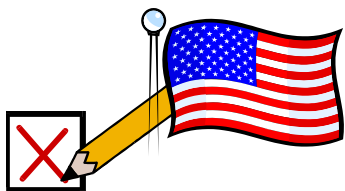
STERILIZATION RIGHTS
ESTERILIZACION DERECHOS



FAIR EMPLOYMENT
EMPLEO JUSTO



A PLACE TO PUT YOUR THINGS
LUGAR PARA SUS COSAS PERSONALES



VOTE
VOTAR

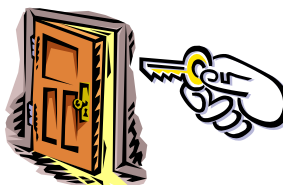


NOT TO BE ABUSED OR HURT
NO SER ABUSADO O LASTIMADO



COMPLAIN IF YOU DON'T GET SERVICES OR IF YOU ARE HURT.

PROTESTAR SI NO RECIBE SERVICIOS O TRATAMIENTO HUMANO.



PRIVACY

OPORTUNIDAD POR TIEMPO PRIVADO

SAFETY CONTROL

(Ref. 10 CCR 2505-10 8.608.4)

POLICY

Pikes Peak Respite Services' employees and contractual providers will understand what a safety control procedure is, how it may be utilized and what issues to be aware of during its use.

A safety control procedure is a restrictive procedure, which may be used to control a previously exhibited behavior that is anticipated to occur again. Safety control procedures are those in which immediate restrictive intervention is necessary to protect an individual receiving service or others from physical injury. A safety control procedure will be developed when it is anticipated that there will be a need to use restrictive procedures or restraints to control a previously exhibited behavior which is likely to occur again. Safety control procedures shall be employed only when absolutely necessary and when alternative techniques have failed. Safety control procedures shall not be used as punishment, for convenience of employees or contractual providers, or as a substitute for services, supports, or instruction.

Safety control procedures are specific to an individual and shall only be used upon recommendation of the Interdisciplinary Team (IDT) which has developed the planned safety control procedure.

Safety control procedures shall be in a written plan, developed by the IDT, and approved by the HRC as soon as possible after development. The plan will identify the specific behaviors that warrant implementation of a safety control procedure. The plan will specify the least restrictive method, which may be used to assist the individual in regaining control over his/her behavior. If physical restraint is recommended in the plan, the specific behaviors warranting its use and the specific type of physical restraint and procedures to be used shall be identified.

When a safety control procedure is used, Pikes Peak Respite Services will file an incident report within three (3) days with the community centered board which meets all requirements of section 8.608.6.B and the conditions associated with each use of a safety control procedure; and, if the safety control procedure is used more than three times within the previous thirty (30) days, the person's IDT shall meet to review the situation and to endorse the current plans or to prepare other strategies.

NO PHYSICAL OR MECHANICAL RESTRAINT OF AN INDIVIDUAL RECEIVING SERVICES SHALL PLACE EXCESS PRESSURE ON THE CHEST OR BACK OR INHIBIT OR IMPEDE THE INDIVIDUAL'S ABILITY TO BREATHE. ALL RULES THAT APPLY TO PHYSICAL RESTRAINT APPLY TO THE USE OF A SAFETY CONTROL PROCEDURE.

If use of a "quiet area" is recommended in the written plan, the following applies:

- An individual shall not be forced to go to a quiet area;
- If the quiet area is a separate room, the door must be open or left ajar;

- The individual shall be monitored, by staff or the contractual provider, to ensure against injury to him/herself;
- If the person chooses to leave the quiet area, he/she must be permitted to leave;
- Quiet areas shall be free of safety hazards, ventilated and well lit.

If the use of mechanical restraints is recommended in the written plan, the following applies:

- Use of helmets, jumpsuits, and gloves for the purposes of behavior control are considered a restrictive procedure.

The specific behaviors warranting use of mechanical restraints, the type of restraint and the length of time it can be used shall be in the written plan.

The use of Posey vests, strait jackets, ankle or wrist restraints, and the use of a behavior management room are prohibited.

SERVICE ANIMALS – HCA

Section 504 of the Rehabilitation Act of 1973

Section 1557 of the Patient Protection and Affordable Care Act (2010)

Americans with Disabilities Act of 2008

POLICY

Pikes Peak Respite Services is committed to compliance with federal and state laws prohibiting discrimination on the basis of disability. Pikes Peak Respite Services recognizes its legal obligation to accommodate personal care workers with service animals and makes every effort to pro-actively assess the accommodation needs as well as providing the most compassionate care.

Service animals will be permitted, at the discretion of the person/family receiving Home Care Agency services, to accompany a personal care worker with a disability in the home/service environment. Service animals may assist with many different tasks, including, but not limited to:

- Assisting personal care workers who are blind or have low vision with navigation and other tasks.
- Alerting personal care workers who are deaf or hard-of-hearing to the presence of people or sounds.
- Providing non-violent protection or rescue work.
- Pulling a wheelchair.
- Assisting a personal care worker during a seizure.
- Alerting a personal care worker to the presence of an allergen(s).
- Providing assistance with balance and stability to a personal care worker with mobility disabilities.
- Helping personal care workers with behavioral health and neurological disabilities by reminding them to take medications or assisting them when they are symptomatic.

A personal care worker must meet the statutory definition of having a "disability," under federal, state and/or local laws. These statutes recognize the following broad categories of disabilities:

- A sensory, mental, or physical impairment that substantially limits one or more major life activities (such as walking, seeing, hearing, speaking and breathing, working, learning, caring for one's self, performing manual tasks, etc.).
- A sensory, mental or physical condition that is medically cognizable or diagnosable.

A service animal is any dog (or miniature horse) individually trained to do work or perform tasks directly related to the disability that the personal care worker has.

Pikes Peak Respite Services does not allow therapy animals or emotional support animals to accompany personal care workers in the home. A therapy animal or emotional support animal has not been trained to assist a person with a disability with work or tasks. The therapy animal does not accompany a person with a disability all the time, unlike a service animal that is always with its personal care worker.

PROCEDURE

Pikes Peak Respite Services must assess the home/service environment and receive consent from the person receiving services prior to a personal care worker being allowed to enter a home/service environment with a service animal. Pikes Peak Respite Services' Agency Manager is responsible for completing the assessment and making the determination whether the personal care worker can enter the home/service environment with a service animal. The assessment will be based on reasonable judgement and include consideration of the following areas:

- The nature, duration and severity of the risk of having a service animal in the home.
- The probability that a potential injury may occur.
- Consent from the person (and family) receiving services.

Personal Care Worker and Service Animal Responsibilities

The service animal must be on a leash, harness or tether at all times, unless either the personal care worker is unable because of a disability to use the harness, leash or other tether; or the use of a harness, leash or tether would interfere with the service animal's safe, effective performance of the work or task which the service animal was trained to perform. The service animal must still remain under the control of the personal care worker even if the service animal is not on a harness, leash or tether.

The personal care worker must be in full control of the animal at all times. The care and supervision of a service animal is solely the responsibility of the personal care worker. If a service animal must be separated from the personal care worker to avoid a fundamental alteration or a threat to safety, it is the responsibility of the personal care worker to arrange for the care and supervision of the animal during the period of separation.

The personal care worker must always carry supplies sufficient to clean up the animal's feces.

The personal care worker must provide the service animal with food, water, and other necessary care or make other arrangements for the care of the service animal. **Under no circumstances shall Pikes Peak Respite Services' staff care for the service animal.**

A personal care worker with a disability may only be asked to remove their service animal immediately from the premises if the service animal is out of control and the personal care worker does not take effective action to keep it under control; or the service animal is not house broken.

Pikes Peak Respite Services' Staff Responsibilities

Staff cannot ask about the nature of the personal care worker's disability, require (or request) any 'proof' of the animal's training (or any other certification) as any inquiry violates various nondiscrimination laws, including the ADA.

If it is NOT readily apparent that the dog is a service animal staff must ONLY ask:

- **IF THE ANIMAL IS REQUIRED BECAUSE OF A DISABILITY? and**
- **WHAT WORK OR TASK HAS THE ANIMAL BEEN TRAINED TO PERFORM?**

Staff CANNOT pet, play with or try to distract the service animal in any way.

Staff CANNOT feed or care for the service animal, including toileting.

Staff should NEVER attempt to separate the service animal from the personal care worker with the qualified disability.

Staff should ALWAYS remember that the service animal is a working animal and should make every effort to minimize activities that may startle the animal.

STERILIZATION RIGHTS

(25.5-10-231-235, C.R.S.)

POLICY

A person receiving services has the right to due process when sterilization is being considered. The procedures set forth in the following subsections will be utilized when sterilization is being considered for the primary purpose of rendering the person incapable of reproduction.

PROCEDURE

Any person with an intellectual and developmental disability over eighteen years of age who has given informed consent has the right to be sterilized, subject to the following:

Prior to the procedure, competency to give informed consent and assurance that such consent is voluntarily and freely given shall be evaluated by the following:

- A psychiatrist, psychologist, or physician who does not provide services or supports to the person and who has consulted with and interviewed the person with an intellectual and developmental disability; and
- An intellectual and developmental disabilities professional who does not provide services or supports in which said person participates, and who has consulted with and interviewed the person with an intellectual and developmental disability.
- The professionals who conducted the evaluation shall consult with the physician who is to perform the operation concerning each professional's opinion in regard to the informed consent of the person requesting the sterilization.

Any person with an intellectual and developmental disability whose capacity to give an informed consent is challenged by the intellectual and developmental disabilities professional or the physician may file a petition with the court to declare competency to give consent pursuant to the procedures set forth in section 25.5-10-232.

No person with an intellectual and developmental disability that is over eighteen years of age and has the capacity to participate in the decision-making process regarding sterilization shall be sterilized in the absence of the person's informed consent. No minor may be sterilized without a court order pursuant to section 25.5-10-233.

COMPENTENCY

If the competency of the person with an intellectual and developmental disability to give consent to sterilization is disputed by the intellectual and developmental disabilities professional, the psychiatrist or psychologist, or physician, the person may file a petition for declaration of competency to give consent to sterilization with the court. Upon the filing of a petition which shows that the person is over eighteen years of age and desires to give consent to sterilization, the court shall immediately set a hearing to determine the person's competency to give such consent. For the purpose of determining competency, the court shall appoint two or more independent professional persons with expertise in the field of intellectual and developmental

disabilities who do not provide services and supports to the person to examine the person and to present their findings as to the person's competency to give consent to sterilization at the competency hearing.

