

# **LOVES2HELP**

## **POLICY AND PROCEDURE MANUAL**



# MISSION STATEMENT

To empower individuals and communities through dedicated service, Loves2Help is committed to providing meaningful support and resources, fostering positive change, and creating a lasting impact on the lives of those in need.

# VISION STATEMENT

Striving for a world where every person has the opportunity to thrive, Loves2Help envisions a future where compassion, collaboration, and empowerment drive positive transformations, leading to stronger, more resilient communities.

# CORE VALUES

- A. Compassion: We approach our work with empathy and kindness, recognizing the unique needs and circumstances of every individual.
- B. Integrity: We uphold the highest ethical standards, fostering trust and transparency in all our interactions.
- C. Collaboration: We believe in the power of working together, valuing diverse perspectives and partnerships to achieve greater impact.
- D. Empowerment: We are dedicated to empowering individuals and communities, fostering self-reliance, and creating sustainable positive change.
- E. Innovation: We embrace creativity and innovation, continuously seeking new and effective ways to address challenges and improve our impact.
- F. Accountability: We take responsibility for our actions and outcomes, ensuring that we deliver on our commitments to those we serve and our stakeholders.

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# ADMINISTRATION

## DELEGATION OF MANAGEMENT AUTHORITY

Loves2Help Governing Body recognizes the importance of establishing a clear chain of command to efficiently manage and govern the facility. This policy outlines the delegation of management authority within the organization, ensuring effective leadership and accountability at all levels.

### Policy Implementation

- A. Governing Body
  - The Governing Body is the highest authority within the organization and retains ultimate responsibility for governance.
  - The Governing Body has the authority to delegate specific responsibilities and functions to ensure efficient management and governance of the facility.
- B. Chief Executive Officer (CEO) or Administrator
  - The CEO or Administrator is the highest-ranking executive officer and reports directly to the Governing Body.
  - The CEO or Administrator is responsible for the overall administration and management of Loves2Help, ensuring that policies and decisions are carried out effectively.
  - The CEO or Administrator may delegate specific responsibilities to department heads or other members of the management team as necessary for the day-to-day operation of Loves2Help.
- C. Department Heads and Management Team
  - Department heads and members of the management team report to the CEO or Administrator.
  - Each department head and manager is responsible for the efficient operation of their respective departments and for implementing policies and procedures.
  - The management team will collaborate, as needed, to ensure the overall success of the organization and may further delegate responsibilities within their respective departments as appropriate.
- D. Staff and Employees
  - Staff and employees are responsible for carrying out their duties and responsibilities in accordance with established policies and procedures.

- Staff and employees should report any issues or concerns to their immediate supervisor, who will, in turn, address them through the established chain of command.

All personnel within the organization are responsible for adhering to this delegation of management authority policy. Failure to follow the established chain of command may result in appropriate corrective action, as outlined in relevant policies and procedures.

# ADMISSION CRITERIA

Loves2Help Governing Body is committed to providing high-quality home care services while ensuring that individuals seeking admission meet specific admission criteria.

## Admission Criteria

### A. Eligibility for Admission:

Admission to Loves2Help is open to individuals who meet the following eligibility criteria:

- Adults aged 18 and above.
- All individuals must meet any additional eligibility criteria required by relevant state and federal laws and regulations, including but not limited to:
  - Proof of residency or legal status in the service area.
  - Documentation of insurance coverage or ability to access funding for services.
  - Compliance with facility policies and procedures, including safety and behavioral expectations.
  - Completion of a comprehensive assessment to determine treatment and support needs.

Exceptions to the eligibility criteria may be considered on a case-by-case basis with approval from the Admissions Committee.

### B. Referral Process

- Individuals may be referred to Loves2Help by medical professionals, social workers, family members, or other relevant sources.
- Referrals should be made in accordance with established referral procedures.

### C. Assessment and Evaluation

- All individuals referred for admission will undergo a comprehensive assessment and evaluation to determine their suitability for admission.
- The assessment will be conducted by qualified mental health professionals in accordance with established protocols.



# ADMISSION ASSESSMENTS

Loves2Help acknowledges the importance of thorough admission assessments to determine an individual's suitability for admission and appropriate level of care. This policy outlines the procedures for conducting admission assessments, identifies responsible personnel, and establishes time frames for completion.

## Admission Assessments

### A. Assessment Personnel

- Qualified health professionals, designated by Loves2Help, shall conduct admission assessments.
- Assessment personnel may include, but are not limited to, licensed physicians, registered nurses, social workers, psychologists, and other qualified mental health professionals.

### B. Time Frames for Completion

- All individuals referred for admission shall undergo a comprehensive admission assessment within 24 to 48 hours of referral receipt or as soon as clinically appropriate.
- Urgent cases or individuals requiring immediate intervention shall be assessed within 6 to 12 hours of referral receipt.

### C. Assessment Process

- The admission assessment shall encompass a thorough evaluation of the individual's physical, mental, emotional, and social well-being.
- The assessment process shall include, but is not limited to:
  - Medical history and physical examination
  - Psychiatric evaluation
  - Substance abuse assessment
  - Risk assessment (e.g., suicidal ideation, self-harm, harm to others)
  - Social assessment (e.g., support system, living situation)
  - Legal status and any court-ordered evaluations

Assessment tools and protocols shall be established to guide the assessment process, ensuring consistency and accuracy.

## **SERVICE DESCRIPTION REQUIREMENTS**

In accordance with our commitment to align our services with our mission and ensure transparency, Loves2Help follows the following service description requirements.

### **Structured Program of Care**

Our facility offers a structured program of care to meet the physical and emotional needs of the individuals we serve. This program includes protection, guidance, and supervision, all while striving to fulfill the objectives outlined in each individual's required service plan.

### **Service Goals and Descriptions**

A. Our service description includes:

Our service description reflects our commitment to meeting the unique needs of adults with developmental disabilities and outlines the range of services we provide at Loves2Help. These requirements are essential for ensuring that we maintain high standards of care and support for our patients.

- Individualized Care Plans: We create individualized care plans for each patient, which are developed in collaboration with the individual, their family, and any relevant professionals. These plans outline specific goals, support needs, and strategies for achieving independence and well-being.
- Skilled and Compassionate Staff: Our staff members are carefully selected and trained to provide the highest quality of care. They receive ongoing training in areas such as person-centered care, behavioral support, and communication techniques to effectively meet the needs of our patients.
- 24/7 Support: We offer around-the-clock support to address the needs of our patients, providing assistance and care whenever required. Our team is available to respond to emergencies and offer guidance at any time.
- Social and Recreational Activities: We organize a variety of social and recreational activities tailored to the interests and abilities of our

patients. These activities promote social interaction, personal growth, and a sense of community.

- Health and Medical Care: We ensure that patients have access to necessary healthcare services, including regular medical check-ups, medication management, and assistance with daily living activities when needed.
- Inclusion and Community Engagement: We actively encourage and support our patients' participation in community activities and engagement with their peers, ensuring they have opportunities to build friendships and connections outside our home.
- Advocacy and Empowerment: We advocate for the rights and empowerment of our patients, helping them exercise their rights and make informed decisions about their lives. We provide a platform for them to voice their needs and preferences.
- Family Involvement: We recognize the importance of involving families in the care and support of our patients. We maintain open communication and collaboration with families to ensure the best possible outcomes.
- Continuous Improvement: We are committed to continuous improvement in our services, regularly reviewing and adapting our practices to meet the evolving needs of our patients and to provide the highest quality of care.

## B. Revision of Service Description

We commit to revising our service description whenever changes occur, ensuring that the documentation remains current and reflective of the services we provide.

## C. Consistency in Implementation

Our agency diligently ensures that the services we implement remain consistent with our most current service description, preventing deviations that might compromise the well-being of the individuals we serve.

## **MONITORING AND EVALUATING QUALITY**

At Loves2Help, our paramount commitment is to provide high-quality care and services to the individuals we serve. We recognize the importance of continuous improvement to ensure the well-being and satisfaction of our patients. To achieve this, we have established a comprehensive quality improvement program that is systematically and continuously implemented.

We pledge to:

- Develop and implement written policies and procedures for our quality improvement program, ensuring a systematic and ongoing evaluation of clinical and service quality and effectiveness.
- Utilize standard quality improvement tools, including root cause analysis, to comprehensively understand and address quality-related issues.
- Maintain a dynamic quality improvement plan that is annually reviewed and updated to reflect changes in best practices and regulatory requirements.
- Define measurable goals and objectives in our quality improvement plan to drive result-oriented efforts.
- Incorporate and report on statewide performance measures as required by DDD to benchmark our performance against recognized standards.
- Continuously monitor the implementation and effectiveness of approved corrective action plans to prevent the recurrence of cited violations and address systemic deficiencies.
- Ongoing evaluation of progress toward meeting established goals and objectives, adapting our strategies as needed to achieve our quality improvement goals.
- Establish clear criteria for goal establishment and quality improvement plan updates, ensuring that our quality improvement efforts are well-defined and executed with precision.
- Actively seek input from individuals receiving services and their authorized representatives to shape our quality improvement efforts and drive improvements where necessary.

### **Quality Improvement Program Development:**

At Loves2Help, we are committed to delivering high-quality care and services. To achieve this, we have developed and implemented written policies and procedures for a robust quality improvement program. Our quality improvement program is designed to systematically and continuously identify, monitor, and evaluate the clinical and service quality and effectiveness.

## **Utilizing Standard Quality Improvement Tools:**

Our quality improvement program utilizes standard quality improvement tools, including root cause analysis, to delve into the root causes of issues and to ensure a comprehensive understanding of quality-related matters. Our program also includes a quality improvement plan.

## **The Quality Improvement Plan:**

Our quality improvement plan is a dynamic framework that guides our continuous efforts to enhance the quality of care and services. It adheres to the following principles:

- **Annual Review and Update:** We review and update our quality improvement plan at least annually to reflect changes in best practices and regulatory requirements.
- **Measurable Goals and Objectives:** The plan defines measurable goals and objectives to ensure that quality improvement efforts are clear, quantifiable, and result-oriented.
- **Statewide Performance Measures:** We incorporate and report on statewide performance measures by ensuring alignment with recognized benchmarks.
- **Monitoring and Corrective Action:** Our quality improvement plan actively monitors the implementation and effectiveness of approved corrective action plans, as needed. This includes addressing any deficiencies and ensuring that corrective actions prevent the recurrence of cited violations or systemic deficiencies.
- **Ongoing Progress Evaluation:** We continuously monitor and evaluate progress toward meeting established goals and objectives, adapting our strategies as needed to achieve our quality improvement goals.

### **Criteria for Goal Establishment and Plan Updates:**

Our policies and procedures include clear criteria for the following aspects:

- Establishing Measurable Goals and Objectives: We have defined criteria to establish measurable goals and objectives, ensuring they are specific, achievable, relevant, and time-bound (SMART).
- Updating the Quality Improvement Plan: We outline criteria for updating the quality improvement plan, specifying the conditions and timelines for plan revisions.
- Corrective Action Plan Submission: We establish the criteria for submitting revised corrective action plans to the department for approval or for implementing additional measures when needed to prevent the recurrence of cited violations and address systemic deficiencies.

### **Input from Individuals Receiving Services:**

We actively seek input from individuals receiving services and their authorized representatives, when applicable, about the services used and their level of satisfaction with their participation in the direction of service planning. This feedback is an integral part of our quality improvement plan, guiding our efforts to implement improvements when indicated. We value the voices of those we serve and actively incorporate their insights into our quality improvement efforts.

At Loves2Help, our commitment to quality improvement is steadfast. We believe that continuous monitoring and evaluation are vital for delivering the best possible care and services to the individuals we serve. Our quality improvement program is an integral part of our commitment to excellence in care and service provision.

## ASSESSMENT POLICY

At Loves2Help, we recognize the paramount importance of conducting thorough and accurate assessments to understand the unique needs of the individuals under our care. Our Assessment Policy ensures that assessments are conducted with care, expertise, and consistency, allowing us to provide person-centered and effective services. We designate qualified employees or contractors to perform assessments, guaranteeing that they have the necessary experience in assessment tools and a deep understanding of the assessment process.

1. **Designation of Qualified Personnel:** We designate specific employees or contractors who are responsible for conducting assessments. These individuals are chosen based on their qualifications, including experience in conducting assessments and familiarity with the assessment tools used.
2. **Qualifications for Personnel:**
  - Personnel designated for assessments are required to meet the following qualifications:
    - **Experience in Conducting Assessments:** Individuals responsible for assessments should have a proven track record of conducting assessments effectively.
    - **Familiarity with Assessment Tools:** They must be well-versed in the assessment tools employed by our organization and possess a deep understanding of the assessment process.
3. **Comprehensive Assessments:** Assessments are conducted in a comprehensive manner, encompassing all aspects of an individual's needs, including physical, emotional, developmental, and behavioral aspects.
4. **Person-Centered Approach:** Assessments are person-centered, recognizing the unique characteristics and preferences of each individual. This ensures that services and support are tailored to the specific needs and goals of the individual.
5. **Documentation of Assessments:** The results of assessments are meticulously documented, including the date of assessment, the names of individuals involved, and a summary of the assessment findings.
6. **Review and Validation:** The assessment findings are reviewed for accuracy and completeness. If needed, additional validation steps are taken to ensure the quality and integrity of the assessment.
7. **Confidentiality:** All assessment information is treated with the utmost confidentiality and is accessible only to individuals directly involved in the care and support of the individual being assessed.
8. **Regular Training and Development:** Employees or contractors designated for assessments are encouraged to undergo regular training and professional development to stay current with best practices and the latest assessment tools.

9. Feedback and Improvement: We actively seek feedback from individuals receiving services and their support network to enhance the assessment process and ensure it aligns with their evolving needs.
10. Compliance: We ensure that our assessment practices are in compliance with relevant regulations, ensuring the highest standards of care and accountability.

Loves2Help is committed to conducting assessments that are accurate, comprehensive, and person-centered. We believe that assessments are fundamental to understanding and addressing the unique needs of the individuals we serve. Our designation of qualified personnel, their experience, and the adherence to best practices ensure that our assessment process is of the highest quality.



## **INDIVIDUALIZED SERVICES PLAN (ISP)**

At Loves2Help, we are committed to delivering person-centered services that respect the rights and choices of the individuals we serve. Our Individualized Services Plan (ISP) Policy ensures active involvement of the individual and, where applicable, their authorized representative in the development, review, and revision of a person-centered ISP. We adhere to all relevant laws protecting confidentiality, privacy, human rights, and the rights of minors in this process. Our goal is to create ISPs that reflect the unique needs and preferences of each individual and ensure their well-being and satisfaction.

### **Active Involvement:**

We actively involve the individual and their authorized representative, as applicable, in the development, review, and revision of the ISP. This involvement ensures that the ISP truly represents the individual's unique needs, preferences, and goals.

### **Initial ISP:**

For developmental services, we develop and implement an initial person-centered ISP within the first 30 days. This ISP addresses immediate service, health, and safety needs and continues in effect until a comprehensive ISP is developed or the individual is discharged, whichever comes first.

