



**The Guild**  
FOR HUMAN SERVICES

# **Adult Residential Program Policies and Procedures**

Revised October 2020

**THE GUILD FOR HUMAN SERVICES  
PROGRAM POLICIES  
FOR ADULT RESIDENTIAL SERVICES  
*Residential Division***

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## POLICIES ON ADMISSION & DISCHARGE

### Eligibility

To be eligible for residence in The Guild for Human Services' homes, individuals must be referred and funded by the Department of Developmental Services. The Guild currently only provides adult long term residential services in the form of group residences.

Program Type	Criteria
<p><b><u>Group Residences:</u></b></p> <p>Northeast Region</p> <ul style="list-style-type: none"> <li>• 55 Harriett Ave, Burlington</li> <li>• 11 Windsor St, Melrose</li> <li>• 5 Silvermine Rd, Woburn</li> <li>• 6 Charlesanna Lane, Billerica</li> <li>• 36 Chandler St, Maynard</li> <li>• 3 Cleveland Ave, Woburn</li> </ul> <p>Metro Region</p> <ul style="list-style-type: none"> <li>• 201 Haynes Rd, Sudbury</li> <li>• 75 Maple Place, Dedham</li> <li>• 15 Treeland Drive, Walpole</li> <li>• 31 Hiram Rd, Framingham</li> <li>• 14 Maple Street, Norfolk</li> </ul>	<ol style="list-style-type: none"> <li>1) Department of Developmental Services (DDS) eligibility and funding</li> <li>2) 18 years or older</li> </ol>

### Referral and Admission

The Guild for Human Services maintains a list of individuals referred by DDS for either future program development or openings in residences that are in the planning process. If a referral is made directly to The Guild for Human Services, the person making the referral is directed to their DDS service coordinator or local DDS area office. If referrals are made by DDS area offices for openings in homes whose contracts are hosted by another office the referring office is asked to first contact the host area. The Guild for Human Services operates a variety of adult long term residences that are designed to accommodate the needs of individuals referred.

Referral information is sent by the DDS area office directly to the Chief Residential Officer. Once a referral is made and approved by the Chief Residential Officer, the Director of Adult Residential Services, Adult Services Clinical Coordinator and the Director of Health Services review the referral information to determine whether the residence appropriately meets the needs of the individual. This initial process may include meeting with the individual, their team and where appropriate talking with guardian or family. If the current residential opening does not provide services that

meet the individual's needs, the Chief Residential Officer notifies DDS and determines with DDS whether the individual should be considered for future residential development.

If the individual is accepted, then s/he meets with the other residents over a series of visits to the residence or community activities prior to the opening of the home if it is a new residence. Guardians and family members of the referred individual are also involved and the intake process is initiated prior to admission and includes completion of required documentation and conducting a fire drill.

For an existing residence admission to the home cannot happen before the individual and other residents meet. If there is strong opposition from other residents to the admission, The Guild for Human Services and DDS work toward a resolution with all the parties. Because DDS services for housing are generally planned for the person's long term needs and considered to be permanent, consideration for the needs and compatibility of current residents with the applicant are strongly considered.

## **Discharge**

DDS residential programs provide permanent homes for individuals. Programs have flexible resources to address the changing needs of individuals as they emerge over time within a program as well as flexibility to move individuals from one program to another within The Guild to meet their needs and ensure continuity of services.

The decision to discharge may be made because the individual is ready to move on to greater independence and wants to move out or because the program is not able to provide adequate services to him/her. In either case, discharge is jointly negotiated with the individual, his/her guardian, relevant DDS personnel, and The Guild for Human Services' administration. No individual is involuntarily discharged without a fully developed follow-up plan and considerable review with DDS staff. The reason for discharge and the future plan will be fully reviewed with the individual and referrals made as appropriate. A Discharge Summary is written and filed with the person's records when the person moves from one Guild program to another or if the person is discharged from The Guild's services, entirely.

## POLICIES ON RECORDS OF PERSONS SERVED

### Access to Records

Persons may access their records following the protocol outlined in the HIPAA (Health Insurance Portability and Accountability Act) Privacy Policies.

All staff will strictly adhere to confidentiality procedures and ensure the confidentiality of individual records. Individual records are kept in a locked storage area designated for each home. Access may only be granted to per the HIPAA Policies. All persons, other than authorized Guild staff members, are required to sign the Access Sheet in the front of the record before reviewing the contents of the record.

Information is not disclosed unless written consent has been given on an Authorization for Release or Request of Information form.

### Confidentiality

All confidential materials, including individual records, working notes, correspondence, etc. will be maintained within a strict confidentiality system.

The system includes keeping printed documents, such as individual case records, locked in storage cabinets. Only authorized personnel may access computer files.

Individuals are informed of their right to confidentiality and the situations in which information may be released without their consent, for example, if court ordered or if they commit a crime.

Staff members receive information on a “need to know” basis. Staff members working directly with individuals in the residence are considered to have a need to know. Others are to be determined on an individual basis.

Staff members receive orientation and ongoing training about confidentiality. Training includes such topics as taking care when discussing confidential issues, not posting confidential materials in staff offices, following key security protocols and the process for releasing information.

Refer to the HIPAA Policies for detailed confidentiality and security policies and protocols.

### **Off-Site Use of Records**

Individual records are the confidential property of The Guild for Human Services doing business as The Guild for Human Services. In the nature of performing their duties, authorized Guild staff have permission to access these records. To insure confidentiality, individual records are to be used only on program premises with few exceptions. For clinical purposes, portions of the case record may be removed by the Director of Adult Residential Services for case conferences, evaluation, record reviews, etc. Only the Director or person designated by the Director, Director of Health Services or Chief Residential Officer may remove records. All removed items must be returned to the record the same day. Any other off site use must be approved by the Director of Adult Residential Services, Director of Health Services or Chief Residential Officer.

### **Transferring Records Within The Guild For Human Services**

When an individual moves from one Guild program to another, that individual's record is forwarded in its entirety to the new program.

### **Transferring Records Outside of The Guild For Human Services**

Once an individual is discharged from The Guild's Adult Residential Services, the program will make the individual's records available to DDS.

### **Record Retention**

When an individual is discharged from The Guild's Adult Residential Services, the individual's record will be closed as follows:

- 1) A narrative Discharge Summary will be written.
- 2) The record will be removed from the binder and placed in a large, sealed manila envelope. The Discharge Summary will be placed at the top of the record.
- 3) The following information will be written on the outside of the envelope:
  - a) Last name, first name, middle initial
  - b) Date of birth
  - c) Date of admission
  - d) Date of discharge

These records will be stored in a locked storage area designated by the Chief Executive Officer and retained for a minimum of 30 years. Only the Director of Health Services,

Chief Residential Officer and Chief Operating Officer or their designees will have access to this file.

