



RESPITE PROVIDER POLICY & TRAINING MANUAL

Welcome to Family Touch! Thank you for your interest in providing respite care for our members. In order to provide each member with the best care possible, it is important you clearly understand your roles and responsibilities as a temporary team member and as a primary caregiver. Please read the following manual thoroughly, initial each section and sign the last page as an agreement of understanding. If you have any questions, please contact a Family Touch representative.

A. RESPITE PROVIDER REQUIREMENTS

(initial)

- Legible photocopies of the following must be current and on file with Family Touch:

1. Required Training & Certifications

- Article 9 Certification
- First Aid Certification
- CPR Certification
- Criminal History Self-Disclosure
- Respite Provider Policy & Training Manual

2. Required Information & Documentation

- Current telephone number
- Current email address
- Driver's License (front & back)
- Level 1 Fingerprint Clearance Card (front & back)
- Vehicle insurance & registration (if using a different vehicle to transport members)

(initial)

B. MEMBER ORIENTATION

(initial)

1. Member Client File/Binder

- Each member will have a client book containing all information required to care.
- Each member shall have the following information available:
 - a. Emergency Information & Medical History (Tab 1)
 - b. Daily Living & Safety Needs (Tab 2)
 - c. Individualized Service Plan (ISP) (Tab 3)
 - (1) Risks
 - (2) Rights & Safeguards
 - d. Habilitation Data Sheet (Tab 5)
 - e. Current List of Medication & Standing Orders (Tab 6)
 - f. Medical Monitoring Logs (medication, seizure, diabetes) (Tab 7)
 - g. Medical & Dental Office Visit Records (Tab 8)
 - h. Behavioral Treatment Plan (BTP) (Tab 9, if applicable)
 - (1) BTP Program details

- (2) BTP Data Sheet
- (3) ADH/CDH Provider will review BTP goals, target behaviors and tracking with respite provider.

i. Financial Allowance Ledger (Tab 14)

2. Household Orientation & Member Introductions

- Respite providers are encouraged to meet with the ADH/CDH Providers and their members prior to providing care.
- Important member information should be given regarding allergies (food, medicine & environmental), adaptive equipment, specialized care for conditions such as epilepsy, diabetes, dependent care, & behavioral issues.
- Important household information should be given such as location of medication storage, member files/client books, fire extinguishers, first aid kits, etc.

3. Respite Compensation

- All terms of respite compensation and reimbursement are strictly between the ADH/CDH Provider and the Respite Provider.
- Compensation earned from providing respite care is the sole responsibility of the Respite Provider, for income tax purposes.

C. GENERAL POLICIES OF RESPITE CARE

1. Member Safety & Supervision

_____ (initial)

- a. Respite Providers are responsible for providing 24-hour care to our members.
- b. Respite Providers must be aware of each member's specific care and supervision needs, limitations and allowances, as defined in their ISP.
- c. All identified risks, health & safeguards must be understood and given special consideration, as defined in their ISP.
- d. Members having unsupervised alone time in their residence and/or in the community may only be used if it is clearly designated in the member's ISP and all specified conditions, restrictions and safeguards are followed.
- e. Before a member leaves the ADH/CDH home, the Respite Provider will help encourage weather-appropriate dress and will help ensure necessary provisions are taken. (i.e. jacket, water, sunscreen, umbrella, cell phone, wallet, lunch, medication, etc.)
- f. Members requiring 24-hour supervision in their residence or in the community must never be left alone in the ADH/CDH home or out in the community, respectively.
- g. Respite providers may never invite any other individual (child or adult) into a Family Touch ADH/CDH home without the permission of the ADH/CDH Provider.
- h. Respite providers may never allow an animal into the ADH/CDH home under any circumstances.
- i. Respite Providers must help protect a member's privacy, personal information and medical records per HIPAA confidentiality laws.
 - (1) All information that identifies an individual is considered confidential.
 - (2) Personally identifying information may include a member's name, address, date of birth, phone number social security number, medical records, Family Touch client book files, etc.

- (3) Personal information may only be discussed with other people on a member's care team, such as medical professionals, the ADH/CDH Provider, Family Touch, DDD, Family and other active services (DTA, Work programs, etc.)
- j. Any act or suspicion of abuse and/or neglect must be reported to Family Touch immediately.
- k. Early or abrupt termination of a Respite Provider's commitment to care for our vulnerable members is strictly prohibited.
 - (1) Family Touch must be contacted immediately to arrange alternative care.
 - (2) Failure to secure appropriate respite relief may constitute negligent abuse.