### **Comprehensive ISP:**

We implement a person-centered comprehensive ISP as soon as possible after admission, based on the nature and scope of services but no later than 60 days.

**Informed Choice and Participation:**

The development of the initial ISP and comprehensive ISP is based on the respective assessment and actively involves the individual's participation and informed choice.

**Explanation of Services:**

To ensure the individual's participation and informed choice, we explain in a reasonable and comprehensible manner:

- The proposed services to be delivered.
- Any alternative services that might be advantageous for the individual.
- Any accompanying risks or benefits of the proposed and alternative services.

**Documenting the Unavailability of Alternative Services:**

If no alternative services are available to the individual, we clearly document within the ISP, or within documentation attached to the ISP, that alternative services were not available. We also record any steps taken to identify if alternative services were available.

**Changes to ISP:**

Whenever there is a change to an individual's ISP, we ensure that it is clearly documented within the ISP or within documentation attached to the ISP that:

- The individual participated in the development or revision of the ISP.
- The proposed and alternative services and their respective risks and benefits were explained to the individual or their authorized representative.
- The reasons the individual or their authorized representative chose the option included in the ISP.

Loves2Help is dedicated to developing and implementing ISP that are truly person-centered and aligned with the needs and choices of the individuals we serve. We believe in the principles of informed choice and active participation, which are

essential to delivering services that promote well-being and satisfaction. Our policy is rooted in the respect for the rights and individuality of each person in our care.

## ORIENTATION

At Loves2Help, we are committed to providing individuals under our care with a comprehensive and detailed orientation that equips them with the knowledge and information they need to navigate our services effectively. Our Orientation Policy ensures that all individuals, including those in correctional facilities where applicable, are well-informed about our mission, their rights, privacy, security, and essential procedures. We believe that an informed and educated individual is better positioned to actively participate in their care and make informed choices.

- Mission of the agency: We introduce individuals to the mission of our organization, explaining our core values, goals, and commitment to their well-being.
- Confidentiality Practices: Individuals are provided with a clear understanding of our confidentiality practices, emphasizing the importance of protecting their personal information and privacy.
- Human Rights and Reporting Violations: We educate individuals about their human rights and ensure they know how to report any violations or concerns. Reporting mechanisms are clearly explained.
- Participation in Treatment and Discharge Planning: Individuals are informed about their active role in treatment and discharge planning. We emphasize their right to participate in decisions about their care.
- Fire Safety and Emergency Preparedness: We conduct a comprehensive explanation of our fire safety and emergency preparedness procedures to ensure the safety and well-being of individuals.
- Grievance Procedure: Individuals are provided with a detailed understanding of our grievance procedure, including the steps to follow when they have concerns or complaints.
- Service Guidelines: We explain service guidelines, including criteria for admission, discharge, or transfer from our services. This ensures individuals are aware of the standards they can expect.
- Hours and Days of Operation: Individuals are informed of our operational hours and days to help them plan their activities and access services as needed.
- Availability of After-Hours Service: We clarify the availability of after-hours services and provide guidance on how individuals can access these services when necessary.
- Charges or Fees: Any charges or fees due from the individual are communicated clearly, ensuring transparency and understanding in financial matters.

- Documenting Orientation: We maintain detailed records to document that orientation has been provided to individuals and, if applicable, their legal guardian/authorized representative. Individuals and their representatives are invited to sign these records as evidence of their receipt of the orientation.

Loves2Help is dedicated to ensuring that individuals have access to comprehensive, detailed, and easily understandable orientation materials. We believe that a well-informed individual is better equipped to make decisions about their care, exercise their rights, and navigate our services with confidence. Our commitment to providing thorough orientation reflects our mission to prioritize the well-being and satisfaction of those we serve.

## TRANSITION OF INDIVIDUALS AMONG SERVICES

At Loves2Help, we understand that transitions among services are significant events in the lives of the individuals we serve. Our Transition of Individuals Among Services Policy ensures that such transitions are carried out with the utmost care, considering the continuity of services, the active participation of the individual or their authorized representative, and the secure transfer of essential information and records. Our goal is to facilitate smooth and seamless transitions that prioritize the well-being and satisfaction of the individuals in our care.

- **Continuity of Service:** We are committed to maintaining continuity of service for individuals during and following transitions. This includes ensuring that there is no disruption in the delivery of essential services and support.
- **Participation of the Individual:** The decision to move and the planning for transfer are made in consultation with the individual or their authorized representative, where applicable. We actively involve them in this decision-making process to ensure their preferences and needs are considered.
- **Transfer of Access to Records and ISP:** All relevant records, including the Individualized Services Plan (ISP), are securely transferred to the destination location. Access to these records is provided to the staff at the destination service to ensure they have a comprehensive understanding of the individual's needs and history.
- **Transfer Summary:** We create a detailed transfer summary that provides a comprehensive overview of the individual's history, needs, and any specific considerations. This summary is shared with the destination service and serves as a valuable reference during the transition.
- **Process and Timeframe for Discharge Summaries:** We establish a clear process and timeframe for transmitting or accessing, where applicable, discharge summaries to the destination service. This ensures that all parties involved are well-informed about the individual's previous service and the reasons for the transition.
- **Coordination and Communication:** We coordinate closely with the destination service to facilitate a smooth transition. Regular and effective communication ensures that the individual's needs are met, and any specific requirements or considerations are addressed.
- **Individual and Authorized Representative Rights:** Throughout the transition process, we respect the rights of the individual and, where applicable, their authorized representative. Their choices and preferences guide the transition, and their rights are upheld at all times.

- Record Retention: We maintain records of the transition process, including transfer summaries and relevant correspondence, to ensure transparency and accountability.

Loves2Help is dedicated to ensuring that transitions among services are carried out with the utmost care, respect, and attention to detail. We understand that these transitions can impact the well-being of the individuals we serve and are committed to making the process as seamless and supportive as possible. Our policy reflects our mission to prioritize the needs and satisfaction of those we care for.

## DISCHARGE

At Loves2Help, we recognize the importance of providing quality care and services to individuals under our care. Our Discharge Policy outlines the process for discharging individuals from our service and the termination of services, ensuring that it is carried out with careful consideration, transparency, and adherence to medical or clinical criteria when required. Our goal is to prioritize the well-being and satisfaction of the individuals we serve during the discharge process.

- **Medical or Clinical Criteria:** If discharge is related to medical or clinical criteria, we establish clear and well-defined criteria that guide the decision-making process. These criteria are based on best practices and are communicated to the individual and, where applicable, their authorized representative.
- **Evaluation and Notification:** If medical or clinical criteria for discharge are met, a thorough evaluation is conducted to confirm the need for discharge. The individual, and their authorized representative if applicable, is promptly notified of the decision and the reasons for discharge.
- **Discharge Planning :** In cases of discharge, a discharge plan is developed to ensure a smooth transition. This plan includes the transfer of records, a summary of the individual's current status, and recommendations for their future care.
- **Medical or Clinical Consultation :** If required, the individual may be referred for a medical or clinical consultation to determine the most suitable course of action.
- **Notification of Termination :** If termination of services is not related to medical or clinical criteria, individuals and, where applicable, their authorized representative are notified of the termination and the reasons for it.
- **Individual and Authorized Representative Rights:** Throughout the discharge process, we respect the rights of the individual and, where applicable, their authorized representative. Their choices and preferences guide the process, and their rights are upheld at all times.
- **Record Retention:** We maintain records of the discharge process, including all evaluations, notifications, and decisions, to ensure transparency and accountability.
- **Appeals Process:** We provide information about the appeals process, including how individuals can challenge a discharge or termination decision if they believe it to be unjust.
- **Timely Discharge and Termination:** Discharge and termination are conducted in a timely manner, ensuring that individuals' needs are met efficiently and without unnecessary delay.



- Coordination and Communication: We coordinate closely with the individual and, where applicable, their authorized representative to facilitate a smooth transition during discharge and ensure that they are connected to suitable resources.

Loves2Help is dedicated to carrying out discharges and terminations with careful consideration, adherence criteria when necessary, and respect for the rights and well-being of the individuals we serve. Our policy reflects our mission to provide quality care and services while upholding the dignity and choices of those under our care.

# ETHICAL STANDARDS

Loves2Help is committed to the highest ethical standards in the conduct of business. These ethical policies go beyond rules set by law, as we know that our employees' and the public's trust in Loves2Help is both a serious responsibility and a valid expectation. While it is not possible to develop a detailed set of rules which cover all circumstances, or which serve as a substitute for good judgment and ethical conduct, the purpose of this Chapter is to set forth the business ethics of Loves2Help in a written format which provides clear guidance to all employees.

## GENERAL GUIDELINES

All employees have a personal responsibility to ensure that their actions meet the highest ethical standards and to abide by the laws, rules, and regulations that apply to their work. Therefore, employees must:

1. Conduct the business of Loves2Help honestly, ethically and in good faith. Employees must use good judgment in performing job responsibilities. Occasionally, employees may find themselves in a situation where their responsibilities under the law and Loves2Help policy are unclear. In that circumstance, employees consult their Supervisor to be certain that they are using good judgment and acting consistent with the law and Loves2Help policies.
2. Cooperate fully and honestly with Loves2Help in any investigation or proceeding concerning their conduct or the conduct of other persons or entities with which Loves2Help has a business relationship.
3. Become familiar and comply with the laws, rules and regulations applicable to their job responsibilities with Loves2Help. Seek the advice of their supervisor with questions.
4. Recognize the continuing obligation of all employees to support client quality of life.
5. Report promptly to proper authorities any violations or suspected violations of Loves2Help policy and/or the law by any Loves2Help employee.
6. If a client accuses the Caregiver of theft, Caregivers must immediately report the incident to the Caregiver's Supervisor. The client will be encouraged to file a report with law enforcement and Loves2Help will take appropriate action.
7. Comply with the rules, regulations and policies of Loves2Help as amended at any time and from time to time, including, without limitation, this Manual.

8. Never ask a client to sign an incomplete timesheet or to sign before the time has been worked. Such an action is very poor judgment and will subject an employee to disciplinary action up to and including possible termination.

## **SAFETY**

Safety is and will always be a top priority. Employees must do everything they can to ensure the safety of clients and co-workers.

Specifically, employees must:

1. Put safety first.
2. Understand and follow the safety and health rules and practices that apply to the job responsibilities.
3. Take precautions necessary to protect Loves2Help employees, clients and equipment from harmful or dangerous situations.
4. Practice safe lifting techniques.
  - a. Keep head up (maintain proper posture and neck alignment);
  - b. Keep a neutral curve in back (bring the load in close to body and distribute the load symmetrically), making certain to move other obstacles out of the way;
  - c. Lift with legs; and
  - d. Never twist or turn while lifting.
5. Immediately report accidents, injuries, hazards, unsafe practices or conditions to the Caregiver's direct Supervisor or Management.
6. Not possess firearms or other weapons on client premises or on Loves2Help property.
7. Not retaliate against or threaten anyone for the good faith reporting or supplying of information about conduct implicating safety.

## CONFLICTS OF INTEREST

It is imperative that employee conduct not reflect adversely on Loves2Help. In that regard, all Loves2Help employees are required to:

1. Avoid personal conflicts of interest or the appearance of such conflicts that could reflect adversely on employees or Loves2Help.
2. Disclose in advance to Loves2Help Management any client relationship that might be perceived as a conflict of interest.
3. Fulfill the established job responsibilities for all clients regardless of personal interests.
4. Refrain from taking advantage of a relationship with Loves2Help to earn a personal profit from Loves2Help property, information, employees, or business opportunities.
5. Disclose to Loves2Help Management if you have or had a close personal relationship with the assigned Supervisor or client.
6. Protect and ensure the efficient use of Loves2Help assets. The business's assets, whether tangible or intangible, are to be used only by authorized employees or their designees and only for legitimate business purposes. Personal use of items such as telephones, facsimile equipment, computers and similar equipment must not be excessive as determined in the sole discretion of the CEO, and must have no material cost to the business and in no way violate any policy or practice of Loves2Help.
7. Refrain from abusing or compromising any employee benefits and privileges.
8. Refrain from conduct on or off duty, which is detrimental to the best interests of other employees, clients or Loves2Help.
9. Refrain from engaging in fundraising or personal business on Loves2Help property or time unless such activity is Loves2Help sponsored or is approved in advance by the CEO.

## **ALCOHOL AND ILLEGAL DRUG USE IN THE WORKPLACE**

It is the policy of Loves2Help to support a workplace free from the effects of drugs, alcohol, chemicals, and abuse of prescription medications. Loves2Help is committed to having employees who do not engage in illegal alcohol and drug activities. Loves2Help will take the necessary steps to comply with all federal, state and local laws.

The following policies apply to all employees, subcontractors, and volunteers and failure to comply will result in disciplinary action, up to and including immediate termination.

All employees must be free from the abuse of prescription medications or being under the influence of a chemical that impairs their ability to provide services or care.

The consumption of alcohol is prohibited while directly responsible for clients, or on any Loves2Help property (owned or leased), or in Loves2Help vehicles (owned or leased).

Being under the influence of a controlled substance, or alcohol, or illegal drugs in any manner that impairs or could impair an employee's ability to provide care or services to clients is prohibited.

The use, sale, manufacture, distribution, or possession of illegal drugs while providing care to clients, or on company property (owned or leased), or in company vehicles, machinery, or equipment (owned or leased), is prohibited.

Any employee convicted of criminal drug use or activity must notify the employee's Supervisor no later than five (5) days after the conviction. Criminal conviction for the sale of narcotics, illegal drugs or controlled substances will result in disciplinary action, up to and including immediate termination.

The CEO or designee will notify the appropriate law enforcement agency when Loves2Help has reasonable suspicion to believe that an employee may have illegal drugs in his/her possession.

Where appropriate, Loves2Help will also notify licensing boards.

## OFFENSIVE/HARASSING BEHAVIOR

Loves2Help intends to provide a work environment and customer service that is pleasant, healthy, comfortable and free from intimidation, hostility or other offenses which might interfere with work performance. Any employee who engages in harassment of other employees or Loves2Help clients on the basis of race, color, creed, religion, national origin, sex, sexual orientation, marital status, status with regard to public assistance, membership or activity in a local commission, disability or age; who permits employees under his/her supervision to engage in such harassment; or who retaliates or permits retaliation against an employee who reports any harassment has engaged in misconduct and shall be subject to disciplinary action up to and including termination.

Harassment of any sort (verbal, physical or visual) will not be tolerated and is prohibited.

Harassment can take many forms. It may be, but is not limited to: words, signs, jokes, pranks, intimidation, physical contact, or violence. Harassment is not necessarily sexual in nature.

Sexually harassing conduct is prohibited and may include unwelcome sexual advances; requests for sexual favors; unwelcome flirtation; leering; making sexual gestures; displaying derogatory or sexually suggestive posters, cartoons, drawings or objects; or any other verbal or physical contact of a sexual nature that prevents an individual from effectively performing his/her employment duties, creates an intimidating, hostile or offensive working or care environment or that is made a condition of employment or compensation, either implicitly or explicitly. Similarly, Loves2Help will not tolerate harassment by its employees of non-employees (including without limitation clients) with whom Loves2Help has a business, service or professional relationship.