### **Purging Records**

In instances where documents in an individual's record or other documents pertaining to individuals currently being served by the program needs to be removed from program binders, the following protocol will be followed:

- 1) The documents will be removed from the binder and placed in a large, sealed manila envelope.
- 2) The following information will be written on the outside of the envelope:
  - a) Last name, first name, middle initial
  - b) Date of birth
  - c) Date of admission

These records will be stored in a locked storage area designated by the Chief Executive Officer and retained for a minimum of 30 years. These records may be stored with current individual records as they are required to be in a locked closet or cabinet. Current staff members may have access to these files.



## POLICIES ON RIGHTS OF PERSONS SERVED

### Accessibility

The Guild for Human Services works toward the elimination of attitudinal, architectural, communication, transportation, employment, financial, and other barriers on an ongoing basis.

Services are available to all individuals meeting the admission requirements and are tailored to meet their specific needs. Reasonable accommodations are provided so that individuals can participate in general programming and organizational activities. Typical accommodations include providing translated materials and verbal translators or readers, holding meetings in buildings accessible to individuals with physical disabilities, having the meetings at convenient times and providing transportation.

Reasonable efforts are also made to accommodate accessibility issues in an individual's home. Minor modifications may be made in order for an individual to be able to stay at home when his/her needs change. However, if an individual's needs require major modifications or full accessibility, the individual may be transferred to a home that is better able to meet his/her needs.

### Basic Rights

Care shall be taken to protect the legal rights of all persons in the adult residences. However, the rights shall not be exercised in such a manner as to infringe on the rights of other individuals. These legal rights include, but are not limited to, the following:

- The right to be free from unlawful discrimination by the program on the basis of race, creed, religion, sex, sexual preference, age physical or mental handicap.
- The right to religious freedom and practice without compulsion according to the preference of the individual.
- The right to vote, unless a minor or under guardianship, including reasonable assistance, when desired, in registering and voting in a non-partisan and non-coercive manner.
- The right to communicate, including reasonable access to a telephone and the opportunity to make and receive confidential calls, as well as the unrestricted right to send and receive uncensored and unopened mail. Individuals also have the right to have assistance with these rights when desired and necessary.

- The right to be represented by an attorney or advocate of his/her own choice, including the right to meet in a private area of the residence.
- The right to be protected from commercial exploitation.
- The right to be visited and visit with others, provided that reasonable restrictions may be placed on the time and place of the visit but only to protect the privacy of other individuals and/or to avoid serious disruptions in the normal functioning of the residence.
- The right to associate with anyone of the individual's choosing, to form associations and to discuss as a group, with those responsible for the adult residential program, matters of general interest to the individual, provided that these do not result in serious disruptions in the normal functioning of the residence.
- The right to enjoy basic goods and services without threat of denial or delay. These goods and services shall include at least the following: a nutritionally sound diet, appropriate clothing, medical care, social contact in and out of the residence, daily activities, recreation and physical exercise, personal possessions and access to storage space.
- The right to control the provision of personal medical services. All medical care, except emergency care, shall be at the consent of the individual or legal guardian.
- The right to be offered adequate, appropriate and least restrictive services to the extent of available resources.
- The right to participate in the making of decisions, to the extent of the individual's capacity, including the right to refuse services and to request alternative or additional services.
- The right to protection from mistreatment, including physical or verbal abuse, threats, etc.

### **Community Access**

Residential staff will gather information from individuals regarding their interests and preferences. Individuals will then be assisted with accessing the community cultural, recreational and spiritual activities of their choice.

Individuals are not denied community access as a deterrent to inappropriate behaviors. However, access may be restricted or residential staff may provide an escort for safety of the individual or to ensure public safety.

### **Recreation**

Individuals are encouraged to pursue activities they are interested in and The Guild for Human Services will offer support and assistance in accessing recreational and other activities.

At all times on staff accompanied activities; The Guild will ensure enough staff to ensure safety.

Staff accompanied trips to go swimming will only be to locations with lifeguards.

All overnight, out of state activities escorted by staff must first be reviewed by the Director of Adult Residential Services and once reviewed approved by the Chief Residential Officer.

All forms of illegal gambling are prohibited. Petty Cash cannot be used to fund any form of gambling.

### **Visitation**

All individuals living in The Guild for Human Services' residences shall have the right to be visited and to visit others in accordance with the following requirements:

- An individual shall be permitted to receive adult visitors, unless s/he is ill or incapacitated to the degree that a visit would cause serious physical or emotional harm. The individual's attorney or advocate, guardian, personal physician, clergy person or family members shall be permitted to visit at all appropriate times and shall be provided with a suitable place to confer on a confidential basis.
- An individual who is capable of making his/her own decisions shall determine the duration and frequency of these visits.
- Reasonable restrictions may be placed on the time and place of the visit in order to protect the privacy of other individuals and avoid serious disruptions in the normal functioning of the residence. Arrangements shall be made for private visitation to the maximum extent possible.

- All individuals will be able to visit with children under age 18 unless prohibited by the court. To ensure for everyone's safety, visits with minors at any of The Guild's residences may require staff supervision. The Associate Director for the cluster or Director of Adult Residential Services makes this determination on a case by case basis. Given potential liability concerns, overnight visitors who are minors must have written approval by the Chief Residential Officer.
  - The Guild retains the right to limit visitation based on clinical assessment and team consensus. If visitation is denied or restricted, the Associate Director for the cluster or Director of Residential Services will note the reasons in the individual's record and notify the requesting party in writing of the reasons for the restriction or denial as well as the right of the requesting party to appeal this decision to the Chief Residential Officer.
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## **Complaints and Grievances**

All persons served have the right to present complaints or grievances regarding The Guild for Human Services' Adult Residential Services. It is hoped that individual residential staff can effectively resolve situations to the satisfaction of all parties, however, should a situation arise which cannot be resolved by program staff, these procedures outlined below should be followed.

All people we serve must be reassured that they are free to file a complaint at any time and that The Guild for Human Services and its staff will never take retaliative actions against the person for their raising any concerns or filing formal complaints.

There are two means of presenting concerns or problems to The Guild for Human Services management. For violations of human rights, follow the "Human Rights Complaint" procedure. For general concerns or complaints, follow the "Grievance" procedure below.

### **Human Rights Complaints**

If the grievance or complaint pertains to a violation of human rights, the Human Rights Complaint Procedure will be followed.

In brief, the first step is to submit the complaint in writing to the Director of Adult Residential Services or the agency's Human Rights Coordinator. The Director and Human Rights Coordinator will review the complaint and confer with the Director of Quality Assurance to determine the next step.

In the case of alleged abuse by a caretaker that has caused serious harm to the client, staff are mandated by law to report such allegations and must call DPPC.

### **Grievances**

- The individual or his/her designee presents the grievance to the Director of Adult Residential Services. The Director will respond within five days.
- If resolution is determined to be unsatisfactory by the individual or his/her designee, then he/she presents the grievance to the Chief Residential Officer. The Chief Residential Officer will respond within five days.
- If resolution continues to be unsatisfactory, then the individual or designee presents the grievance to the Chief Executive Officer. The Chief Executive Officer will respond within five days.