2. Respite Provider Accessibility to Members

(initial)

- a. Respite Providers must be able to adapt and adjust their personal schedules in order to meet the needs of our members 24-hours a day. Situations may include:
 - (3) Members deciding to stay home from their regular routine;
 - (4) Receiving a call from work or DTAs requesting a member comes home;
 - (5) Failure of professional transportation companies;
 - (6) Sudden injury or illness requiring increased supervision and care; or
 - (7) Medical intervention (doctor's appointments, ER visits, etc.)
- b. Respite Providers able to leave the household must be accessible to our members by telephone at all times.

3. Meals & Hydration

(initial)

- a. Members must have unlimited access to safe drinking water at all times.
- b. Members must have access to food within their household at all times.
- c. Respite Providers are responsible for providing, preparing, arranging or, at the very least, offering members adequate meals daily.
- d. Members may not be restricted on portion sizes or frequently, unless otherwise stated in their ISP, BTP or ordered by a physician.
- e. Special attention must be given for any food allergies and dietary needs or restrictions.

4. Habilitation

(initial)

- a. Respite providers must help implement each member's habilitation goal(s), as specified in their ISPs, if applicable.
- b. Goal progress, refusal or partial completing must be recorded on the monthly data sheet and/or reported to the ADH/CDH Provider.

5. Toxic Substances

(initial)

- a. All toxic substances are to be stored in locked containers/area at all times.
- b. Toxic storages may be kept unlocked only if **all** members in the household have access to toxic substances designated in **all** of their individual ISPs.
- c. All keys to toxic substance storage areas must be kept in a safe place.

6. Medication Policy

a. Medication Location & Accessibility

(initial)

- (1) All household medications are to be stored in locked containers/areas at all times.
 - (a) Medication storages may be kept unlocked only if **all** members in the household have access to medication designated in **all** of their individual ISPs.
- (2) All refrigerated medications must be stored in a locked box.
- (3) All keys to medication boxes and storage areas must be kept in a safe place.

b. Medication Supervision

(initial)

- (1) Never leave an unlocked medication or storage area unsupervised.
- (2) Never leave a member unsupervised while administering medication.
- (3) Only prepare and focus on one member's medication administration at a time.
- (4) Respite Providers are responsible for remembering and prompting each medication.
- (5) Even self-medicating members should be witnessed taking medications by respite provider for med log tracking.

c. Medication Window:

(initial)

- (1) Unless otherwise specified by a physician or medication label, the acceptable time frame within which a medication can be taken is as follows:
 - (a) One hour before the scheduled medication due; and
 - (b) One hour after the scheduled medication is due
- (2) Any administration or refusal outside of a medication window would be considered a medication error.
 - (a) No medication may be given outside of a medication window without consulting a physician or pharmacist for permission & direction. (see medication error below).
 - (b) Family Touch & parents/guardians must be notified immediately of any medication errors that may directly impact a member's health.
 - (c) Medical professionals need to be consulted for advice and direction to remedy all medication error situations – especially how to proceed with future administration.
 - (d) Medication error incident reports must be submitted within 24-hours.

d. Medication Administration

(initial)

- (1) All medication bottles & containers must have correct, legible medication labels.
- (2) Medication can only be administered at the times and amounts specified on each medication label.

- (a) Any changes to times/amounts on labels can only be followed with the permission of a physician.
- (3) All professionally pre-packaged medication doses, such as blister packs, sheets or packages, must be visually inspected for accuracy before administration.
 - (a) All inaccuracies must be reported and to the pharmacy immediately for correction.
- (4) Daily or weekly pill case/minders must be visually inspected for accuracy before each dose of medication is administered.
- (5) If you are unsure about a medication or any part of administration, stop and seek the assistance of the physician, pharmacist or Family Touch.
- (6) Never administer medication that has been contaminated.
 - (a) Contamination results when a medication has come in contact with an unclean surface or another medication and has become potentially unsafe for consumption.
 - (b) Never directly touch a member's medication without wearing gloves.
- (7) Member receiving medication should be either standing or in an upright position to avoid choking and should be provided water, if needed.

e. Medication Standing Orders & Over-the-Counter (OTC) Medications

(initial)

