George G. Glenner Alzheimer's Family Centers, Inc.® (GGGAFC)

Policy and Procedure Manual

CHAPTER 5 - CENTER OPERATIONS

This chapter of the manual discusses the services provided at the center, the staff that provide these services, particular procedures where specific information on a service(s) is necessary, the space and/or specific equipment for each service and those policies and procedures which relate to the day-to-day operations of the center. As the operations include both Adult Day Program (ADP) and Adult Day Health Care (ADHC) it will be noted in each section as to the applicability of each program to the service provided.

5.1 Services

Center services include the following:

- Medical Services
- Nursing Services
- Personal Care Services
- Social Services
- Physical Therapy
- Occupational Therapy
- Speech Therapy
- Recreation/Activity Services
- Psychiatric/Psychological Services
- Nutrition Services, including meals
- Transportation
- Pharmacy Services

5.2 Staff

The staff who provide these services and the ancillary staff are listed below.

5.2.1 ADHC

The ADHC staff at the center includes:

- Administrator
- Program Director
- Social Worker
- Staff Physician

- Registered Nurse
- Activity Coordinator
- Program Assistants
- Physical Therapist
- Occupational Therapist
- Speech Therapist
- Psychiatric/Psychological Consultant
- Registered Dietician
- Pharmacist

5.2.2 ADP

As required by licensing the ADP staff at the center includes the following positions.

- Administrator
- Activity Coordinator
- Program Assistants

5.2.3 Supplemental Staff

The following are additional staff utilized by the ADHC and ADP center.

- Secretary
- Accountant
- Volunteer Program Aide
- Housekeeper

(All job descriptions are located in Appendix B).

5.3 Information on Program Services

5.3.1 ADHC Medical Services

Medical services will be provided by either a staff or personal physician. A description of the space for this service and the role of the personal physician are provided below.

- Space shall be provided for consultation in the nurse's office.
- The personal physician will retain primary responsibility for the medical care of the participant. The personal physician shall be:
  - Requested to provide the report of the physical examination and medical history required for initial assessment.
  - Informed on a regular basis of the participant's status and progress.
  - Requested to provide information to the center nurse whenever there is a change in the participant's status or medical treatment.
  - Names and telephone numbers for all participants' physicians are recorded on a centrally located emergency sheet, which is kept in the nurse's office.

Note: In cases where the staff physician is also the personal physician for the participant, direct treatment services are usually provided in the physician's office but may be provided at the center. The physician, not the center, bills for these services.

5.4 Medication Policies

5.4.1 Drug History

The nurse is responsible for completing a drug history for each participant, which lists all medications currently being taken, where possible. At a minimum, the drug history will include a list of all medications that the center is responsible for supervising, administering and/or monitoring. In addition, the list will indicate medications to which the participant is allergic, and these medications will also be clearly indicated on the front of the participant's health record. The drug history is kept in the participant's health record.

5.4.2 Administration of Medications

Medications administered to a participant at the center will be labeled with the participant's name, medication name, dosage, frequency and method of administration of the drug, the name of the prescriber and the date of the prescription. P.R.N. or "as needed" drug orders shall include an indication for use. This information shall be kept on a separate medication record sheet in the participant's health record.

The following procedures will apply to all medicines administered at the center:

- Medications are given only on the prescriber's order.
- Participants are identified prior to the administration of a drug.
- All medications are given within one hour of the prescribed time.
- All medications which are not self-administered are administered only by licensed nursing personnel.
- When medications are administered and/or monitored, the Registered Nurse will record the time, date and dosage in the health record and initial each entry.
- Medication errors, drug reactions, and notations of actions taken will be entered in the participant's health record and will be signed and dated by the nurse. The nurse will notify the participant's personal physician.
- The center uses only disposable syringes and needles for drugs administered by injection, which is disposed of into Stericycle containers.

5.4.3 Self-Administration of Medications

Before a participant can administer his/her own medications the participant's physician must state that the participant is able to

communicate the need for the medication. The multidisciplinary team may also assess the participant and recommend to the physician a medication self-administration program. The nurse is responsible for the self-medication training program. The following conditions must exist before this program can be implemented:

- The participant has been determined capable of self-administering medications based on the participant's physician report and the multidisciplinary team assessment.
- A step-by-step teaching/learning program has been developed for the individual participant based on individual needs.