Any other sexual harassment of fellow employees and/or Loves2Help clients, whether committed on or off the job (and/or on Loves2Help property and/or client premises), is also prohibited. Sexual harassment includes, but is not limited to:

- Repeated offensive sexual flirtations,
- Advances or propositions,
- Continual or repeated verbal abuse of a sexual nature,
- Graphic verbal commentaries about an individual's body,
- Sexually degrading words used to describe an individual,
- The display in the workplace of sexually explicit objects,
- Any indication, expressed or implied, that an employee's job security, job assignment, conditions of employment, or opportunities for advancement

depend or may depend on the granting of sexual favors to any other employee, director, or manager,

- Any indication, expressed or implied, that continued services from Loves2Help depend or may depend on the granting of sexual favors, and/or
- The deliberate or careless expression of jokes or remarks of a sexual nature to or in the presence of employees who may find such jokes or remarks offensive.

All Loves2Help employees, and particularly supervisors, have a responsibility for keeping the work environment free of harassment. If an employee becomes aware of an incident of harassment, whether by witnessing the incident or being told of it, they should report it to the direct supervisor or Loves2Help Management. Appropriate investigation and disciplinary action will be taken.

If Loves2Help becomes aware that harassment might exist, it is obligated by law to take prompt and appropriate action, whether or not the victim wants Loves2Help to do so. No retaliatory action will be taken against an employee filing a harassment complaint. All reports will be promptly investigated with due regard for the confidentiality and privacy of all involved.

Any employee found to have harassed a fellow employee, subordinate or non-employee (including without limitation clients) with whom Loves2Help has a business, service or professional relationship will be subject to investigatory and disciplinary action up to and including termination.

Loves2Help will also take any additional action necessary to appropriately remedy the situation.

No adverse employment action will be taken for any employee making a good faith report of alleged harassment.

Persons who make unwelcome advances, threaten or in any way harass another are personally liable for such actions and their consequences. Loves2Help will not provide legal, financial or any other assistance to any persons accused of harassment if a legal complaint is filed.

### **Employee options in response to harassment include:**

An employee may:

- tell the person, or persons, in private, that their behavior is offensive and request that it stop;



- write to the person, or persons, about their behavior, sealing and marking the letter “personal and confidential”; or
- Speak to the person, or persons, in private, in the presence of the direct Supervisor and/or Loves2Help Management.
- Since allegations of harassment are extremely serious it is important to keep any information confidential to those directly involved.

### **Informal Intervention**

Employees may notify the direct Supervisor or Loves2Help Management to intervene. Loves2Help is committed to review the concerns and will complete any discussions or investigations quickly, discreetly and fairly.

### **Formal Complaint**

If self-help and informal intervention has not worked or if the allegation is, in the employee’s view, serious enough to warrant formal disciplinary action, an employee should submit a detailed written complaint to the direct supervisor or Loves2Help Management. Appropriate disciplinary action will be taken if investigation shows the complaint to be justified. Complaints will be investigated promptly, with appropriate confidentiality, and a report (either oral or written) will be made to the employee by the investigating party or parties.

# **WHISTLEBLOWER POLICY**

Loves2Help is committed to the highest possible ethical and legal standards of business conduct.

Employees must also observe the same high standards of business and personal ethics in the conduct of their job responsibilities. Employees may raise concerns regarding questionable actions with an assurance that there will be no retaliation for whistle-blowing in good faith.

It is the responsibility of employees to report suspected violations to the direct supervisor or Loves2Help Management, including, but not limited to, the following:

- Misrepresentation or false statement regarding a material matter contained in time documentation, evaluations or other reports.
- Actions that constitute gross misdemeanors or felonies or otherwise amount to serious improper conduct.

## **Reporting a Concern**

Concerns should be reported in one of the following ways:

- Loves2Help maintains an open door policy and employees are encouraged to bring questions, concerns, suggestions or complaints to the direct Supervisor.
- If a complainant is not comfortable speaking with the direct Supervisor or is not satisfied with the response, they may request a meeting with up to two (2) other employees to present verified facts to the CEO or designee. Although an employee is not expected to prove the truth of an allegation, the employee must demonstrate that there are sufficient grounds for concern.

## **Complaint Handling**

The action taken will depend on the nature of the concern. Initial inquiries will be made by the appropriate employees to determine whether an investigation is appropriate and what form it should take. Some concerns may be resolved by agreed action without need for investigation. The complainant will be given the opportunity to receive follow up on their concern. Further information may be required from the complainant to complete the investigation. Subject to legal

constraints, the complainant will receive information about the outcome of the investigation.

### **Safeguards**

- Any retaliation against the complainant, including harassment or victimization, is prohibited and will not be tolerated.
- Loves2Help will keep complaints confidential, as appropriate, consistent with the need to investigate the complaint (including any necessary legal action). False, malicious or bad faith allegations may result in disciplinary action.

## CAREGIVER/CLIENT BOUNDARIES

Boundaries in client care are mutually understood, unspoken, physical and emotional limits of the relationship between the trusting client and the Caregiver. Professional boundaries represent a set of culturally and professionally derived rules for how Caregivers and their clients interact.

Boundaries serve to establish and maintain a trusting Caregiver-client relationship and help all Caregivers maintain “justice and equity” in dealing with all clients.

In caring for clients, it is common for strong emotional bonds to develop. However, when the limits of the provider-client/family relationship are not clear or where normal professional boundaries are not respected, problems are likely to arise.

Common reasons for boundary problems include:

- Personality styles
- Psychiatric disorders in which normal boundaries are not recognized or respected.
- Caregiver stress/burnout
- Cultural misunderstandings

Warning signs and examples of potential boundary blurring include:

- Offers of gifts from/to client/family;
- Clients having or wanting access to Caregiver’s home phone number, or other personal information;
- Client/family expectations that the Caregiver will provide care or socialize outside of care settings;
- The Caregiver reveals excessive personal information with client/family.

Note: Not all boundary issues are detrimental to the Caregiver-client relationship---some clearly enhance compassionate care and serve to reinforce a trusting relationship. However, it is important for the Caregiver to self-reflect and consider the following questions when boundaries are approached:

- Am I treating this client or family member differently than I do other clients?
- Would I be comfortable if this action/gift offer was known to the public or supervisors?
- What emotions of my own does this client/family trigger and are the emotions impacting my decision-making?

- Are my actions truly helpful for the client, or am I acting in a manner to meet my personal needs?
- Could this boundary issue represent a sign that I am experiencing professional burnout?

Any Caregiver not sure of the appropriate response in their situation to these questions should discuss the situation with the direct Supervisor or Loves2Help Management. Accordingly, all Caregivers must:

- Set clear expectations with clients and families as to their role in the context of their care,
- availability and best ways to communicate.
- Not accept gifts, cash or favors from clients.
- Not use the clients' computers or other electronic devices for personal use.
- Contact Supervisor when uncertain about client/family behaviors.
- Address issues as they arise with the client/family; acknowledge importance of feelings,
- emphasize the Caregiver-client relationship and the importance of maintaining objectivity;
- emphasize that the rejection of a requested behavior does not imply a lack of caring.

Caregivers are encouraged to seek professional counseling when boundary issues impact their ability to provide objective, compassionate care. Caregivers may contact the direct Supervisor or office for counseling options. Caregivers who are found to manipulate, coerce, antagonize, threaten, abuse or take advantage of clients for their personal gain are subject to disciplinary action up to and including immediate termination of employment.

## **PRIVACY / HIPAA POLICY**

Each Loves2Help employee has a responsibility to clients and Loves2Help to uphold client privacy rights, and maintain the security and integrity of client protected health information.

**ACCORDINGLY, CLIENT PROTECTED HEALTH INFORMATION WILL BE TREATED AS CONFIDENTIAL, AND HELD, USED AND DISCLOSED ONLY IN COMPLIANCE WITH APPLICABLE LAWS/REGULATIONS AND AS SET FORTH WITHIN LOVES2HELP'S NOTICE OF PRIVACY PRACTICES (AND AS THE SAME MAY BE AMENDED AT ANY TIME AND FROM TIME TO TIME BY HOME AT HEART, AT ITS SOLE AND ABSOLUTE DISCRETION).**

All employees will collect, use, disclose, maintain and store client protected health information in an honest, ethical, secure and confidential manner.

All Loves2Help employees will uphold and safeguard the rights of clients to the privacy of client protected health information by ensuring that client protected health information is used and disclosed only under the following conditions:

Each client or client's authorized personal representative has been provided with a copy of Loves2Help's Notice of Privacy Practices and has signed a written confirmation of such receipt.

Each client or client's authorized personal representative has read, completed and signed "Loves2Help Care Admission Service Agreement".

All Loves2Help employees must take all reasonable precautions to safeguard the confidentiality of client protected health information, including without limitation strict compliance with Loves2Help's Notice of Privacy Practices (and as the same may be amended by Loves2Help, at its sole and absolute discretion, at any time and from time to time) and all federal, state and/or local statutes, laws, ordinances, regulations, rules and interpretive guidance relative to health information, including without HIPAA and all regulations promulgated thereunder, as well as any amendments to any of the foregoing. The use and disclosure of client protected health information is permitted without specific authorization only when required for treatment, payment, and healthcare operations as set forth in Loves2Help's Notice of Privacy Practices and/or applicable laws/regulations.

Disclosure of client protected health information to any person or entity for other purposes may be made only on written authorization of the client or, if appropriate, his/her parent or legal guardian.

After termination of employment with Loves2Help for any reason or no reason, former employees must continue to protect the privacy of client protected health information. All departing employees must immediately return to their supervisor any and all documents (i.e. timesheets, care plans) and media containing client protected health information. Terminated employees must never disclose, without proper authorization or as required by law, any client protected health information after leaving employment with Loves2Help.

Non-compliance with this policy and associated procedures is a serious matter and may result in civil and criminal actions to the employee, in addition to disciplinary action up to and including immediate termination of employment.

## DATA PRIVACY

It is the policy of Loves2Help to recognize the rights of clients to confidentiality and data privacy. All employees are subject to comply with Loves2Help's Data Privacy Policy. Noncompliance with this policy and associated procedures is a serious matter and may result in civil and criminal actions to the employee, in addition to disciplinary action up to and including immediate termination of employment. Loves2Help's Data Privacy Policy is available on the external website, or request a copy by contacting the Loves2Help office.

Private data includes all information on persons that has been gathered by Loves2Help or from other sources for Loves2Help purposes as contained in the client data file, including their presence and status in this program. Data is private if it is about the client and is classified as private by state or federal law. Only the following persons are permitted access to private data:

- The client who is the subject of the data or a legal representative.
- Anyone to whom the client gives signed consent to view the data.
- Client's case manager.
- Employees of the welfare system whose work assignments reasonably require access to the data. This includes employees of Loves2Help.
- Anyone the law says can view the data.

Data collected within the welfare system about clients are considered welfare data. Welfare data is private data on clients; including medical and/or health data. Agencies in the welfare system include, but are not limited to: Department of Human Services; local social services agencies, including a client's case manager; county welfare agencies; human services boards; and persons and entities under contract with any of the above agencies; this includes Loves2Help and other licensed caregivers jointly providing services to the same client. Once informed consent has been obtained from the client or the legal representative there is no prohibition against sharing welfare data with other persons or entities within the welfare system for the purposes of planning, developing, coordinating and implementing needed services

Data created prior to the death of a client retains the same legal classification (public, private, confidential) after the client's death that it had before the death.

Loves2Help has an established process in obtaining informed consent or authorization for release of information from other licensed caregivers or primary health care providers. Questions regarding this process should be referred to the Supervisor.



Employees do not automatically have access to private data about Loves2Help clients or about other employees. Employees must have a specific work function need for the information. Private data about persons are available only to those Loves2Help employees whose work assignments reasonably require access to the data; or who are authorized by law to have access to the data.

Any written or verbal exchanges about a person's private information by employees with other employees or any other persons will be done in such a way as to preserve confidentiality, protect data privacy, and respect the dignity of the person whose private data is being shared.

As a general rule, doubts about the correctness of sharing information should be referred to the Supervisor.

After termination of employment with Loves2Help for any reason or no reason, former employees must continue to protect the privacy of client protected health information. All departing employees must immediately return to the direct supervisor any and all documents (i.e. timesheets, care plans) and media containing client protected health information. Terminated employees must never disclose, without proper authorization or as required by law, any client protected health information after leaving employment with Loves2Help.

## **CONFIDENTIAL INFORMATION**

Throughout employment, employees will acquire and have access to confidential information belonging to Loves2Help of a special and unique nature and value, relating to such matters as Loves2Help's clients lists, contracts and other information (including without limitation personal contact information and health care information); Employees and compensation information; accounts; trade secrets; procedures; handbooks (including this Manual); pricing information; customer information; accounting and bookkeeping practices; office policies and practices; financial information, data, records and reports; sales data and expense information; business plans, general and specific; prospect names and lists; existing and potential business opportunities; confidential reports; litigation and other legal matters; intellectual property; and other information specific to Loves2Help and its business.

Loves2Help expects employees to maintain the utmost integrity regarding all such confidential information. All such information will be held in the strictest confidence and will be released only by authorized employees to persons who recognize these confidentiality obligations and agree to abide by them in writing. All requests for any information relative to any Loves2Help employee or client must be referred directly to the CEO. Only the CEO, or the CEO's authorized designee, is authorized to release information concerning administrative, technical or financial data relative to the operation of Loves2Help and/or any information of any kind (including without limitation personal and health-care related information) regarding Loves2Help's employees and clients. If any representative of the media (newspaper, television, radio) requests any information, such request must be directed or referred to the CEO.

As a condition of employment with Loves2Help, employees agree that all confidential information described in this Manual, and/or any other information which employees know or reasonably should be aware constitutes confidential or proprietary information regarding Loves2Help, any Loves2Help client or any Loves2Help employee, is the exclusive property of Loves2Help and that employees will not at any time use, divulge or disclose to anyone, or attempt to use, divulge or disclose to anyone, except in the responsible exercise of the job, any such confidential or proprietary information, whether or not such information has been designated specifically as "confidential" or "proprietary". Any violation of these confidentiality restrictions is grounds for disciplinary action, including immediate termination.

## **REPORTING OF ABUSE/NEGLECT/EXPLOITATION**

It is the policy of Loves2Help to comply with all relevant laws with regard to the mandatory reporting of all suspicions of abuse or neglect. If Loves2Help becomes aware of possible abuse of a client, or has reasonable suspicion of abuse or neglect, Loves2Help is required by law to notify the Division Of Developmental Disability (DDD). The CEO or designee will be responsible for this notification. To ensure all incidences of abuse/neglect are reported to the proper authorities and according to the law, any employee who witnesses neglect or sexual abuse involving a client while under the care of Loves2Help Employees shall report the incident to the CEO or designee as soon as possible but in no event less than twenty-four (24) hours after witnessing the incident.

## **VULNERABLE ADULT MANDATORY REPORTING**

It is the policy of Loves2Help to protect the adults served by Loves2Help who are vulnerable to maltreatment and to require the reporting of suspected maltreatment of vulnerable adults.