If the court determines that the person has given consent to sterilization and is competent to give such consent, the court may order that the sterilization be performed unless the person withdraws consent to sterilization prior to the sterilization being performed. If the court determines that the person is incompetent to give consent to sterilization, the court shall order that no sterilization be performed without further court proceedings pursuant to section 25.5-10-233.

Determination of competency in these proceedings is specific to the ability to give consent to sterilization and does not determine legal competency for any other purpose.

COURT ORDERED STERILIZATION

A person with an intellectual and developmental disability who has been determined to be incompetent to give consent, the person's legal guardian, or the parents of a minor with an intellectual and developmental disability, may petition the court to hold a hearing to determine whether said person should be ordered to be sterilized. The petition shall set forth the following:

- The name, age, and residence of the person to be sterilized;
- The name, address, and relation to said person of the petitioner;
- The names and addresses of any parents, spouse, legal guardian, or custodian of said person;
- The mental condition of the person to be sterilized;
- A statement that the sterilization is medically necessary to preserve the life or physical or mental health of the person, including a short and plain description of the reasons behind the determination of medical necessity;
- A statement that other less intrusive measures were considered and the reasons behind the determination that less intrusive means would not protect the interests of the person.

Upon petition to the court, the court shall appoint an attorney who will represent the interests of the person with an intellectual and developmental disability and one or more experts in the intellectual and developmental disability field to examine the person and to give testimony at the hearing regarding the person's mental and physical status and other relevant matters.

The hearing on the petition must be held promptly. The person with an intellectual and developmental disability must be represented by an attorney and must have the opportunity to present testimony and to cross-examine witnesses.

Copies of the petition and notices of the time and place of the hearing shall be mailed, not less than ten days prior to the hearing, to the person with an intellectual and developmental disability, that person's attorney, a parent or next of kin, and legal guardian or custodian.

Reasonable fees and costs incurred pursuant to this section shall be paid by the court for a person who is indigent.

Prior to ordering sterilization, the court must find:

- That the person lacks the capacity to effectively participate in the decision-making process regarding sterilization or is a minor with an intellectual and developmental disability;
- That the court has heard from the person regarding that person's desires, if possible, and the court has considered the desires of the person;
- That the person lacks the capacity to make a decision regarding sterilization and that the person's capacity to make such a decision is unlikely to improve in the future;
- That the person is capable of reproduction and is likely to engage in activities at the present or in the near future which could result in pregnancy;
- By clear and convincing evidence, that the sterilization is medically necessary to preserve the life or physical or mental health of the person, including a short and plain description of the reasons behind the determination of medical necessity;
- That other less intrusive measures were considered and the reasons behind the determination that less intrusive means would not protect the interests of the person.

CONFIDENTIALITY OF STERILIZATION PROCEEDINGS

All records, hearings, and proceedings pursuant to sections 25.5-10-231 to 25.5-10-233 are strictly confidential unless requested to be open to the public by the person with an intellectual and developmental disability or the person's legal guardian.

LIMITATIONS ON STERILIZATION

Consent to sterilization shall be made neither a condition for release from any institution nor a condition for the exercise of any right, privilege, or freedom. Nothing in this article requires any hospital or any person to participate in any sterilization, nor shall any hospital or any person be civilly or criminally liable for refusing to participate in any sterilization.

SUPPORTED EMPLOYMENT

(10 CCR 2505-10 8.500)

POLICY

Pikes Peak Respite Services (PPRS) provides Supported Employment services that foster integration into the community and independence and productivity for persons with intellectual and developmental disabilities. Supported Employment services are designed to assist a person with intellectual and developmental disabilities to acquire or maintain paid competitive employment in the community. Paid competitive employment consists of work compensated at or above the minimum wage. PPRS will ensure that each person (participant) receiving Supported Employment services is assisted to explore and pursue employment goals identified in their Individual Plan and Individual Services and Supports Plan. Planning will take into account the participant's specific interests, needs, wishes, strengths, abilities and accommodations.

PROCEDURE

Supported Employment services include the following areas:

- Ongoing supports that enable participants, for whom competitive employment at or above the minimum wage is unlikely without supports, and who, because of their disabilities, need supports, to perform in a regular work setting;
- Assessment and identification of vocational interests and capabilities in preparation for job development, assisting the participant to locate a job, or job development on behalf of the participant;
- Provided in a variety of settings in which participants interact with non-disabled individuals (other than those individuals who are providing services to the participant) to the same extent that individuals employed in comparable positions would interact;
- Activities needed to sustain paid work by participants, including supervision and training.

Service Examples

- Vocational Assessment
- Job Exposure/Exploration
- Job Development
- Job Training
- Job Coaching
- Travel Training and Coordination

Service Limitations

Supported Employment services can be provided on an individual basis or as part of a group (e.g. enclaves and mobile crews). However, whether the service is provided to an individual or to a group, participants must be involved in work outside of a base site. Group employment will not exceed eight persons.

Vocational Rehabilitation

Participants are required to first apply for services through the Division for Vocational Rehabilitation. Supported Employment services does not take the place of nor is it duplicative of services received through the Division for Vocational Rehabilitation. Documentation will be maintained in the file of each participant receiving Supported Employment that the service is not available under a program funded under section 110 of the Rehabilitation Act of 1973 or the Individuals with Disabilities Education Act (20 U.S.C. 1401 et seq.).

Program Structure

1. Intake and assessment
2. Identify participant goals and objectives
3. Identify barriers to employment and job specific needs
4. Develop job placement and training plan
5. Establish progress measurement activities and timelines
6. Evaluate progress and adjust employment plan, as needed
7. Involve the participant and his/her representative in all discussions, meetings, and decisions

Participant Assessment and Evaluation

PPRS may utilize various assessment tools designed to assist participants to evaluate their abilities, strengths, and interests to help them match their skills and goals with various jobs in the community. Assessments are meant to inform the process of developing a participant's plan and are not intended to limit job choice. Assessments may include questionnaires, interviews and evaluations in the following areas:

- Job interest surveys
- Communication skills
- Functional literacy skills
- Occupational skills
- Personality profiles

Participant Expectations

PPRS will provide Supported Employment services to participants who are interested in finding and maintaining paid competitive work in the community. Participants receiving Supported Employment services are expected to understand and adhere to the following work-related guidelines and practices:

- Willingness to contribute to job placement planning process
- Openness to job development, coaching and support
- Desire to work in the community with progressively limited supervision
- Self-motivation to acquire and maintain paid work
- Follow job specific instructions

- Consistent attendance and punctuality
- Maintain work/job appropriate attire, grooming and hygiene
- Learn and acquire community transportation skills
- Exhibit safe behaviors
- Ability to self-medicate (if needed)

Program Expectations

PPRS will provide Supported Employment services to participants through job development, job placement and job maintenance support. Supported Employment services will be provided to participants in community settings, which will include, but is not limited to the following program responsibilities:

- Assistance with completing job applications, forms and requirements
- Education regarding job rules, regulations, and policies
- Provide support to learn and complete assigned job tasks
- Assistance to resolve work related issues and conflicts
- Maintain confidentiality of business (employer) processes, policies and practices
- Provide education and training to company employees
- Assistance to coordinate work schedules
- Assistance with travel training and travel coordination
- Ensure training and development of Supported Employment staff

Program Goals

PPRS will work to ensure each participant meets their employment goals and is provided quality Supported Employment services. Quality services will be monitored in the following ways:

- Participant job preferences will be determined through interviews, assessments and job exposure
- Job development and placements will match participant preferences and work skills
- Program Director will maintain regular communication and support to ensure the participant...
 - Enjoys the job
 - Is acquiring necessary skills
 - Is safe on the job
 - Is being treated respectfully by supervisors and co-workers

Staff Hiring and Training Standards

PPRS will ensure staff receive Supported Employment specific training and meet the following minimum hiring qualifications:

- BA in education, Voc-Rehab, social work or related field; plus, 1-year of experience
- AA in education, Voc-Rehab, social work or related field; plus, 2-years of experience
- No degree; plus, 4-years' experience

SUSPENSION OF RIGHTS

(Ref. 10 CCR 2505-10 8.604.3)

POLICY

Sometimes an individual may be engaging in a behavior that is likely to cause harm to themselves or others. In such cases, Pikes Peak Respite Services uses a standard process to suspend an individual's rights to keep him/her and others safe. An individual's rights may only be suspended to protect the individual or others from harm, or in the event of extensive property damage that may pose harm to the individual or others, and in a manner, which will promote the least restriction on the person's rights.

PROCEDURE

All parties must follow due process when suspending rights. A person's rights may only be suspended by a developmental disability professional in consultation with the Interdisciplinary Team (IDT) while providing services to the individual or by a court pursuant to section 25.5-10-212, C.R.S. as amended. The right(s) to be suspended must be documented in the Individualized Plan and must be reviewed by the Human Rights Committee.

1 A developmental disabilities professional means a person who has at least a bachelor's degree and a minimum of two (2) years' experience in the field of developmental disabilities or a person with at least five (5) years of experience in the field of developmental disabilities with competency in the following areas: rights, theory and practice of non-aversive behavioral intervention strategies, theory and practice of non-violent crisis intervention.

1. The right(s) to be affected shall be specifically explained to the individual affected and the guardian, as appropriate.
2. A representative of Pikes Peak Respite Services will contact the individual's Case Manager to request an Interdisciplinary Team (IDT) meeting to discuss the proposed suspension.
3. Suspension of services and supports must require informed consent by the person. If the person does not provide consent, then the Case Manager and the IDT will be notified, and a meeting convened, as soon as possible, to determine another course of action. Person's and their guardian will be provided a copy of Pikes Peak Respite Services' Dispute Resolution policy when a suspension from services and supports is implemented.
4. The right(s) to be suspended must be specifically identified and the justification for suspension documented and included in the IP.
5. The IP must indicate the services and supports that will be provided in order to make the right(s) suspension no longer necessary or, if that is not possible, what can be done to move towards less restrictive actions.
6. Once the suspension has been reviewed by the IDT, written notice, as defined in section 8.600.4, must be provided to the individual or guardian, as appropriate, which details:
 - a. The proposed right(s) to be suspended;
 - b. The reason(s) for the action;

- c. The effective date of the action;
 - d. The specific law, regulation or policy supporting the action;
 - e. How a protest of the action may be filed, including the name and address of the Chief Executive Officer of Pikes Peak Respite Services;
 - f. A copy of Pikes Peak Respite Services' dispute resolution procedure.
7. Pikes Peak Respite Services is responsible for notifying the Human Rights Committee (HRC) of any actions that were or will be taken to suspend rights. This may be done through the Case Manager or by a request made directly to the Case Management Assistant responsible for setting the HRC agenda.
 8. The IDT must review the need for this suspension at the frequency determined by the IDT but no less than every 6 months. The review shall include the original reason for the suspension, current circumstances, and the need for continued suspension or modification.
 9. The HRC will also review the suspension at 6-month intervals or more frequently if so determined. Pikes Peak Respite Services will submit required documentation to the HRC as needed. It is necessary to make every effort to restore the affected rights as soon as circumstances allow.