All training provided in the self-administration of medications will be recorded in the participant's health record, along with the names of all drugs to be self-administered.

5.4.4 Storage of Medication

The following applies to all medications stored at the center.

Labeling

- All medications stored at the center are labeled in conformance with State and Federal laws and regulations.
- Prescription labels are not altered.
- If the prescribing physician has changed the frequency or dosage, this change is recorded in the participant's health record and the physician is requested to provide the center/participant with an order or prescription, which documents this change.

Glucose testing material and equipment:

- The RN will carefully follow the manufacturer's testing protocol for the glucometer being utilized.
- The blood glucose solution will be dated by the registered nurse at time of being opened.
- The blood glucose solution will be destroyed after 90 days of being opened.

Blood glucose monitoring procedure. The nurse will:

- Gather all blood glucose testing supplies.
- Place supplies on a clean surface.
- Wash hands before performing each finger-stick procedure. When soap and running water are not immediately accessible, use alcohol gel or foam for hand hygiene.
- Put gloves on both hands.
- Prepare the participant's finger with alcohol.
- Place the test strip into the glucometer according to the manufacturer's recommendations.
- Pierce the participant's finger with a sterile, disposable, single use lancet.
- Place a small drop of blood on the test strip.
- Dispose of the lancet into sharp disposal container.

- Apply pressure to the site of the finger-stick with a cotton ball or gauze 2x2, then dispose of cotton ball (2x2) into receptacle.
- Perform reading according to manufacturer's instructions.
- Remove test strip from the sensor and dispose of in receptacle.
- Clean the inside and outside of glucometer before proceeding to the next participant. Use manufacturer's recommendations for disinfectants.
- Remove gloves and wash hands.
- Prepare insulin for administration if required.
- Record results of blood glucose test in participant's health record.

5.4.5 Dispensing

Center staff, except those authorized to do so, will not dispense, repackage or label drugs, or transfer drugs between containers.

5.4.6 Conditions of Storage

- Medication and syringes will be kept in a locked cabinet, accessible only to the nurse, staff physician, or pharmaceutical consultant.
- Medications will be stored in an orderly manner. External use drugs in liquid, tablet, capsule or powder form will be stored separately from drugs for internal use. An inventory is maintained of all drugs stored overnight which includes participant's name, drug name and strength, and is kept at least one year.
- Medications requiring refrigeration are stored in the refrigerator. The temperature will be maintained between 2^{o}C (36^{o}F) and 8^{o}C (46^{o}F).
- Test reagents, germicides, disinfectants and other household substances will be stored separately from all medications.
- Drugs will not be stored after expiration date. No contaminated or deteriorated drugs will be used.

5.4.7 Return of Medications to Participant

- Any medications that are returned to the participants are noted and dated on the inventory record which is to be retained for at least one year.
- They are also noted on the drug history and medication sheet in the participant's health record.

5.4.8 Destruction of Drugs

- Medications that have been left at the center by the participants, who have expired or discharged from the program, will be returned home to the family or caregiver immediately after being discharged from the program. Family will be called to pick up the medication.

- Drugs, which have been left at the center by ADP/ADHC participants, who have expired or have been discharged from the center, will be disposed of in the following manner:
  - The center nurse and either the staff physician, Program Director, Administrator or the pharmacist will witness the destruction.
  - Destruction shall be by flushing into the sewage system. Both witnesses will sign a record, which lists the date and method of destruction, participant's name, drug name and strength, quantity destroyed, and prescription number, if any.

5.5 Use of Restraints - ADHC

5.5.1 Requirements for Use

Restraints shall only be used as a measure to protect the participant from self injury. A determination will be made by the multi-disciplinary team and in consultation with the participant's responsible party. After a determination is made that a restraint is needed the Personal Physician must order the restraint; a copy of which is documented in the participant's health record. Any use of restraints must be specified in the participant's Individual Plan of Care.