Suspected Maltreatment may include but not limited to financial exploitation, Caregiver neglect or self-neglect, or verbal, physical, sexual or emotional abuse. All employees must comply with the Loves2Help Maltreatment of Vulnerable Adults Mandated Reporting Policy and as the same may be amended at any time and from time to time. Failure to comply will result in disciplinary action, up to and including immediate termination.

Mandated Reporters are law enforcement, health care personnel (Caregivers), social workers and other professionals. As a mandated reporter, if employees know or suspect that a vulnerable adult has been maltreated, employees must report it immediately (within twenty-four (24) hours). A mandated reporter who negligently or intentionally fails to report suspected maltreatment of a vulnerable adult is liable for damages caused by the failure to report.

Report suspected maltreatment of a vulnerable adult to the Arizona Adult Protective Services (APS) at 602-375-1403 or 1-855-375-1403 which is open 24 hours a day, seven days a week or online

<https://des.az.gov/services/basic-needs/adult-protective-services/report-adult-abuse>.

Caregivers should also contact the direct Supervisor. If the Supervisor is involved in the alleged or suspected maltreatment, the report should be made to Loves2Help Management.

Arizona encourages good faith reporting of suspected maltreatment of vulnerable adults by any person. Identity of the reporter is confidential and cannot be released without a court order.

Reports are reviewed to see if immediate protective services are needed. Reports of an alleged crime are referred to law enforcement. All reports of suspected maltreatment are also referred to a lead investigative agency, which may be the county or the state departments of Health or Human Services.

Information contained in reports of suspected maltreatment of a vulnerable adult made to the Arizona Adult Abuse Reporting Center is confidential under Arizona law. The Arizona Adult Abuse Reporting Center cannot provide information about a report to anyone, including the reporter, once a report is completed. Once a report is referred to the lead investigative agency responsible, different parts of the law cover how information in the report can be shared, but the identity of the reporter remains

protected. Contact the county or state agency responsible for the report for questions about a completed report.

Loves2Help is required by law to provide orientation of this policy within seventy-two (72) hours after first providing direct contact services to a vulnerable adult and annually thereafter.

## **NON-DISCRIMINATION**

All Loves2Help employees will provide the highest quality service to Loves2Help clients regardless of the client's color, race, religion, creed, sex, sexual orientation, age, marital status, status with regard to public assistance, national origin or ancestry, veteran's status, disability and source or level of funding or any other category protected by federal, state or local law.

# **EMPLOYMENT INFORMATION**

## **AT WILL EMPLOYMENT**

It is our hope and expectation that both Loves2Help and each employee will have a long lasting and mutually beneficial relationship. However, as an employee develops new skills and as an employee's circumstances may change, an employee may choose to pursue other career opportunities. Likewise, business directions and needs are subject to change. For this reason, Loves2Help has an at-will employment policy that allows either the employee or Loves2Help to terminate the employment relationship at any time and for any reason.

## **EQUAL OPPORTUNITY EMPLOYMENT**

Loves2Help is an equal opportunity employer. It is our policy to employ qualified people without regard to race, color, creed, religion, sex, sexual orientation, age, marital status, physical or mental disability, national origin or ancestry, veteran's status, or any other category protected by federal state or local law. This policy applies to all aspects of employment, including but not limited to application, hiring, selection and placement, training and development, promotion, compensation, benefits, recalls, leaves of absence, discipline and termination.

Loves2Help is dedicated to adhering fully to the regulations set forth by the Americans with Disabilities Act ("ADA") and the Arizona Civil Rights Act ("ACRA"), ensuring comprehensive compliance with applicable state and federal laws. Our commitment extends to providing equal employment opportunities for qualified individuals with disabilities under the ACRA and/or ADA, as relevant. Discrimination or harassment based on race, color, creed, religion, national origin, sex, sexual orientation, disability, age, marital status, membership or activity in a local human rights commission, or status with regard to public assistance will not be tolerated in our organization.

Our employment practices, inclusive of but not limited to hiring, upgrading, demotion, transfer, recruitment or recruitment advertising, selection, layoff, disciplinary action, termination, rates of pay or other forms of compensation, and selection for training, including apprenticeship, strictly adhere to these principles.

In accordance with the ACRA and/or ADA, Loves2Help is committed to providing reasonable accommodations to all qualified individuals with disabilities as specified under the ACRA and/or ADA, as applicable. Furthermore, we pledge to fully comply

with any relevant local regulations or ordinances that afford qualified individuals with disabilities greater protection than the ADA and/or ACRA.

## **OPEN DOOR POLICY**

Loves2Help highly values its team members and is dedicated to fostering a positive work environment that encourages employees to take initiative and responsibility for problem-solving across all levels of our organization. We want our employees to be well-informed about Loves2Help's policies and procedures that impact their roles, work environments, and interactions with clients.

We actively promote and expect open communication from our employees, encouraging them to express their concerns, opinions, and discuss any complaints or issues with Loves2Help Management. We believe that constructive dialogue is essential for maintaining a healthy and productive work atmosphere.

Employees are encouraged to seek information on matters related to their positions and employment. In the event of any work-related problem or issue, Loves2Help Management is readily available to listen, provide guidance, and engage in discussions to address concerns. Your direct supervisor is the initial point of contact for resolving problems or concerns, and we encourage you to reach out to them first.

If, for any reason, you find that your concerns have not been adequately addressed at the supervisor level, we wholeheartedly welcome you to bring your concerns directly to Loves2Help Management. Our commitment is to maintain an open door for communication, ensuring that every employee feels heard and supported in their efforts to contribute to the success of Loves2Help.

## **PERFORMANCE EVALUATIONS**

Caregivers will receive regularly scheduled performance evaluations performed by Supervisors according to program requirements. Evaluations are made through direct observation of the Caregiver's work and/or through consultation with the clients. Continued employment following

Supervisor evaluations do not change the at-will nature of employment at Loves2Help.



## **DISMISSAL POLICIES AND DISCIPLINARY PRACTICES**

The goal of Loves2Help's disciplinary policy is to correct improper behavior and eliminate unacceptable performance or behavior while protecting the interests of our clients. With this in mind, Loves2Help may use progressive or creative disciplinary procedures when dealing with employee problems. The purpose is to enable employees to understand what is expected in terms of behavior and performance and to provide Loves2Help employees with a reasonable opportunity to correct improper or unacceptable behavior. Loves2Help's goal is to resolve problems through open communication. The normal steps in the process are as follows:

1. Oral reprimand
2. Written reprimand (placed in employee file)
  - Strike 1
  - Strike 2
  - Strike 3
3. Suspension (with or without pay)
4. Termination of employment

The above steps may not be used in all situations, and in no way should any provisions within this Manual be considered a contract or guarantee of employment.

As described above, Loves2Help has an "employment at will" policy, and either an employee or Loves2Help may terminate the employment relationship at any time, with or without cause, and with or without advance notice, unless otherwise provided in a written employment agreement signed by both the employee and an authorized officer of Loves2Help. There are some situations where progressive discipline is not appropriate, and an employee may be terminated without going through all or any of the steps indicated above. This may occur if the health, safety or welfare of a Loves2Help client, employee or representative is endangered in any way by an employee's conduct; certain actions constituting grounds for termination as set forth within this Manual are taken, or in other situations deemed necessary by Loves2Help, in its sole and absolute discretion. For example, an employee who fails to report for work for two (2) consecutive shifts without notifying management of inability to work may be subject to immediate termination. No future employment recommendations will be furnished to any employee whose services are terminated for disciplinary action.

## **VOLUNTARY RESIGNATION/CHANGE IN EMPLOYMENT STATUS**

Loves2Help requests that each employee provide Loves2Help with written notice two (2) weeks prior to the employee's voluntary resignation. Upon resignation or other change in status of employment with Loves2Help, Loves2Help also requests that each employee sign the Status Change Form.

# **EMPLOYEE ORIENTATION & PROGRAM CONTENT**

The Human Resource Manager is responsible for orienting newly hired caregivers to the rights and responsibilities of employees, basic personal care services provided by the Agency, and operating policies and procedures of the agency.

The Human Resource Manager are responsible for ensuring that newly hired caregivers demonstrate knowledgeable of and/or are competent in the following:

- Basic verbal and written English communication skills
- Demonstrate the ability to document in the client record according to professional standards and agency policies and procedures
- Able to identify and communicate significant findings to the supervisor
- A complete understanding of company policies and procedures
- Activities of daily living and demonstrate the ability to use techniques to assist the client meet these activities
- Social, cultural, ethnic, economic and psychological factors that influence adjustment to illness and disability
- The effect of illness, disability and aging on family role relationships
- The role of the caregiver as a member of the company team
- Other misc. topics as deemed necessary per client assignments.

## EMPLOYEE ORIENTATION PROGRAM

All staff participate in a general orientation program before assuming any job responsibilities or duties.

The Manager is responsible for reviewing the policy and procedure handbook with each caregiver at time of hire.

New employees are invited to meet with each department head or designee to get an overview of how each department interacts with each other.

Department orientation and appropriate job training is provided to anyone new to a department and includes content not covered in general orientation.

Development of the orientation programs takes into consideration the following:

1. The design of the programs is based on sound adult educational principles.
2. Content is based on identified needs assessments, program evaluations and competency assessments, as well as applicable local, state and federal laws, regulations and standards.
3. Content of the general orientation program includes the following topics as applicable and appropriate to the care or services provided:
  - a. Introduction to the Organization:
    - i. Mission
    - ii. History
    - iii. Departments
  - b. Organization's Policies and Procedures:
    - i. Job Description
    - ii. Communication Process
    - iii. HIPAA
    - iv. Health & Safety Procedures & Infection Control
    - v. Ethics
    - vi. Responding to Medical & Non-Medical Emergencies
    - vii. OSHA
    - viii. Bloodborne Pathogens
    - ix. Disease Screening
    - x. Ergonomics
  - c. Patient
    - i. Documentation
    - ii. Patient's Rights
    - iii. Care Planning
    - iv. Fall Prevention
  - d. Incident Reporting

- i. How/When to complete
    - ii. When to notify CCG
  - e. Infection/Exposure Control:
    - i. Universal precautions
    - ii. Cleaning, disinfection and sterilization of equipment and supplies
    - iii. Disposal of hazardous materials
    - iv. Hand Washing
    - v. Personal Protective Equipment
- 4. Fire Safety and Prevention within the Agency Office
- 5. Personal Safety/Security on the Job, in the Automobile, in the Home
- 6. Safety within the Client's Place of Residence:
  - a. Fire (smoke protectors)
  - b. No Weapons
  - c. Environmental (safety in the home)
  - d. Electrical
- 7. Emergency Management – including calling 9-1-1 , Department on Aging, and using a Lifeline call system for frail clients, and more
- 8. Communication with Supervisor

# **EMPLOYEE RESPONSIBILITIES**

## **PERSONAL APPEARANCE & PROFESSIONALISM**

A neat, professional, well-groomed appearance is required and expected of all Loves2Help employees when they are working. This is important as the employees act as visual representatives of Loves2Help and are an essential part of the professional image we want to present.

Electronic devices, including mobile/cellular phones, tablets, laptops, PDAs and other mobile devices, have become an integral part of daily life and socialization. However, employees are expected to concentrate on their professional responsibilities and must refrain from the personal use of these devices at work (including while traveling between client appointments).

To protect the client's safety, privacy, and quality of care, Caregivers must not bring others, including children and pets, to the client's home while working.

## **EMPLOYEE FILES**

Employee files are maintained for each employee. The purpose of an employee file is to maintain an accurate record of each employee's work history and current employment status with Loves2Help. Loves2Help forms, documents and correspondence relevant to an employee's status are maintained and protected in the permanent file. The following forms are required to be kept in an employee's file:

- Loves2Help Application
- Background Study with Results
- Acknowledgment Form
- Fraud Statement Form
- AZ State Training Certificate
- Emergency Contact
- Withholding Tax Form (W-4)
- Eligibility to Work in United States (I-9)
- Evaluations of Employee's Performance
- Documentation of qualifications, orientation, training, and performance evaluations

Each employee has the responsibility of notifying Loves2Help of changes to information within the employee's file to ensure that such employee's records are current as to the following:

- Name
- Address
- Telephone number
- Emergency Contact
- Withholding Tax Information (W-4)
- Eligibility to Work in the United States (I-9)

The records maintained in the employee files are Loves2Help property; however, employees are allowed to review their own employee file in the presence of the CEO or designee. An employee may obtain a copy of their employee file by making a request in writing. Notwithstanding the foregoing, all information contained within the employee files constitutes confidential information.

Loves2Help cooperates with outside organizations by providing information, upon request, about current and former employees. Information released is limited to dates of employment and most current job titles. No other information is provided without written consent from the employee or as required by law.

## **UNABLE TO WORK/CHANGE IN SCHEDULE**

During Orientation with the Caregiver, Supervisor and client, a schedule is determined based on the care plan and client's needs. It is Loves2Help's expectation that the Caregiver works the schedule according to the plan. In the event a Caregiver is unable to report to work, the Caregiver must contact the client directly and notify the Supervisor.

The Caregiver should attempt to contact a substitute Caregiver as available and needed. If a Caregiver would like to perform substitute work, they should notify the direct Supervisor.

If the schedule needs to be changed, the Caregiver must notify the Supervisor and client as early as possible, and any updates must be approved by all parties before the Caregiver may change the schedule.

## **TRANSPORTATION OF CLIENTS**

Loves2Help prohibits the transportation of clients. However, Caregivers may accompany clients (if someone else is transporting them) if the client needs assistance with ADLs during transport or at the point of destination.

- Caregivers are not to drive the client's vehicle while performing services.
- Loves2Help does not provide company vehicles for transportation of clients or employee personal use.
- Loves2Help does not reimburse employees for mileage for transporting clients.

## **WORK BREAKS / MEAL BREAKS**

An employee working for four (4) or more consecutive hours may take a work break of up to fifteen (15) minutes (or time sufficient to utilize the nearest convenient restroom, if longer) within the second and/or third hours of each four (4) hour period. The work break shall not be deducted from the time for which such employee is paid.

During any eight (8) or more consecutive hours of work, an employee may take an unpaid meal break of thirty (30) to sixty (60) minutes, during which meal break the employee may leave the employee's work location and is relieved of all employment duties. Each employee is required to properly document such employee's meal break times as required by Loves2Help's payroll and timesheet policies.

Work breaks and meal breaks must not be scheduled at a time which may jeopardize the safety of, or result in an inconvenience to, any Loves2Help client or employee.



## **COMMUNICABLE DISEASE CONTROL PLAN**

Loves2Help is committed to providing a safe and healthful work environment. Loves2Help has a Communicable Disease Control Plan that includes determination of employee exposure, implementation of various methods of exposure control (universal precautions, engineering controls, work practice controls, Personal Protective Equipment and Housekeeping), Hepatitis B vaccination, Post-exposure evaluation and follow-up, communication of hazards and training, record keeping and procedure for evaluating circumstances surrounding exposure incidents.

Caregivers will receive training in the described areas of the plan as it relates to their individual client. All employees are subject to the Loves2Help's Communicable Disease Control Plan.

