

SOUTHERN HIGHLANDS COMMUNITY MENTAL HEALTH CENTER

POLICY AND PROCEDURE MANUAL

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Policy 132 – Waiver Member Illness

I. POLICY

It is the policy of Southern Highlands Community Mental Health Center (SHCMHC) to insure that member illness occurring when attending services that take place outside the home environment is addressed appropriately and that protective oversight is maintained.

II. DISCUSSION

The purpose of this policy is to insure that there is a plan in place to address member illness in a timely and person centered manner, taking into consideration the members needs for comfort, medical intervention and protective oversight.

III. PROCEDURES

- A. The Communicable Disease Policy (Policy 165) contains most of the information necessary to deal with member illness in any situation.
- B. When a member becomes ill while attending the Center based day habilitation program, he/she is to be evaluated by the Center nurse. In the event that he/she needs immediate medical care beyond the scope of the nurse's abilities, 911 will be called to transport the individual to nearest or preferred hospital for evaluation. The Day Habilitation Coordinator or the Director of Community Support Services will be notified and will assign a staff to gather the individual's emergency information and follow the ambulance to the hospital where they will remain until relieved by the member's family. The Day Habilitation Coordinator or DCSS will contact the member's caregiver / guardian, explain the situation and request that they relieve the staff person at the hospital. Day Habilitation Coordinator or DCSS will notify the Service Coordinator and will insure that the Day Habilitation staff completes an incident report.
- C. The same process will be followed when the member's illness is of an emergent nature and the member resides in the 24 hour Residential Program. The differences in the process are as follows:
 1. The Residential Director or Residential Coordinator will be contacted by the Day Habilitation Coordinator or Director. A designated residential staff person may also be selected to relieve the day habilitation staff.

2. The Residential Director or Coordinator will inform the member's Service Coordinator and parent/guardian (if applicable) of the member's condition as soon as feasible following the receipt of medical services.
 3. The DCSS will arrange for staffing if the member remains at the hospital and his/her medical condition/functional level indicates that around the clock staffing is needed.
 4. If the member is able to return to the group home or ISS, the Residential Director or Coordinator will arrange for staffing in the residence for as long as the member must medically remain at home. The DCSS will inform the Day Habilitation Coordinator or Director of the expected length of absence and will notify them again one day prior to the member's return in order to insure proper service ratios.
- D. In the event that the illness is not emergent in nature but the nurse recommends that the member go home, the Day Habilitation Coordinator or Director will contact the member's caregiver/guardian to make arrangements for the individual to be transported home. If the caregiver/guardian cannot be contacted, the individual will wait for his/her usual transportation. While waiting, the member is to be made as comfortable as possible and if applicable, the infectious disease policy will be followed.
- E. When members who reside in SHCMHC 24-hour residences are engaged in community based services and become too ill to continue the service (i.e., vomiting, diarrhea, etc.) the day habilitation staff person providing the service will contact the Residential Director or Residential Coordinator who will make arrangements for coverage at the residence. The member will be transported home by the day habilitation staff person. The Coordinator or Residential Director will determine, with advice from the Residential RN or her designee, whether or not and within what time frame, the member needs to see a physician.
- F. When a member receiving 24-hour residential services is not able to attend day habilitation services or employment services, the Residential Coordinator, Residential Director, or designee will notify the service supervisor prior to the service start time. The Adult Day Services Supervisor will in turn notify the employer when applicable. If the member is able to make the calls, he/she will be provided the level of support required to give notice of absence. The Residential Director or Coordinator will ensure that staffing is arranged for the period of time the member is at home.

- G. When a member who lives in a family setting experiences a non-emergent medical issue that renders him/her unable to complete a community based service, the Adult Day Services staff will contact the person listed as the emergency contact to notify them that the member is being transported home. If the member's family or alternate caregiver is not at home, the staff person will make the member as comfortable as possible while waiting with the member at his or her home until the care provider arrives. If there is more than one member present, the staff person will contact his/her supervisor who will make arrangements to pick up the other members.

- H. If the member experiences a serious medical issue while in the community, the staff person will render aide within their scope of practice (First Aid / CPR) and immediately transport the member to the nearest medical facility, unless emergency transport can be arranged more promptly. Upon arrival and after providing the necessary information, the staff person will contact his/her supervisor and the consumer's guardian regarding the consumer's condition and location. The staff person will remain with the member until the caregiver/guardian arrives to relieve them.

- I. Supervisors of all services that are provided outside the member's residence will insure that the staff providing these services has the information necessary to deal with a medical crisis or concern. The information must include at a minimum: member demographics, current list of medication, guardian (plus phone number), caregiver (plus phone number), secondary emergency phone numbers, copy of Medicaid card, allergies, primary care physician (plus phone number), and special health/safety concerns.