

The Right Door for Hope, Recovery and Wellness

Chapter Title	Chapter #		Subject #
Clinical	C		340.2
Subject Title	Adopted	Last Revised	Reviewed
Health and Safety – Persons Served	10/29/02	6/30/2020	4/28/08; 6/8/09; 4/14/10; 2/6/14; 5/26/15; 3/14/17; 11/22/17; 7/3/19; 2/14/20; 6/30/2020; 9/16/21; 9/9/22; 9/12/23; 9/16/24; 9/18/25

PROCEDURE

Application

This procedure shall apply to the clinical services of The Right Door for Hope, Recovery and Wellness.

1. Intakes and Assessments

Person-centered assessments and service plan updates shall address actual and potential health and safety needs of the person served as a critical part of the person-centered planning process. Assessment and Individual Plan of Service (IPOS) forms and processes shall reflect the need to gather information on health and safety-related issues and to address the relevant needs and desires of the person served.

2. Access to Care

2.1. The primary worker shall ensure that:

- 2.1.1. Assessment and service planning identify health and safety issues, and that the person-centered plan includes a plan for meeting the health care needs of the individual or family. Examples of health and safety issues include, but are not limited to, risky behaviors such as smoking, substance use, excessive gambling habits, high-risk activities, eloping, pica, self-injurious behaviors, and aggression towards others.
- 2.1.2. Once risks have been identified, the primary worker shall be responsible for assuring benefits of intervention and responsibilities have been shared with person served, while acknowledging the dignity and preferences of the person served.

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2.1.3. The primary care physician and other relevant health care providers are clearly documented in the medical record.

2.1.4. Financial, geographical, and social obstacles should be addressed.

3. Coordination of Care-Physical Health Care

3.1. The primary worker shall be responsible for ensuring the coordination of physical health care with specialty services and supports, but the coordination of care occurs throughout service provision in a variety of ways, including:

3.1.1. Releases of Information: Releases of information will be obtained at the screening or initial intake/assessment and kept current throughout treatment.

3.1.2. Coordination with Primary Care Physician: With proper consent from the person served, the primary worker and involved clinical and medical staff shall develop practices and make all efforts to ensure that applicable information, treatment, and services are communicated and/or coordinated thoroughly with the primary care physician of the person served. Every effort shall be made to assure that information is exchanged, particularly in the event of medication changes, coordinated physical or mental health care, and any other significant change or event for the person served that will affect both the mental and physical health of the person served.

3.2. Coordination with other specialty supports and services: The primary worker shall be responsible for coordinating services with such specialty providers as speech & language pathologists, dietitians, registered nurses, occupational therapists, physical therapists, and other specialists as indicated in the person-centered plan of the person served. The primary worker shall be responsible for authorizations, referrals, monitoring status,

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and progress of services, and ensuring quality of care according to the plan of the person served.

4. Standards of Care

4.1. The primary worker and nurse, when designated, responsible for coordinating a health care plan (as found within Annual Nursing Assessment, Dietician Assessment, etc.) shall ensure that:

4.1.1. The parties responsible to implement the health care plan are familiar with and able to comply with applicable requirements of the plan of service/supports.

4.1.2. Each health care plan, where indicated, is implemented by trained staff who are supervised and monitored by the responsible RN, PA, RNP, RD or designated health professional as specified in the plan.

4.1.3. Non-medical personnel providing health care under the supervision of a health care professional have written instructions and in servicing prior to implementation, as determined by the planning team.

5. Family Involvement

5.1. The primary worker and nurse, when designated, shall ensure that:

5.1.1. Families and guardians are involved in the process of assessing and planning for health care needs as appropriate and as required by law, and in accordance with the desires of the individual and family in the case of a minor, within the person-centered planning process.

5.1.2. Persons served, their families, and guardians shall be kept informed of the individual's health status, as appropriate and in accordance

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with the Mental Health Code, unless clinically contraindicated. Such contraindications shall be documented in the individual's record and shall not break confidentiality.

6. Person Served Education

All reasonable efforts shall be made to educate the person served, family, or guardian as to the possible ramifications of refusal of health care or of safety measures. If, following all reasonable attempts to gain voluntary participation in significant health services or safety plans, the person served, family, or guardian refuses such measures, the primary case coordinator shall be responsible for documenting such refusal, for consulting with the supervisor, and for taking such measures as are legally and ethically sound in order to ensure that life-threatening or other serious threats to health and safety are addressed.

7. Safety When Transporting Persons Served

7.1. When staff are providing transportation, all passengers shall wear seat belts at all times. In the case of transporting minors, use of infant and child safety and booster seats shall be provided and secured by the parent/guardian and used as required by state law. Minors shall not be transported without the presence of a parent or guardian, or if necessary, another staff person. Parent or guardian will sign a release to transport minor. If there is an emergency need to transport, verbal consent should be obtained from the parent/guardian and documented in a progress note. Persons served who are a danger to themselves or others shall be transported by two staff or local law enforcement shall be contacted for assistance.

7.2. Lift vans are available for use by trained staff to transport persons using wheelchairs. Safety harnesses and straps shall be used as required by state law and to secure the safety of all passengers.

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7.3. When transporting service animals of persons served, the animals should be crated for their safety. A seat cover is available at each office and must be used during transport. At the Ionia office, the lift van should always be used for transporting these animals. If not available, another agency vehicle can be used.

8. Communicable Diseases – SUD Service provision

All recipients of SUD services infected by mycobacterium tuberculosis receives a referral for medical evaluation and treatment. All persons served entering SUD treatment are screened for HIV/AIDS, STD/Is, TB, Hepatitis, and provided with information about risk. At the point of entrance, persons served identified to have high-risk behaviors receive information on resources and referral to testing and treatment.

9. Fetal Alcohol Syndrome

All Children of parents receiving SUD services age 2 or older are screened for Fetal Alcohol Syndrome Disorder (FAS) and receive referrals as needed.

Kerry Possehn, Chief Executive Officer	Date		