Emergency action may be taken by a developmental disability professional designated for this purpose by the representative of Pikes Peak Respite Services suspending the right(s).

Emergency action may only be taken if the action is imminently necessary to protect the health and safety of the individual or others. When emergency action is necessary, the least intrusive means of right(s) suspension will be utilized.

1. The Case Manager for the individual must be notified of the right(s) suspension within 24 hours of the action;
2. The suspended right(s) shall be specifically explained to the individual and written notice (as described above) provided to the appropriate parties within 24 hours of the suspension;
3. Arrangements are to be made for the immediate review of the suspension by the IDT, documentation of the suspension and associated services and supports and plans for assisting the individual to regain the right(s), and for review by the Human Rights Committee.
4. Pikes Peak Respite Services will ensure that all due process steps described for non-emergency suspensions will be followed.

The following rights may not be suspended:

- Right to an Individualized Plan;
- Right to appropriate medical and dental treatment;
- Right to humane care and treatment;
- Right to vote;
- Right to a record;
- Right to notification;
- Right to freedom from discrimination.

SUSPENSION FROM SERVICES AND SUPPORTS

POLICY

In the event that a suspension from the individual's services and supports is necessary, Pikes Peak Respite Services will ensure that the following procedures are followed:

PROCEDURE

- Pikes Peak Respite Services will contact the Case Manager and request that an Interdisciplinary Team (IDT) meeting is convened.
- Provisions for temporary suspension of specific services and supports received may be made if, in the opinion of the IDT, the person receiving services has demonstrated a serious physical threat to the health or safety of the person or others and such is necessary to protect the health or safety of the person or others.
- Suspension must be considered temporary in nature and may not be used to effect termination from services or supports and must be fully documented in the person's records including when original services or supports will resume.
- Suspension of specific services and supports shall not relieve Pikes Peak Respite Services of the responsibility to provide modified services and supports that may be provided in an alternative setting and continued planning to facilitate the person's return to the original services and supports, if appropriate.
- Suspension of services and supports must require informed consent by the person. If the person does not provide consent, then the Case Manager and the IDT will be notified, and a meeting convened, as soon as possible, to determine another course of action.
- Person's and their guardian will be provided a copy of Pikes Peak Respite Services' Dispute Resolution policy when a suspension from services and supports is implemented.

Services and supports may not be suspended if such suspension would place the individual at risk of losing their place of residence.

TRAINING

(Ref. 10 CCR 2505-10 8.603.9)

POLICY

Providing quality services and supports to individuals with developmental disabilities requires ongoing job-specific training for all employees and contractual providers.

PROCEDURE

Pikes Peak Respite Services requires each employee, volunteer and contractual provider, as well as anyone spending time with a person per agreement with Pikes Peak Respite Services, to complete the following training prior to unsupervised contact with persons receiving services:

- Rights
- Confidentiality
- Incident Reporting
- MANE
- Electronic Data Management
- Dispute Resolution
- Grievance Resolution
- CPR
- First-Aid
- Personal Care Services Training (ONLY Staff providing Non-Medical HCA services)
- Medication Administration (QMAP) (ONLY for Staff assisting w/ Med Admin support)
- Infection Control and Standard Precautions
- Behavior Management

Pikes Peak Respite Services requires employees and contractual providers to read the individual's file and understand their person specific needs before providing professional services:

- Person Specific Information

TRAINING - HCA

(Ref. 6 CCR 1011-1 26 8.6)

POLICY

Providing quality services and supports to individuals with developmental disabilities requires ongoing job-specific training for all employees and contractual providers.

PROCEDURE

Pikes Peak Respite Services requires each employee, volunteer and contractual provider providing Non-Medical Home Care Agency (HCA), as well as anyone spending time with a person per agreement with Pikes Peak Respite Services, to complete the following training prior to unsupervised contact with persons receiving services.

Agency Manager Training

Pikes Peak Respite Services will ensure that the Agency Manager is adequately trained to perform the role. Pikes Peak Respite Services will ensure, if the training is provided by an accredited college, university or vocational school; or an organization, association, corporation, group or agency with specific expertise in personal care services, that the training is approved by the Colorado Department of Public Health and Environment (CDPHE). All training curriculum, whether provided by Pikes Peak Respite Services or by a CDPHE approved vendor, will include at least eight (8) actual hours of training. Instruction will include, at a minimum, discussion of each the following topics:

- Home care overview including other agency types providing services and how to interact and coordinate with each including limitations of personal care versus health care services
- Regulatory responsibilities and compliance including, but not limited to,
 - Person's rights
 - Governing body responsibilities
 - Quality management plans
 - Occurrence reporting
 - Complaint investigation and resolution process
- Personnel qualifications, experience, competency and evaluations, staff training and supervision
- Needs of the fragile, ill and physically and cognitively disabled in the community setting regarding special training and staffing considerations
- Behavior management techniques

Field Supervisor

Pikes Peak Respite Services will designate qualified employees as Field Supervisors to coordinate HCA operations and manage designated Personal Care Workers. The Field Supervisor will:

- Be at least 18 years of age

- Have appropriate experience or training in the home care industry or closely related personal care services
- Have completed training in the provision of personal care services

Personal Care Worker

Pikes Peak Respite Services will ensure that each Personal Care Worker is qualified and completed training to provide HCA services to persons. Personal Care Worker's will provide HCA services according to the person's ISSP. All personal care staff will complete agency orientation before independently providing services to persons. Orientation will include:

- Employee duties and responsibilities;
- A description of the services provided by the agency;
- The differences in personal care, nurse aide care and health care in the home including limiting factors for the provision of personal care;
- Consumer rights including freedom from abuse or neglect, and confidentiality of consumer records, personal, financial and health information;
- Hand washing and infection control;
- Assignment and supervision of services;
- Observation, reporting and documentation of consumer status and the service furnished;
- Emergency response policies and emergency contact numbers for the agency and for the individual consumer assigned, and
- Training and competency evaluation of appropriate and safe techniques in all personal care tasks for each assigned task to be conducted before completion of initial training.

Training within the first 45 days of employment will include, but is not limited to:

- Communication skills with persons;
- Behavior management techniques;
- Appropriate and safe techniques in personal care tasks prior to assignment. Areas include bathing, skin care, hair care, nail care, mouth care, shaving, dressing, feeding, assistance with ambulation, exercises and transfers, positioning, bladder care, bowel care, medication reminding, homemaking tasks, and protective oversight;
- Recognizing emergencies and knowledge of emergency procedures including basic first aid, home and fire safety;
- The role of, and coordination with, other community service providers; and
- Maintenance of a clean, safe and healthy environment, including appropriate cleaning techniques and sanitary meal preparation.

Pikes Peak Respite Services will ensure that employees and contractual providers who furnish personal care services on its behalf are competent to carry out all assigned tasks in the person's place of residence. Prior to assignment, the Agency Manager or Field Supervisor will conduct a proof of competency evaluation involving tasks that require specific hands-on application. Tasks may include:

- Bathing, Skin care, Hair care, Nail care, Mouth care, Shaving, Dressing, Feeding, Assistance with ambulation, Exercise and transfers, Positioning, Bladder and bowel care, and Medication reminding.
- Performance of the ability to assist in the use of specific adaptive equipment if the worker will be assisting consumers who use the device.

Exemption

Initial orientation or training is not required under the following circumstances:

- A returning employee or contractual provider who meets all of the following conditions:
 - The employee or contractual provider completed the agency's required training and competency assessment at the time of initial employment,
 - The employee or contractual provider successfully completed the agency's required competency assessment at the time of rehire or reactivation,
 - The employee or contractual did not have performance issues directly related to consumer care and services in the prior active period of employment, and
 - All orientation, training and personnel action documentation is retained in the personnel files.
- An employee or contractual provider with proof of current healthcare related licensure or certification is exempt from initial training in the provision of personal care tasks if such training is recognized as included in the training for that health discipline. Pikes Peak Respite Services will provide orientation and perform a competency evaluation to ensure the employee or contractual provider is able to appropriately perform all personal care tasks.

On-Going Training

Pikes Peak Respite Services will ensure ongoing training for all Personal Care Workers to include at least six (6) topics applicable to HCA services every 12 months after the starting date of employment. Training will include, but is not limited to, the following items:

- Behavior management techniques
- Promotion of dignity, independence, self-determination, privacy, choice and rights
- Abuse and neglect prevention and reporting requirements
- Disaster and emergency procedures
- Infection control using universal precautions
- Basic first aid and home safety

Training documentation

Pikes Peak Respite Services will document all training. Classroom type training will be documented with the date of the training; starting and ending times; instructors and their qualifications; short description of content; and staff member's signature. On-line or self-study training shall be documented with information as to the content of the training and the entity that offered or produced the training.

Establishing Competencies

Pikes Peak Respite Services has the responsibility to ensure that its employees and contractual providers have sufficient knowledge and skills to carry out their duties efficiently, effectively and competently. In order to fulfill this responsibility, Pikes Peak Respite Services will establish staff competency. Competency generally includes both the understanding of material and expectations and their correct implementation. Pikes Peak Respite Services shall identify a process for establishing competency for its employees and contractual providers in the required training areas and provide documentation of the person's competency. All employees and contractual providers will:

- Be at least 18 years of age, have the ability to communicate effectively, be able to complete required forms and reports and to follow verbal and written instructions.
- Have the ability to provide services in accordance with an Individual Services and Support Plan (ISSP) and State training guidelines.
- Have necessary ability to perform the required job tasks, and have interpersonal skills needed to effectively interact with persons with intellectual/developmental disabilities.

Competency can be determined in a variety of ways. The following are some examples of methods that could be used to establish competency:

- Testing of material learned;
- Direct supervision until competency is established;
- Practical testing (rating a person's ability to carry out a specific task through observation);
- Shadowing and observation;
- Employee performance evaluation;

Documentation of competency will be maintained in the employee record.