- If resolution is unsatisfactory, the individual or designee presents the grievance to the Area Director of DDS.
- If resolution is unsatisfactory, the individual or designee should obtain legal assistance.

### **Individual and Staff Relations**

All staff working at The Guild for Human Services shall maintain professional relationships and boundaries with individuals at all times. This includes, but is not limited to, engaging in appropriate interactions with individuals, refraining from "dating" relationships, respecting confidentiality, refraining from physical, sexual or verbal abuse of an individual, using good judgment when dealing with sensitive issues (for example, when assisting an individual with bathing, an individual requesting to talk about a sexual issue, or exchanging gifts) and not imposing one's own values and beliefs (for example, political or religious affiliations) on individuals.

Given the vulnerability of many of our agency's individuals, we also request that staff maintain these ethical and professional boundaries after they have terminated employment with The Guild for Human Services.

### **Informed Consent**

Informed and voluntary consent of the person served or his/her legal guardian shall be obtained in the following circumstances:

- Prior to medical or other treatment;
- Prior to involvement of the individual in research activities approved under DDS regulations;
- Prior to the release of personal information to other agencies, programs, or individuals;
- Prior to being photographed or interviewed for public view;
- Prior to being identified publicly by name or address.

Whenever the informed consent of the individual or legal guardian is obtained:

- 1) The consent of the individual or legal guardian shall be in writing and noted in the person's record;
- 2) For the purpose of consenting to medical treatment, use of aversive or deprivation techniques and research, the individual securing the consent shall not be the person proposed to perform the treatment or other activity for which the consent is sought;

- 3) No coercion or overbearing inducement shall be utilized to obtain consent;
- 4) A written record shall be made which:
  - a. Details the procedure utilized to obtain the consent
  - b. Identifies the name, position and affiliation of the individual securing the consent
  - c. Summarizes the information provided to the person from whom the consent is secured, as indicated below.

The person securing the consent shall:

- 1) Explain the intended outcome, nature and procedures involved in the proposed treatment or activity;
- 2) Explain the risks, including side effects, of the proposed treatment or activity, as well as the risks of not proceeding;
- 3) Explain the alternatives to the proposed treatment or activity, particularly alternatives offering less risk or other adverse effects; and
- 4) Explain that consent may be withheld or withdrawn at any time, with no punitive action taken against the individual.

### **Labor**

- 1) No individual in a Guild residence shall be required to perform labor that involves the essential operation and maintenance of the residence or the regular care, treatment or supervision of other individuals, however individuals may be required to perform labor/duties involving normal housekeeping and light maintenance; and
- 2) Any individual may voluntarily perform any labor available.
- 3) Any individual may be hired to perform any labor available that s/he is appropriately trained and suited for. The individual will be paid at least minimum wage. All federal and state laws and regulations relating to wages, hours, worker's compensation and other requirements will be met.

### **Legal Competency**

Legal competency is the capability to make informed decision about one's own affairs. In accordance with the DDS regulations, the following policies are followed at The Guild for Human Services:

- 1) No individual may be deemed incompetent to manage his or her affairs, to contract, to hold a professional, occupational or vehicle operator's license, to

make a will, to vote or to exercise any other civil or legal right solely by reason of admission to a Guild residence.

2) All individuals who have attained the age of 18 years are presumed legally competent to conduct their personal and financial affairs, until otherwise determined by a court in a guardianship proceeding.

3) An individual's need for acquisition or removal of guardianship or protective services shall be determined on the basis of findings in the following areas:

a) Whether the individual's ability to make reasonable, important decisions concerning his or her life, property or both is so limited that the absence of a guardian creates a serious risk to the individual's health, welfare or safety;

b) The capabilities of the individual's family, particular strengths and weaknesses in the individual's living circumstances and the availability and utility of non-judicial alternatives (such as trustees, representative payees, conservators, etc.) will be considered although the capability of the individual to make important decisions is the central issue;

c) The specific areas of the individual's functioning, which are the basis of the recommendation, will be identified.

4) Whenever acquisition or removal of a guardian occurs, the individual's nearest living relatives shall be notified. If the nearest living relative cannot be found or is incapable of or not interested in caring for the individual's interest, the program shall assist in the acquisition or removal of a guardian.

5) The agency shall devise procedures to ensure that suspected improprieties of a guardian, conservator, trustee, representative payee or other fiduciary are reported to the court or other appropriate authorities.

## **Pornography**

Residents have, to a certain extent, the right to view legal pornography in their homes if they choose. However, it is important that this right be balanced with the needs for comfort and sense of safety for all persons within the residential community.

The Guild also has an obligation to provide a workplace which is free of experiences that staff may have of sexual harassment resulting from exposure to such pornographic material.

The following guidelines should be followed in situations where an individual wishes to



view pornography:

- Individuals who are interested should view pornographic material in the privacy of their own rooms.
- If staff are concerned that viewing such material may be clinically contraindicated, the person on call should be notified who will make a decision regarding if the materials can be viewed at that time. Additionally, staff can request that the Chief Residential Officer seek an evaluation from an experienced clinician that ascertains if there is any likelihood that viewing or possessing such materials places the person at risk to be potentially harmful to others. If the evaluation addresses that this may be likely, the materials will be prohibited based on clinical and safety concerns.
- If a person is viewing or possesses pornographic material in which children are depicted, the individual will be asked to turn over the materials immediately. Because possession of pornography in which children are involved is against the law, the Chief Residential Officer in consultation with the Chief Executive Officer and Chief Operating Officer will determine if the police will be contacted.
- Under no circumstances should staff view pornographic materials at work or view such related materials with residents of the home (or while residents are sleeping or out of the residence). Also, staff should not bring pornographic material in for residents to view.
- Staff are to call the on call administrator if unsure of how to handle a situation that emerges while they are providing coverage, or if assistance is needed in addressing the issue.
- If residents or staff have questions or concerns regarding these guidelines and expectations, they should feel free to contact the Chief Residential Officer or Chief Operating Officer
- Any exceptions to this policy should be written into the person's support plan.

## **Possessions**

The Guild's residence will not interfere with the right of individuals to acquire, retain and dispose of personally owned property. This includes the right to maintain an individual bank account, unless the individual is under guardianship, conservatorship or has a representative payee appointed, or unless otherwise ordered by a court of competent jurisdiction.

Individuals have the right to a locked space (generally their bedroom) to store a reasonable amount of possessions.

In the event that a possession poses an imminent threat of serious physical harm to the individual or other persons, the residence's staff will intervene in a manner to ensure everyone's safety.

In the event of restriction of possession(s), by the residence on the grounds of imminent and serious physical harm, the program shall issue a receipt to the individual and place the possession(s) in safekeeping. Any restriction shall be documented in the individual's record and reviewed and monitored by the Human Rights Committee.

The Guild prohibits possession of weapons, illicit drugs, stolen goods or any other illegal materials in all residential programs. Action is taken, including reporting to the police, as appropriate.