- (1) All medications, whether prescription or OTC must be approved by a medical professional before being administered.
 - (a) All care providers and parents must follow this policy while the member resides in a licensed ADH/CDH home.
 - (b) This policy does not apply when members are visiting or staying with their parents or guardians or any other unlicensed setting.
- (2) Standing orders is a medical form signed by a Physician that serves to give care providers permission and guidance to administer general OTC medications to members on an as needed basis.
 - (a) Standing orders forms are only valid for one (1) year.
- (3) When administering OTC medications, Respite Providers must follow label instructions, unless otherwise specified by a physician.
- (4) When administering multiple OTC medications, careful attention must be given to active ingredients for potential overdose or adverse reactions.

f. Medication Charting

(initial)

- (1) All medication taken, whether prescribed or over-the-counter (OTC) must be written on a medication chart.
- (2) Medication charts must have the signature of every person administering medication to a member monthly. Initials are used to indicate what dose of medication was administered and when.
 - (a) Members may sign and initial their own medication chart if agreeable and capable.

g. Medication Transporting & Transferring

(initial)

- (1) Respite providers are responsible for directing & supervising all medication transfers.
- (2) Medications being transported must be responsibly secured for travel and must not be readily accessible to any member, unless otherwise specified in ISP.
- (3) Medication being transported must be in the original medication bottles.
 - (a) Pill containers/minders may be used if a medication summary is provided clearly identifying the member's name, medication, dosage and instructions.
- (4) Medication being transferred must be hand-delivered to the receiving responsible party (i.e. parents, DTA, Work Program, Vehicle drivers, etc.). Medication must physically be transferred from **hand to hand**.
- (5) No new medications may be accepted into an ADH/CDH home without prior permission from a physician for administration.

h. Medication Errors

(initial)

- (1) Medication errors exist when any of the following situations occur:
 - (a) Medication is taken or not take outside the designated medication window;
 - (b) Medication given to the wrong person;
 - (c) Medication given at the wrong time, in the wrong amount or in the wrong route;
 - (d) Medication is contaminated;
 - (e) Medication is lost/stolen/absent;
 - (f) Medication refusal
 - (g) Medication spitting or vomiting
 - (h) Pharmacy error
- (2) Family Touch & parents/guardians must be notified immediately of any medication errors that may directly impact a member's health.
- (3) Medical professionals need to be consulted for advice and direction to remedy all medication error situations – especially how to proceed with future administration.
- (4) Medication error incident reports must be submitted within 24-hours.

i. Medication Allergy, Side Effects or Adverse Reaction

(initial)

(1) Mild allergic reactions may have one or more of the following symptoms:

- skin rash
- itchy skin or eyes
- joint aches or swelling
- hives
- fever
- nausea

(2) Mild reaction safety procedures:

- (a) Seek immediate medical advice from the member's doctor/nurse or pharmacist.
 - (i.) If afterhours, call a local ER and ask to speak with a nurse.
 - (ii.) Specifically ask if immediate medical treatment is necessary or if a medication consultation needs to be scheduled.

(iii.) Write down and follow all verbal advice given

(b) Follow the serious incident reporting protocol list listed below.

(c) Closely monitor the member until symptoms subside.

(d) If the conditions or symptoms worsen, seek emergency medical care.

(3) Moderate to severe reactions may have one or more of the following symptoms:

- difficulty breathing
- swelling of lips, mouth, eyelids
- abdominal pain
- nausea, vomiting, diarrhea
- confusion
- dizziness or lightheadedness

(a) Anaphylaxis: A sudden, severe allergic reaction that can result in death if not treated immediately.

(4) Moderate to severe allergic reaction safety procedures:

(a) Call 911 immediately if the member is having difficulty breathing or if there is a sudden, drastic change in their well-being.

(b) For all other symptoms, seek immediate medical advice by calling the member's doctor/nurse or by visiting an emergency room.

(i.) Specifically ask if immediate medical treatment necessary or if a medication consultation needs to be scheduled.

(ii.) Follow all advice and orders given.

(5) Follow the serious incident reporting protocol list listed

(6) Closely monitor the member until symptoms subside

j. Medication Reporting Requirements

(initial)

(1) Any changes in medication or administration must be reported to Family Touch and the member's DDD Support Coordinator within 24-hours.