Transfer of Training Requirements

When an employee or contractual provider moves from another agency to Pikes Peak Respite Services and has successfully completed the required training at the first agency, such training may not need to be repeated. There must, however, be documentation of such training and Pikes Peak Respite Services has full responsibility to establish the employee or contractual provider competency through on-the job training, re-testing and/or supervision, as appropriate. Pikes Peak Respite Services is also responsible for orientation and training in agency specific policies and practices and for person specific training.

TRANSPORTATION

(10 CCR 2505-10 8.611)

POLICY

Pikes Peak Respite Services supports transportation services that foster integration into the community and independence and productivity for persons with intellectual and developmental disabilities. Pikes Peak Respite Services does not charge persons for non-medical transportation provided as part of their residential services.

PROCEDURE

When providing transportation for individuals receiving services from Pikes Peak Respite Services certain conditions must be met. These involve safety, service quality and the record keeping of our transportation program.

Vehicle Condition and Maintenance

Vehicles will be maintained in safe operating condition. At minimum, the vehicle will be maintained according to the preventative maintenance schedule specified in the owner's manual.

Insurance coverage

Pikes Peak Respite Services provides adequate insurance coverage for the protection of its vehicles, riders and operating personnel.

Safety procedures

- All employees who drive in the course of employment are expected to comply with all local and state traffic laws. They will be expected to use caution and operate the vehicle in a reasonable and prudent manner regardless of road conditions. Refrain from driving when environmental conditions have deteriorated to the extent that local jurisdictions are on accident alert.
- Employees who drive in the course of employment may not operate any vehicle while impaired. This may include: alcohol, prescription, over-the-counter or illegal drugs or any permanent or temporary physical impairment that prevents the safe operation of the vehicle, such as braces, casts, slings, sleep deprivation, etc.
- All passenger vehicles must be equipped with some type of securing device (seat belt, harness, etc.) The driver and all passengers must wear safety restraints when the vehicle is in operation.
- Properly tie down all wheelchairs when being transported.
- Whenever possible, refuel vehicles only when passengers are not on board.
- Be familiar with emergency evacuation procedures and conduct practice.

- Ensure passengers are not left out of vehicle when departing or left on board the vehicle when the trip is over.

Emergency Procedures

Written procedures regarding driver handling of transportation related accidents and emergencies have been documented in the Pikes Peak Respite Services policies and procedures manual (Transportation: Collision and Emergency Response).

Safety Equipment

Pikes Peak Respite Services will require first-aid kits and fire extinguishers in each vehicle.

Personnel Qualifications

Pikes Peak Respite Services requires a valid driver's license for the type of vehicle that is driven.

Driver Record

1. Prospective Employees

- Pikes Peak Respite Services will obtain and review a copy of the individual's Motor Vehicle Record (MVR) from the Department of Motor Vehicles. The record must be current within 7 days. If the applicant has resided in Colorado less than 3 years, he or she must obtain a copy of the MVR from the state of previous residence as soon as possible.
- Based on the Motor Vehicle Record, either an at fault accident in last two years totaling more than 6 points or an alcohol or drug offense in last 3 years would disqualify an applicant for employment for a position involving driving.
- Applicants with other circumstances involving driving history, such as suspension or reinstatement of a license, will be subject to the review of their entire MVR on an individual basis prior to employment determination. The decision of eligibility to hire will be made by the Chief Executive Officer.

2. Current Employees

- Maintain an acceptable driving record
- MVR will be reviewed every year or as often as needed
- Report the following changes in MVR immediately and no later than one business day to Chief Executive Officer of Pikes Peak Respite Services.
 - Citations issued for any on-the-job moving violation
 - Any DUI/DWAI Citation, whether on the job or not
 - Any citations for use of a controlled substance
 - Any suspension, revocation or expiration of license
 - Any moving violation conviction of 3 or more points

- Any collision or accident that involves injury to self, individual, public or others, regardless of fault
- Any injury sustained by an employee during the course of employment must be reported to the Chief Executive Officer immediately.

3. Minimum Driving Record Standard Not Met

- When Pikes Peak Respite Services becomes aware of a driving record with convictions or moving violations, a representative will meet with the employee and review the minimum driving requirements.
- Reasonable accommodation such as change of job duties or transfer may be considered; however, the quality of service to individuals receiving services will be the first priority.
- Failure to maintain a good driving record may lead to dismissal.

Driver Training

Employees whose regular job duties include providing transportation must complete minimum driver training requirements within 60 calendar days of beginning work as a driver.

Pikes Peak Respite Services shall regularly review safety training annually for anyone who regularly drives persons with intellectual and developmental disabilities.

TRANSPORTATION: COLLISION



Being prepared
can save lives
and money.

If You're Involved in a Collision

A collision is serious business in the eyes of the law. If you're involved in a collision, you must stop. If you don't, you could be convicted of "hit and run" and be severely punished. Here's what you should do if you're involved in a collision.

Get Off the Road

If possible, get your vehicle out of traffic and park safely. Place reflecting triangles or other warning devices 200 to 300 feet behind the vehicles to warn approaching motorists. Do not use flares if there is a chance of spilled gasoline nearby.

First Aid

Give your first attention to anyone who appears injured. If you know how, use emergency first aid where needed, and notify the police or highway patrol as soon as possible. The police should be told what kinds of injuries there are, such as bleeding, unconsciousness, stopped breathing, as well as if there are fire hazards such as spilled gasoline.

Exchange Identification

Exchange your driver's license number, insurance policy number, registration information and address with anyone else involved in the collision, or give this information to the police. If you are driving a company vehicle, notify your employer.

Avoid arguing with other participants or discussing who's to blame.

Get the Facts Down

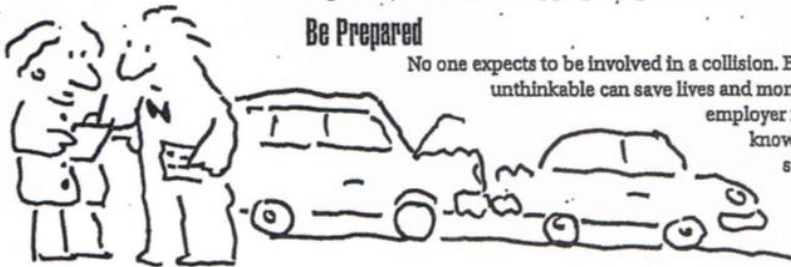
If there are witnesses to the collision, get their names, addresses, and phone numbers if possible, as well as their vehicle license numbers. With the events still fresh in your mind, make a written record of the accident. Try sketching a diagram of the accident. Include this information in your report to the police and your employer or insurance company.

If You Hit a Parked Vehicle

Try to locate the owner of any unattended vehicle involved in the collision. If you can't, leave a note in an obvious but secure place on the vehicle. Give only your name and address, (and the name and address of the owner of your vehicle if it's not your vehicle). Report the collision to the appropriate police at the first opportunity.

Be Prepared

No one expects to be involved in a collision. But being prepared for the unthinkable can save lives and money and protect you or your employer from legal proceedings. If you know these steps, you can respond safely and without confusion if the need arises.



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TRANSPORTATION: EMERGENCY RESPONSE

EMERGENCY RESPONSE LIFE-SAVING STEPS

CALL FOR HELP AS SOON AS POSSIBLE

Fire/Ambulance/Police/Rescue: 9-1-1

Poison Control: (800) 222-1222

1. PROTECT YOURSELF AGAINST HAZARDS. REMAIN CALM AND THINK BEFORE YOU ACT.
2. ESTABLISH UNCONSCIOUSNESS AND POSITION THE VICTIM APPROPRIATELY.
3. TELEPHONE FOR AN AMBULANCE OR RESCUE SQUAD AS SOON AS POSSIBLE.
4. IMMEDIATELY OPEN AND MAINTAIN THE VICTIM'S AIRWAY. CHECK FOR BREATHING.
5. IF THE VICTIM IS BREATHING, ADMINISTER EMERGENCY OXYGEN AS SOON AS IT BECOMES AVAILABLE.
6. IF THE VICTIM IS NOT BREATHING, IMMEDIATELY BEGIN MOUTH—TO—MOUTH BREATHING IF YOU ARE TRAINED.
7. CHECK AND RECHECK THE VICTIM'S CAROTID PULSE IN THE NECK, FOR FIVE TO TEN SECONDS.
8. IF THE PULSE IS NOT PRESENT, IMMEDIATELY BEGIN CPR, IF YOU ARE TRAINED.
9. STOP ALL BLEEDING BY APPLYING DIRECT PRESSURE OR THE OTHER APPROPRIATE PRESSURE METHODS. IF AVAILABLE, USE A CLEAN CLOTH OR BANDAGE.
10. DO NOT MOVE THE VICTIM, UNLESS AN ACTUAL HAZARD IS PRESENT.
11. KEEP THE VICTIM WARM AND COMFORTABLE.
12. LOOSEN ALL TIGHT CLOTHING.
13. DO NOT GIVE ANYTHING BY MOUTH.
14. ELEVATE THE VICTIM'S LEGS SLIGHTLY.
15. COMFORT AND REASSURE THE VICTIM.

TRANSPORTATION: USE OF PERSONAL VEHICLES

(Ref. 10 CCR 2505-10 8.611)

POLICY

Pikes Peak Respite Services (PPRS) will ensure that all persons driving individuals in their personal vehicles have a valid Colorado Drivers' License, current Motor Vehicle Insurance, a Vehicle Safety Report and Motor Vehicle Report on file in the PPRS office.

PROCEDURE

Any employee or contractual provider of PPRS will provide the following information if providing transportation to persons receiving services:

1. Valid Colorado Drivers' License – on file for any employee or contractual provider transporting persons using their own vehicle.
2. Motor Vehicle Report – employees and contractual providers should obtain and submit every 12 months. Reports will be reviewed and a determination of continuation of ability to transport will be made on a case by case basis. If any employee or contractual provider, at the time of review, has eight (8) or more violation points, they will be required to submit quarterly Motor Vehicle Reports. If additional points are accrued, the individual will meet with the Chief Executive Officer to review the points and violations. This could jeopardize their ability to transport individuals in services and therefore result in the termination of their ability to drive with PPRS or their contractual agreement with PPRS.
3. Proof of automobile insurance – must be current and on file for any employee or contractual provider providing transportation to persons using their own vehicle.