In the interest of safety issues and protecting individual rights, there may be times when the program will hold certain individual belongings. For example, if an individual has demonstrated unsafe smoking habits, the program may hold his/her cigarettes and lighting materials when the individual is not using them.

## **Research**

Individuals who are capable of full, informed consent have the right to make their own decisions regarding whether or not to participate in any form of research.

If the individual has a court-appointed legal guardian, the guardian must be notified if the individual is approached to participate in a research study and must give written consent before the individual participates.

The Guild for Human Services staff, students, interns or volunteers are not allowed to perform research with individuals unless approved by the DDS Central Office.

The Guild for Human Services staff, students, interns or volunteers are not allowed to influence an individual or legal guardian in any way regarding participation in research.

## **Safety Measures**

If an individual demonstrates unsafe behavior in the community, s/he may be restricted to the residence, or to staff supervised outings, for a specified length of time or until the individual demonstrates safe behavior.

Unless, it is an emergency situation (returns home intoxicated, assaultive or suicidal behavior, etc.), all program restriction shall be documented in the support plan.

Except for temporary, emergency situations, the Human Rights Committee will review program restrictions.

### Seclusion and Restraint

Seclusion and chemical or mechanical restraints are prohibited in all programs operated by The Guild for Human Services. An **Emergency Physical Intervention** may be used as a last resort in response to assault or aggression; when there is a serious, imminent threat of bodily harm to the individual or others such as an episode of or substantial risk of serious physical assault or self-destructive behavior. Emergency restraints may be used in situations where all less restrictive interventions have been implemented such as verbal de-escalation, redirection, blocking, moving the individual in crisis and/or other individuals out of the area.

All staff are required to maintain CPI (Crisis Prevention Institute's Nonviolent Crisis Intervention) certification and only staff who have current CPI certification may apply restraint. In the event that a staff person works in a program that requires CPI, but that person has a documented condition that prohibits them from participating in the restraint portion of the required training, that person is required to observe that portion of the training as they may be asked to be an observer during an actual emergency restraint. Every residence is required to have at least one person that is designated and trained as a Restraint Authorizer. The Restraint Authorizer training is a one-time training that does not need to be renewed.

In the event that physical restraint must be used, the following procedure must be followed:

- Only approved CPI physical holds may be used. The physical hold shall be utilized to the minimum duration and force necessary (the least restrictive means) to maintain safety until law enforcement, safety, on call or additional staff or other emergency service providers arrive.
- If only one staff person is present in the residence during an emergency restraint, then that person must also observe the vital signs of the person being restrained. If there is more than one person on duty during an emergency restraint, then a two-person restraint should be used for optimal safety. One staff should be identified as the primary and the other as the monitor. The primary gives permission to initiate the restraint and the monitor observes the client being restrained for respiratory distress, pain, discomfort and any safety

issues.

- The length of time of the restraint will not exceed 60 minutes including one 10-minute break. After 60 minutes the Restraint Authorizer must be contacted (if not present) in order to assess whether a renewal order for additional restraint is needed.
- The need for continued restraint will be reviewed at least every 15 minutes after the first hour of restraint.
- The On-call administrator must be notified immediately or as soon as safely possible. The RN on call should also be contacted if there are any injuries or the individual reports physical distress or pain.
- All restraints must be documented on a DDS Incident Report and Restraint form. This form is available through HCSIS.
- All additional reporting requirements must be followed.
- After the restraint the individual must be given the opportunity to comment on the restraint. His or her comments can be written in on the comment section of the restraint report in HCSIS. If the individual is nonverbal, then a description of his or her mood, affect and body language must be included in the comment section.

## Staff Conduct

### Appearance and dress

Staff are expected to be attentive to the ways in which they communicate respect, professionalism, neutrality, and safety in their interactions. The expectations specified in the "do's and don'ts" that follow do not represent criticisms of any employees' particular style of dress, but rather are an attempt to provide standards regarding staff appearance and the impact that may have on the stability and growth of the individuals we support.

#### Do's

- Staff should dress in clothing that is comfortable, neat, clean, and is appropriate to their particular work setting and the activities involved.
- Staff should be sensitive to the messages conveyed by their general appearance and style of dress. Please ensure that staff appear professional in their appearance and dress.
- When attending meetings with treatment providers, family members, etc. staff should dress in more professional attire.

- Staff should maintain short or moderate length fingernails to ensure that they and persons served are not injured in the event of a restraint, the administration of first aid, and the implementation universal precautions. (Please note that long fingernails can tear latex gloves if put on quickly or friction occurs when carrying bodily fluids and disposable wastes.)

### **Don'ts**

- No exercise or dance clothing (i.e. leotards, gym shorts, sweat pants, etc.). If doing physical work or exercising with individuals, conservative seat pants are acceptable.
- No miniskirts, short-shorts, or see through clothing. No clothing that is torn or tattered.
- No tank tops. T-shirts are fine, however, underwear t-shirts are too casual for work wear. Men should always wear shirts (no bare chests).
- Residential Staff can wear shorts on hot summer days; however the shorts should be Bermuda style dress shorts – that are conservative in length.
- No flip/flop sandals or steel toed boots
- Generally, clothing with a printed message needs to convey a neutral message. Printed shirts that feature obscene language, promote violence or discrimination, alcohol or drugs are examples of clothing that are inappropriate for work.
- Staff are encouraged to wear clothing that is practical and safe given their particular program site; in most of our programs it is not practical for staff to wear very high heels, for example.
- On trips to the beach or pool, the swimsuits staff wear should be conservative, for example women should wear non-revealing one-piece swimsuits and men must wear boxer style swimming trunks.

### **Gifts**

Staff cannot give gifts, large or small, to individuals supported. On appropriate occasions the “program” may present gifts to persons served. For example, this often occurs at holiday times when each person might receive a gift from The Guild.

Persons served are discouraged from giving gifts to staff. If a staff person does receive a gift from an individual or their family, the staff person may thank the individual (or family) and explain that s/he may not be able to accept the gift. Staff must review all gifts offered to them by individuals or their families with their supervisor.

If it is determined that a gift should be returned, for example, if of significant value or inappropriate content, the gift should be returned in a supportive, respectful, and therapeutic manner.

### **Self-Disclosure**

The determination of how much or what kind of personal information that staff should share with persons served should be based on an assessment of what type of information is beneficial to the that person. Staff are discouraged from sharing too much personal information about themselves with individuals. Relationships should be friendly and caring, but are not personal in nature. Decisions regarding what kind of information can be shared and under what circumstances, should be reviewed in supervision before sharing with individuals.

Staff should not give out their home phone number to persons served or take them to their homes without discussion with supervisors.

### **Involvement with Persons Served During Non-Work Hours**

Under no circumstances should staff make arrangements to see individuals during their non-scheduled hours without previous approval from their supervisor.