(2) Parents and guardians must be notified as soon as reasonably possible.

k. TRANSPORTATION

(initial)

a. Respite Providers are responsible for arranging and/or providing all transportation.

b. Members shall not be transported using means they are not familiar to (i.e bus)

c. When transporting a member out in the community, Respite Providers must help members designate pick-up and drop-off times and locations.

d. Respite Providers shall never leave a member waiting in the community for more than 20 minutes after the agreed time.

e. Respite Providers shall never drink alcohol or use any medication or drugs that cause mental or physical impairment while providing care or transporting a member.

f. Respite Providers may never arrange transportation for a member from other individuals without prior approval by Family Touch.

g. For members relying on professional transportation services (Dial-a-Ride, Uber, bus, etc.), the respite provider will have the ultimate responsibility to make sure they arrive home safely.

- h. Any member involved in a vehicle collision, however minor, must be taken in for immediate medical attention for an assessment.
- i. Any vehicle accident or traffic violation by the Respite Provider must be reported to Family Touch immediately.

D. INCIDENT REPORTING PROTOCOL

(initial)

- An incident is any occurrence, situation, event or deviation from the ISP that may directly or indirectly harm, endanger, disrupt or threaten a member's well-being. If an incident occurs with a member an incident report must be submitted to Family Touch on their behalf.
- Serious incidents include, but are not limited to, death, urgent care/emergency room visits, vehicle accidents, missing persons, severe injury, any 911 calls or police, CPS, APS involvement, suicide attempts (not threats), sexual & physical abuse.

1. Minor Incidents Procedure

- a. Call Parent/guardian as soon as reasonably possible.
- b. Call Family Touch during normal business hours or first thing in the morning.
- c. Notify DDD Support Coordinator during normal business hours or first thing in the morning.
- d. Submit an Incident Report to Family Touch within 24-hours.

2. Serious Incident Reporting Procedure:

- a. Seek appropriate emergency help, if needed, and try to stabilize the situation.
- b. Call Parent/guardian(s) immediately.
- c. Call Family Touch Licensing agent during normal business hours or Family Touch after-hours line immediately.
- d. Notify DDD Support Coordinator immediately during normal business hours; or Call After-hours DDD Incident Reporting line immediately **(602) 375-1403**
- e. Submit an Incident Report to Family Touch within 24-hours.

3. Afterhours Support

- a. Call the Family Touch After Hours Emergency Line at **(602) 885-7480** to report all serious incidents immediately. Continue calling until you reach her.
- b. Never hesitate to utilize emergency and medical resources.

4. Specific Incident Procedures & Information

a. Missing or lost members

- (1) A member is considered missing when they leave without planned alone time or when a member with alone time is missing for a longer timeframe than the ISP provides.
- (2) Respite provider procedure and responsibilities for missing members:
 - (a) Call the member, if applicable, and conduct an immediate search of the area for 15 minutes.

- (b) After 15 minutes call Family Touch for assistance.
- (c) If member is not found within 30 minutes, law enforcement must be called and a missing person report must be filed. Parents/guardians must be notified.
- (d) Contact local hospitals, shelters, jails and bus stations.
- (e) If the member is not located within one hour, Respite Provider must notify the DDD Support Coordinator during regular business hours or by calling the DDD afterhours reporting system on evenings and weekends. If the Support Coordinator cannot be reached during normal business hours then also call the DDD afterhours reporting system.
- (f) The provider will submit an incident report within 24-hours and include the age of member, a general description, time and location of disappearance, all efforts to locate a member, description of a member’s vulnerability, medical or specials needs, precursors to the disappearance, time police and parents/guardians were notified.
- (g) When a member is found, Family Touch and parents/guardians must be called immediately; DDD must be notified within 24-hours.

b. Behavioral / Suicide Resources

1. Behavioral Health Resources

- (a) TERROS – (602) 222-9444 (say you need a DDD crisis team)

2. Member Crisis – Those who are in imminent danger to themselves or others

- (a) Urgent Psychiatric Care (UPC) – (602)416-7600
1201 S. 7th Ave, Phoenix AZ 85007
 - Members must voluntarily agree or a Mental Healthcare Power of Attorney must exist in order to be admitted. Otherwise, a petition must be filed.
- (b) Banner Thunderbird Hospital Psychiatric Hospital Unit - (602)865-5555
5555 W. Thunderbird Rd, Glendale AZ

Respite Provider Name (printed) Respite Provider Signature Date

Phone Number _____

Email _____

Sarah Sielski (602) 710-0644
Licensing Agent
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