# HUMAN RESOURCES

## BACKGROUND CHECKS

At Loves2Help, we are committed to maintaining a safe and secure environment for individuals in our care. Our Background Checks Policy outlines the procedures for conducting criminal history background checks and registry searches for all personnel. We prioritize transparency and thorough screening to ensure the safety and well-being of our individuals. This policy clearly defines the disclosure statement requirements and outlines the actions that will be taken in the event of founded cases of abuse or neglect, or convictions or pending criminal charges.

### A. Criminal History Background Checks:

- Loves2Help conducts comprehensive [criminal history background checks](#) for all personnel involved in the care and support of individuals.
- All individuals must complete a disclosure statement as part of the background check process, indicating whether they have ever been convicted of or are the subject of pending charges for any offense.

### B. Offender Searches:

- In addition to criminal history background checks, Loves2Help conducts [offender searches](#) to identify any founded cases of abuse or neglect in which personnel may be involved.

### C. Disclosure Statement:

- All personnel must complete a disclosure statement as part of their background check process.
- The disclosure statement should include information on any convictions, pending criminal charges, or founded cases of abuse or neglect.

## Actions in Case of Discovery:

- If it is discovered that a person has a founded case of abuse or neglect, a conviction, or pending criminal charges, Loves2Help will follow appropriate procedures.
- These procedures may include, but are not limited to, further investigation, suspension or termination of employment, or legal actions as necessary.

**Compliance and Review (Ongoing):**

- Loves2Help maintains continuous oversight and review of the Background Checks Policy to ensure compliance.
- Any necessary adjustments or enhancements to the policy or procedures are made to maintain a safe and secure environment.

Loves2Help is dedicated to upholding the highest standards of safety and security. Our Background Checks Policy ensures a thorough screening process for all personnel, including disclosure statements for convictions, pending criminal charges, and founded cases of abuse or neglect. We take appropriate actions to address any discovered issues and prioritize the safety and well-being of our individuals.

## **JOB DESCRIPTIONS**

At Loves2Help, we prioritize clarity, transparency, and accountability in our workforce. The Job Descriptions Policy ensures that each employee has a comprehensive and written job description that includes key details. These details encompass the job title, specific duties and responsibilities, the title of the supervisor, and the minimum Knowledge, Skills, and Abilities (KSAs), training, education, and background screenings required for the position. In cases where it applies, CPR, first aid, and behavioral intervention training requirements are also specified. This policy guarantees that our employees are well-informed about their roles and responsibilities.

### **CareGiver**

#### **Requirements:**

- Must have a minimum of 6 months of paid professional caregiving experience (non-family)
- Must have a valid driver's license
- Available for 15+ hours per week during high-volume care hours (7 AM - 10 PM)
- Have basic English speaking, reading, and writing abilities (Bilingual or multilingual individuals are encouraged to apply)
- Complete any compliance, license, or registration required by federal, state, or local regulations

#### **Responsibilities:**

- Provide companionship and conversation
- Meal preparation and medication reminders
- 1-on-1 assistance with hands-on, non-medical activities of daily living, including bathing, toileting, and dressing

## **Program Manager**

### Minimum Knowledge, Skills, and Abilities (KSAs):

- High school diploma or equivalent.
- Valid driver's license and reliable transportation.
- CPR and First Aid certification (must be obtained within 30 days of employment).
- Successful completion of training.

### Duties and Responsibilities:

- Oversee and manage the day-to-day operations of the facility.
- Ensure compliance with all DDD regulations and agency policies.
- Supervise and support direct care staff, ensuring high-quality care and services.
- Develop and implement individualized service plans (ISPs) for patients.
- Coordinate and conduct staff training and development programs.
- Monitor and manage budgets, resources, and facility maintenance.
- Collaborate with the interdisciplinary team to address patients' unique needs.
- Ensure a safe, welcoming, and inclusive living environment for patients.
- Manage documentation and reporting in compliance with state and agency requirements.

**Description Review and Updates (Ongoing):**

- Job descriptions are reviewed and updated as needed to ensure that they accurately reflect the duties and responsibilities of the role.
- Any changes or revisions to job descriptions are communicated to the respective employees to ensure they remain informed about their roles.

**Compliance and Accountability (Ongoing):**

- Loves2Help ensures that all employees are aware of and understand their specific job descriptions.
- Regular checks are conducted to ensure compliance with the stated minimum KSAs, training, and education requirements.
- Employees are encouraged to seek clarification or address any concerns related to their job descriptions with their supervisors.

**Creation of New Job Descriptions:**

In the event of the introduction of new staff positions, Loves2Help will promptly create specific job descriptions for these positions following the same established procedures.

## **EMPLOYEE TRAINING AND DEVELOPMENT**

Our agency is committed to providing comprehensive training and development programs for all employees to ensure they possess the necessary knowledge and skills to deliver high-quality services in compliance with DDD regulations and agency policies. This policy outlines the procedures for training, retraining, and documenting employee training and development, specifically in the areas of serious incident reporting, medication administration, behavior intervention, emergency preparedness, and infection control, including flu epidemics.

### **Procedure:**

#### **Training Needs Assessment:**

The agency's Human Resources Department will conduct a comprehensive training needs assessment for all employees upon hire and at regular intervals, typically annually. The assessment will consider the following:

- Employee's role and job responsibilities.
- Regulatory requirements and changes in DDD regulations.
- Specific training needs based on the employee's job category, such as direct support professionals, nursing staff, supervisors, etc.
- Identified gaps in knowledge or skills that require training.
- The results of the training needs assessment will be documented in each employee's personnel file.

#### **Individualized Training Plans:**

Based on the assessment, individualized training plans will be created for each employee. These plans will outline:

- Specific training areas related to serious incident reporting, medication administration, behavior intervention, emergency preparedness, and infection control.
- The frequency of required retraining, typically annually.
- The method of training delivery, whether in-person, online, or a combination of both.
- Individualized training plans will be reviewed and updated as needed to reflect changes in an employee's job responsibilities or regulatory requirements.

**Training Content Development:**

- The agency's Training and Development Department will be responsible for creating and maintaining training content. This content will be designed to align with DDD regulations and agency policies.
- Content development will consider various learning styles and preferences, and materials will be regularly updated to reflect current best practices and regulatory changes.

**Training Delivery:**

- Employees will be scheduled for training sessions according to their individualized training plans.
- Training will be provided through a combination of methods, including in-person workshops, online courses, seminars, on-the-job training, and mentoring.
- Trainers or instructors delivering the training will possess the necessary qualifications, credentials, and expertise in the subject matter.
- Employees will receive access to training materials, handouts, and resources to support their learning.

**Retraining:**

- Employees will undergo retraining at specified intervals as indicated in their individualized training plans.
- The agency will provide advance notice of upcoming retraining sessions, and employees will be required to attend.

**Documentation:**

Detailed records of each employee's training and development will be maintained in their personnel file. Training records will include:

- Dates and descriptions of training sessions or courses attended.
- Names and credentials of trainers or instructors.
- Results of assessments or evaluations when applicable.



- Certificates or documentation of completion.
- Employees are responsible for reporting their completion of training to HR, and trainers will verify attendance and competency.

### **Tracking and Monitoring:**

- The Human Resources Department and supervisors will maintain a centralized tracking system to monitor employee training compliance.
- HR and supervisors will conduct periodic audits to ensure employees complete training as required and make any necessary corrections.

### **Reporting:**

HR will provide regular reports on employee training and development compliance to the executive team and regulatory authorities, in accordance with DDD regulations and other relevant requirements.

### **Integration with Agency Policies:**

The agency will ensure that training content aligns with agency policies, DDD regulations, and state and federal guidelines. Any updates or changes in policies will be promptly integrated into the training programs.

### **Emergency Preparedness:**

- Specialized training on emergency preparedness, including procedures for responding to flu epidemics and other public health crises, will be provided to employees.
- This training will include information on emergency protocols, evacuation plans, infection control measures, and the use of personal protective equipment during such events.

### **Continuous Improvement:**

- The agency will continuously evaluate the effectiveness of the training and development programs.
- Feedback from employees will be actively sought through surveys, focus groups, and one-on-one discussions to identify areas of improvement and ensure that training content remains current and relevant.

# EMPLOYEES NOTIFICATION OF POLICY CHANGES

Our agency is committed to maintaining clear, consistent, and up-to-date policies and procedures that align with current regulations and best practices. As part of this commitment, it is essential to inform all employees and contractors promptly about any policy changes that may affect their job responsibilities or compliance requirements. This policy outlines the process for notifying employees and contractors of policy changes and ensuring their understanding and adherence.

## A. Policy Change Identification:

Any necessary policy changes, updates, or additions are identified through a comprehensive review process, including ongoing monitoring of regulatory requirements, lessons learned, and best practices.

## B. Review and Approval:

- Proposed policy changes are reviewed and discussed by relevant stakeholders, including department heads, compliance officers, legal counsel, and HR personnel.
- Any policy changes that require approval by regulatory authorities, such as DDD, will undergo the necessary submission and review process.

## C. Policy Content Clarification:

To ensure that the policy changes are understood, the revised policy will be written in clear, plain language with specific details that emphasize the nature and purpose of the change.

## D. Communication Plan:

- The Human Resources Department is responsible for managing the communication plan for policy changes.
- HR will determine the most appropriate communication methods and channels for different types of policy changes. These may include email, in-person meetings, digital notices, and hardcopy distribution.

## E. Timing of Notification:

Employees and contractors will be informed of policy changes as soon as these changes are approved and finalized.

## F. Distribution and Documentation:

- HR will distribute the updated policies to employees and contractors through their designated communication channels.
- A record will be maintained, indicating the date of distribution, methods used, and the names of employees or contractors who have received the updated policies.

G. Acknowledgment of Receipt:

Employees and contractors will be required to acknowledge receipt of the updated policies. This acknowledgment may include signing a hardcopy document, clicking an acknowledgment button in an email, or responding to an electronic form.

H. Training and Education:

Depending on the nature of the policy change, the HR Department may provide additional training or educational resources to ensure that employees and contractors fully understand the implications and application of the updated policies.

I. Open Channels for Questions and Clarifications:

Employees and contractors will be encouraged to reach out to HR or their immediate supervisors if they have questions or require further clarification about the updated policies.

J. Compliance Monitoring:

HR and supervisors will monitor compliance with the updated policies to ensure that employees and contractors adhere to the new requirements.

K. Feedback Mechanism:

The agency will establish a mechanism for employees and contractors to provide feedback and suggestions regarding the impact and effectiveness of the updated policies.

L. Record Maintenance:

HR will maintain a centralized record of all policy changes, acknowledgments, and communications related to policy updates.

M. Reiteration of Policy Review:

This procedure will remind employees and contractors of the agency's commitment to ongoing policy reviews and the need to stay informed about any future policy changes.

This policy and procedure ensure that employees and contractors are well-informed of any changes in agency policies and provide a framework for clear communication and acknowledgment, which is essential for maintaining compliance, accountability, and alignment with best practices.

## EMPLOYEE OR CONTRACTOR PERFORMANCE EVALUATION

Our agency is dedicated to maintaining a high standard of service quality, ensuring the safety and well-being of individuals receiving services, and fostering a positive work environment. To achieve these objectives, employee and contractor performance evaluations are essential for assessing and enhancing the effectiveness and professionalism of our team members. This policy outlines the process for conducting performance evaluations, promoting continuous improvement, and providing feedback to enhance individual and organizational growth.

- A. Evaluation Schedule: Performance evaluations for all employees and contractors will be conducted on an annual basis, with the possibility of interim evaluations as needed.
- B. Evaluation Criteria: Evaluation criteria will be developed for each job position, detailing the key performance indicators, expectations, and competency standards specific to the role.
- C. Documentation: Supervisors are responsible for maintaining clear and comprehensive records of employee or contractor performance throughout the evaluation period.
- D. Self-Evaluation: Employees and contractors may be given the opportunity to provide a self-evaluation, reflecting on their performance and accomplishments during the evaluation period.
- E. Supervisor Evaluation: Supervisors will complete an evaluation of each employee or contractor based on the established criteria and their observations.
- F. 360-Degree Feedback : Depending on the position and agency practices, feedback from colleagues, individuals receiving services, or other stakeholders may be collected to provide a well-rounded assessment.
- G. Review Meeting: A performance review meeting will be scheduled to discuss the evaluation results with the employee or contractor.
- H. Feedback and Discussion: During the review meeting, the supervisor and the employee or contractor will engage in a constructive discussion about the evaluation results, strengths, areas for improvement, and career development goals.
- I. Performance Improvement Plan: If an employee or contractor's performance falls below the expected standards, a performance improvement plan (PIP) may be developed collaboratively. The PIP will outline specific areas for improvement and a timeframe for achieving the desired performance level.
- J. Goal Setting: Both parties will set performance improvement goals, development objectives, and any necessary training or support to facilitate growth.

- K. Completion of Evaluation Form: A formal evaluation form will be completed during the review meeting, documenting the evaluation results, discussions, and agreed-upon goals.
- L. Signatures: Both the supervisor and the employee or contractor will sign the evaluation form, indicating their understanding and commitment to the agreed-upon goals and areas for improvement.
- M. Filing and Record Keeping: Completed evaluation forms will be retained in the employee or contractor's personnel file. These records will be kept confidential and secure.
- N. Performance Recognition: Exceptional performance will be recognized and rewarded as appropriate, based on agency policies and procedures.
- O. Follow-Up: Throughout the evaluation period, supervisors will provide ongoing feedback and support to help employees and contractors reach their performance goals.
- P. Consistency and Fairness: Evaluations will be conducted consistently and fairly for all employees and contractors to maintain transparency and equality within the organization.

This policy and procedure promote a culture of continuous improvement, open communication, and employee development. By conducting regular performance evaluations, we aim to enhance the skills, competencies, and job satisfaction of our employees and contractors while ultimately improving the quality of services provided to the individuals we serve.

# **SAFETY**

## **CRISIS AND EMERGENCY INTERVENTION**

At Loves2Help, we understand the importance of being prepared to address and manage crises, including behavioral, medical, and psychiatric emergencies, that may arise during the screening and referral process, admission, or the provision of services. Our Crisis and Emergency Intervention Policy outlines the necessary procedures and responsibilities to ensure the safety, well-being, and prompt response to individuals under our care during such situations. We define what constitutes a crisis or emergency, establish procedures for accessing appropriate resources, and emphasize employee or contractor responsibilities. This policy is essential in upholding our commitment to the individuals we serve.