### **Dating and Sex**

Staff may not have dates or intimate personal relationships with persons served. Such involvement is grounds for dismissal. Staff must also be cautious to ensure that they do not put themselves in circumstances that give the appearance or perception of dating or sexualized encounters.

### **Personal Values, Religion and Politics**

Staff are discouraged from sharing personal, religious, political values with persons served. Staff are not expected to change their own values; however, these values need not be disclosed. If staff are uncomfortable with certain issues that come up, they should review these in supervision.

### **Physical Contact**

Staff are expected to be thoughtful and use good judgment regarding physical contact with persons served and should always first consider what the purpose of the physical contact is. Physical contact may be contraindicated for psychiatric or medical reasons and staff should be aware of the status and history of persons served and how it relates to physical contact. Consent should always be obtained when possible before touching an individual.

### **No Visitors to Program Sites**

Staff are prohibited from having their friends or family visit them at the residential program sites. This is to ensure protection of the right to confidentiality and compliance with privacy laws

### **No Borrowing or Lending Of Money**

Staff are prohibited from borrowing money or personal belongings from or lending money or personal belongings to individuals served.

**Taking Care of Personal Business**

Except in cases of emergency, staff should not take care of personal needs while at the program. Examples include showering at the program, using the laundry facilities, running personal errands, etc.

**Language Spoken in the Presence of Persons' Served**

When working with persons' served, only the language(s) of that person should be spoken.

**Cell Phone/Bluetooth/PDA Use**

There shall be no cell phone/Bluetooth/PDA use (which for the purpose of this policy includes text messaging) when transporting individuals served or when driving a Guild vehicle, even if no individuals served are present. If it is necessary to use a cell phone/Bluetooth/PDA (i.e. an emergency) the driver should pull over to the side of the road before placing the call.

Personal cell phone/Bluetooth/PDA use is not allowed during work shifts when staff is responsible for supervising individuals served. Personal cell phone/Bluetooth/PDA must be kept out of sight while staff is responsible for individuals served. They may not be clipped onto staff's belt, etc. because this is a safety risk, as well as increasing the likelihood that the item will be damaged. The Guild will not reimburse employees for damage to personal cell phones/Bluetooth/PDA.

When it is necessary to have a cell phone in an emergency (i.e. in the community), it should be kept out of sight in a purse or pocket or should be held by staff that are not driving whenever possible.

Cell phone/Bluetooth/PDA use may distract staff from their primary responsibility, making sure the individuals we serve are safe.

**Contact with the Program and Individual After a Staff Member Leaves Employment**

If a staff member is interested in maintaining a relationship with an individual after a voluntary termination of employment, s/he is required to obtain approval from the Director of Human Resources. In those situations where a person is terminated involuntarily, s/he is asked to not have any contact with the program or persons served after they leave.

## **POLICES ON SUPPORT PLANS**

### **Behavior Management**

When an individual exhibits a behavior that is potentially unsafe to her/him or others, The Guild for Human Services has an obligation to help that individual change the behavior. All plans developed to modify behaviors become part of the support plan. In all cases, positive interventions including universal positive behavior supports are attempted before more restrictive procedures are used and documented in the record. When restrictive procedures are deemed necessary, the program writes a plan to include the target behavior(s), specific interventions to be performed by staff, dates on which the plan will be reviewed and the plan for lifting the restriction(s). These plans are developed with the assistance of the behavior clinician and behavior consultants, and staff receive the appropriate training to be able to correctly carry out the plan. Finally, the plan is reviewed by the Human Rights Committee and for any Level 2 plans the Peer Review Committee.

### **Consultation Services**

Programs have access to consultants offering assistance in a range of areas such as behavioral management and psychiatry based on the needs of the individuals who reside in the home.

### **Individual Support Plans (ISPs)**

The residential manager at each home will service as the case manager for the individuals who reside in each home. The manager will assume responsibility for ensuring that the individual receives appropriate service and will also ensure that the case record and support plan (ISP) are up-to-date and appropriate.

Individuals are involved in the development of their support plans. This is accomplished through meetings with the individual, their guardian and family members prior to development of the plan. Individuals also participate in the support plan review process and sign their agreement to all goals and objectives.

The residential manager is responsible for ensuring that the ISP is developed and reviewed/modified according to the needs and progress of the individual and in compliance with DDS requirements. The ISP will also be reviewed periodically at house staff meetings to ensure that the plan is being implemented appropriately.



**Risk**

To the greatest extent possible, individuals will have the opportunity to undergo normal experiences, even though such experiences may contain an element of risk. Clinical and administrative staff will assess all individuals for areas of risk and will incorporate these areas into their plan when appropriate to increase individuals' awareness of risk and skill in managing risk.

A Risk Assessment process will be followed in accordance with DDS guidelines and when risk situations are identified a committee to include the Director of Adult Residential Services, Director of Health Services, Chief Residential Officer, Human Rights Coordinator, Director of Quality Assurance, Clinical Coordinator and the Residential Manager of the individual or home being discussed.

If any individuals who are considered to present as at risk are served by The Guild's Adult Residential Services program, the Risk Committee (part of the Adult Leadership Team Meeting) will meet on a monthly basis to review these individuals and will make recommendations for treatment and risk reduction as needed.

## POLICIES ON FINANCES OF PERSONS SERVED

### Management of Individual Funds

All individuals will be provided with training and assistance in the appropriate use and management of their finances. Additional training will be provided when there are specific requests by the individual or legal guardian in the management of funds and the determination of eligibility for financial benefits.

All individuals have an unrestricted right to manage and spend their funds unless a representative payee or conservator has been appointed. If the program determines that an individual is unable to manage a portion of his/her funds, the program shall develop procedures in the support plan to advise and assist in the management and expenditure of those funds in accordance with the individual's needs and interests. The program shall also include a plan to regularly evaluate and assist the individual in becoming more independent in this area. All other funds shall be within the sole discretion of the individual to manage and spend.

When residential staff provide supervision in the management of the funds of an individual without a representative payee or conservator, the plan shall be in writing with the individual's written consent and placed in the individual's record. When the individual is not capable of giving consent (and does not have a legal financial representative), the Director of Adult Residential Services may authorize an arrangement involving shared or delegated management responsibilities where necessary and appropriate. This authorization and plan shall be documented in the individual case record and reviewed by the support team.

Each individual is responsible for paying for his/her charges for care and, if applicable for any shared utilities (examples: cable and phone bills), in the form of a check or money order. Staff will assist as necessary. The individual, representative payee or legal guardian shall be informed of any changes in the charges before their onset.

All purchases that the individual is responsible for must be made using that person's money. An employee's credit or debit card may only be used in the event of an emergency and, at the least, phone authorization must be obtained from the Associate Director for the cluster, the Director of Adult Residential Services or the Chief Residential Officer before the purchase(s) is made. In all cases, written back-up must be obtained (this can be after the purchase(s) is made) and the authorization must be kept with the corresponding receipts.

