

SIBLEY COUNTY DEVELOPMENTAL ACHIEVEMENT CENTER
CONSUMER ILLNESS AND INJURY POLICY AND PROCEDURES
(NON-EMERGENCY) and MEDICAL EMERGENCIES POLICY AND PROCEDURES
Effective May 2014

I. POLICY

All staff who provide direct services to persons served at the Sibley County DAC will be trained in detecting signs and symptoms of illness and injury, including minor and serious illness or injury, medical emergencies, unexpected serious illness, any significant unexpected changes in an illness or medical condition, or the mental health status of a person that require calling 911 or a mental health mobile crisis intervention team, physician treatment or hospitalization. Appropriate notification to health care providers and other authorized persons shall be made promptly.

II. PROCEDURES

In the event of injury or illness, staff will determine if the illness or injury is, or is not, of a serious and/or life threatening nature and will respond accordingly.

A. RESPONDING AND NOTIFICATION

If the person's condition is not serious or life threatening staff will:

1. Follow any standing medical or treatment orders as applicable.
2. Treat minor illness and injury according to First Aid training.
3. If the illness or injury is significant and requires urgent, but not emergency medical treatment, staff will notify the DAC Program Director follow the directives that are given.
4. Staff will notify the physician or emergency care facility promptly when the person's health problems dictate and/or as directed by the Program Director. All emergency phone numbers are posted near the telephones.
5. Depending on the severity of the situation, the location where the incident takes place, either the Sibley County Medical will be contacted.
6. Urgent Care/Emergency Room care Sibley County Medical Center will be used for the following.
 - a. treatment of an injured or ill individual.
 - b. observation and assessment of injuries or illness.

7. If the illness / injury is serious and possibly life threatening, and the consumer needs emergency care, staff will call 911. 911 will be called for the following situations:

- a. apparent or suspected death
 - b. absence of pulse
 - c. absence of or difficulty with respirations
 - d. apparent or suspected spinal cord injury
 - e. severe bleeding or hemorrhage
 - f. third-degree burns
 - g. extensive injuries, not conducive to transportation by staff
 - h. coma, unconsciousness
 - i. shock
 - j. status epilepticus: two or more generalized-tonic clonic seizures in a row without regaining consciousness OR seizures lasting 5 minutes or more OR as indicated in the consumer's Risk Management Plan or Seizure Care Plan/Protocol. (SEE ALSO THE SEIZURE ACTIVITY POLICY AND PROCEDURES)
8. Staff will administer First Aid and/or CPR until the emergency medical services unit arrives on the scene.
 9. The Poison Control Center will be called at 1-800-222-1222:
 - a. Whenever it is believed that a consumer has swallowed a poisonous substance.
 - b. Whenever it is believed that a consumer's skin has come into contact with a poisonous substance.
 - c. If a consumer takes or receives an overdose of medication.
 - d. If a consumer takes or receives another consumer's medication (that may interfere with their own wellbeing).
 - e. To verify whether or not any substance is poisonous.
 - f. Staff will provide the Poison Control Center information in order for the unit to provide telephone assistance.
 - g. Staff will follow the Poison Control Center's treatment directions and referral information for all situations involving possible poisoning.