Vehicle Information

Vehicle safety inspections must be completed annually for all employees and contractual providers who use their own vehicle for services. Safety inspections will be performed by a PPRS supervisor. These checklists will be kept in the employee or contractual provider record. When an employee or contractual provider acquires a new vehicle that will be used for transportation purposes, it is the employee or contractual provider's responsibility to have PPRS inspect the vehicle and submit the safety checklist within 30 days. A copy of the safety checklist has been provided to each PPRS employee or contractual provider.

Special Safety Equipment

If the persons who will ride in the vehicle have special needs that require special equipment, it should be checked and there must be instructions on the operation of this equipment located in the vehicle. If the person uses a wheelchair but is transported into a seat and the wheelchair is folded up and transported, the wheelchair must be stored or strapped down, so it cannot fly around in an emergency stop or accident. A bungee or two can be used to secure it.

Persons who use oxygen must have proper storage for their oxygen tanks while being transported. They need to be in a cart, rack, or strapped down so they cannot fly around. Spare tanks must also be strapped down.

Emergency Equipment

A cellular phone, first-aid kit and fire extinguisher are recommended but not required. If this equipment is available, it must work properly. Written instructions for collisions, road emergencies and emergency life-saving-steps have been provided by PPRS and should be stored in the vehicle.

APPENDIX A: GRIEVANCE FORM

Person Name: _____ Date: _____

Name (if different): _____

Address: _____ City: _____ State: ___ Zip: _____

Phone: _____

Specify which program(s) this grievance addresses:

Description of Problem:

What would you like to happen instead?

Please provide any information that would support your request.

To be completed by Pikes Peak Respite Services representative:

Resolution:

Date: _____

APPENDIX B: COMPLAINT LOG

DATE REPORTED	REPORTER NAME	NAME OF PERSON	BRIEF DESCRIPTION	ACTION TAKEN	OUTCOME	CLOSING DATE

APPENDIX C: AUTHORIZATION TO RELEASE CONFIDENTIAL INFORMATION

NAME OF PERSON: _____ DOB: _____

I authorize Pikes Peak Respite Services to release the following information about the above-named person:

This information is to be released to (name and organization):

The information is to be released for each of the following purposes:

Check here if the information may be duplicated:

I understand that this authorization will be valid only for a period of ONE year from the date of my signature. I understand that I may revoke this authorization at any time upon written request to Pikes Peak Respite Services. I understand that if I revoke this authorization, it will not have any effect on actions taken by Pikes Peak Respite Services in reliance on this Authorization prior to the date of revocation.

_____ Signature (Parent/Guardian/Self)	_____ Date
_____ Signature of Witness	_____ Date
_____ Relationship to Individual	_____ Date

APPENDIX D: RECORDS ACCESS LOG

PIKES PEAK RESPITE SERVICES RECORDS ACCESS LOG

REQUEST DATE	ACCESS DATE	REVIEWER / AGENCY NAME	PERSON'S NAME	PURPOSE OF THIS ACCESS	ACTION TAKEN (DUPLICATION OR SUPERVISED REVIEW)	AUTH. VERIFIED?	SUPERVISED AND/OR DUPLICATED BY:

APPENDIX E: INCIDENT REPORT

NAME OF PERSON: «FIRST_NAME» «LAST_NAME»		
OCCURRENCE DATE: «DATE»	TIME:	
DURATION OF INCIDENT:	LOCATION: «LOCATION»	
IF CONTROL PROCEDURE, DURATION OF PHYSICAL INTERVENTION:		
WAS INCIDENT OBSERVED DIRECTLY? <input type="checkbox"/> Yes <input type="checkbox"/> No		
TYPE OF INCIDENT		
<p style="text-align: center;">MEDICAL/INJURY</p> <input type="checkbox"/> Injury to Person <input type="checkbox"/> Medical Emergency <input type="checkbox"/> Hospitalization <input type="checkbox"/> Death of Person <input type="checkbox"/> Seizure of Unusual Nature <input type="checkbox"/> Medication/Charting Error <input type="checkbox"/> Alleged Mistreatment, Abuse, Neglect, Exploitation	<p style="text-align: center;">SOCIAL/BEHAVIORAL</p> <input type="checkbox"/> Lost or Missing Person <input type="checkbox"/> Aggression toward Others <input type="checkbox"/> Self-Injurious Behavior <input type="checkbox"/> Property Damage <input type="checkbox"/> Theft or Vandalism <input type="checkbox"/> Unusual Behavior <input type="checkbox"/> Emergency Control Procedure (see pg. 2) <input type="checkbox"/> Safety Control Procedure (see pg. 2) <input type="checkbox"/> Stolen Property of Persons Receiving Services	
OTHER:		
WITNESSED BY: «EMPLOYEES»		OR REPORTED BY:
NOTE POINT OF INJURY OR PAIN:		
PERSONS NOTIFIED: <input type="checkbox"/> Nurse <input type="checkbox"/> Case Manager <input type="checkbox"/> Guardian/Parent/Provider <input type="checkbox"/> Dept. of Health (Group Homes only) <input type="checkbox"/> Other <input type="checkbox"/> Division for Intellectual and Developmental Disabilities-DDD Critical Incident	DATE:	ROUTED: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Description of Incident: (FACTUAL INFORMATION ONLY)	
«DESCRIPTION»	
Describe the events and environment leading up to the incident:	
How was the situation handled?	
NAME OF PERSON:	
Was an Emergency/Safety Control Procedure used? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Starting time of procedure:	Ending time:
Describe the procedure used:	
Why was the procedure used?	
Has this type of behavior occurred with this person before? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is it likely that this behavior will recur? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is there a behavioral ISSP? <input type="checkbox"/> Yes <input type="checkbox"/> No	Was it implemented? <input type="checkbox"/> Yes <input type="checkbox"/> No
Comment:	
Measures to be taken or suggestions for preventing a reoccurrence of this incident:	

Report Written By (print/type name): SIGNATURE OF PERSON COMPLETING REPORT: DATE REPORT WRITTEN:
--

TO BE COMPLETED BY SUPERVISOR:

Follow-up action requested: <input type="checkbox"/> No follow-up necessary <input type="checkbox"/> IDT meeting/review necessary <input type="checkbox"/> Additional training needed <input type="checkbox"/> Other: Comments: «Follow-up requested»		
Person responsible for follow-up:		
Follow-up action completed: If follow-up is not completed in this section, indicate where documentation of follow-up can be located:		
<table style="width: 100%; border: none;"> <tr> <td style="width: 35%; border: none;">Date Completed:</td> <td style="border: none;">Completed By:</td> </tr> </table>	Date Completed:	Completed By:
Date Completed:	Completed By:	

Date

Signatures:

Nurse:

Case Manager:

Supervisor:

APPENDIX F: DISCHARGE LETTER

Date

Name of Person

Address

City, State, Zip

Dear Person:

Pikes Peak Respite Services (PPRS) will be discharging you from services for the following reason (per Code of Colorado Regulations, Department of Health Care Policy and Financing, Medical Assistance Rule 8.605.2 D):

- You have notified PPRS verbally or in writing that you no longer wish to receive residential services from PPRS;
- Your guardian has notified PPRS verbally or in writing that you no longer wish to receive residential services from PPRS;
- You no longer meet the eligibility criteria set forth by the Colorado Department of Health Care Policy and Finance, Division of Intellectual and Developmental Disabilities;
- Your interdisciplinary team has determined that residential services from PPRS are no longer appropriate or necessary to meet your needs. If you would like to contest or appeal this decision, please follow the procedures outlined in the attached Dispute Resolution policy.

Discharge from services will be effective 15 days from the date of this letter. If you choose to file a dispute your services will continue until the dispute is resolved.

Sincerely,

Name

Title

APPENDIX G: DISCLOSURE NOTICE – HCA



DISCLOSURE NOTICE

Agency Type: Home Care Placement Home Health Care Personal Care or Non-Medical

Each home care agency (HCA) or home care placement agency is required to provide the person information as to the responsibilities of the agency, the home care worker, and the person regarding the employment and duties of each.

Pikes Peak Respite Services (PPRS) is the employer of record for all employees or contractual providers providing direct care services and is responsible for all items listed below.

Responsibilities are delineated below:

Person	Worker	PPRS	
			Employer of the home care worker.
			Supervision of the home care worker.
			Scheduling of the home care worker.
			Assignment of duties to the home care worker.
			Hiring, firing and discipline of the home care worker.
			Provision of supplies or materials for use in providing services to the person.
			Training and ensuring qualifications that meet the needs of the person.
			Liability for the home care worker while in the person's home.
Person	Worker	PPRS	Payment of:
			Wages to the home care worker.
			Employment taxes for the home care worker.
			Social Security taxes for the home care worker.
			Unemployment insurance for the home care worker.
			General liability insurance for the home care worker.
			Worker's Compensation for the home care worker.
			Bond Insurance (if provided).

The above information and areas of responsibility have been explained and any questions have been answered in regard to responsibilities held by the person, the home care worker and PPRS.

Person or Authorized Representative: _____ Date: _____

Agency Representative: _____ Title: _____ Date: _____

Printed Name of Person: _____ Start of Care Date: _____

APPENDIX H: TRAINING ACKNOWLEDGEMENT FORM

Providing quality services and supports to individuals with intellectual and developmental disabilities requires ongoing job-specific training for all employees and contractual providers. As a Pikes Peak Respite Services employee or contractual provider, I acknowledge that I have read, understand, and will implement the following policies and procedures (initial next to each policy) or have taken the following training classes.