Individuals and/or representatives (family, representative payees, guardians, etc.) may also deposit money temporarily with the Residential Manager as long as the guidelines below are followed:

- Cash: Funds over \$250.00 in cash cannot be kept on site. An exception may be made by the Chief Residential Officer in writing for special circumstances where a larger amount of money is needed. This additional money must be used within five days. At all other times, cash over \$250.00 must be deposited into an individual bank account for the individual and all interest earned shall be the property of the individual.
  - Checks & Money Orders: Checks and money orders may be kept on site in a locked safe for up to four weeks. The Residential Manager must contact the Associate Director for the cluster, Director of Adult Residential Services or Chief Residential Officer and a plan must be created if checks or money orders need to be held for longer than four weeks.
  - Gift Cards & Gift Certificates: Gift cards and gift certificates may be held in the safe or the lockbox.
- A record shall be kept of all deposits and withdrawals from funds maintained by the residence on the Financial Transaction Form. The record should include the date, amount deposited (including change returned) or withdrawn.
- If money, checks, money orders, gift cards, or gift certificates are withdrawn from the account of an individual who is not able to hold or manage any of his/her money, the staff signing out the withdrawal will be responsible for recording the balance before and after the transaction and returning the receipts. Any change from the expenditure will be re-deposited back into the individual's account and so documented. All transactions will be initiated by the staff and individual (if capable).
- At no time should an individual's money be used for anything but their own spending and purchases.
- At no time should money be "borrowed" from an individual's account.
- Receipts will be obtained for all purchases for any amount in the residence. This includes purchases made via a gift card or gift certificate. This does not include money distributed to individuals for general/daily spending or if the individual signs the money out (if it is indicated in their Money Management Assessment that the individual can hold money).

- Monthly transaction and balance checks will be conducted by the Residential Manager with quarterly reviews completed by the Associate Director for the cluster.
- Upon request, the individual/legal guardian will receive an accounting of funds at any reasonable time and will be given a copy of the transaction sheet and receipts for all deposits and withdrawals.
- Individual funds will be kept in either a residential safe or lock box. Only the Residential Manager, Director of Adult Residential Services or the Adult Residential Services Associate Director for the cluster will have access to the safe. Residential staff may have access to the program lock box as needed to access money for daily activities. Funds will be transferred from the safe to the lock box for purchases and spending. The maximum amount of money that is allowed in the lock box for one individual is one week's worth of spending and additional money as needed for other purchases. Money over this amount will be deposited in the safe as soon as possible. If a shopping trip or other larger expense is planned, the money should be transferred from the safe no sooner than two days before. The remainder of the money is kept in the safe.
- The program will not hold bankcards (ATM, debit, credit, etc.) or checkbooks for individuals and will not ask for or write down passwords or "PINs" for individuals. Individuals will be encouraged to safeguard any cards they have and reminded not to write their passwords on their cards.
- The program may hold bankbooks for individuals in the program safe as these require separate identification to use. Withdrawals may only be made by the individual in person.

### **Program Fees**

Individuals are required to pay charges for care based on DDS regulations. The amount is dependent on their income (benefits and wages) and is determined by the Business Office consistent with DDS regulations. Per DDS regulations the individual or their representative payee must provide copies of the individual's benefits award letters to The Guild both at the time of admission and each and every time benefits changes. DDS mandates the Guild receive 75 percent of all benefits received by the individual each month. Charges for care fees are due by the fifth calendar day of each month. All individuals, representative payees, guardians and conservators will receive 30 days written notice prior to a care fee increase based on the most recent award letter. Failure to provide documentation of benefits and pay monthly charges for care will

result in reporting to Social Security with a request to investigate and change the representative payee.

### **Restitution**

All incidents of loss or damage will be documented on an Incident Report. The Director of Adult Residential Services or Adult Residential Associate Director for the cluster will investigate the loss or damage to determine cause and determine appropriate action. The guardian or representative payee will be notified if applicable.

In general, individuals will be expected to make restitution for the loss or damages and will be presented with a bill of charges explaining the damage and cost to replace or repair. The bill will not exceed standard charges for the type of replacement or repair. The individual's ability to pay will also be taken under consideration. The individual will be notified of his/her right to contest the charges.

In the case of recurring incidents, the program will actively assist the individual with controlling the behavior.

At all times, individual rights and responsibilities are balanced with agency needs when considering restitution for loss or damage.

### **Transactions Between Individuals and Staff**

No staff is permitted to borrow money from or lend money to any Guild resident. This restriction also extends to the sale or purchase of any and all goods and services between staff and individuals.

## POLICIES ON HEALTH & SAFETY

To ensure the health and safety of persons served, staff and visitors, all employees of The Guild for Human Services are required to follow written health and safety protocols and attend required training. Each residence has Emergency Information on site.

The Residential Manager, Adult Residential Services Associate Director and Director of Adult Residential Services are responsible for compliance with the health and safety program under the supervision of the Chief Residential Officer.

### Emergency Plans and Drills

Each residence has an Emergency Plan for individuals and staff to follow in case of fire or other emergency. The Emergency Plan includes:

- Procedures for evacuating individuals in case of emergency. This includes provision for transportation and immediate, temporary relocation when necessary.
- Procedures to follow in case of flood, natural disaster, power or heat failure, bomb threats or other workplace threats.
- Procedures to follow in case of medical emergency.
- Procedures to follow in case of clinical emergency.
- How to access on call personnel.
- Required notifications during and after emergencies.

All residences are required to conduct a drill of the emergency plan at least once per quarter. This needs to include at least one overnight drill per year and drills at differing times of day and days of the week.

### Fire Hazards

Potential fire hazards such as lit candles and incense are not permitted. Additionally, alternatives that do not require a flame are permitted.

In accordance with DDS regulations, all outdoor grills are to be located away from the home. All gas grills cannot be located on wooden porches or on balconies. In addition, they must be at least 10 feet from the home.

## Food Storage and Meal Preparation

All residences operated by The Guild for Human Services will establish procedures to ensure that all foods are stored, prepared and served in a clean, nutritious and appetizing manner.

All individuals will be given opportunities to plan and prepare meals of their choosing and to increase their independence in menu planning and preparation according to the treatment/support plans. Individuals will also receive nutrition education individually and in groups as needed.

All individuals and staff will follow procedures to ensure that food is handled in a safe, sanitary manner and proper hygiene is used when handling food. These procedures include following sanitary defrosting procedures, hand-washing prior to meal preparation, wearing gloves, throwing out any food that is contaminated and putting food away immediately after the meal.

Per the American Gastroenterological Association:

People with hepatitis A or E should not prepare or handle food to be eaten by others. Limitations on food handling are not necessary for people with hepatitis B or C. (Hepatitis B and C are spread blood to blood whereas A takes the oral/fecal route). People should not be preparing food with open cuts, scratches, rashes, etc. that are not covered correctly and safely (i.e. bandaged and gloved).

