



Healthcare Manual

I. Emergency Fact Sheet

Policy Statement

It is the policy of Living In Fulfilling Environments (L.I.F.E.), Inc. that a current emergency fact sheet or other form for each individual receiving services shall be accessible and available in the agency files and any other relevant locations as identified in the agency's policy and procedure. This will be reviewed annually, updated as needed, and shall include:

1. *The person's name, date of birth and medical insurance information*
2. *The agency's name, address and telephone number*
3. *The address and telephone number where the person lives*
4. *The person's physical description, which could include a picture and the date it was taken and identification of the person's:*
 - a. *Race*
 - b. *Gender*
 - c. *Height*
 - d. *Weight range*
 - e. *Hair color*
 - f. *Eye color*
 - g. *And any other characteristics that could assist in identifying the person should the need arise (e.g. marks, scars, tattoos, or body piercings)*
5. *Information on the person's abilities and characteristics including:*
 - a. *How the person communicates*
 - b. *The language the person's uses or understands*
 - c. *The ability of the person to know and take care of their personal hygiene and other activities of daily living*
 - d. *Any additional information that could assist a person not familiar with the person to understand what the person can do for him/herself.*
6. *The person's health support needs including:*
 - a. *Diagnosis*
 - b. *Allergies or adverse drug reactions*
 - c. *Health issues that a person would need to know when taking care of the person*
 - i. *Name(s) and telephone number(s) of the primary care physician, and other relevant Health care providers/specialists*
 - ii. *Date of last annual physical*
 - d. *Special dietary or nutritional needs, such as requirements around the textures or consistency of foods and fluids*
 - e. *Food or fluid limitations, due to allergies, diagnosis or medications the person is taking, that may be an aspiration risk or other risk for the participant*
 - f. *Additional special requirements the person has related to eating or drinking, such as special positional needs or a specific way foods or fluids are given to the person*
 - g. *Immunization information, including last tetanus shot*
 - h. *List of current medications and dosages*
 - i. *Protocol for emergency treatment and advance directives (if applicable)*
 - j. *Guardian and/or next of kin's name (s) and telephone number(s)*
 - k. *Physical limitations that may affect the person's ability to communicate, respond to instructions or follow directions*
 - l. *Assistive technology needed for mobility, positioning, communication, or other health related needs.*



7. *The person's emotional and behavioral supports needs including:*
 - a. *Mental health or behavioral diagnosis and the behaviors displayed by the person*
 - b. *Approaches to use when dealing with the person to minimize emotional and physical outbursts, including an approved behavioral treatment plan.*
8. *Any court ordered or guardian authorized contacts or limitations*
9. *The person's supervision requirements and why*
10. *Any additional pertinent information the agency has that could assist in the care and support of the person should an emergency or disaster occurs*



II: Reporting of Incidents

Policy Statement

It is the policy of Living In Fulfilling Environments (L.I.F.E.), Inc. that incident reports are maintained on serious incidents in accordance with the Office of Quality Assurance and DDD reporting requirements, as defined in the MHRH Licensing Regulations. Examples of these include, but are not limited to:

1. *An injury that requires medical care of treatment beyond routine first aid*
2. *Serious or repeated medication errors*
3. *Neglect*
4. *Death*
5. *Unplanned or unexpected admission to a hospital including psychiatric admissions*



III: Record of Menses

Policy Statement

It is the policy of Living In Fulfilling Environments (L.I.F.E.), Inc. that a record of menses is kept for women if determined as needed by the person's physician or other licensed health care provider. If the person has an existing medical condition and is on medications which warrant close monitoring of menses, then records are also maintained.



IV: Record of Weights

Policy Statement

It is the policy of Living In Fulfilling Environments (L.I.F.E.), Inc. that a record of monthly weights is kept if determined as needed by the person's physician or other licensed health care provider. If medications or treatments which require close monitoring of weight are prescribed, then records are also maintained.



V: Record of Prescribed Diets

Policy Statement

It is the policy of Living In Fulfilling Environments (L.I.F.E.), Inc. that any physician, nutritionist or other licensed health care provider's prescribed diet order is implemented and a copy of the diet is in the person's medical record.