_____ Rights

_____ Confidentiality

_____ Incident Reporting

_____ MANE

_____ Electronic Data Management

_____ Dispute Resolution

_____ Grievance Resolution

_____ Behavior Management

_____ First-Aid

_____ CPR

_____ Infection Control and Prevention

_____ Personal Care Services Training (ONLY Staff providing Non-Medical HCA services)

_____ Medication Administration (QMAP) (ONLY Staff assisting with Med Admin support)

As a Pikes Peak Respite Services employee or contractual provider, I acknowledge that I have read and understand the individual's person specific information: requires employees and contractual providers to read the individual's file and understand their person specific needs (initial below):

_____ Person Specific Information (e.g., person's file, IP, etc.)

Employee/Contractual provider Name (Print)

Employee/Contractual provider Name (Signature)

Date

APPENDIX I: VEHICLE SAFETY CHECKLIST

Pikes Peak Respite Services TRANSPORTATION & VEHICLE SAFETY CHECKLIST
--

Provider's Name: _____ Address: _____
 Telephone Number: _____
 Vehicle-Year: _____ Make: _____ Model: _____ License Number: _____
 VIN: _____

Vehicle Documentation	Yes	No	N/A
Current Driver's License			
Current Motor Vehicle Record			
Current Vehicle Registration			
Current Insurance			
Written Instructions for the handling of accidents and other road emergencies Located in vehicle			
Vehicle contains written instructions for any special safety equipment Needed	Yes	No	NIA
Wheelchair Lift			
Wheelchair Tie Downs			
Oxygen Tank Holder			
Other:			
Emergency Equipment	Yes	No	N/A
First Aid Kit			
Cell Phone			
Fire Extinguisher			
Emergency Flashes			
External Inspection	Repair	Pass	N/A
Tire wear			
Spare Tire, Jack & Wrench			
Windshield & Windows			
Wiper Blades			
Mirrors			
Headlights			
Rear Lights			
Emergency Hazard Lights			
Muffler and Tailpipe			
Leaks Under Vehicle			
Gas Tank Cap			
Interior Inspection	Needs	Pass	N/A
Seats & Seatbelts			
Clean			
Floor			
Dashboard/Instruments			
Latches, Knobs, Cranks			
Heat			
Air Conditioning			

Overall Condition of these Vehicle/Comments: _____

Signature/Title: _____ Date: _____

APPENDIX J: EMERGENCY ACTION GUIDE – COMMUNITY CONNECTIONS

The purpose of this guide is to serve as a resource for employees and staff of Pikes Peak Respite Services to use in case of emergencies.

In all situations, the primary purpose and focus is to protect the persons and staff from injury and harm. To accomplish this goal, all employees and contractual providers are required to review the information and practice the procedures contained in this guide on a regular basis. The Chief Executive Officer of Pikes Peak Respite Services will coordinate all training with the procedures identified within this guide.

As with any guide, all possible situations and combination of situations cannot be identified and addressed. Common sense and reasonable judgement to apply the appropriate procedures from this guide to the situation with which encountered is each staff member's responsibility. This includes the notification to the Chief Executive Officer of all incidents.

Working as a team, with open communication, we can manage emergency situations effectively, providing for the safety and security of the persons and staff of Pikes Peak Respite Services.

SEVERE WEATHER

TORNADO

National Weather Service Radio, Community Notification Sirens, Personal Observation

Tornado Watch is issued

- Notify Chief Executive Officer
- Announce that severe weather is in the area and is being monitored
- Continue with normal activity

Tornado Warning is issued

- Notify Chief Executive Officer
- Take cover
 - On-site
 - In restrooms, all staff and persons should sit in a crouching position on the floor and cover head with hands.
 - If this is not physically possible for some persons, get them to sit as low as possible.
 - In vehicles
 - Pull over to the side of the road.
 - Proceed to the nearest designated shelter or take cover in a low area. **Do not stay within the agency vehicle.**
 - Lay on stomachs with hands covering head on the lowest spot available. Stay away from vehicles, trees or other structures.
 - While in community

- Follow all directions/procedures at facility/building you are in.
- When the *all clear* is announced, account for all persons and staff.
- Help everyone remain calm and await instructions.

After severe weather has passed:

- Inspect building and evaluate damage, if any.
- Continue normal operations.

OTHER HAZARDOUS WEATHER CONDITIONS

In Colorado, the weather can be quite unpredictable, thus, we may be out in the community when severe weather strikes. In these instances, all Pikes Peak Respite Services staff and persons will follow the instructions of the establishment.

If staff become concerned about the weather conditions in the area they are in, **CALL THE CHIEF EXECUTIVE OFFICER**. The Chief Executive Officer will instruct staff to remain where they are and follow the instructions of the establishment or return to the Pikes Peak Respite Services facility. If hazardous weather conditions present while outdoors, staff will relocate staff and persons to the nearest indoor public establishment (library, mall, store, police dept., fire station, etc.) and follow the procedures of the public establishment.

BUILDING CRISIS

FIRE OR STRUCTURAL COLLAPSE

- Call 911.
- Notify Chief Executive Officer.
- If Fire Alarm/Smoke Detector system has not activated, pull a manual alarm system.
- Implement Fire Evacuation Procedures.
 - On-Site:
 - Proceed to the nearest exit.
 - Take agency binder with you!
 - Move as far from the building as necessary to ensure safety.
 - Account for all staff and persons.
 - Notify Chief Executive Officer.
 - In the Community:
 - Follow all procedures for that facility/building.
 - Take agency binder with you.
 - Account for all staff and persons.
 - Notify Chief Executive Officer.

If the Chief Executive Officer and authorities agree it is safe to return to the building, return persons and staff to normal activities. The Chief Executive Officer will decide if persons should be taken home.

ARMED OR DANGEROUS INTRUDER / HOSTAGE / CIVIL DISTURBANCE

- Call 911.

- Notify Chief Executive Officer.
- Move persons and staff away from the immediate area to safe positions either inside/outside of the building.
- Place building in lockdown status AND follow Chief Executive Officer's instructions.

BOMB THREAT

- Be Calm, Be Courteous, Listen and Do Not Interrupt.
- Call Received: Click or tap to enter a date. Call Ended: Click or tap to enter a date.
- Person Receiving Call Click or tap here to enter text.
- Write Down Exact Wording of the Threat Click or tap here to enter text.
 - Questions to Ask:
 - When is the bomb going to explode?
 - Where is the bomb right now?
 - What kind of bomb is it?
 - What will cause it to explode?
 - Did you place the bomb?
 - Why was the bomb placed?
 - What is your name?
 - What is your address?
 - Where are you calling from?
 - What is your phone number?
 - Circle all that apply (Caller's Voice/Threat Language Background Noises/Location)
 - Calm, Excited, Angry, Slow, Rapid, Street, Noise, Voices, Music, House, Noise, Soft, Loud, Normal, Distinct, Slurred, Laughter, Crying, Motor, Office, Factory
 - Nasal, Stutter, Lisp, Deep, Breathing, Dishes, Animal, Noise, Static, Cell phone
 - Deep, Ragged, Cracking, Voice, Clearing Throat, Long Distance, Taped Clear
 - Disguised Foul Language, Well Spoken, Irrational, Incoherent Accent
 - Did the caller seem to be reading the message?
 - Was the voice familiar?
 - If so, whom did it sound like?
- Notify Pikes Peak Respite Services Chief Executive Officer immediately upon ending the phone call.
- Call 911 to report the threat. FOLLOW ALL INSTRUCTIONS GIVEN BY EMERGENCY PERSONNEL. DO NOT EVACUATE UNTIL INSTRUCTED TO DO SO.
 - If threat is valid, as determined by Chief Executive Officer/Emergency Personnel, implement Evacuation Procedures.
 - IF it is determined to be safe to return to the building, resume normal daily routines.

EVACUATION PROCEDURES

In the unlikely event an evacuation becomes necessary, all persons and staff will be evacuated to an emergency location.

- Calmly alert staff that everyone is to follow the Evacuation Procedure.
- In case of a fire, leave the facility using an exit away from the source of the fire.
- Take the Evacuation Bag when you exit if possible.
- Take vehicle keys if possible in case persons need to be transported.
- All Staff and Persons should be directed to meet at [Click or tap here to enter text..](#)
- If [Click or tap here to enter text.](#) is not available, we will meet at: [Click or tap here to enter text.](#)
- If we are unable to reenter the facility or it becomes necessary to evacuate from Pikes Peak Respite Services for an indefinite period of time, all staff and persons will meet at: [Click or tap here to enter text.](#)

Staff should:

- Immediately take attendance.
- Call 911. Follow all instructions given by emergency personnel.
- Call Chief Executive Officer.

IF it is determined to be safe to return to the building, resume normal daily routines.

MISSING PERSONS

Pikes Peak Respite Services, considers ALL persons to be missing if the person has had no contact with staff for more than 5 minutes and/or staff is not aware of the persons whereabouts.

- Look for the missing person. Check bathrooms, hallways, other rooms. Call the person's name calmly.
 - After 5 minutes, notify facility staff that there is a missing person and ask for assistance in locating the missing person. If the facility has a missing persons protocol, follow that protocol.
 - If at the Pikes Peak Respite Services facility, check bathrooms, kitchen area, any open areas or closets, and area immediately outside of the facility.
 - Check outside and up-and-down the block.
- If the missing person has not been located after 15 minutes, call 911. Provide the following information:
 - Missing person's name
 - Gender
 - Diagnosis (i.e., person with a disability)
 - Physical description
 - Description of clothing person is wearing
 - Any other information requested by emergency personnel
 - Notify the Chief Executive Officer (CEO). CEO will notify parents/caregivers
- Complete and turn in an Incident Report within 24 hours.

SERIOUS ACCIDENT/SUDDEN ILLNESS/HEART ATTACK

Pikes Peak Respite Services staff should **CALL FOR HELP AS SOON AS POSSIBLE (9-1-1)** when faced with an emergency situation in which a person in services becomes unconscious due to injury, heart attack, stroke, poisoning, unusual seizures, electrocution or other trauma/illness.

Pikes Peak Respite Services requires all staff to be trained in Basic First-Aid and Adult CPR before being left alone to assist persons in program or out in the community. Staff should follow citizen response techniques learned through their training, while always remembering to call **9-1-1** (Text to 911, if unable to call, and provide location and emergency information in message) as soon as possible. Basic First-Aid and CPR should be implemented as soon as possible. Staff who encounter any person with the following conditions, should call **9-1-1** (or Text to 911, if unable to call, and provide location and emergency information in message) immediately:

- Unconscious or becoming unconscious
- Not breathing or having trouble breathing
- Having chest pain or pressure
- Bleeding severely
- Vomiting or passing blood
- Having seizures, a severe headache or slurred speech
- Shows signs of poisoning
- Thought to have an injury to the head, neck or back
- Thought to have broken bones

When contacting **9-1-1**:

- Give the exact location of the group
- Provide the cell phone number
- Describe what happened
- Detail the condition of the individual(s)
- Explain what help is being given
- Do not hang up until the dispatcher hangs up

Checklist

- Call **9-1-1** (or Text to 911, if unable to call, and provide location and emergency information in message).
- Monitor the individual's ABC's (airway, breathing, circulation).
- Provide care for the individual until EMS arrives.
- Immediately open and maintain the person's airway. Check for breathing.
- If the person is breathing. Administer emergency oxygen as soon as it becomes available.
- If the person is not breathing. Immediately begin mouth-to-mouth breathing.
- Check and recheck the person's carotid pulse in the neck, for five to ten seconds.
- If the pulse is not present-immediately begin CPR.
- Stop all bleeding by applying direct pressure or other appropriate pressure methods. If available, use a clean cloth or bandage.
- Do not move the person, unless an actual hazard is present.