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B. DOCUMENTATION

1. An incident report shall be completed whenever a serious injury occurs and a copy will be sent to any other licensed caregiver.
2. The Program Director or designated staff person will notify other caregivers, licensed or not, as applicable, of the consumer's illness or injury via a verbal and written report.
3. Charting of signs, symptoms, and actions taken to resolve symptoms will be made in the consumer's file.
4. Use of over-the-counter/standing order medications will be documented on the consumer's PRN Medication form.
5. Ongoing documentation regarding the illness or injury will be completed at the directive of the Program Director / Program manager and/or health care professionals.
6. Staff will fill out a Minor injury / accident illness report form for those incidents that are minor in nature. Staff will fill out a Major Incident Report form for serious/major injuries/any significant unexpected changes in an illness or medical condition, or the mental health status of a person that require calling 911 or a mental health mobile crisis intervention team, physician treatment or hospitalization/deaths.
7. In the case of a serious injury or death, a report and cover sheet as provided by the Ombudsman, will be completed by the Executive Director, Program Director or designated staff person and forwarded to the Office of the Ombudsman for Mental Health and Developmental Disabilities at 651-797-1950. Then copies of the same form will be faxed to the Department of Human Services Licensing Division at 651-431-7673. This must be done within 24 hours of the knowledge of serious injury or death. In the event of a death, the Executive Director, Program Director or designated staff person must also provide the consumer's next of kin/other concerned person(s) with a copy of the Notification Letter from the Ombudsman's office letting them know that a report has been made to that agency.
8. Major injuries, any significant unexpected changes in an illness or medical condition, or the mental health status of a person that require calling 911 or a mental health mobile crisis intervention team, physician treatment or hospitalization, serious illnesses and death will be reported by staff immediately to the Program Director, Executive Director, or other designated staff person, who will review the incident report. The Program Director, Executive Director, or other designated staff person will call the consumer's Case Manager, Residence/Caregiver, and Legal Representative to report the incident as soon as possible, not to exceed 24 hours of the occurrence of the incident, or within 24 hours of receipt of the information (which is documented on the report form). Copies of the report will also be sent to these persons. Minor incidents will also be written and copies sent to the persons listed above within 24 hours of the occurrence of the incident, or within 24 hours of receipt of the information.
9. All incidents will be reviewed by the Program Director or Executive Director with comments added to the incident report form in regards to the incident as well as any plan for corrections that need to be implemented. All original copies of incident reports are kept in the consumer's current file for one year and then will be kept in their drop file for 4 years for minor incidents and 7 years for major incidents. A copy of the incident report will be kept in the Executive Director's office in a locked cabinet in an incident file containing reports for the entire facility for each year. These files will be kept for 7 years.

C. TRANSPORTATION

The consumer may be transported by DAC staff to the doctor's office, Urgent Care, or the Emergency Room if their residential staff or caregiver is unavailable to transport them, or if the consumer needs to get to Urgent Care or the ER sooner than the caregiver or residential staff can transport them. Residential staff or the consumer's caregiver will be asked to meet the consumer and staff at Urgent Care/ ER. Staff must complete and bring with them the necessary documentation when accompanying the consumer. Information to bring along includes:

1. The incident report.
2. A copy of the consumer's General Information Form.

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3. A copy of the consumer's Medication Tracking Form.
4. If staff are not leaving from the DAC building, the staff person will contact the DAC office and the office staff will fax over the above information to the Urgent Care/ ER Clinic

III. STAFF TRAINING

All staff will be certified in CPR every 1-2 years, depending on the type of course they take. All staff will be certified in First Aid, with an emphasis on the unique needs of the developmentally disabled, at least every 3 years. All training will be done by an approved source. All staff will have First Aid and CPR training within 90 days after beginning their employment. The Sibley County DAC will always have at least one staff available with current certifications.

IV. EMERGENCY FIRST AID EQUIPMENT AND SUPPLIES

- A. There shall be a First Aid Kit and a First Aid Manual accessible to staff in each work area, and in each DAC owned vehicle.
- B. Every Supervisor will be responsible for making sure that all supplies are in their First Aid Kit. Extra supplies are kept stocked in the DAC storage cabinet.
- C. Supervisors will inform the Executive Director / Program Director if supplies needed in First Aid Kits are running low and the DAC Work Supervisor will order the needed supplies, which will be kept in the DAC storage cabinet.

Other Health Related Policies

1. Staff will be informed of special health problems of clients, and any special procedures or precautions that need to be taken including susceptibility to sunburn, etc.
2. Personal health and hygiene items are stored in cupboards in the bathrooms, or other suitable storage areas.
3. The DAC will provide individual service towels and soap in all bathrooms. Drinking water, also, will be available to clients in center, at all times.
4. All staff are certified in CPR and 1st Aid. There is a first aid kit available at the DAC in kitchen area and at the store mounted on the wall by the break room.
5. All staff are trained on the requirements of confidentiality and data practices. All information regarding clients including health and medical records are confidential.