5.5.2 Procedures for Use

- The nurse supervises the use of restraints and is responsible for the orientation in the safe and proper use of restraints by all staff. The use of restraints at the center is limited to occasions when measures to protect the participant from injury to him/herself are deemed necessary by the multidisciplinary team. These restraints are fashioned of soft cloth and are used only to restrain participants under the following conditions:
- Protection during treatment procedures.
- Positioning to prevent participant from falling from chair, treatment table or bed.
- Acceptable forms of restraints shall include cloth vests, soft ties, soft cloth mittens, seat belts and trays with spring release devices. A soft tie means soft cloth which does not cause skin abrasion and which does not restrict blood circulation.
- Restraints will be applied in a manner so they can be removed easily in the event of an emergency.
- Restraints shall not be used as punishment or as a substitute for medical and nursing care.

- Restraints must be released every two (2) hours and the participant must be assisted to get out of the chair to toilet and exercise.
- Use of restraints must be documented in the participant's health record, including when the restraints are applied, what type is used, when and for how long they are released, what exercise is taken during the release, and when they are reapplied.

5.6 Nursing Services

5.6.1 ADHC Nursing Services

In order to improve or maintain the participant's health status, the following ADHC services will be provided by the nursing staff:

Monitoring and Observation

- All monitoring of the participant's health status and checking of vital signs are completed in conformity with the treatment plan.
- Results of vital sign checks are recorded in the participant's chart.
- The nurse observes signs and symptoms, the participant's reactions to treatments (including drugs), and changes in the participant's physical or emotional condition, and reports these to the multidisciplinary team and personal physician.

Personal Care and Treatment

- The nurse and/or supervised program assistants provide personal care in keeping with the treatment plan.
- Services might include grooming, toileting.
- The RN will assist with removal of impactions, colostomy irrigation, dressings and compresses, foot care, etc.

Health Education and Counseling

- The nurse will provide health education and counseling to participant and family members when indicated.
- The nurse is responsible for the health component of orientation and in-service training.

Assistance in Obtaining Other Medical Supplies

- The nurse refers participants to podiatry, dental, optometry, audiology or other services when indicated.

Administration of Medication

- The nurse is responsible for the administration of medications.

- Medication policies and procedures are detailed in this Chapter in Section 5.4.

Liaison with the Participant's Physician

- The nurse contacts the participant's personal physician for assessment, medical history and current status, medications, and directions for participant care.

Continence Training Program

- The nurse shall develop the continence training program.
- The need for continence training shall be evaluated during the initial assessment and initiated upon enrollment.
- The ADP/ADHC will accept or retain a participant who has manageable bowel and/or bladder incontinence.
- If bladder and/or bowel incontinence becomes unmanageable the participant will be discharged.
- Unmanageable refers to bowel incontinence becoming regular; is secondary to a disease process, not explained by dietary or medication transitory issues; the participant is resistant to staff efforts to maintain cleanliness and hygiene.
- The step-by-step implementation procedure shall be individualized for each participant. In this activity, liaison with family members will be ongoing.

Restorative and Supportive Nursing

- The nurse shall provide restorative and supportive nursing as indicated by the treatment plan.

Restorative (Rehabilitative) Nursing

- The rehabilitative nursing process is essentially a teaching-learning process.
- The nurse is the teacher, counselor, and change agent.
- Approaching the client system holistically and involving both participant and family in the rehabilitative process, the nurse and other team members endeavor to prevent further impairment and to assist the participant and family to adapt to an altered lifestyle.
- While basically restorative in nature, rehabilitative nursing also embraces preventive teaching and health care.
- The planning, implementation and evaluation phases of the rehabilitative program embody a reciprocal, continuous process including participant, family, team members and appropriate community resources and care systems.

  Restorative nursing also includes supervision or provision of a maintenance program, including but not limited to performance exercises to maintain gait, strength and endurance, passive exercises to maintain range of motion in

order to preserve functional level and prevent complications, including but not limited to immobility, deformities, contractures and slowing or arresting deterioration.

Supportive Nursing

- Rather than working as a change agent, supportive nursing has as its major objective the comfort of the participant.
- It includes measures to alleviate pain and maintain current health status.
- Examples are positioning and personal hygiene measures. An example of supportive nursing in an ADHC center would be providing insulin injections to a diabetic participant who also has arthritis, poor vision, and lives alone.
  Training a participant or family member to administer the insulin would be restorative nursing.

