

ADMINISTRATIVE POLICY

1 Objectives

- 1.1 To provide quality health services to all supported persons including, but not limited to, training in personal hygiene skills, universal precautions, family life and sex education.
- 1.2 To consider each supported persons health needs and to assist in implementing a plan to meet those needs.
- 1.3 To monitor and supervise each supported person's health status and assist supported person's with assuming increased responsibility for their own health.
- 1.4 To maintain an interdisciplinary liaison with other medical service providers and with the family or guardian/conservators of each client supported person.

2 Nursing Staff Organization and Responsibilities

- 2.1 Health Services will be under the direct supervision of a registered professional nurse licensed to practice in the State of California. The RN will visit OPTIONS sites to provide health services and perform supported person health assessments as needed, but no less than one hour per Residential supported person per week . The RN will visit other OPTIONS program sites upon request.
- 2.2 OPTIONS will delegate to the RN the authority, in writing, to carry out the nursing functions as required in Department of Public Health Services regulations. The RN will have the authority to make judgments regarding supported person health issues within the scope of the Nursing Practice.
- 2.3 Registered Nursing Services will include, but not be limited to, the following:
 - 2.3.1 The RN will review the health status of Residential supported persons by direct physical examination at least once each quarter.
 - 2.3.2 Review of all medication documentation and compliance with regulatory requirements and acceptable standards for all Residential Program supported persons at least once every four weeks.
 - 2.3.3 Train Community Support Specialists to administer medications, and observe and certify each employee's proficiency in the handling, administering and recording of supported person

medications, documenting proficiency level in the employee training record.

3 Care Policies for Residential Supported Persons

- 3.1 The RN Consultant is designated to implement Client Care Policies under the direction of each person's attending physician.
- 3.2 The RN Consultant and other designated personnel will participate in the setting of Care Policies.
- 3.3 The Registered Nurse will be responsible for recommending changes needed to Care Policies.

4 Physician's Orders

- 4.1 Only licensed nursing personnel and Community Support Specialists designated by OPTIONS RN Consultant will receive and record physicians' orders.

5 Documentation - General

- 5.1 Records will be initiated for each person admitted into OPTIONS Residential Programs, and the Registered Nurse and Community Support staff will record observations, actions, findings, etc., as outlined in the Health Record Manual.
- 5.2 The ID Progress notes for residential supported persons will reflect a clear, concise picture of each person's health status and progress.
- 5.3 At the time of a client's transfer, relevant nursing information from the client's record will be included with other medical information forwarded to the facility of transfer.

6 Health Care

- 6.1 OPTIONS health services will be characterized by an active program of rehabilitative health care promoting self direction for persons in taking care of their own health needs, and providing instruction in appropriate protective and preventive health measures .
- 6.2 Each person will be trained and/or assisted in achieving and maintaining the highest possible level of self-care and independence. All health care

personnel will be taught habilitative nursing and methods of implementing these practices in the care of supported persons. Persons will follow their active treatment schedule except when contraindicated by physician's orders.

7 First Aid Equipment and Supplies

7.1 First aid equipment and supplies will be made available as approved by the Safety Committee and per regulations.

8 Notification of Weight Changes:

8.1 The attending physician will be notified any time there is a significant weight change, unless otherwise anticipated in physician's notes. The date and time the physician was notified will be recorded in the weight record and in the ID notes.

9 Food and Nutrition Supervision

9.1 Community Support Specialists will be knowledgeable about the food and nutritional needs of each person.

9.2 Community Support Specialists will work with supported persons to choose diets appropriate to their needs or as ordered by the ID Team (including the attending physician, and, as needed, the dietitian).

9.3 Community Support Specialists will ensure that supported persons are provided their prescribed diets.

9.4 Each person will be encouraged and assisted in feeding him/herself whenever possible. Persons unable to feed themselves will be assisted with eating.

9.5 Withholding of food will not be used as a punishment, and timely service of regularly scheduled meals or snacks will not be made contingent upon supported person's behavior.

9.6 The RN Consultant will be responsible for reporting persistent food and fluid intake problems to the supported person's physician.

9.7 Community Support Specialists will record amounts of food intake, based on the nursing assessment of each supported person's needs. Fluid intake will be recorded as necessary or on the order of the attending physician.

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- 9.8 Therapeutic diets will be planned, prepared and served with supervision or consultation from the dietitian to ensure that diets are being provided as prescribed.
 - 9.9 Modified diets (diets altered in texture) may be ordered by the ID Team to meet the individual needs of the person.
 - 9.10 Snacks will be offered and served to supported persons. Bedtime nourishments will be offered to all supported persons unless contraindicated by the ID Team, attending physician, and/or dietitian.
- 10 Mechanical Devices/Postural Supports
- 10.1 Mechanical devices/postural supports, other than orthopedic braces, will be used to achieve proper body position, balance or alignment and to improve a person's mobility and independent functioning.
 - 10.2 The Individual Service Plan will indicate the reason for the support, when and where each device/support is to be applied, and a schedule for the use of each support.
 - 10.3 Mechanical devices/postural supports will be designed and applied under the supervision of a physical or occupational therapist.
 - 10.4 Mechanical devices/postural supports will be designed and applied so that they can be speedily removed in case of emergency.
 - 10.5 Mechanical devices/postural supports will be removed on a scheduled basis to allow for change of position and circulation.

POLICY DATE: February 1996
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