VI: Annual Physical Exams

Policy Statement

It is the policy of Living In Fulfilling Environments (L.I.F.E.), Inc. that a physical examination is obtained annually. At minimum, components of the physical exam shall include completion of accepted primary care screening guidelines for pap smears, mammography, prostate screening and colon screening (if routine screening is deferred by the person's physician or other licensed health care provider, documentation as to the reason for the deferral must be included in the person's medical record). A copy of the physical exam report of documentation including the physician or other licensed health care provider's name, date of physical examination and recommendations shall be included in the person's medical record.



VII: Dental Exams

Policy Statement

It is the policy of Living In Fulfilling Environments (L.I.F.E.), Inc. that dental examinations and cleanings are performed as recommended by the American Dental Association (if routine screen and/or cleanings are deferred by the person's dentist, documentation as to the reason for the deferral must be included in the person's medical record). A copy of the exam report or documentation including the dentist's name, date of exam and recommendations shall be included in the person's medical record.



VIII: Vaccinations

Policy Statement

It is the policy of Living In Fulfilling Environments (L.I.F.E.), Inc. that a record of influenza, pneumococcal and other adult vaccinations shall be developed and implemented by the agency in accordance with the most current recommendations in Appendix C of The Advisory Council of Immunization Practices (ACIP) Guidelines for these vaccination and as recommended and ordered by the person's physician or other licensed health care provider.

A. Influenza Vaccination

Annual vaccination as recommended and ordered by the person's physician or other licensed health care provider.

B. Pneumococcal Vaccination

Persons age 65 and older, if not previously vaccinated, and other "at risk" individuals as recommended and ordered by the person's physician or other licensed health care provider.

C. Records

Immunization records are maintained with up to date Tetanus (every 10 years), PPD and Measles/Mumps/Rubella (MMR date of immunization for anyone born after 1957, where record is available).

D. Hepatitis B

Hepatitis B vaccine and antibody testing must be offered, in accordance with accepted primary care guidelines to all people receiving residential supports. Documentation of hepatitis status or date of vaccination must be present in the person's medical record. Living In Fulfilling Environments (L.I.F.E.), Inc. will also provide yearly training for all staff in universal precautions for infectious diseases.



IX: Adaptive Equipment

Policy Statement

It is the policy of Living In Fulfilling Environments (L.I.F.E.), Inc. that all necessary adaptive equipment (e.g. wheelchairs, braces, communication devices, etc.) are obtained as needed and kept in good repair. Regular assessment for proper fit and usage is also completed.



X: Medical Communication with Family Members

Policy Statement

It is the policy of Living In Fulfilling Environments (L.I.F.E.), Inc. that all health care communication with family members and/or legal guardians regarding significant changes in medication and/or medical status of the person with developmental disabilities be done by the professional nurse (RN) and/or other member of the interdisciplinary team established as the primary contact person with the family.

Medication Administration protocols for people who self-administer medications

Guidelines have been established for self-administration of medications for the health and safety of the individuals we support. Self-administration of medication suggests that individuals are functionally and cognitively competent to take and manage their own medications independently. Residents who wish to self-administer medications must be assessed to determine if they have the ability to do so safely. Residents should be re-assessed at least annually, and whenever there is a change in their physical, cognitive, functional status or desire to self-administer.

The resident shall self-administer prescribed and over-the-counter medications and dietary supplements, unless the resident has been found incompetent or does not have the physical or mental capacity to self-administer as determined by the resident's physician, or the resident requests in writing that agency employees manage and administer medication.



XI: Oxygen Administrations and Storage

Policy Statement

It is the policy of Living In Fulfilling Environments (L.I.F.E.), Inc. to provide Oxygen Therapy to individuals requiring such intervention in accordance with orders written by a licensed health care provider and in compliance with all relevant health and safety guidelines.