Nutrition

- The nurse shall refer participants to the dietitian for a nutritional assessment when indicated.
- Dietary counseling may be provided by the dietitian or the nurse.
- Therapeutic diet requirements, per physician orders, are included in the participant's health record by the nurse.
- The nurse supervises the distribution of the meals received to ensure each participant receives the proper diet.

Emergency Care

- The nurse has overall responsibility for carrying out emergency medical procedures, such as assessment of need, notification of physician, ambulance, 9-1-1, etc.

5.6.2 ADP Nursing Services

Although not required by the State of California Department of Social Services Community Care Licensing Division for Adult Day Programs all Glenner Adult Day Programs are staffed with a full time Registered Nurse. The following services will be provided by the nurse.

Monitoring and Observation

All monitoring of the participant’s health status and checking of vital signs are completed in conformity with the treatment plan. Results of vital sign checks are recorded in the participant’s chart. The nurse observes signs and symptoms, the participant’s reactions to treatments (including drugs), and changes in the participant’s physical or emotional condition, and reports these to the multidisciplinary team and personal physician.

Personal Care

The nurse and/or supervised program aides provide assistance with personal care and incontinence training in keeping with the treatment plan.

Administration of Medication

All participants shall be assisted as needed with self-administration of prescription and nonprescription medications as detailed in Section 5.4.3.

Nutrition

Therapeutic diet requirements, per physician orders, are included in the participant's health record by the nurse. The nurse supervises the distribution of the meals received to ensure each participant receives the proper diet.

Emergency Care

The nurse has overall responsibility for carrying out emergency medical procedures, such as assessment of need, notification of physician, ambulance, 9-1-1, etc.

5.6.3 Medical Supplies and Equipment

The nurse is responsible for the medical supplies and maintenance of required supplies and equipment.

Medical Supplies

Medical supplies include, but are not limited to: Micropore paper tape, cotton balls, band-aids, temporal thermometers, disposable gloves, KY jelly, alcohol, paper drapes, paper sheets, syringes (disposable), Phisohex, hydrogen peroxide and oxygen.

Equipment

- Equipment includes, but is not limited to examining lamp, scale, oxygen tank with nasal canula, stethoscope, flashlight, and sphygmomanometer.
- The center scales are automatically calibrated by the center RN monthly.
- The Oxygen Tank is inspected monthly by the center RN and replaced as needed by the Program Director.

5.6.4 Space

- The center has a separate nurse's office.
- The center contains a locked cabinet and refrigerator for medications.

5.7 Social Services

- Social services are a requirement of the ADHC program and because Glenner operates both ADHC and ADP together the ADP participants and their families may also benefit from these services.
- Social services will be provided in order to help participants and their families with personal, family and adjustment problems that interfere with the effectiveness of treatment and to coordinate their care.
- The social worker assesses the impact of the health problem(s) or illness(es) on the participant and his/her family, including the extent to which the illness necessitates a modification in life style, the participant's response to their diagnosis, and the coping responses employed by the participant and his/her family.
- Coping techniques which enable the participant and family to adapt to a chronic impairment may include such elements as: seeking relevant information, requesting emotional support from family and friends, learning specific illness-related procedures, and setting limited concrete goals. Social and environmental as well as physiological problems may influence the participant's ability to adapt.
- Both individual and group social services are provided.

5.8 Recreation/Activity Services

Recreation/activity services described below are provided in both the ADP and ADHC programs.

5.8.1 Purpose

- The recreation program at the center has two basic goals which serve distinct and separate functions.
- The first component focuses on the provision of an overall structure to the participant's day at the center.
- This is accomplished through the provision of a diverse range of structured and unstructured on-going recreational activities.
- The second component has a therapeutic emphasis and utilizes various treatment modalities in recreation for purposive intervention in some physical, emotional, and/or social condition (e.g., prevention of physical deterioration, maintaining and/or increasing functional capabilities).
- The goals and objectives of all recreation services provided vary greatly depending on the desired outcome.
- The primary aim is that of increasing the participant's independence in leisure. Some of the basic goals to enable this include:
  - To provide opportunities for experiencing enjoyment and a sense of satisfaction.
  - To develop positive values and attitudes towards one's use of un-obligated/free time.
  - To increase knowledge of recreational opportunities within the community and home environments, if and when possible.