- Keep the person warm and comfortable.
- Loosen all tight clothing.
- Do not give anything by mouth.
- Elevate the persons legs slightly.
- Comfort and reassure the person.
- Accompany person to hospital and remain in contact with the Chief Executive Officer or designee
- Contact family member, care giver or provider.
- Complete an Incident Report within 24 hours.

SEIZURES

Seizures take the form of brief temporary changes in the normal function of the brains' electrical system. There is no pain associated with the seizure and usually no long-term-after-effects. It is important to know what to look for and what we are to do in the event a person experiences a seizure at program, out in the community or during transit. In most cases, persons with a known history of seizures will have an individual seizure protocol. Pikes Peak Respite Services staff should follow the person's individual seizure protocol when supporting or transporting persons with a known history of seizures. For all other situations involving seizures, Pikes Peak Respite Services staff should assess the situation, implement safety support using the guidelines that follow and call **9-1-1** when necessary.

Convulsive seizures (Grand Mal or Tonic-Clonic) usually last from 2-5 minutes. The person has muscle spasms and blacks out. Convulsion results from all of the muscles tensing at once, resulting in jerking, random movements, incoherent sounds, drooling, loss of bowel or bladder control, etc. Here is what to do & what not to do:

- Keep CALM! You cannot stop a seizure once it has started.
- If traveling, pull over to a safe location a wait until the seizure passes.
- DO NOT try to restrain the person, the seizure must run its course once it has begun.
- Ease the person into a comfortable position and loosen clothing around the neck area.
- If traveling, ease the person across a double seat and loosen clothing around the neck area and unfasten seat belts if possible.
- Try to prevent the person from striking his or her body or head against any sharp object by placing something soft (i.e. jacket or coat) under their head or between the object and body; do not interfere otherwise with their movements.
- If possible, tum their face to the side so that saliva can flow out of their mouth.
- DO NOT FORCE ANYTHING BETWEEN THE PERSON'S TEETH!
- Do not be frightened if the person having a seizure seems to stop breathing momentarily.
- Carefully observe seizure for later report.
- After the movements stop and the person is relaxed, they should be allowed to sleep or rest if they wish; sometimes for several minutes.

- ❑ The person may continue at program if no injuries have occurred and no other seizures begin. For injuries or all other situations **call 9-1-1**.
- ❑ Document the seizure in an Incident Report. Carefully note when you first observed the passenger in the seizure and when the convulsions ceased.
 - (Note: the sleep or groggy stage after the convulsions is not part of the seizure)

Non-convulsive seizures (Petti Mal or Absence) are less noticeable and usually last less than a minute, often only several seconds. The person may appear to be simply staring or daydreaming. Here is what to do:

- ❑ No first aid is necessary.
- ❑ Speak calmly and reassuringly to the person.
- ❑ Stay with the person until she/he is completely aware of the environment.
- ❑ Document the seizure in an Incident Report.

HEART ATTACK SYMPTOMS AND SUPPORT

Pikes Peak Respite Services requires all staff to be trained in Basic First-Aid and Adult CPR before being left alone to assist persons in program or out in the community. CPR training will include guidance on how staff can recognize the symptoms of a heart attack and how to respond. Staff should follow citizen response techniques learned through their training, while always remembering to call **9-1-1** (Text to 911, if unable to call, and provide location and emergency information in message) as soon as possible.

Staff should not wait to get help if a person in services experiences any of these heart attack warning signs. Some heart attacks are sudden and intense. But most start slowly, with mild pain or discomfort. Pay attention to the person's body and call 911 if the person experiences:

- Chest discomfort. Most heart attacks involve discomfort in the center of the chest that lasts more than a few minutes – or it may go away and then return. It can feel like uncomfortable pressure, squeezing, fullness or pain.
- Discomfort in other areas of the upper body. Symptoms can include pain or discomfort in one or both arms, the back, neck, jaw or stomach.
- Shortness of breath. This can occur with or without chest discomfort.
- Other signs. Other possible signs include breaking out in a cold sweat, nausea or lightheadedness.

Procedure

For a Conscious Person experiencing heart attack symptoms:

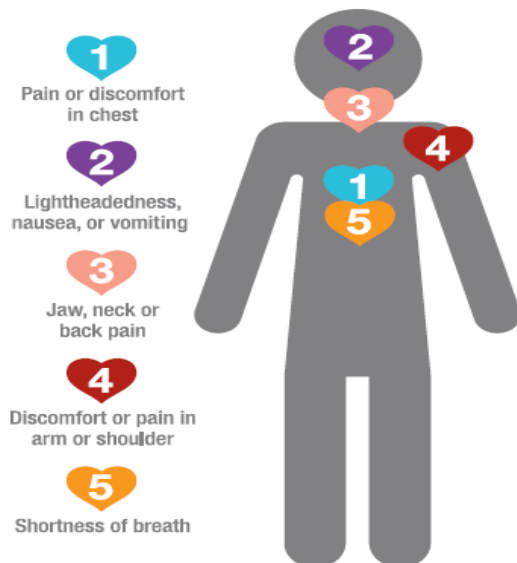
- ❑ Call 911
- ❑ Ease strain on heart. Make the person as comfortable as possible, in a half-sitting position, with the head and shoulders well supported and knees bent to ease strain on heart. Loosen clothing at the neck, chest, and waist.
- ❑ Monitor. Regularly check and make a note of consciousness, breathing, and pulse.

For an Unconscious Person experiencing heart attack symptoms:

- Call 911.
- Open airway. Check for breathing.
- Begin CPR.
- Use an AED (if available). Use an AED (automated external defibrillator), if possible and available. If out in the community, many public places now have AEDs. Attach the pads as indicated on the machine; the machine will then talk the operator through the process. An AED will ONLY deliver a shock if the person's condition indicates that it is necessary. If the person recovers, leave the pads attached until emergency medical personnel arrive.
- Comfort and reassure the person.
- Accompany person to hospital and remain in contact with the Chief Executive Officer or designee
- Contact family member, care giver or provider.
- Complete an Incident Report within 24 hours.



Common Heart Attack Warning Signs



Learn more at [Heart.org/HeartAttack](https://www.heart.org/HeartAttack).

Reference: [American Heart Association](https://www.heart.org)

STROKE SYMPTOMS AND SUPPORT

Pikes Peak Respite Services requires all staff to be trained in Basic First-Aid and Adult CPR before being left alone to assist persons in program or out in the community. CPR training will include guidance on how staff can recognize the symptoms of a stroke and how to respond. Staff should follow citizen response techniques learned through their training, while always remembering to call **9-1-1** (Text to 911, if unable to call, and provide location and emergency information in message) as soon as possible.

It's very important to identify a stroke quickly because the longer the brain is without oxygen, the higher the chance of permanent damage. Staff should remember **FAST**, F-A-S-T, to spring into action. **F stands for Face**. Is there anything abnormal about the patient's face? Is their smile drooping? Is their eyelid drooping? **A stands for Arms**. Ask the person to raise their arms and observe if one of the arms is drooping. **S stands for Speech**. Listen to the speech carefully. Are they slurring their words? Ask them to repeat a very simple phrase, the grass is green. If they cannot repeat that phrase, the higher chance of stroke. **And then T, if you see any of these things, Time is of the essence**. Call 911 right away.

Procedure

Use **FAST** to remember and recognize the following signs and symptoms of stroke:

- F: Face drooping**. Ask the person to smile and see if one side is drooping. One side of the face may also be numb, and the smile may appear uneven.
- A: Arm weakness**. Ask the person to raise both arms. Is there weakness or numbness on one side? One arm drifting downward is a sign of one-sided arm weakness.
- S: Speech difficulty**. People having a stroke may slur their speech or have trouble speaking at all. Speech may be incomprehensible. Ask the person to repeat a simple sentence and look for any speech abnormality.
- T: Time to call 9-1-1!** If a person shows any of the symptoms above, even if the symptoms went away, call 9-1-1 and get the person to a hospital immediately.

Hospitalization Due To Stroke Symptoms:

- Comfort and reassure person.
- Accompany person to hospital and remain in contact with the Chief Executive Officer or designee.
- Contact family member, care giver or provider.
- Complete an Incident Report within 24 hours.

Reference: [SecondsCount.org](https://www.secondscount.org)

CHOKING SYMPTOMS AND SUPPORT

Pikes Peak Respite Services requires all staff to be trained in Basic First-Aid and Adult CPR before being left alone to assist persons in program or out in the community. First-Aid training will include guidance on how staff can recognize the symptoms of choking and how to respond.

Staff should follow citizen response techniques learned through their training, while always remembering to call **9-1-1** (Text to 911, if unable to call, and provide location and emergency information in message) as soon as possible.

Choking is when someone is having a hard time breathing because food, a toy, or other object is blocking the throat or windpipe (airway). A choking person's airway may be blocked so that not enough oxygen reaches the lungs. Without oxygen, brain damage can occur within 6 minutes. Rapid first aid for choking can save a person's life.

Choking can be caused by any of the following:

- Food. Eating too fast, not chewing food well, or eating with dentures that do not fit well.
- Being unconscious and breathing in vomit.
- Swallowing an object.
- Swallowing problems.
- Enlarging tonsils or tumors of the neck and throat.
- Problems with the esophagus.

Symptoms:

- Inability to speak.
- Difficulty breathing.
- Noisy breathing or high-pitched sounds while inhaling.
- Weak, ineffective coughing.
- Bluish skin color.
- Loss of consciousness.

Procedure

Staff should ask the person, "Are you choking? Can you speak?" DO NOT perform first-aid if the person is coughing forcefully and is able to speak. A strong cough can dislodge the object. Encourage the person to keep coughing to dislodge the object. If the person cannot speak or is having a hard time breathing you can perform abdominal thrusts, back blows, or both.

Abdominal Thrusts:

- Stand behind the person and wrap your arms around the person's waist.
- Make a fist with one hand. Place the thumb side of your fist just above the person's navel, well below the breastbone.
- Grasp the fist tightly with your other hand.
- Make a quick, upward and inward thrust with your fist.
- Check if the object is dislodged.
- Continue these thrusts until the object is dislodged or the person loses consciousness.