Procedure Statement

1. Administration of Oxygen Therapy:

- a. *Oxygen shall be administered according to orders written by the person's physician or other licensed health care provider. The order shall include, at minimum, the parameters for utilization of oxygen therapy.*
- b. *Method of delivery of O² therapy in any residential and/or day program setting shall be determined by the licensed health care provider and/or licensed vendor of oxygen.*
- c. *Agencies shall be required to maintain an appropriate backup source of O².*
- d. *Storage and/or transportation of O² must meet the requirements of the applicable National Fire Protection Association's protocols for O² storage.*



XII: Substitute Consent

Policy Statement

It is the policy of Living In Fulfilling Environments (L.I.F.E.), Inc. that when necessary, the agency shall refer to MHRH policy/procedure for substituted consent.



XIII: Medical Specialties

Policy Statement

It is the policy of Living In Fulfilling Environments (L.I.F.E.), Inc. that medical specialties and any other specialties shall be consulted if indicated to maximize health.



XIV: Refusal of Tests

Policy Statement

It is the policy of Living In Fulfilling Environments (L.I.F.E.), Inc. that the agency shall document an individual's refusal of tests, exams, procedures or other health care recommendations in the individual's plan. Necessity of said procedures will be periodically reviewed and ongoing efforts shall be made to achieve the desired health care goals. Documentation will be maintained in the individual's health care record.



XV: Vision and Audiological Exams

Policy Statement

It is the policy of Living In Fulfilling Environments (L.I.F.E.), Inc. that vision and audiological examinations are performed if indicated as a need by an initial screening and the results of the screening are included in the person's medical record. The need for subsequent examinations is to be determined by the health care provider. Glasses and hearing aids are provided as prescribed and kept in good repair. The person receives support to use the glasses and hearing aids as prescribed.



XVI: PT-OT Evaluations

Policy Statement

It is the policy of Living In Fulfilling Environments (L.I.F.E.), Inc. that an initial orthopedic and physical therapy evaluation for people with mobility issues is obtained, with subsequent examinations to be determined by the health care provider. Documentation of a comprehensive PT and/or OT program to ensure maximum level of mobility is included where indicated by the person's physician or other licensed health care provider.



XVII: Monitoring of Seizures

Policy Statement

It is the policy of Living In Fulfilling Environments (L.I.F.E.), Inc. that a seizure record is maintained in which the date, antecedent, duration, type of seizure and post-seizure status is recorded. Blood levels of seizure medications are obtained as determined by the person's physician. Lab results are recorded and maintained in the person's medical record.



XVIII-A: Self-Medication Assessment

Policy Statement

It is the policy of Living In Fulfilling Environments (L.I.F.E.), Inc. that training for supported individuals to self-administer medication be identified by an agency nurse and training completed by an agency nurse.

The training will be as follows:

<p>Living In Fulfilling Environments (L.I.F.E.), Inc.</p> <p>main office: 490 Metacom Ave. Bristol, RI 02809 401.254.2910</p>		
Supported Individual's Name: _____		Date: ____/____/____
	First Training	Second Training
1. Knows time to take meds by hour or by daylight, before bed, or after showers		
2. Knows number of pills to take		
3. Can Identify med bag from med box		
4. Teaching on purpose of medication		
5. Teaching on side effects of medications (Nausea/vomiting, constipation/diarrhea)		
6. Demonstrated knowledge when to take OTC medications		
7. Can count out correct number of pills		
8. Will look in mirror when applying topicals to face		
9. Can independently apply lotions and/or powders		
10. Can instill eye drops/nose sprays/inhalers, etc.		
11. Understands special considerations in taking medications (take on a full stomach; stop if two or more loose stools occur)		
12. Will report problems (meds dropped, lost, etc.)		
13. Satisfactory completion of this assessment by nurse. Review with PMD		



XVIII: Medication Administration and Treatment

Policy Statement

It is the policy of Living In Fulfilling Environments (L.I.F.E.), Inc. to provide medication and treatments to individuals requiring such intervention in accordance with orders written by a licensed health care provider and in compliance with all relevant health and safety guidelines.