- To improve or develop skills necessary for learning new hobbies, interests, or leisure pursuits, if and when possible.
- To increase one's perceptions of their personal capabilities.
- To increase one's feelings of competence or power over environmental and life factors.
- To increase one's perceptions of freedom regardless of personal limitations.
- To prevent physical deterioration.
- To maintain current levels of cognitive functioning.
- To improve and develop social interaction skills.
- To decrease confusion.
- To provide an environment conducive to the integration of physical, mental, social and emotional skills.

5.8.2 Program

The center activities program includes physical activities, creative endeavors, educational programs, reality orientation, social experiences, service involvement and cultural experiences.

Physical Activities

Physical activity plays an important role in maintaining good health. This is particularly true for the elderly individual. Daily physical activity has been shown to maintain and/or improve coordination, muscular strength and body alignment, even when bodily systems have already deteriorated due to the lack of physical conditioning and/or disease. In addition to the physiological benefits of physical activity, there are social and psychological benefits. For example, an exercise program designed to increase joint flexibility will inevitably result in an improvement in one's posture. Since body alignment improves one's physical appearance, one's self-image and confidence may also improve. Lastly, an exercise program brings people together, thereby providing an opportunity to socialize, develop new friendships, and to have fun. Some of the physical activities to be included in the center's recreation program are: group exercises which include range of motion, ball play, parachute activities (sitting only), daily walks, horseshoe toss, and dancing.

Creative Endeavors

Arts and crafts are a highly individualized means of communication. It is through creativity that one can freely express oneself. Besides the social and physical benefits of participation, one can achieve a sense of personal satisfaction through the successful completion of a project. In addition, group arts and crafts activities allow for immediate recognition and praise of individual works. The use of existing skills and interests of participants (e.g., calligraphy, drafting, and painting) can add a colorful dimension to the program.

Also, projects geared toward a special theme (e.g., Valentine's Day, Halloween, Holidays) and displayed in the center add a sense of worthiness and personal pride to the activity. Some of the arts and crafts activities to be included in the center's recreation program are: art projects using various media such as paints, beads, shells, and yarn; creating cards for those in local hospitals; flower fabrication and woodwork. In addition to arts and crafts, activities such as poetry, story telling, sharing life experiences, reminiscing and singing are ways of tapping the creative side of people.

Educational Programs

Adult education, community college, and various community organizations support the centers by providing exercise, yoga, music and cooking instructors. These classes also open to the community, provide the participants with an opportunity to access the rich resource of educational classes while at the center. Additionally, the centers work closely with local animal organizations to provide hands on learning experience. Daily newspapers and current magazines are made available to participants for independent reading. Word Games, such as crossword puzzles or word jumbles, can be done in a group setting or individually, and all assist in maintaining cognitive functioning.

Reality Orientation

Reality orientation is provided on an individual basis or in groups. However, reality orientation may be incorporated into daily recreation programs. For instance, arts and crafts activities geared toward a specific event act as reminders to the participants of the month and season of the year. Other reality orientation activities incorporated into a program may include: life history discussion, daily news, discussion, communal lunch program, and name games. Reality orientation, first developed as a means of reorienting moderately confused geriatric persons, utilizes repetition, relearning and reinforcement. The technique assumes that however disoriented, memory impaired, confused or brain damaged a person may be, some remaining capabilities can be tapped. Hence, the ultimate goal of reality orientation is to increase the confused or disoriented person's sense of reality by providing him/her with consistently accurate information about himself/herself and the surrounding environment.

Social Experiences

Everyone has social needs that must be satisfied. This is particularly true for elderly people who tend to experience losses of spouse, friends and family, as well as physical losses. Therefore, an important component of a recreation program is social activities. Social activities provide opportunities for social engagement,

thereby facilitating the development of personal relationships and support systems. Some social activities incorporated into the center's recreation program include gardening, birthday parties, annual holiday celebrations, baking, sing-alongs, dancing, table games, cultural celebrations, discussion groups, pet therapy. Due to the social environment at the center, participants receive much social stimulation.

Service Involvement
Many participants find great satisfaction in taking an active role in helping to ensure that the Center runs smoothly. Specific "jobs" or duties they can assist with increases the value and adds meaning to their time at the Center. These activities may include serving coffee, greeting fellow participants, welcoming new participants, sweeping, stacking chairs and creating cards or small gifts for those hospital bound.