## Illicit Drugs

The Guild for Human Services is committed to maintaining a workplace that is free from drugs and alcohol and has an obligation to set a good example for those individuals who have experienced alcohol and substance abuse difficulties.

**Per the federal Controlled Substances Act, the unlawful manufacture, distribution, dispensation, possession or use of controlled substances on agency property, including vehicles, is strictly prohibited. This prohibition includes marijuana, which is deemed as a Schedule 1 narcotic.**

All incidents of the manufacture, distribution, dispensation, possession or use of controlled substances or alcohol will be dealt with on a case by case basis. Actions may include, but are not limited to:

- Confiscation
- Reporting to the police
- Treatment/Education
- Eviction

## **Incident Reports**

Incident Reports will be completed by program staff according to DDS HCSIS guidelines. Incident Reports will be reviewed every other month by the Adult Residential Services Leadership Team and quarterly by the Human Rights Committee. Employees are instructed to refer to the Incident Reporting Procedures for further information.

## **Exposure Control and Universal Precautions**

It is the policy of The Guild for Human Services that no individual will be refused services solely on the grounds that they have an infectious, transmittable disease.

It is also policy to protect the confidentiality of individuals with infectious diseases, thus only persons with a need to know will be given information regarding any particular individual's diagnosis.

No staff may be excused from providing care to any individual with an infectious disease. Refusal can be grounds for immediate dismissal.

All staff are required to follow the Exposure Control Plan and identified infection control procedures including the use of universal precautions shall be implemented in all programs. Individuals and staff will receive training on infection control, universal precautions and infectious diseases

## **Medical and Dental Care**

Staff at each residence operated by The Guild for Human Services assist individuals, when necessary, in arranging for and obtaining:

- Routine and preventive medical and dental care from licensed practitioners, including standard medical examinations, clinical tests, standard immunizations and treatment for minor illness and injuries.
- Intermittent or short-term professional consultation and/or specialized health services, as needed and in accordance with their individual service plan.
- Any other care, treatment or other professional services for which the individual may be eligible and which are consistent with their needs and desires, in accordance with the individual service plan.

Staff, with oversight from the residence's nurse consultant, will monitor the use of services to ensure that individuals see a doctor at least yearly for a routine physical exam and a



dentist for a yearly dental exam. Each individual or guardian has the right to control the provision of routine or preventive medical and dental care by an annually renewed written authorization (informed consent).

In all emergency situations, medical care will be provided immediately. Staff will follow the emergency plan set up at the residence. Emergency care will be provided 24 hours a day, 7 days a week. Transportation will be provided as necessary by staff or ambulance.

### **Medical Treatment Refusal**

Individuals who are competent have the right to refuse treatment and at times, may refuse to go to medical appointments, take medication or otherwise refuse health care. If this occurs, staff will follow these steps:

- 1) Try to identify and deal with any reasons that prevent the individual from accepting medical care.
- 2) Notify nursing on call and problem solve the situation.
- 3) Ensure that the individual has an understanding of the medical concerns and the reason treatment is advisable.
- 4) Talk with other members of the treatment team (e.g. clinical coordinator, nurse case manager, doctor or psychiatrist) to determine appropriate action.
- 5) If the individual still refuses to seek medical care, s/he is asked to sign a Refusal of Treatment form. On a regular basis, the individual will be encouraged to obtain treatment and will be offered assistance as needed to obtain treatment. Efforts to this extent will be documented in the Progress Notes.
- 6) When an individual has a guardian and declines treatment, the guardian will be immediately notified and consulted as to what actions the guardian would like to take.
- 7) At this point, the treatment team needs to determine whether it is reasonable or necessary to force medical treatment. This will involve obtaining a court order and involuntarily transporting the individual to the appointment by ambulance.

During all steps of this process, the individual will be kept informed of the action being taken and encouraged to voluntarily attend the medical appointment. A record will be kept of all actions taken to assist the individual with receiving medical care. Medical

and or psychiatric providers will be notified of all refusals of treatment, including medical appointments, testing, procedures and medications.

## **Medication**

All medications will be prescribed by licensed practitioners and administered in accordance with the practitioner's written orders. Medications will only be administered by staff members who are certified under the Medication Administration Program.

Medication shall not be used as a punishment, in quantities that interfere with the individual's programming and quality of life, for staff convenience or as a substitute for programming.

The use of medications to control or modify behavior is prohibited except under the following conditions:

- 1) In accordance with the DDS and Department of Public Health (DPH) Regulations.
- 2) In accordance with the recommendations of the individual support plan containing at least the following information: description of the behavior, data concerning the target behavior prior to the intervention, information regarding risks and side effects along with procedures to minimize risks, and a description of clinical indications that might require suspension or termination of the medication.

All program staff will follow the DPH Medication Administration Program (MAP) Policies and The Guild for Human Services Medication Policies all medication management and administration.

## **Pets**

All requests to have pets at residences will be approved by the Chief Residential Officer in consultation with the Director of Adult Residential Services.

There must be unanimous agreement by all residents to obtain a pet. Once a pet is obtained, residents cannot then change their minds.

If an individual moves to the residence and is allergic to the pet or a resident is found to be allergic or develops an allergy, the pet must be given away.

Pets may be allowed by reasonable accommodations through an ADA request. A plan describing financial and care responsibility must be written and approved by the

Chief Residential Officer prior to obtaining the pet.

If the residence is unable to properly care for the pet, or the pet is at risk of harm, the pet will be given away.

Staff who have allergies or other problems with pets chosen by home's residents will have to determine for themselves whether they can continue working at the residence or whether they will have to end their employment.

### **Potentially Dangerous Substances and Items**

All Guild residential programs will store substances that are potentially dangerous (such as bleach, cleaners, disinfectants, etc.) separately from food and will ensure that containers are accurately labeled with ingredients, warnings, special precautions and action to be taken in case of accidental exposure.

### **Property Inspections**

Property inspections are completed in residences a minimum of quarterly by the Director of Adult Residential Services, the Adult Residential Services Associate Director for the cluster, the Director of Quality Assurance, the Chief Residential Officer, and/or the Director of Facilities. Work orders from these inspections are submitted through the on-line maintenance system to the Maintenance Department as needed.

### **Searches of The Person, Room or Belongings**

Except in an emergency, individuals are to be informed of a search prior to the search and be provided with the opportunity to be present during the search.

The On-Call administrator must be contacted prior to any Emergency Searches. Emergency Searches are generally conducted by two staff members and approved in advance by Human Rights Coordinator and Chief Residential Officer.

Routine room inspections (such as for unsafe smoking or cleanliness) are not considered searches and will be documented in the ISP or Behavior Plan as necessary.

Searches may only be conducted for cause:

- Concern for health, safety or welfare of individual
- Suspicion of contraband
- Suspicion of illegal activity
- Suspicion of violation of program rules

Search may be conducted:

- Within a bedroom
- Within personal belongings stored on the premises (including the bedroom)
- Within clothing that is being worn (such as pockets, linings, etc.)
- Within bags, knapsacks, purses or other items carried into the program

Searches may not be conducted:

- Of the individual's body

If items such as drugs, weapons or other contraband are found, they will be confiscated and the administrative on call person will be immediately contacted. The administrative on-call will make a determination regarding further action that may include calling the police, disposing of the items, or bringing guns to the police.