1. *Medications and treatments shall be stored safely, securely and properly, following manufacturer's recommendations and the agency's written policies:*
 - a. *The dispensing pharmacy dispenses medications in containers that meet legal requirements. Medications shall be kept stored in those containers. An exemption from storage in original containers is permitted if using a pre-poured packaging distribution system (e.g., medi-set).*
 - b. *A corrected label shall be provided by the pharmacist or noted to indicate change by the licensed nurse, correspond to the medication administration sheet, and shall be completed for any medication change orders*
2. *Medications shall only be administered by support staff who have:*
 - a. *Received documented training in medication administration by a licensed nurse*
 - b. *Have displayed appropriate competencies to carry out said procedure and competency has been documented by an RN*
 - c. *Received annual training and competency assessment by the RN with appropriate documentation retained in the personnel file*
3. *Medication sheets shall be maintained by the agency for all persons who do not self-administer their medications. Medication sheets will include:*
 - a. *Name of the person to whom the medication is being administered*
 - b. *Clear record of the medication(s) name*
 - c. *Dosage*
 - d. *Frequency*
 - e. *Route of administration*
 - f. *Date of administration*
 - g. *Time of administration*
 - h. *Any known medication allergies or other undesirable reactions*
 - i. *Any special consideration in taking the medication (e.g., with food, before meals, etc.)*
 - j. *the initials of the person(s) administering the medication*
4. *The medication record shall have a signature sheet of all staff authorized to administer medications, which includes the staff person's full name, signature and the initials he/she will be using on the medication sheet*
5. *Storage of medications shall comply with the following requirements:*
 - a. *Medications shall be stored in a locked area*
 - b. *Medications shall be stored separately from non-medical items*
 - c. *Medications shall be stored under proper conditions of temperature, light, humidity and ventilation*
 - d. *Medications requiring refrigeration shall be properly stored in a locked and secured container within the refrigerator*
 - e. *Internal and external medications shall be stored separately*
 - f. *Potentially harmful substances (e.g., urine test reagent tablets, cleaning supplies, disinfectants) shall be clearly labeled and stored in an area separate and apart from medications*
6. *If medication errors or omissions occur, the nature of the error or reason for the omission shall be documented on a medication error/incident report. All medication errors must be reported to the nurse immediately.*
7. *All prescriptions shall be reviewed and renewed annually at the time of the annual physical or as indicated by a physician or other licensed health care provider. Any and all medication changes require a new prescription.*
8. *PRN medications are specifically prescribed by a physician or other licensed health care provider and include specific parameters and rationale for use.*



9. *All PRN medications shall be documented on medication administration sheets. The documentation shall include:*
 - a. *The name of the person to whom the medication is being administered*
 - b. *The name, dosage and route for administration*
 - c. *The date, time(s) and reason for administration*
 - d. *The effect of the medication*
 - e. *The initials of the person(s) administering the medication*
10. *The name and dosages of PRN medications administered for the purpose of behavioral intervention shall be documented according to the written policy and procedures of the agency and as part of an approved plan in accordance with BHDDH Licensing.*
11. *Medication checks for anyone taking psychotropic medications shall include contact on a regular basis between the person for whom the medications are prescribed and the physician, psychiatrist, or other licensed health care provider. The effectiveness of the medication must be assessed on a regular basis by the multi-disciplinary clinical team. AIM's testing will be performed on a regular basis by the physician or other licensed health care provider, as appropriate, and documented in the person's medical record.*
12. *Monitoring of Controlled Medications: Medications listed in Schedules II, III, IV, and V shall be appropriately stored, documented, and accurately reconciled*
 - a. *Schedule II medications shall be stored separately from other medications in a double locked drawer or compartment or in a separate storage location which is locked, has additional security restrictions (e.g. combination lock and has been designated solely for that purpose)*
 - b. *A controlled medication accountability record shall be completed when receiving a Schedule II, III, IV, or V medication. The following information shall be included:*
 - i. *Name of the person for whom the medication is prescribed*
 - ii. *Name, dosage and route of medication*
 - iii. *Dispensing pharmacy*
 - iv. *Date received from pharmacy*
 - v. *Quantity received*
 - vi. *Name of person receiving delivery of the medication*
 - c. *Any and all controlled medications shall be counted and signed for at the end of each shift by the staff person leaving shift and the staff person coming onto shift.*
 - d. *In independent living arrangements, the staff person will count and sign for all controlled medications at the end of each shift.*
 - e. *The agency shall maintain signed controlled medication accountability records for all persons receiving such medications.*
 - f. *Administration of Controlled Medications: When a controlled medication is administered, the person administering the medication shall immediately verify and/or enter all of the following information on the accountability record and the medication sheet:*
 - i. *Name of the person to whom the medication is being administered*
 - ii. *Name of the medication, dosage and route of administration*
 - iii. *Amount used*
 - iv. *Amount remaining*
 - v. *Date and time of administration*
 - vi. *Signature of the person administering the medication*
 - g. *Disposal of controlled substances shall be done in the following method:*
 - i. *Any controlled or non-controlled medication, that is poured but unused, dropped, expired, discontinued or in containers with worn, illegible or missing labels will be placed into a labeled container at the worksite*
 - ii. *The container will then be placed in a designated area in the locked medication closet. Documentation*