5.8.3 Equipment and Supplies
Equipment shall be sufficient to meet the group and individual needs of the participants and shall include equipment and supplies necessary for participants having special needs.

5.8.4 Space
Space is provided that meets independent and group needs of the participant and is accessible to wheelchair and ambulatory participants. Storage space is available for supplies and equipment.

5.9 Physical Therapy Services
Physical Therapy services are provided to all ADHC participants by a State of California licensed therapist.

5.9.1 Equipment
Physical therapy equipment includes, but is not limited to, parallel bars, training stairs, overhead pulley and weights, a mat /treatment table, and a full-view mirror. The center has available a limited number of assistive ambulatory devices such as canes, walkers, and wheelchairs, and will assist participants in obtaining these and other required devices, when indicated.

5.9.2 Space
Physical therapy will be provided in the therapy area where privacy is available when indicated.

5.10 Occupational Therapy Services
Occupational Therapy services are provided to all ADHC participants by a State of California licensed therapist.

5.10.1 Procedures

To restore impaired function and maintain existing functional ability, particularly in activities of daily living, occupational therapy procedures may include:

- Dressing training or retraining.
- Adaptation or modification of existing equipment.
- Training in work simplification techniques.
- Exercises and graded activities to improve strength and range of motion (ROM) in weakened extremities.
- Sensory stimulation techniques to minimize sensory deficits.
- Coordination activities to promote increased manual dexterity.
- Sensory motor activities to ameliorate perceptual deficits.
- Transfer training.
- Evaluation of needed slings or splints to increase or maintain functional use of upper extremities.
- Family training.

5.10.2 Equipment

Occupational therapy equipment may include, but is not limited to, pulleys, hand exercise aids, hand and leg weights, theraplast, small and large hand cones, built-up cylindrical foam, sling materials, velcro, adhesive, orthoplast, and polyform. Testing equipment may include dynanometer, goniometer assortment and sensory evaluation kits. Participants will be assisted in obtaining devices such as eating and dressing aids, seat cushions, long scrub sponge, shower seat with back, rubber grip reach, commode, overhead trapeze and side rails. Some of this equipment, such as eating and dressing aid, is also used at the center for training purposes.

5.10.3 Space

Occupational therapy services will be provided in the therapy area and when necessary for training in activities of daily living, may be provided in other areas such as the bathroom or dining area.

5.11 Speech Therapy Services

Speech Therapy services are provided to all ADHC participants by a State of California licensed therapist.

5.11.1 Procedures

To restore impaired speech and language disorders, speech therapy procedures may include:

- Auditory comprehension tasks
- Visual and/or reading comprehension tasks

- Language intelligibility tasks
- Language expression tasks
- Written expression tasks
- Tasks involving alternate communication devices
- Feeding/swallowing evaluation and training.
- Training of primary caregiver

5.11.2 Equipment

The speech therapy consultant will provide testing of the equipment. Treatment equipment such as basic vocabulary cards for adult aphasia, a left-handed writing instructional manual, photo sequencing cards and a tape recorder will be either available or obtained if authorized by the speech therapist for a specific participant.

5.11.3 Space

One of the consulting rooms in the center will be designated for speech therapy services. These consulting rooms are enclosed to provide for the necessary quiet area for speech therapy.

5.12 Psychiatric/Psychological Services

In order to provide appropriate treatment for participants with diagnosed mental, emotional or behavioral problems, consultant psychiatric/psychological services will be provided to all ADHC participants. The duties and qualifications of the psychiatric/psychological consultant are provided in the job description located in Appendix B. Services are provided in a therapeutic setting and a variety of specialized restorative techniques are used as part of the general program on both an individual and group basis.

A close liaison between the center and the participant's personal provider of psychiatric services is maintained, and that provider maintains primary responsibility for treatment. The plan that is developed for psychiatric services at the center is coordinated with the participant's personal provider, who is kept informed of the participant's health status.

The center staff will assist the participant in obtaining any psychiatric or psychological services determined to be needed. Space for the consultant to provide services shall be provided in the support group room and/or physical therapy room.