### **Definitions**

- A. **Crisis or Behavioral Emergency:** A crisis or behavioral emergency is defined as a situation in which an individual's behavior presents an immediate threat to their safety or the safety of others, or significantly impairs their ability to function.
- B. **Medical Emergency:** A medical emergency is defined as a situation in which an individual's health is at immediate risk, such as severe illness, injury, or life-threatening conditions.
- C. **Psychiatric Emergency:** A psychiatric emergency is defined as a situation in which an individual's mental health presents an immediate risk to their safety or the safety of others, or significantly impairs their ability to function.
- D. **Suicidal Crisis:** A suicidal crisis is a situation where an individual expresses thoughts, intent, or plans to harm or take their own life.
- E. **Severe Agitation and Aggression Crisis:** A crisis involving severe agitation and aggression is characterized by an individual's heightened state of emotional distress and aggression that poses a risk to their safety and the safety of others.
- F. **Runaway or Elopement Crisis:** A runaway or elopement crisis occurs when an individual leaves a designated or supervised area without authorization, which may pose risks to their safety.
- G. **Fire or Environmental Emergency:** A fire or environmental emergency involves situations such as fires, natural gas leaks, or environmental hazards that pose immediate risks to the safety and well-being of individuals.
- H. **Severe Weather or Natural Disaster Emergency:** Severe weather or natural disaster emergencies encompass events like hurricanes, tornadoes,



earthquakes, or floods that may require sheltering, evacuation, or other safety measures.

### **Access to Internal and External Resources**

- A. Internal Resources: In the event of a crisis or emergency, staff are trained to follow established protocols for immediate response. These protocols include de-escalation techniques and actions to ensure the safety of all individuals.
- B. External Resources:
  - If internal resources are insufficient to address the crisis or emergency, we have established procedures for accessing external resources. This includes:
  - Contacting on-call physicians or mental health clinical services if available.
  - Calling 911 or other emergency services as needed.
  - Notifying relevant healthcare facilities or professionals, including hospitals or emergency rooms.

### **Employee or Contractor Responsibilities**

- A. Crisis Response Team: A designated crisis response team, composed of trained staff, is responsible for immediate intervention in the event of a crisis or emergency. The team is trained to follow de-escalation techniques and assess the situation.
- B. Communication and Coordination: Team members communicate and coordinate their efforts to ensure the safety of all individuals involved. This may involve assigning specific roles, such as designating a team leader or the individual's primary caregiver, to manage the crisis.

### **Location of Emergency Medical Information**

- A. Individual Records: Emergency medical information, including any advanced psychiatric or medical directives or crisis response plans developed by the individual, is securely stored and readily accessible to employees or contractors on duty during an emergency or crisis.

## **Crisis Procedures**

- A. Behavioral Crisis Intervention: In the event of a behavioral crisis, the Crisis Response Team follows a set of procedures that may include:
- Assessment of the situation and immediate surroundings.
  - Utilizing de-escalation techniques to defuse the crisis.
  - Implementing crisis response plans, if available and appropriate.
  - Ensuring the safety of all individuals involved.
  - Documenting the crisis and response for review.
- B. Medical Emergency Response: In the event of a medical emergency, staff will:
- Assess the individual's condition and provide necessary first aid if trained to do so.
  - Contact 911 or emergency medical services.
  - Inform the Crisis Response Team and the individual's authorized representative, if applicable.
  - Assist in the transfer of the individual to a medical facility if required.
- C. Psychiatric Emergency Response: In the event of a psychiatric emergency, staff will:
- Assess the individual's mental health condition and immediate needs.
  - Contact on-call mental health clinical services, if available.
  - Implement crisis response plans, if available and appropriate.
  - Ensure the individual's safety and well-being.
  - Document the crisis and response for review.
- D. Suicidal Crisis Intervention: In the event of a suicidal crisis, the Crisis Response Team follows these procedures:
- Immediate assessment of the individual's intent and plan.
  - Removal of any potentially harmful objects.
  - Continuous monitoring and engagement with the individual to provide support.
  - Contacting on-call mental health clinical services, if available.
  - Implementation of a suicide prevention plan, if available.
  - Notification of appropriate mental health professionals for evaluation and intervention.
- E. Medical Crisis Requiring Medication: In the event of a medical crisis that requires medication intervention, staff will:
- Administer prescribed medications as directed by a physician.
  - Monitor the individual's response to the medication and provide necessary medical support.
  - Contact on-call physicians or medical professionals for guidance.
  - Ensure the individual's safety and well-being during the crisis.
- F. Severe Agitation and Aggression Crisis: In the event of severe agitation or aggression crisis, the Crisis Response Team follows these procedures:

- Immediate assessment of the individual's safety and the safety of others.
- Implementation of de-escalation techniques and verbal interventions.
- Consideration of physical interventions, such as restraint, as a last resort, following established policies and regulations.
- Notification of relevant authorities or crisis response teams, as needed.
- Monitoring and documentation of the crisis and interventions.

G. Runaway or Elopement Crisis: In the event of a runaway or elopement crisis, staff will:

- Immediately notify appropriate authorities, such as law enforcement, to assist in locating the individual.
- Communicate with the individual's authorized representative, if applicable.
- Conduct a search of the immediate vicinity.
- Review and update safety and elopement prevention plans, if available, to prevent future occurrences.

H. Fire or Environmental Emergency: In the event of a fire or environmental emergency, staff will:

- Ensure the immediate evacuation of individuals to a safe location.
- Contact emergency services and the fire department.
- Implement fire safety and emergency preparedness procedures, including the use of fire extinguishers, fire alarms, and evacuation routes.
- Account for all individuals and conduct safety checks.

I. Severe Weather or Natural Disaster Emergency: In the event of severe weather or natural disasters, staff will:

- Follow established protocols for sheltering, evacuation, or other safety procedures based on the specific emergency.
- Ensure the safety and well-being of all individuals, including those with special needs.
- Coordinate with local emergency services and authorities for assistance and updates.
- Communicate with individuals and authorized representatives, if applicable, to keep them informed.

## **Communication Protocols**

- A. Notifications: In the event of a crisis or emergency, the Crisis Response Team is responsible for promptly notifying the following:
  - On-call physicians, mental health clinical services, or medical professionals.
  - Relevant healthcare facilities.
  - Authorized representatives of the individual, if applicable.
- B. Emergency Services: The Crisis Response Team ensures that emergency services, such as 911, are contacted when necessary.

## **Documentation and Review**

- A. Documentation: All crisis and emergency interventions are documented in individual records, including evaluations, notifications, actions taken, and responses.
- B. Review: Regular reviews of crisis and emergency interventions are conducted to evaluate their effectiveness, identify areas for improvement, and update crisis response procedures as needed.

## **Individual-Centered Approach**

In the event of a crisis or emergency, the Crisis Response Team follows an individual-centered approach that prioritizes the well-being and safety of the individual. Any interventions are carried out with the individual's needs, preferences, and rights at the forefront.

Loves2Help is dedicated to ensuring the safety and well-being of individuals in our care during crises and emergencies. Our detailed crisis procedures, based on defined crisis types, provide a clear framework for addressing various situations.

# **DOCUMENTING CRISIS INTERVENTION AND EMERGENCY SERVICES**

At Loves2Help, we recognize the importance of maintaining accurate and comprehensive records of crisis intervention and emergency services provided to individuals in our care. Our Documenting Crisis Intervention and Emergency Services Policy ensures that these incidents are documented with precision, transparency, and in a timely manner. We are committed to maintaining records that include essential details of the crisis or emergency, interventions, individuals involved, and outcomes. This policy underscores our commitment to accountability and the well-being of the individuals we serve.

- **Date and Time:** The date and time of the crisis or emergency incident are recorded accurately. This ensures a chronological account of events.
- **Nature and Circumstances:** A description of the nature of the crisis or emergency and the circumstances surrounding it is documented in detail. This includes any relevant factors that may have contributed to the situation.
- **Individual's Name:** The name of the individual who was involved in the crisis or emergency is clearly stated in the documentation.
- **Precipitating Factors:** A thorough description of the factors that precipitated the crisis or emergency is provided. This includes any behaviors, events, or conditions leading up to the incident.
- **Interventions or Treatment:** Detailed information about the interventions or treatments provided during the crisis or emergency is documented. This may include de-escalation techniques, medical care, psychiatric interventions, or other actions taken to address the situation.
- **Names of Employees or Contractors:** The names of employees or contractors who responded to or were consulted during the crisis or emergency are recorded. This ensures accountability and a clear understanding of who was involved in the response.
- **Outcome:** The outcome of the crisis or emergency is documented, including whether the situation was successfully resolved, any follow-up actions required, and the individual's current condition.

## **Record Retention:**

All documentation related to crisis intervention and emergency services is securely retained and maintained for a specified period in compliance with regulatory and organizational standards. This information is kept confidential and accessible only to authorized personnel.

**Timely Documentation:**

Documentation of crisis intervention and emergency services is completed in a timely manner to ensure accuracy and compliance with record-keeping standards.

**Accuracy and Objectivity:**

All documentation is maintained with accuracy and objectivity, reflecting the facts and events without bias.

**Review and Quality Assurance:**

Regular reviews of crisis intervention and emergency service documentation are conducted to ensure compliance with policy and to identify areas for improvement.

**Training and Awareness:**

Staff and contractors are trained and made aware of the documentation requirements and the importance of maintaining precise records of crisis intervention and emergency services.

Loves2Help is dedicated to maintaining accurate and comprehensive records of crisis intervention and emergency services. Our policy and procedures ensure that these incidents are documented transparently and in a way that prioritizes the safety, well-being, and rights of the individuals we serve.

## **ACCESS TO TELEPHONE IN EMERGENCIES**

The organization is committed to ensuring the availability of communication facilities during emergencies to promptly request assistance or report critical situations. This policy outlines the procedures for accessing telephones in emergency situations, including how to contact emergency services and provider medical personnel, where appropriate.

### **Telephone Access in Emergency Situations**

The organization will provide access to telephones during all hours of operation in accessible locations within its facilities to ensure immediate communication in emergency situations.

### **Emergency Telephone Numbers**

- **Prominently Posted Numbers:** Emergency telephone numbers for contacting local emergency services will be prominently posted near telephones in clearly visible and accessible locations throughout the organization's facilities.
- **Loves2Help Medical Personnel:** In addition to local emergency services, instructions on how to contact the organization's medical personnel, if appropriate and available, will also be displayed near telephones. These instructions should specify when and how to contact medical personnel in emergency medical situations.

### **Telephone Functionality**

The organization will regularly test and maintain the functionality of telephones to ensure they are operational in case of emergencies. This includes monitoring phone lines, testing connectivity, and addressing any malfunctions promptly.

### **Employee Training**

Employees will be trained on the location of emergency telephone numbers, how to use the telephone system to contact emergency services, and the specific

procedures for contacting provider medical personnel, where relevant. Training may include orientation and periodic refresher courses.

### **Testing of Emergency Communication**

The organization may conduct periodic drills and testing of emergency communication to ensure employees and individuals receiving services know how to use the telephone system effectively in emergency situations.

### **Review and Approval**

This Access to Telephone in Emergencies Policy will be reviewed and updated as needed to adapt to evolving risk profiles and regulatory requirements. It will be approved by [Designated Individual] annually or as required.

### **Implementation**

Upon approval, this policy will be communicated to all employees and integrated into the organization's operations to ensure consistent access to telephones during emergencies.



## **RISK MANAGEMENT**

Our agency is dedicated to ensuring the safety and well-being of individuals receiving services and our employees. To fulfill this commitment, we have established a comprehensive Risk Management Policy designed to identify, monitor, and minimize risks associated with our services. This policy outlines our risk management framework and the procedures we have in place to safeguard against potential harm, personal injury, infectious disease, property damage, and liability.

### **Designation of Risk Management Personnel**

The agency shall designate a qualified individual who has completed department-approved training, including risk management principles, individual risk screening, investigation procedures, root cause analysis, and data analysis for identifying risk patterns and trends. This designated person shall oversee the risk management function within the organization.

### **Risk Identification and Monitoring**

The agency shall implement a written risk management plan to identify, monitor, and mitigate risks. This plan will address personal injury, infectious disease, property damage or loss, and other potential liabilities. It will be continuously updated and reviewed.

### **Annual Systemic Risk Assessment**

The agency shall conduct a systemic risk assessment annually to identify and respond to practices, situations, and policies that could pose a risk to individuals receiving services. The assessment will focus on the following areas:

- Environment of care
- Clinical assessment or reassessment processes
- Staff competence and staffing adequacy
- High-risk procedures, including seclusion and restraint
- Review of serious incidents

## **Use of Uniform Risk Triggers and Thresholds**

The systemic risk assessment process will incorporate uniform risk triggers and thresholds defined by the department. These thresholds will help identify potential risks and guide the agency's response.

## **Annual Safety Inspections**

At least annually, the agency shall conduct safety inspections of each service location owned, rented, or leased. Safety recommendations will be documented, and any improvements will be implemented. The documentation of these inspections shall be maintained.

## **Serious Injury Documentation and Evaluation**

The agency shall document serious injuries to employees, contractors, students, volunteers, and visitors that occur during the provision of services or on the agency's property. Documentation of such incidents will be retained for three years. The agency will also conduct an annual evaluation of serious injuries and implement recommendations for improvements.

## **Risk Mitigation and Continuous Improvement**

The agency is committed to taking prompt and appropriate action to mitigate identified risks and improve safety. This includes implementing recommendations from safety inspections, risk assessments, and evaluations of serious injuries.

This Risk Management Policy reflects our dedication to providing safe and secure services. It outlines the framework and procedures we follow to identify, assess, and minimize potential risks, ensuring the welfare of individuals receiving services and all stakeholders.

# **RISK MANAGEMENT PLAN**

## **Introduction**

- Objective: The objective of this Risk Management Plan is to identify, evaluate, and mitigate risks associated with our organization's operations, services, and activities.
- Scope: This plan encompasses all aspects of our organization, including services provided, physical locations, and interactions with individuals receiving services.

## **Risk Identification**

Process: The agency will use the following methods to identify potential risks:

- Annual systemic risk assessments
- Safety inspections of service locations
- Reporting and documentation of serious incidents
- Regular reviews of policies and procedures
- Feedback and suggestions from employees, individuals receiving services, and other stakeholders

## **Risk Assessment**

- Risk Classification: Risks will be categorized into different groups, such as personal injury, infectious disease, property damage, and liability.
- Risk Evaluation: Each identified risk will be assessed based on its likelihood and impact.
- Risk Prioritization: Risks will be prioritized according to their potential consequences and the probability of occurrence.

## **Risk Mitigation Strategies**

- Safety Measures: Implement safety measures and best practices to minimize identified risks, such as fall prevention, infection control, and the safe use of restraints.

- **Staff Training:** Ensure that employees are adequately trained to prevent and manage risks in their specific roles.
- **Policy Updates:** Continuously review and update policies and procedures to address emerging risks.
- **Regular Inspections:** Conduct annual safety inspections and promptly address any identified issues.
- **Emergency Preparedness:** Develop and maintain emergency preparedness plans to address potential crises or disasters.

## **Documentation and Reporting**

- **Incident Reporting:** Document and report all incidents and injuries promptly and accurately. This includes any incidents involving employees, individuals receiving services, or visitors.
- **Data Analysis:** Analyze incident and risk data to identify patterns and trends, which will inform risk management strategies.
- **Root Cause Analysis:** Conduct a more detailed root cause analysis when certain thresholds are met, such as multiple serious incidents within a specified period.
- **Record Keeping:** Maintain accurate records of all risk management activities and assessments.