- will be on the top of the medication sheet indicating the time, date, explanation and staff's initials*
- iii. *The nurse/medical assistant will return the medication to the Living In Fulfilling Environments (L.I.F.E.), Inc. office for proper medical waste disposal*
- iv. *Controlled substances to Eleanor Slater Hospital and non-controlled substances at Medical Waste Company*
- h. *A licensed health care provider and/or nurse shall review the medication sheets on a monthly basis and shall sign and date the medication sheets at the time of the review. The medication record shall have a signature sheet of all staff authorized to administer medications, which includes the staff's signature and the initials he/she will be using on the medication sheet.*



XIX: Nurse On Call

Policy Statement

It is the policy of Living In Fulfilling Environments (L.I.F.E.), Inc. that there will be a nurse on call 24 hours a day, 7 days per week. All group homes will be covered by their home nurse. Schedules may be altered on holidays and vacations. The house nurse will inform management when this occurs.

Contact the Residential Director or other on call personnel who will serve as the screener for the nurse. In the event that the Residential Director is unavailable, staff can call the house nurse or utilize her cell phone.

At any time, if the supported individual is involved in a life threatening or other serious situation call 911 and then leave a message for the nurse on their home phone or cell phone.



XX: Documentation of Prescription Medications and Treatment Requirements

Policy Statement

It is the policy of Living In Fulfilling Environments (L.I.F.E.), Inc. that prescription medications must be administered only per written medication or treatment orders via prescription or interagency referral form an authorized healthcare provider. Support staff, who have received instruction form a professional nurse (RN), will be allowed to copy a medication or treatment order onto the medication sheet only after contacting the nurse and only under the direction of the nurse. This process shall involve recitement by the staff back to a licensed nurse of the order that is to be transcribed. The nurse will verify the transcribed order as soon as possible, by initialing and dating the medication sheet.



XXI: Individualized Procedures

Policy Statement

It is the policy of Living In Fulfilling Environments (L.I.F.E.), Inc. in conjunction with the physician, the professional nurse, the individual and his or her family/advocate, shall develop the plan for supporting the individual in the event that they require an individualized procedure to maintain or improve their health status. This procedure is one that the individual would do for themselves but for their disability and is necessary for the health maintenance of the person. Appropriate training and documentation of competency in performing an individualized procedure shall be specific to the particular needs, risks and individual characteristics of the person and shall be completed before a support staff performs said task. The fact that a support staff may have been approved to perform an individualized procedure for one person does not create or imply approval for that support staff to perform similar procedures for another individual. When such a procedure is required the following standard for delegation of nursing activities shall apply:

1. *Prior to the implementation of an individualized procedure, the RN shall assess the individual's condition as to whether or not is of a stable and predictable nature*
2. *All training of support staff on the individualized procedure shall be completed by a licensed nurse or licensed health care provider*
3. *The professional nurse shall assess support staff for their knowledge and demonstrated competency prior to delegating the particular task for that person to that support staff and communicate and document approval*
4. *The professional nurse shall reassess support staff's competency on an annual basis at a minimum or as the individualized procedures change*
5. *The licensed nurse shall provide ongoing monitoring of the individual's health care needs and of the support staff's skills*
6. *In the event that a professional nurse determines that a task or individualized procedure cannot be safely delegated she/he shall follow agency policy for communication and resolution while ensuring the health and safety of the individual*