5.13 Nutrition Services

5.13.1 Introduction

To meet the nutritional needs of all center participants, the policies and procedures specified below will be followed for ADP and CBAS/ADHC participants.

5.13.2 Meals

- Safe, appetizing and nutritional food will be served which meets federal, state and local requirements.
- Number of hours attended and time of arrival shall determine percentage of the daily dietary allowance provided as determined by the United States Department of Agriculture (USDA).
- At least one meal, which provides one-third of the dietary allowances per day, shall be provided to all participants who are present for four hours.
- Persons who attend the ADP/ADHC center for eight hours shall be served, in addition to the meal, sufficient snacks to provide jointly half of the recommended daily dietary allowance.
- Therapeutic diets, as prescribed by the participant's physician, will be provided. Diets available include soft diet, diabetic, salt-modification, texture modification (chopped or pureed), other therapeutic diets and supplemental caloric formula as ordered by the personal physician. Diet orders are kept in the participant's chart. The information necessary for special diets or adjustment in the daily noon meal is kept on file.
- Meals and snacks shall consist of a variety of foods and shall be planned with consideration for the medical needs, cultural, ethnic and religious preferences, food habits of each participant served.
- All food is prepared by a contracted meal provider in accordance with federal, state and local requirements.
- All menus are approved by the Registered Dietitian contracted by the center.
- Menus for all meals are posted at the beginning of each month in the center dining area. Changes in planned menus shall be noted in writing on the posted menu.
- Copies of the meals served shall be kept on file for 1 year and stored for a period of 7 years.
- The registered Dietician and/or the Administrator will meet with representatives' from the contracted meal provider to adjust menus to provide for special dietary requirements of the participants.
- Sufficient food shall be available to provide additional servings as requested by the participants, unless a participant is a restricted diet prescribed by a physician.
- Evidence that the contracted meal provider has been approved in accordance with federal, state and local requirements and that menus have been planned by a qualified dietician, will be maintained at the center, as required.

5.13.3 Procedures for Meal Service

- Special diet orders and regular diets are recorded on the weekly meal schedule. The Activity Coordinator reviews the meal schedule each week and orders the meals.
- The Activity Coordinator assures the accuracy of daily meal requests.
- In order to insure that participants receive therapeutic diets, a notice of a therapeutic diet is prepared by the Registered Nurse and approved by the participant's physician at assessment, reassessment, or when a change is made and forwarded to the Program Director and Activity Coordinator. The Activity Coordinator documents any changes, additions or deletions and notifies staff of dietary changes. The Program Director provides the dietician with a copy of the notice.
- Meals are delivered by the contracted food provider drivers.
- A copy of the number of meals delivered to the center and the invoices are maintained at the center by the Activity Coordinator.
- Food is served in the multipurpose/lunch area on the tables provided. Each participant will have a chair at the lunch table. The food arrives sealed. Once the seal is broken, disposable plastic gloves must be used to serve the meal to participants. The meals will be served with disposable utensils.
- Participants are assisted by center staff in eating, as needed. Self-help equipment and/or utensils are available according to the multi-disciplinary team's individualized plan of care.
- Hot foods will be maintained at 60ºC (140°F) if they are not served immediately upon completion of cooking.
- Milk is served in individual containers, which are opened by the participant, if possible. Milk temperatures will be maintained at 32°F if not served immediately.
- When necessary, food will be cut, chopped or pureed to meet the needs of individual participants as indicated by the physician's orders.

5.13.4 Food Sanitation and Storage

- Food shall be protected against contamination and spoilage. Contaminated or spoiled food will not be served.
- Food is stored in closed containers in the refrigerator or cupboards. The refrigerator is cleaned out at the end of each week and food that is unsuitable is discarded. As a general rule, fresh food is kept for no longer than three days.
- Food that has been opened or prepared is labeled and dated before it is stored.