## **Continuous Improvement**

- **Regular Review:** Conduct regular reviews of the Risk Management Plan and update it as necessary.
- **Employee Training:** Ensure employees are educated about risk management principles and procedures, and provide ongoing training and development.
- **Communication:** Foster a culture of open communication where employees, individuals receiving services, and stakeholders can report potential risks or suggest improvements.
- **Feedback Loops:** Collect feedback and assess the effectiveness of risk mitigation strategies to make necessary adjustments.

## **Responsible Parties**

Clearly define roles and responsibilities for employees involved in the risk management process.

## **Review and Approval**

This Risk Management Plan will be reviewed and approved by [Designated Individual] annually or as needed.

## **Implementation**

Once approved, the plan will be communicated to all employees and integrated into the organization's operations.

This Risk Management Plan outlines our strategy for identifying, evaluating, and mitigating risks to ensure the safety of individuals receiving services, employees, and other stakeholders. It will be continuously reviewed and updated to adapt to evolving risk profiles and regulatory requirements.

# **WEAPONS POLICY**

At Loves2Help, we prioritize the safety and well-being of individuals and staff. Our Weapons Policy outlines the procedures for the use and possession of firearms, pellet guns, air rifles, and other weapons on our facility's premises. We are dedicated to ensuring the safety of everyone by regulating the possession and use of weapons. This policy clearly states who is allowed to hold a weapon and outlines the consequences for staff or consumers found in violation of this policy.

## **Use and Possession of Weapons:**

Loves2Help strictly prohibits the use and possession of firearms, pellet guns, air rifles, and other weapons on the facility's premises, except as outlined below.

### **A. Authorized Personnel:**

- Weapons may only be in the possession of licensed security personnel or sworn law-enforcement personnel who have received the appropriate training to handle and use weapons safely.
- These authorized personnel are responsible for ensuring the security and safety of individuals and staff on the premises.

## **Storage and Safekeeping:**

Authorized personnel must securely store all weapons under lock and key when not in use, preventing unauthorized access.

## **Supervised Use:**

- If weapons are used, it must be under the direct supervision of an authorized and responsible adult.
- The use of weapons must adhere to policies and procedures developed by the facility for lawful and safe use.

## **Individuals' Safety:**

Loves2Help ensures the safety of individuals by prohibiting the presence of weapons in the facility, except in cases involving authorized personnel.

**Unauthorized Possession and Use:**

Unauthorized possession or use of weapons is strictly prohibited and constitutes a breach of this policy.

**Consequences for Violations:**

- Any staff or consumers found in violation of this policy, including unauthorized possession or use of weapons, will face immediate consequences.
- Consequences may include, but are not limited to, disciplinary actions, legal repercussions, and termination of employment for staff members.

**Compliance and Review (Ongoing):**

- Loves2Help continuously monitors and reviews the Weapons Policy to ensure compliance.
- Any necessary adjustments or enhancements to the policy or procedures are made to maintain a safe and secure environment.

Loves2Help is committed to the safety and well-being of individuals and staff. Our Weapons Policy ensures strict regulation of the possession and use of weapons, with clear authorization guidelines and consequences for violations. This policy prioritizes the security of our facility, staff, and individuals, promoting a safe and protected environment.

# **INFECTION/EXPOSURE CONTROL**

Our agency is committed to maintaining a safe and hygienic environment for both employees and patients. This policy outlines procedures for infection prevention, hygiene protocols, proper use of Personal Protective Equipment (PPE), and steps to handle potential exposure to infectious diseases.

## **Infection Prevention Procedures:**

1. Hygiene Protocols:
  - Hand Hygiene: All personnel must adhere to proper hand hygiene practices following CDC guidelines, including frequent handwashing with soap and water or using alcohol-based hand sanitizers.
  - Respiratory Hygiene/Cough Etiquette: Educate staff on covering coughs and sneezes with tissues or elbows and disposing of tissues properly.
  - Environmental Cleaning: Regularly sanitize and disinfect equipment, surfaces, and patient areas according to established protocols.
2. Personal Protective Equipment (PPE) Use:
  - PPE Assessment: Conduct a risk assessment to determine the appropriate PPE required for different tasks and patient interactions.
  - PPE Training: Provide comprehensive training on the correct use, storage, and disposal of PPE to all staff.
  - PPE Supply Management: Maintain adequate stock of PPE and ensure its accessibility for staff members.

## **Exposure Control Procedures:**

1. Handling Potential Exposure:
  - Exposure Risk Assessment: Develop a protocol for assessing the level of exposure to infectious diseases in cases where an exposure incident occurs.
  - Immediate Response: In the event of exposure, employees should follow the designated procedures, including seeking immediate medical attention and notifying their supervisor.
  - Incident Reporting: Establish a reporting system for employees to report exposure incidents promptly to the designated authorities within the agency.
2. Protocols for Reporting Incidents:



- Documentation: Maintain detailed records of exposure incidents, including date, time, individuals involved, circumstances, and any follow-up actions taken.
- Follow-Up and Support: Provide post-exposure evaluation and follow-up support to affected employees, including medical assessment and counseling if necessary.
- Review and Improvement: Regularly review exposure incidents to identify areas for improvement in protocols and training.

## EMERGENCY USE OF MANUAL RESTRAINTS POLICY

Loves2Help will promote the rights of clients and will protect their health and safety to avoid the emergency use of manual restraints.

“Emergency use of manual restraint” means using a manual restraint when a client poses an imminent risk of physical harm to self or others and it is the least restrictive intervention that would achieve safety. Property damage, verbal aggression, or a client’s refusal to receive or participate in treatment or programming on their own, do not constitute an emergency.

- A. Caregivers are instead expected to use positive support strategies and techniques in an attempt to de-escalate a client’s behavior before it poses an imminent risk of physical harm to self or others. Positive behavior support strategies include:
- Understanding how and what the client is communicating;
  - Understanding the impact of other’s presence, voice, tone, words, actions, and gestures, and modifying these as necessary;
  - Supporting the client in communicating choices and wishes;
  - Caregivers changing their own behavior when it has a detrimental impact;
  - Temporarily avoiding situations that are too difficult or too uncomfortable for the client;
  - Allowing the client to exercise as much control and decision-making as possible over day-to-day routines;
  - Assisting the client to increase control over life activities and environment;
  - Teaching the client coping, communication and emotional self-regulation skills;
  - Anticipating situations that will be challenging and assisting the client to cope or to respond in a calm way;
  - Filling up the client’s life with opportunities such as valued work, enjoyable physical exercise and preferred recreational activities; and
  - Modifying the environment to remove stressors (such as irritating noise, light or cold air).
- B. Loves2Help will develop a positive support transition plan on the forms and in manner prescribed by the Commissioner of Human Services and within the required timelines for each person served when required in order to:
- eliminate the use of prohibited procedures as identified in this policy;
  - avoid the emergency use of manual restraint as defined in section I of this policy;
  - prevent the person from physically harming self or others; or

- phase out any existing plans for the emergency or programmatic use of restrictive interventions prohibited.

## **PERMITTED ACTIONS AND PROCEDURES**

Loves2Help allows the following instructional techniques and intervention procedures used on an intermittent or continuous basis. When used on a continuous basis, they must be addressed in a client's care plan.

- A. Physical contact or instructional techniques must use the least restrictive alternative possible to meet the needs of the client in order to:
  - a. calm or comfort a client by holding that persons with no resistance from that person;
  - b. protect a client known to be at risk of injury due to frequent falls as a result of a medical condition;
  - c. facilitate the person's completion of a task or response when the person does not resist or the person's resistance is minimal in intensity and duration; or
  - d. block or redirect a client's limbs or body without holding the person or limiting the person's movement to interrupt the person's behavior that may result in injury to self or others, with less than sixty (60) seconds of physical contact by staff; or
  - e. to redirect a client's behavior when the behavior does not pose a serious threat to the person or others and the behavior is effectively redirected with less than 60 seconds of physical contact by staff.
- B. Restraint may be used as an intervention procedure to:
  - a. position a client with physical disabilities in a manner specified in the client's care plan; or
  - b. assist in the safe evacuation or redirection of a client in the event of an emergency and the client is at imminent risk of harm; or
  - c. when instructed by a licensed health care professional to safely conduct a medical examination or to provide medical treatment

Any use of restraint as allowed in this paragraph B must comply with the restrictions identified in the preceding paragraph A.

- C. Use of adaptive aids or equipment, orthotic devices, or other medical equipment ordered by a licensed healthcare professional to treat a diagnosed medical condition do not in and of themselves constitute the use of mechanical restraint.

## **PROHIBITED PROCEDURES**

Loves2Help prohibits the use of the following procedures as a substitute for adequate staffing, for a behavioral or therapeutic program to reduce or eliminate behavior, as punishment, or for Caregiver's convenience:

1. Chemical restraint;
2. Mechanical restraint;
3. Manual restraint;
4. Time out;
5. Seclusion; or
6. Any aversive or deprivation procedure.

## **MANUAL RESTRAINTS NOT ALLOWED IN EMERGENCIES**

Loves2Help does not allow the emergency use of manual restraint. Alternative measures must be used by Caregivers to achieve safety when a client's conduct poses an imminent risk of physical harm to self or others and less restrictive strategies have not achieved safety, such as clearing the area of obstacles, attending to physical needs, providing a device to alert Caregivers of need for assistance. Caregivers may contact their supervisor to discuss specific alternatives for their client.

If a client poses a threat to self or others (including actions which are actively violent, such as actively assaulting caregivers or others, throwing and breaking things), appears belligerent and hostile (i.e. potentially violent), and/or expresses imminent intent to harm self or others (even if the client does not appear threatening to self or others) then Caregivers should take the following actions:

- Immediately call 911
- Before emergency personnel arrives/responds, if possible without making physical contact with the client and/or endangering themselves or others, remove any potentially dangerous objects and any other vulnerable adults and/or children in the client's immediate area
- Any and all other emergency procedures within the client's care plan (including without limitation any applicable Individual Abuse Prevention Plan) and the Client Guide (as applicable), including notifying the client's designated emergency contact of the situation as soon as possible

- After emergency personnel have resolved the situation, report the incident to the direct supervisor.

Loves2Help will not allow the use of an alternative safety procedure with a client when it has been determined by the client's physician or mental health provider to be medically or psychologically contraindicated for a person. Loves2Help will complete an assessment of whether the allowed procedures are contraindicated for each person receiving services.

## **REPORTING EMERGENCY USE OF MANUAL RESTRAINT**

Loves2Help does not allow the emergency use of manual restraint. Any staff person who believes or knows that a manual restraint was implemented during an emergency basis must immediately report the incident to the person listed below. Loves2Help has identified the following person or position responsible for reporting the emergency use of manual restraint, when determined necessary

## **EMERGENCY RESPONSE, REPORTING & REVIEW POLICY**

It is Loves2Help's policy that Caregivers effectively respond to, report, and review all emergencies to ensure the safety of clients while actively providing services and to promote the continuity of services until emergencies are resolved.

"Emergency" means any event that affects the ordinary daily operation of the program including, but not limited to fires, severe weather, natural disasters, power failures, or other events that threaten the immediate health and safety of clients; and that require calling 911, emergency evacuation, moving to an emergency shelter from the service site for more than 24 hours.

The Caregiver should be familiar with the Emergency Preparedness Plan located with the client's care plan. It is important the Caregiver remains calm and keeps everyone informed throughout the emergency.

### **Fires**

In the event of a fire emergency, Caregivers should take the following actions:

- Use fire extinguishers to suppress the fire if it can be done safely.
- Call 911 and provide them with relevant information.
- Evacuate all people in the immediate area to an area of safety, closing doors against smoke and heat. Test a closed door before opening by feeling near the top. If the door is hot, use an alternative exit. If a room is smoke-filled, keep close to the floor to breathe more easily.
- Keep everyone together. Do not reenter until the emergency personnel determine it is safe to do so.
- Provide emergency first aid as required until emergency personnel arrive.

### **Severe weather and natural disasters**

In the event of a severe weather emergency, Caregivers should take the following actions:

- Monitor weather conditions: Listen to local television, radio or a weather-radio for weather warnings and watches. Make sure the client is aware of the situation.

- Follow the recommendations of the announcement and assist the client in the preparation for the inclement weather, which may include changing plans and activities, staying indoors or seeking shelter.

## **Power failures**

In the event of a power failure emergency, Caregivers should take the following actions:

- Report power failures to the client's power company.
- Use emergency supplies (flashlights, battery-operated radio).
- Work with clients to change plans and activities to keep them safe.

## **Emergency shelter**

Need of an emergency shelter may include: severe weather, natural disasters, power failures, and other events that threaten the immediate health and safety of clients.

- Follow directions of local emergency personnel to locate the closest emergency shelter.
- If time allows, move to the emergency shelter with at least a 24-hour supply of medications and medical supplies, medical books/information, and emergency contact names and information.
- At the emergency shelter, notify personnel of any special needs required.

## **Emergency evacuation**

Often the emergency evacuation will be directed by police, fire, or other emergency personnel who will direct people where to seek safety.

If time allows, evacuate with medication and medical supplies, medical and programs books/information, clothing, grooming supplies, other necessary personal items, and emergency contact names and information.

## **REPORTING PROCEDURES**

Emergency reports will be completed using the Loves2Help emergency report and review form as soon as possible after the occurrence, but no later than twenty-four (24) hours after the emergency occurred or the program became aware of the occurrence. It is not necessary to identify all persons affected by or involved in the emergency unless the emergency resulted in an incident to a person or persons. The written report will include:

- A. The date, time, and location of the emergency;
- B. A description of the emergency;
- C. A description of the response to the emergency and whether a person's coordinated service and support plan addendum or program policies and procedures were implemented as applicable;
- D. The name of the staff person or persons who responded to the emergency; and
- E. The results of the review of the emergency.

## **REVIEW PROCEDURES**

Loves2Help will complete a review of all emergencies.

- A. The review will be completed using the program's emergency report and review form by the CEO.
- B. The review will be completed within thirty (30) days of the emergency.
- C. The review will ensure that the written report provides a written summary of the emergency.
- D. The review will identify trends or patterns, if any, and determine if corrective action is needed.
- E. When corrective action is needed, a staff person will be assigned to take the corrective action within a specified time period.

## **RECORD KEEPING PROCEDURES**

- A. The review of an emergency will be documented on the emergency reporting form and will include identifying trends or patterns and corrective action if needed.
- B. Emergency reports will be maintained at the Loves2Help main office.



# **INCIDENT RESPONSE, REPORTING AND REVIEW POLICY**

It is the policy of Loves2Help to respond to, report, and review all incidents that occur while providing services in a timely and effective manner in order to protect the health and safety of and minimize risk of harm to clients.