XXII: Support Staff Training

Policy Statement

Agencies shall have written policies and procedures for ongoing health care trainings as outlined in the Agency Health Care Manual for all support staff. Specific health care related training shall be conducted or supervised by a licensed nurse or a qualified instructor as specified in the agency's policies. Nursing staff shall delegate tasks only to support staff that have received training commensurate with the agency's protocols and have demonstrated competencies in each area of training. Support staff shall be deemed competent upon documentation of satisfactory completion of training. Satisfactory completion and documentation of training shall include knowledge and demonstration of the delegated task. A competency training checklist shall be completed by a professional nurse prior to the delegation of any health care task, including medication administration. The intent of the competency check is to ensure for the delegating nurse that the staff person has satisfactorily completed all required elements of the training program and has satisfactorily demonstrated skills and competencies in the designated areas. Support staff shall receive annual training and a competency evaluation in the following health care areas:

1. ***Core Curriculum:*** *The support staff will demonstrate a working knowledge of comprehensive health care principles and procedures and shall demonstrate the ability to assist individuals to more fully understand their health care needs. The Core Curriculum is intended to provide a standardized guideline of minimum expectations for staff training and shall be followed by agency specific policies, procedures and protocols.*
2. ***Standard Precautions:*** *The support staff shall demonstrate the ability to apply measures to prevent communicable diseases, to recognize and report the presence or onset of communicable disease, and to carry out the recommended procedures*
 - a. *Communicable Diseases*
 - b. *Infection Control*
 - c. *Exposure Control Plan (OSHA)*
3. ***Wellness & Prevention of Illness:*** *The support staff shall demonstrate an understanding of a comprehensive, holistic approach to health care and positive, healthy behaviors which will enhance the individuals' overall physical and mental health.*
 - a. *Nutrition/Food Handling*
 - b. *Personal Hygiene*
 - c. *Sexual & Reproductive Health*
 - d. *Healthy Lifestyle*
4. ***Signs and Symptoms of Illness and Injury:*** *The support staff shall be able to recognize the signs and symptoms of illness and injury and take appropriate action.*
5. ***Emergency Care:*** *The support staff shall demonstrate an understanding of how to identify and respond to emergency situations and when to seek outside help.*
 - a. *Basic First Aid*
 - b. *Cardio-Pulmonary Resuscitation—All staff who work with individuals supported shall maintain current CPR Certification and documentation of such shall be maintained in the employee's personnel file*
6. ***Communication:*** *The support staff shall understand and demonstrate the importance of clear communication and the compliance with agency policy regarding health care issues.*
7. ***Medication Administration:*** *The support staff shall safely administer, completely document and communicate appropriately on issues related to medication administration according to acceptable standards in accordance with Sect. HCG 10 Medication Administration and Treatment Guidelines.*
8. ***Agency Specific Policy, Procedures, and Protocols:*** *The support staff shall demonstrate a working knowledge of the agency's specific policies, procedures and protocols regarding healthcare.*
9. ***Individualized Procedures:*** *the support staff shall demonstrate competency in the provision of any individualized procedure as detailed in Section 49.42 prior to implementing the procedure.*



XXIII: Professional Nursing

Policy Statement

It is the policy of Living In Fulfilling Environments (L.I.F.E.), Inc. that the Professional Nurse shall follow the Rules and Regulations for the Licensing of Nurses with regard to delegation to unlicensed personnel. Delegation of nursing activities shall comply with the following requirements and must not require the direct support staff to exercise nursing judgment:

1. *The professional nurse shall make an assessment of person's nursing care needs prior to delegating the nursing activity. A Licensed Practical Nurse, acting within the scope of his/her practice, may delegate to unlicensed assistive personnel when the registered nurse's assessment allows such delegation to occur.*
2. *The nursing activity shall be one that a reasonable and prudent nurse, utilizing sound judgment, would determine to be appropriate for delegation.*
3. *The licensed nurse delegating the nursing activity shall be accountable for the quality of nursing care given to the individual through the process of delegation.*
4. *The following are nursing activities that are solely within the scope of nursing practice and cannot be delegated to support staff:*
 - a. *Any part of the nursing process, including nursing activities which require nursing assessment/data collection; nursing diagnosis; planning; intervention; and evaluation. Nursing activities, procedures, and interventions which require an understanding of nursing process or nursing assessment and judgment during implementation are licensed procedures.*
 - b. *Physical, psychological, and social assess which requires nursing judgment, intervention, referral or follow-up. However, in cases of accident, emergency or the acute onset of serious illness, support staff shall be authorized to call 911 or transport the person to the Emergency Room for evaluation and treatment, while following the agency's written policy and procedure for Emergency Room transport and notification of the agency nurse.*
 - c. *Formulation of a nursing plan of care and evaluation of the person with developmental disabilities' response to the care provided*
 - d. *Receiving and transcribing verbal, telephone or faxed orders from physicians or other licensed health care providers*
 - e. *Wound care, including but not limited to*
 - i. *Complex sterile dressings beyond the parameters of simple wound care*
 - ii. *Dressings to a central line*
 - iii. *Irrigation, packing or sterile procedures such as cleansing or dressing penetrating wounds or deep burns*
 - f. *Any invasive procedures, including but not limited to:*
 - i. *Insertion or re-insertion of a foley catheter, supra-pubic tube, or any other type of catheter or tube*
 - ii. *Irrigation of a foley catheter, supra-pubic tube, or any other type of urinary catheter or tube*
 - iii. *Re-insertion of a gastrostomy tube or tracheotomy tube*
 - iv. *Removal of tubes or other foreign materials*
 - g. *Deep suctioning of a person with or without a tracheotomy*
 - h. *Injectables which require calculation of dose, are anti-coagulants, or are delivered I.M., with the exception of an Epi-pen*
 - i. *Intravenous (IV) therapy, including but not limited to:*
 - i. *Starting or re-starting IV's*
 - ii. *Assessment and evaluation of the IV site*
 - iii. *Dressing changes to the site*
 - iv. *Administration of medications through the IV*
 - v. *Hanging/changing the IV solution bag*
 - vi. *Removal of any portion of the IV set-up*



- vii. *Phlebotomy*
- j. *Assessment for Administration of Oxygen (O²) Therapy: The Professional Nurse (RN) shall perform an assessment of the person to be receiving O² therapy, and document the physician's or other licensed health care provider's O² order in the person's plan of care*
- k. *Interpretation of pulse oximetry for a person receiving Oxygen (O²) Therapy*



XXIV: Health Care Records

Policy Statement

It is the policy of Living In Fulfilling Environments (L.I.F.E.), Inc. that health care records shall be maintained for all individuals supported on a twenty-four (24) hour a day basis and for those supported less than twenty-four (24) hours who do not reside with family or a shared living host. This record shall contain:

1. *All pertinent health care related documents including physician or health care provider assessments and orders*
2. *Documentation and corrections in health care information shall be made in accordance with standard nursing practice*
3. *All health care information shall be placed in the individual's record in reverse chronological order*
4. *Health care record information shall be kept for a minimum of seven years following the cessation of services*
5. *The R.N. shall complete and document the findings of a nursing assessment on at least an annual basis*
6. *Nursing assessments shall be completed and documented whenever there is a significant change in the individual's health status*
7. *The licensed nurse shall complete nursing progress notes as determined by the nature and scope of the individual's health care needs as per agency policies and procedure*
8. *Adaptive equipment (e.g. wheelchairs, braces, communication device) shall be obtained as needed and kept in good repair*
9. *Regular assessment for proper fit and usage shall also be completed*



XXV: Health Education

Policy Statement

It is the policy of Living In Fulfilling Environments (L.I.F.E.), Inc. that there shall be a recognition of the fact that persons with developmental disabilities are people with sexual identities, feelings, and needs. the agency and its nursing staff shall offer training in human sexuality on an as needed and/or request basis to those supported desiring to express their sexuality. This training will be intended to provide assistance in personal protection from abuse, sexual exploitation, and unwanted pregnancy, sexually transmitted diseases and any other appropriate areas pertaining to sexuality.

Training provided to direct support staff shall include rights of individuals to privacy and visitors and shall include methods to assist in all aspects of self-expression of identity, feelings and needs. This approach shall be part of a comprehensive holistic approach to health care and healthy behaviors.