Back Blows:

- Stand behind the person.

- Wrap one arm around to support the person's upper body. Lean the person forward until the chest is about parallel to the ground.
- Use the heel of your other hand to deliver a firm blow between the person's shoulder blades.
- Check if the object is dislodged.
- Continue back blows until the object is dislodged or the person loses consciousness.

Back Blows and Abdominal Thrusts:

- Give 5 back blows, as described above.
- If the object is not dislodged, give 5 abdominal thrusts.
- Keep performing the 5-and-5 until the object is dislodged or the person loses consciousness.

IF the Person Faints or Loses Consciousness:

- Lower the person to the floor.
- Call 9-1-1.
- Begin CPR. Chest compressions may help dislodge the object.
- If you see something blocking the airway and it is loose, try to remove it. If the object is lodged in the person's throat, DO NOT try to grasp it. This can push the object farther into the airway.

For a Large or Obese Person:

- Wrap your arms around the person's CHEST.
- Place your fist on the MIDDLE of the breastbone between the nipples.
- Make firm, backward thrusts.

After removing the object that caused the choking, keep the person still and get medical help. Anyone who is choking should have a medical examination. Complications can occur not only from the choking, but also from the first-aid measures that were taken.

DO NOT:

- DO NOT interfere if the person is coughing forcefully, is able to speak, or is able to breathe in and out adequately. But, be ready to act right away if the person's symptoms get worse.
- DO NOT force open the person's mouth to try to grasp and pull out the object if the person is conscious. Perform abdominal thrusts and/or back blows to try to expel the object.

DO:

- Call 9-1-1 right away if you find someone unconscious.

Hospitalization Due To Choking:

- Comfort and reassure person.
- Accompany person to hospital and remain in contact with the Chief Executive Officer or designee.

- Contact family member, care giver or provider.
- Complete an Incident Report within 24 hours.

Reference: [MedlinePlus.gov](https://www.medicare.gov)



PERSONAL EMERGENCY PLAN

INDIVIDUAL: _____

ADDRESS: _____

TELEPHONE

NUMBER(S): _____

POLICY

Pikes Peak Respite Services is committed to supporting persons with intellectual and/or developmental disabilities to live as independently as possible and assisting individuals to integrate within the community they live, work and socialize and this includes advocating for their health and safety needs. Pikes Peak Respite Services will provide persons receiving Non-Medical (Personal Care) Home Care Agency (HCA) services the opportunity and choice to: prepare, practice and implement emergency preparedness procedures important to ensure health and safety in the home. Pikes Peak Respite Services will utilize the following plan to educate persons about common emergency situations and assist persons, who choose, to develop their own emergency plan.

PROCEDURE

Pikes Peak Respite Staff will assist _____ to:

- Plan and prepare for emergency situations.
- Learn how to dial 9-1-1.
- Learn Early Warning / Information Systems.
- Develop Evacuation Plans.
- Develop Shelter-In-Place Plans.
- Develop an Emergency Contact Plan.
- Post emergency numbers near phone.
- Complete and post *Vial of Life*.
- Create *My Routine is Important to me...* profile.
- Establish and maintain First-Aid Kit.
- Establish and maintain *Home Kit*.
- Establish and maintain *Go Kit*.
- Acquire and maintain fire extinguishers, smoke detectors and carbon monoxide detectors.

Pikes Peak Respite Services Staff will:

- Provide _____ with education, exposure and experience with emergency mitigation, response and recovery procedures.
- Review and amend personal emergency plans regularly (minimum annually) and as changes demand.

**PERSONAL EMERGENCY PLAN
EVACUATION PLANS**

FOR _____

PURPOSE

Evacuation plans are important in the event I need to leave my home because of a fire or gas leak within my home. Evacuation beyond my home and out of my neighborhood may be necessary in the event of a hazardous material spill, power outage or if my home is damaged.

OUT OF MY HOME

When temporarily evacuating my home, I will:

- Plan my escape (draw a floor plan and mark exits).
- Determine a meeting spot outside my home.
- My meeting spot is: _____.
- Contact someone from my support network.

FIRE

When a fire impacts my home or a nearby home I will:

- Evacuate immediately.
 - o **CRAWL LOW UNDER SMOKE.**
 - o **DO NOT RUN.**
 - o **DO NOT OPEN HOT DOORS.**
 - o **DO NOT USE ELEVATORS.**
- Go to my meeting place.
- Call 9-1-1 by using my cell phone or a neighbors' phone.
- Contact someone from my support network.

OUT OF MY NEIGHBORHOOD

When evacuating my home for a longer period of time I will:

- Assemble my *Go Kit*.
- Determine a personal evacuation site outside of my neighborhood.
- My personal evacuation site is:
_____.
- Determine how I will get to my personal evacuation site.
- I will travel to my personal evacuation site by:
_____.
- Contact someone from my support network.

PERSONAL EMERGENCY PLAN SHELTER-IN-PLACE PLANS

FOR _____

PURPOSE

It is likely that some emergencies are best handled by staying in my home. Shelter-In-Place may be necessary in the event of a tornado, winter storm, power outage or hazardous material spill in the area. Before a tornado, winter storm, power outage or hazardous material spill impacts me or my home, I will:

- Have emergency supplies gathered (*Home Kit, Go Kit and First-Aid kit*).
- Learn the Early Warning/ Information Systems in my area.
- Obtain a NOAA Weather Radio or weather app to monitor severe weather.
- Learn the early warning terms for tornadoes and winter storms.
- Designate an interior room as my safe area.
- My safe area is: _____.
- Learn how to turn off my furnace, air conditioner or other ventilation systems.

TORNADO

When I learn about an approaching tornado or the threat of a tornado in the area, I will:

- Take cover in my designated interior room or safe area.
- Contact someone from my support network.

WINTER STORM

When I learn about an approaching winter storm and it is too dangerous to go outside my home, I will:

- Stay indoors and dress warmly.
- Contact someone from my support network.

POWER OUTAGE

When my electricity is cutoff because of a storm, utility accident or heavy use, I will:

- Close my doors and windows in the winter to stay warm.
- Open my windows in the summer to stay cool.
- Contact someone from my support network.

HAZARDOUS MATERIALS SPILL

When I receive information about staying indoors because of a chemical spill in my area, I will:

- Turn off ventilation systems in my home.
- Make sure all doors and windows are closed tightly.
- Take cover in my designated interior room or safe area.
- Contact someone from my support network.

**PERSONAL EMERGENCY PLAN
EMERGENCY CONTACT PLANS**

FOR _____

PURPOSE

Support is important for everyone, especially during an emergency. It is recommended that I have a support network of at least 3 people available to call in an emergency. These individuals will know me and how best to support me in an emergency. It is important for me to know how to call 9-1-1 and contact emergency and non-emergency personnel for support. Before an emergency impacts me or my home, I will:

- Decide who will be in my support network.
- Decide how I will contact people in my support network and how they will contact me.
- Ask my support network to contact me if there is an emergency I might not have heard of.
- Decide whether I will give my support network keys to my home.
- Decide whether to give my support network copies of important documents and my personal emergency plans.
- Consider establishing someone who lives at least 100 miles away, in addition to the 3 in my area, who I can ask to be in my support network.
- Consider giving my out-of-town contact person copies of my important papers such as Medicaid, Medicare, and Social Security papers.
- Keep my support network informed about my vacation plans.
- Keep a list of emergency and non-emergency numbers and post near my telephone.
- Review and revise my personal emergency plans regularly or if my situation changes.
- Practice my plan.

MEMBERS OF MY SUPPORT NETWORK

Name	Relationship	Phone Number(s)

OUT-OF-TOWN CONTACT

Name	Relationship	Phone Number(s)

**PERSONAL EMERGENCY PLAN
TELEPHONE NUMBERS**

FOR _____

EMERGENCY NUMBERS

Emergency (Police, Fire, Ambulance).....9-1-1
Rocky Mountain Poison Control.....1-800-222-1222
Other Emergency Numbers:

IMPORTANT NUMBERS

Colorado Springs Police719-444-7000
Manitou Springs Police719-685-5407
Colorado Springs Utilities.....719-448-4800
Colorado State Patrol.....719-635-0385
Pikes Peak Area Crime Stoppers.....719-634-7867
El Paso County Household Hazardous Waste Program.....719-520-7878
Other Important Numbers:

**PERSONAL EMERGENCY PLAN
EMERGENCY SUPPLY LIST**

FOR _____

HOME KIT

- A 3-day supply of non-perishable packaged or canned food (i.e., crackers, energy bars, powdered milk, canned fruit, peanut butter, etc.).
- Water (3 gallons or 1 gallon per day, per person).
- Water purification tablets.
- Manual can opener.
- Battery-powered or hand crank type radio.
- Spare batteries.
- Flashlight (consider hand cranked type).
- First-aid kit.
- Non-prescription drugs and other health supplies such as, pain relievers, stomach remedies, cough and cold medicines and vitamins.
- Soap.
- Hand Towels.
- Toilet Paper.
- Other _____.

GO KIT

- Change of clothes.
- Bottle of water.
- Snack bars.
- First-aid kit.
- Copies of important papers, including emergency contact numbers and support network contact numbers, current medical information, insurance papers, Social Security award letters, bank account numbers, birth certificate, lease agreement, etc.
- Prescription medication.
- Cash.
- Toiletries such as, toilet paper, tissues, paper towels, hand sanitizer, tooth brush, tooth paste, comb or brush, soap and trash bags.
- Playing cards or small games.
- Pen and notepad.
- Other _____.

My Routine is Important to Me...

Daily activities and time of day preferences for _____

My daily schedule is:

- I like to get up at _____ a.m.
- I usually like to _____ before eating breakfast.
- Some of the foods I prefer for breakfast are _____
- I take medication _____ times per day.
- These are some of my planned or preferred activities _____
- I like to eat lunch at _____ a.m. / p.m.
- I like to eat dinner at _____ p.m.
- Some of my favorite foods are _____
- I like to shower or bathe at _____ a.m. / p.m.
- I like to go to bed at _____ p.m.

I need assistance with my:

- Medications?
 - Yes
 - No
- Daily living skills?
 - Bathing
 - Cooking
 - Cleaning
 - Banking
 - Transportation
 - Telephone calls
 - Other _____
- Personal Hygiene?
 - Brushing my teeth
 - Combing my hair
 - Shaving
 - Toileting
 - Other _____

Other things important to me are: _____