## **DEFINITIONS**

1. “Abuse” means the infliction of, or allowing another individual to inflict, or cause, physical pain or injury, impairment of bodily function, disfigurement or serious emotional damage which may be evidenced by severe anxiety, depression, withdrawal, or untoward aggressive behavior. Such Abuse may be caused by acts or omissions of an individual having responsibility for the care, custody or control of a Member receiving care services. Abuse also includes sexual misconduct, assault, molestation, incest, or prostitution of, or with, a Member under the care of personnel of the agency. A.A.C. R9-21-101(B).
  2. “Community Complaint” means a complaint from the community that puts a Member or the community at risk of harm.
  3. “Death” means expected (natural), unexpected (unnatural), or no Provider present.
  4. “Death Expected” means Death from long-standing, progressive medical conditions, or age-related conditions, such as end-stage cancers, end-stage kidney or liver disease, end-stage Human Immunodeficiency Virus or Acquired Immunodeficiency Syndrome, end-stage Alzheimer or Parkinson diseases, severe congenital malformations.
  5. “Death Unexpected” means Death from motor vehicle accidents, suicides, accidental drug overdoses, homicides, acute myocardial infarction or strokes, trauma Abuse, sudden Deaths from undiagnosed conditions or generic medical conditions that progress to rapid deterioration.
  6. “Death No Provider Present” means Death of a Member living independently or with family and no Provider is being paid for service provision at the time of Death.
- “Exploitation (Of a Vulnerable Adult)” means, as specified in A.R.S. §46-451(A)(5), the illegal or improper use of a Vulnerable Adult or their resources for another’s profit or advantage.

8. “High Profile Case” means a case that attracts or is likely to attract attention from the public or media.

9. “Human Rights Violation” means a violation of a Member’s rights, benefits, respect, and privileges guaranteed in the laws of the United States and the State of Arizona.

10. “Incident” means an unexpected event or occurrence that causes harm or has the potential to cause harm to a Member, or an indicator of risk to the health or welfare of the Member.

11. “Medication Error” means that one or more of the following has occurred:

- a. Member given the wrong medication,
- b. Member given the wrong medication dosage,
- c. Member given medication at the wrong time,
- d. Member not given medication at all,
- e. Member given medication wrong route, or
- f. Medication given to the wrong person.

12. “Member” means the same as “Client” as defined in A.R.S. § 36-551.

14. “Neglect (Of a Vulnerable Adult)” means, as specified in A.R.S. §46-451(A)(7), a pattern of conduct without the Member’s informed consent resulting in deprivation of food, water, medication, medical services, shelter, cooling, heating, or other services necessary to maintain minimum physical or mental health.

15. “Planning Document” means a plan which is developed by the planning team, such as an Individualized Family Service Plan (IFSP) or Person-Centered Service Plan (PCSP).

16. “Provider” means an individual or entity that contracts with the Division or Arizona Health Care Cost Containment System for the provision of covered services to Members according to the provisions prescribed in A.R.S. §36-2901 or any subcontractor of a Provider delivering services pursuant to A.R.S. §36-2901.

17. “Responsible Person” means the parent or guardian of a minor with a developmental disability, the guardian of an adult with a developmental disability, or

an adult with a developmental disability who is a member or an applicant for whom no guardian has been appointed as defined in A.R.S. §36-551.

18. "Sentinel Event" means an unexpected Incident involving Death, serious physical or psychological injury, or risk thereof.

19. "Serious Injury" means any type of injury requiring medical care or treatment beyond first aid, including assessment or treatment in an emergency room, treatment center, physician's office, urgent care, or admission to a hospital.

20. "Vulnerable Adult" means, as specified in A.R.S. §46-451(A)(10), an individual who is eighteen years of age or older and who is unable to protect themselves from Abuse, Neglect, or Exploitation by others because of a physical or mental impairment.

## **REPORTABLE INCIDENTS**

Loves2Help shall report any of the following reportable Incidents:

1. Allegations of Abuse, Neglect, or Exploitation of a Member;
2. Death of a Member;
3. Delays or difficulty accessing care or services;
4. Healthcare acquired conditions and other Provider preventable conditions;
5. Serious Injury;
6. Injury resulting from the use of a personal, physical, chemical or mechanical restraint, or seclusion;
7. Injury requiring medical care or treatment beyond first aid;
8. Medication error;
9. Missing Member;
10. Member suicide attempt;
11. Suspected or alleged criminal activity;
12. Emergency measures used by staff;
13. Environmental circumstances, such as inclement weather, loss of air conditioning, loss of water, loss of electricity, which pose a threat or may cause harm to a Member or requires a change in operations;
14. Health Insurance Portability and Accountability Act violation;
15. Allegations of Medicaid fraud, waste or abuse;
16. Missing or loss of Member funds or property less than \$1,000;
17. Property damage less than \$10,000;
18. Illicit drug use by staff or Member;
19. Allegations of Human Rights Violations;

20. High Profile Case or police involvement;

21. Community Complaint; or

22. Any other Incident that causes harm or has the potential to cause harm to a Member.

## **REPORTABLE SENTINEL EVENTS**

Loves2Help shall report any of the following reportable Sentinel Events:

1. Death or Serious Injury associated with a missing Member;
2. Suicide, attempted suicide, or self-harm that results in Serious Injury;
3. Death or Serious Injury of a Member associated with a Medication Error;
4. Death or Serious Injury of a Member associated with a fall;
5. Stage 3, Stage 4, and any unstageable pressure ulcers acquired after admission or presentation to a healthcare setting;
6. Death or Serious Injury of a Member associated with the use of a personal, physical, chemical or mechanical restraint, or seclusion;
7. Sexual Abuse or sexual assault of a Member during the provision of services;
8. Death or Serious Injury of a Member resulting from a physical assault that occurs during the provision of services;
9. Homicide committed or allegedly committed by a Member;
10. Missing or loss of Member funds or property over \$1,000; or
11. Property damage over \$10,000.

## **INCIDENT AND SENTINEL EVENT REPORTING**

1. Loves2Help shall report Incidents to the Division no later than the next business day after the occurrence or notification of the occurrence, including submission of a detailed incident report to the Division's Quality Management Unit.

2. Loves2Help shall report Sentinel Events to the Division immediately at 602-375-1403 or 1-855-375-1403 and submit a detailed incident report to the Division's Quality Management Unit no later than the next business day after the occurrence. Phone lines are available 24 hours a day, weekdays, weekends, and holidays.

3. Loves2Help shall notify the following individuals or agencies as applicable:

a. Member's Responsible Person unless otherwise specified in the Member's Planning Document;

b. Assigned support coordinator; and

c. Law enforcement or other protective service agencies, as applicable, and document:

i. Name and title of the person submitting the report,

ii. Name of regulatory agency report was made,

iii. Name and title of regulatory agency taking the report,

iv. Date and time of the report, and

v. Tracking and report number from the regulatory agency, as applicable.

## **MANDATORY REPORTING**

Loves2Help and independent Providers who have a reasonable basis to suspect that Abuse, Neglect, or Exploitation of a Member has occurred must report such information immediately to a peace officer or protective services agency.

## RESPONSE PROCEDURES

- A. Serious injury
  - a. In the event of a serious injury, staff will provide emergency first aid following instructions received during training.
  - b. Summon additional staff, if they are immediately available, to assist in providing emergency first aid or seeking emergency medical care.
  - c. Seek medical attention, including calling 911 for emergency medical care, as soon as possible.
- B. Death
  - a. If staff are alone, immediately call 911 and follow directives given to you by the emergency responder.
  - b. If there is another person with you, ask them to call 911, and follow directives given to you by the emergency responder.
- C. Medical emergency, unexpected serious illness, or significant unexpected change in an illness or medical condition
  - a. Assess if the client requires the program to call 911, seek physician treatment, or hospitalization.
  - b. When staff believes that a client is experiencing a life threatening medical emergency they must immediately call 911.
  - c. Staff will provide emergency first aid as trained or directed until further emergency medical care arrives at the program or the client is taken to a physician or hospital for treatment.
- D. Mental health crisis

When staff believes that a client is experiencing a mental health crisis they must call 911 or the mental health crisis intervention team as instructed by law enforcement.

- E. Requiring 911, law enforcement, or fire department
  - a. For incidents requiring law enforcement or the fire department, staff will call 911.
  - b. For non-emergency incidents requiring law enforcement, staff will call the non-emergency number for law enforcement.
  - c. For non-emergency incidents requiring the fire department, staff will call the non-emergency number for the fire department.
  - d. Staff will explain the need for assistance to the emergency personnel.
  - e. Staff will answer all questions asked and follow instructions given by the emergency personnel responding to the call.
- F. Unauthorized or unexplained absence

When a client is determined to be missing or has an unauthorized or unexplained absence, staff will take the following steps:



- a. If the client has a specific plan outlined in his/her care plan to address strategies in the event of unauthorized or unexplained absences that procedure should be implemented immediately, unless special circumstances warrant otherwise.
- b. An immediate and thorough search of the immediate area that the client was last seen will be completed by available staff. When two staff persons are available, the immediate area and surrounding neighborhood will be searched by one staff person. The second staff person will remain at the program location. Other clients receiving services will not be left unsupervised to conduct the search.
- c. If after no more than 15 minutes, the search of the facility and neighborhood is unsuccessful, staff will contact law enforcement authorities.
- d. After contacting law enforcement, staff will notify Bruce Emmel who will contact people as needed to assist in the search.
- e. When the client is found, staff will return the client to the service site, or make necessary arrangements for the client to be returned to the service site.

#### G. Conduct of the client

When a client is exhibiting conduct against another client receiving services that is so severe, pervasive, or objectively offensive that it substantially interferes with a client's opportunities to participate in or receive service or support; places the client in actual and reasonable fear of harm; places the client in actual and reasonable fear of damage to property of the client; or substantially disrupts the orderly operation of the program, staff will take the following steps:

- a. Summon additional staff, if available. If injury to a client has occurred or there is imminent possibility of injury to a client, implement approved therapeutic intervention procedures following the policy on emergency use of manual restraints (see Emergency Use of Manual Restraints Policy).
- b. As applicable, implement the Coordinated Service and Support Plan Addendum (including without limitation any applicable Abuse Prevention Plan) for the client.
- c. After the situation is brought under control, question the client(s) as to any injuries and visually observe their condition for any signs of injury. If injuries are noted, provide necessary treatment and contact medical personnel if indicated.

#### H. Sexual activity involving force or coercion

If a client is involved in sexual activity with another client receiving services and that sexual activity involves force or coercion, staff will take the following steps:

- a. Instruct the client in a calm, matter-of-fact, and non-judgmental manner to discontinue the activity. Do not react emotionally to the client's interaction. Verbally direct each client to a separate area.
  - b. If the client does not respond to a verbal redirection, intervene to protect the client from force or coercion, following the Emergency Use of Manual Restraints Policy as needed.
  - c. Summon additional staff if necessary and feasible.
  - d. If the clients are unclothed, provide them with appropriate clothing. Do not have them redressed in the clothing that they were wearing.
  - e. Do not allow them to bathe or shower until law enforcement has responded and cleared this action.
  - f. Contact law enforcement as soon as possible and follow all instructions.
  - g. If the client(s) expresses physical discomfort and/or emotional distress, or for other reasons you feel it necessary, contact medical personnel as soon as possible. Follow all directions provided by medical personnel.
- I. Emergency use of manual restraint

Follow the Emergency Use of Manual Restraints Policy.

J. Maltreatment

Follow the Vulnerable Adult Reporting Policy.

## REPORTING PROCEDURES

### A. Completing a report

1. Incident reports will be completed as soon as possible after the occurrence, but no later than 24 hours after the incident occurred or the program became aware of the occurrence. The written report will include:

1. The name of the clients or persons involved in the incident;
2. The date, time, and location of the incident;
3. A description of the incident;
4. A description of the response to the incident and whether a client's care plan (including without limitation any applicable Abuse Prevention Plan) or program policies and procedures were implemented as applicable;
5. The name of the staff person or persons who responded to the incident; and
6. The results of the review of the incident.

2. When the incident involves more than one client, this program will not disclose personally identifiable information about any other client when making the report to the legal representative or designated emergency contact and case manager, unless this program has consent of the client. The written report will not contain the name or initials of the other client(s) involved in the incident.

### B. Reporting incidents to team members

1. All incidents must be reported to the client's legal representative or designated emergency contact and case manager:

- a. within 24 hours of the incident occurring while services were provided;
- b. within 24 hours of discovery or receipt of information that an incident occurred; or
- c. as otherwise directed in a client's care plan (including without limitation any applicable Abuse Prevention Plan).

2. This program will not report an incident when it has a reason to know that the incident has already been reported.

3. Any emergency use of manual restraint of a client must be verbally reported to the client's legal representative or designated emergency contact and case manager within 24 hours of the occurrence. The written report must be completed according to the requirements in the program's emergency use of manual restraints policy.

C. Additional reporting requirements for deaths and serious injuries

1. A report of the death or serious injury of a client must be reported to the Division of Developmental Disabilities.
2. The report must be made no later than the next business day after the occurrence or notification of the occurrence, including submission of a detailed incident report to the Division's Quality Management Unit.
3. This program will not report a death or serious injury when it has a reason to know that the death or serious injury has already been reported to the required agencies.

D. Additional reporting requirements for maltreatment

1. When reporting maltreatment, this program must inform the case manager of the report unless there is reason to believe that the case manager is involved in the suspected maltreatment.
2. The report to the case manager must disclose the nature of the activity or occurrence reported and the agency that received the maltreatment report.

E. Additional reporting requirements for emergency use of manual restraint

Follow the Emergency Use of Manual Restraints Policy.

## REVIEWING PROCEDURES

### A. Conducting a review of incidents and emergencies

This program will complete a review of all incidents.

- a. The review will be completed by the CEO.
- b. The review will be completed within thirty (30) days of the incident.
- c. The review will ensure that the written report provides a written summary of the incident.
- d. The review will identify trends or patterns, if any, and determine if corrective action is needed.
- e. When corrective action is needed, a staff person will be assigned to take the corrective action within a specified time period.

### B. Conducting an internal review of deaths and serious injuries

This program will conduct an internal review of all deaths and serious injuries that occurred while services were being provided if they were not reported as alleged or suspected maltreatment. (Refer to the Vulnerable Adults Maltreatment Reporting Policy when alleged or suspected maltreatment has been reported.)

- a. The review will be completed by the CEO.
- b. The review will be completed within thirty (30) days of the death or serious injury.
- c. The internal review must include an evaluation of whether:
  - i. related policies and procedures were followed;
  - ii. the policies and procedures were adequate;
  - iii. there is need for additional staff training;
  - iv. the reported event is similar to past events with the clients or the services involved to identify incident patterns; and
  - v. there is need for corrective action by the program to protect the health and safety of the clients receiving services and to reduce future occurrences.
- d. Based on the results of the internal review, the program must develop, document, and implement a corrective action plan designed to correct current lapses and prevent future lapses in performance by staff or the program, if any.
- e. The internal review of all incidents of emergency use of manual restraints must be completed according to the requirements in the program's emergency use of manual restraints policy.

### C. Conducting an internal review of maltreatment

Follow the Maltreatment of Minors or Vulnerable Adult Reporting Policy

- D. Conducting a review of emergency use of manual restraints

Follow the Emergency Use of Manual Restraints Policy.

## **RECORD KEEPING PROCEDURES**

- A. The review of an incident will be documented on the incident reporting form and will include identifying trends or patterns and corrective action if needed.
- B. Incident reports will be maintained in the client's record. The record must be uniform and legible.