The search will be documented in the Shift Log and Individual's Progress Note.

After a search is conducted, the support team will review the individual's status and plan and modify as needed to include a search protocol for the future.

The Human Rights Committee will be notified of emergency searches at the next meeting.

Issues may be addressed in individual support plans that differ from this policy.

## **Search Plans**

Any individual with a history of leaving the residence without notification will have a Search Plan that contains the procedure to follow when an individual is unaccounted for after informal attempts to locate him/her are made and whose current capabilities are such as to create an unreasonable risk of harm when not under supervision.

When any individual is found to be missing at the residence, residential staff will take two (2) minutes to conduct a quick search of the residence and the yard. If after two minutes the individual has not been located or immediately if in the community, staff will call 911 and give a description of the individual to include: height, weight, eye color and hair color of student (refer to individual's Emergency Contact Sheet in their record book), a description of what the individual is wearing, and information about the individual's ability to demonstrate safety skills. The site's staff will then notify the Residential Manager who will notify the on-call administrator who will then notify the Chief Residential Officer.

If the individual is not located within 15 minutes, DDS emergency on-call will be notified. If law enforcement is contacted, an Incident Report must be completed that day and

DDS must be notified immediately. If law enforcement is not contacted, an Incident Report must be completed on the next business days.

## Smoking and Smoking Violations

### No Smoking

Due to federal and state regulations, all Guild properties are SMOKE FREE facilities. Smoking is not allowed in any Guild facility or at any time in the presence of the individuals we support. This policy includes all Guild residences and 411 Waverley Oaks Road. A designated area where smoking is permitted on the grounds of each location is listed below. **Smoking is prohibited in any Guild vehicle.** Violation of this policy will result in disciplinary action that could lead to termination of employment.

### Designated Smoking Areas

Burlington House – rear bricked patio area

Framingham House – outside rear basement door

Melrose House – by the shed

Woburn House – outside garage

Billerica House – under fire escape in back yard

Maynard House – off back deck

Sudbury House – off back deck at end of ramp

Dedham House – off back deck

Walpole House – off the back deck at the end of the yard near the driveway

- Do not, at any time, smoke in the presence of an individual who lives in the home or is visiting the home. If a resident or his/her guest is within viewing distance, you must put your cigarette out or, if you have just arrived outside, return at a later time to smoke.
- Before leaving, ensure all residents are adequately supervised.
- No door to the house can be held open at any time; all doors must always be fully closed.

### Treadmill Safety

All staff and individuals should be trained in the safe use and operation of any treadmill they will be using. The training should include:

- Where the emergency stop switch (red button) is located on the machine
- How to attach the safety cord/operating key device to the individual using the treadmill

- This device is designed to completely stop all moving parts of the treadmill if the person falls or steps away
  - When the key becomes disconnected from the machine it automatically cuts off all power to the machine, thus preventing or minimizing injury
  - **This device is essential and must be used every time someone uses the treadmill**
- How the individual will get on and off the machine
  - Pace of belt for the individual and length of time they are to use it
  - How to check all safety features before each use
  - How to maintain the machine in good working order
  - How to unplug the machine when not in use (may also be necessary to remove the key)

At one staff person should be nearby while the treadmill is in use. This does not mean that a staff person needs to be standing beside the treadmill while it is in use, especially in the case of an individual who can use it independently. But rather, based on the identified needs of the individual, provide an appropriate level of support. For example, if someone is fully independent on the treadmill, ask the individual to inform staff when they will be using it so that the staff can be assured the safety cord is attached and in working order, keep other individuals out of the area who may be at risk of injury, and remain in an area of the house where they could hear if there was a problem and react quickly.

When an individual is using a treadmill at a community location, such as the YMCA and staff accompanies them to the location (this does not apply to individuals who are able to travel to and use the facility independently) staff must remain in the area where the treadmill is located regardless of the individual's independence on the particular device.

## Vehicle Safety

Residential vehicles are for program use only, and are not to be used for personal reasons.

Staff will follow all policies and procedures regarding vehicle usage as follows:

- Drivers must carry a valid Driver's License.
- Drivers must adhere to safe and responsible driving practices and adhere to all Massachusetts State laws.
- Staff are required to complete and pass The Guild's driver safety training class.

- Seat belts **must** be worn by all individuals in the vehicle and by the driver.
- Cellular phones must not be used by the driver while driving.
- Drivers may not carry passengers for a fee.
- Only The Guild for Human Services staff may drive Guild vehicles.
- Staff are responsible for parking/garaging the vehicles. Any fees and/or fines incurred are the responsibility of the driver.
- Any accidents, vandalism and damage must be reported immediately to the Residential Manager or on-call administrator and the following procedure followed:
  - \* Obtain all relevant information from the other party involved.
  - \* Notify the Residential Manager or on-call administrator immediately who will notify the Director of Facilities and Chief Residential Officer
  - \* Fill out a Guild accident report form and return it to the Residential Manager.
  - \* File a police report within 24 hours of the incident.
- Complete and accurate log books must be maintained in each of the vehicles. All trips must be logged.
- No decals, bumper stickers or other such materials shall be affixed to Guild vehicles unless required by The Guild's Maintenance Department
- Absolutely no smoking at any time in the vehicle
- No eating or drinking in any vehicle by staff or individuals supported by the Guild.
- Safety equipment and the log book must be kept in the vehicles at all times.
- The gas card should only be in a staff person's possession when it is needed to obtain gas. At any other time, it should remain at the residence in the lockbox.
- Vehicles must be secured (windows closed, doors locked) each time the vehicle is parked.
- Vehicle must be kept free of trash and litter.
- Failure to follow any part of these procedures will result in disciplinary action.

## Water Safety

- Only those facilities (beaches, lakes, pools, etc.) which have prior approval may be used.
- A certified lifeguard must be on duty or the individuals DO NOT go in the water.
- Individuals with an active seizure disorder or other medical conditions as determined by Director of Health Services in consultation with their primary physician must wear life jackets or flotation device and be closely monitored by staff in the water with them.
- Individuals requiring one – to – one (1:1) staffing due to mobility or other medical needs, must only go in the water when a staff member (who swims) is in the water specifically with them.
- Any boats utilized for recreational purposes must comply with any required federal, state or local registration, and meet safety standards.
- All individuals and staff engaged in boating activities shall wear personal flotation devices and must be accompanied by staff. It is important to make sure the label on the floatation device is Coast Guard Approved.
- Before embarking on any boating activities, staff must obtain authorization from the Chief Residential Officer. Information will be provided regarding the location of the boating trip, which individuals and students will be attending, and the duration of the trip. The trip cannot take place unless authorization has been obtained.