5.13.5 Kitchen/Dining Areas, Equipment and Utensils

- The kitchen and dining room areas are kept clean, free from litter and rubbish, and protected from rodents, roaches, flies and other vermin.
- All refrigerators will have a thermometer and the temperature will be maintained at 7ºC (45ºF) or below. A daily maintenance log will be kept which documents the refrigerator and freezer temperatures.
- All equipment, appliances and shelves are kept clean and in good repair.
- Plastic ware, china and glassware that are unsanitary or hazardous because of chips, cracks, or loss of glaze will be discarded.
- The housekeeper and/or designated program staff, under the supervision of the Activity Coordinator, is responsible for maintaining the kitchen/dining areas in a clean and orderly fashion.
- Multi-use utensils used for eating, drinking, preparing and serving food shall be cleaned after each use. Multiuse utensils not washed by mechanical means shall be thoroughly washed in hot water at a minimum temperature of 43 degrees C (110 degrees F) using soap or detergent and shall be rinsed in hot water an disinfected by one of the following methods:
- Immersion in water containing bactericidal chemical as approved by the CDPH.
- Immersion for at least 2 minutes in clean water at 77° C (170°F).
- Immersion for at least 30 seconds in clean water at 82°C (180°F).
- After disinfection, the utensils shall be allowed to drain and dry in racks or baskets on nonabsorbent surfaces. Dry cloths shall not be used.

5.13.6 Toxic Substance Storage

Soaps, detergents, and cleaning compounds are stored separately from food items in a locked cabinet. Pesticides and other toxic substances are not stored in the kitchen area and are maintained in a locked cabinet.

5.13.7 Staff

- Dietetic service personnel are required to wear a cap or hair net and disposal gloves during times of meal preparation and service.
- Any employee or volunteer who is ill, will be excluded from food handling tasks.

5.14 Transportation Services

In order to enable participation in the GGGAFC ADP/ADHC center, transportation coordination is available if necessary. Families and caregivers are encouraged to provide transportation for their participants.

5.14.1 Paratransit Services

The GGGAFC connects our caregivers and participants to local Paratransit services for transportation to and from the center. The Paratransit providers in our center areas are as follows:

- Metropolitan Transit Services (Hillcrest and Chula Vista Centers)
- LIFT (Encinitas)

Each participant must be cleared through Paratransit services to ride on the van and must reside in the Paratransit service area. The GGGAFC does not contract with Paratransit services but provides a referral to such services to assist those we serve.

Caregivers are encouraged to coordinate transportation through their designated Paratransit provider. Should the caregiver need assistance, the Program Director or Activity Coordinator will assist.

5.14.2 Self or Caregiver Transportation

If the participant or caregiver provides the necessary transportation to and from the GGGAFC the plan for transportation, the participant's schedule and the responsibilities of the participant or caregiver are discussed and agreed upon prior to admission. This agreement is put in writing and a copy is provided to the participant or caregiver and one is placed in the participant's health record.

5.14.3 Schedule

The Center will maintain a transportation schedule which indicates whether the participant is riding Paratransit services or being transported by the caregiver. The Activity Coordinator or designee will be responsible for maintaining this schedule which notes the scheduled pick up and delivery time of each participant for the day.

The designated staff person will audit the schedules once a month to ensure that no participant is being transported more than one hour, one way. If it appears that this time is being exceeded, the Program Director will report this to the Administrator and develop a plan to reduce the time.

Once the participant is signed in on the Paratransit van the Paratransit service takes responsibility for that individual until they are delivered to the Center or delivered to their residence.

5.15 Pharmacy Services

Pharmacy services are provided to assist the center in complying with applicable federal, state and local medication requirements and to ensure that medications practices are in accordance with accepted ethical and professional practices.

5.16 Participants with Visual Impairment

The GGGAFC will be available to all individuals who are visually handicapped. In order to provide safety and guidance the following will be provided:

- The center will ensure that visually handicapped individuals admitted to the program will have adequate supervision within the 1:5 staff to participant ratio established by the Center. 1:1 supervision will be provided for personal care and during mealtimes.
- Orientation to the center environment will be provided by staff or a designated volunteer on their first day and for subsequent days until such time as the individual reports they are comfortable in their surroundings.
- Upon arrival at the center, each visually handicapped participant will be oriented to the Center layout as the layout may change from time to time as well as the activities of the day.
- For those participants who are able to read Braille, the center will provide signs in Braille to assist the participant with locating restrooms, doors, etc.
- The clock system will be used to guide the visually handicapped participants at mealtime. Plate guards will be provided.
- The Social Worker will assist the family in connecting to local agencies that provide services and training to those with visual handicaps.
- Activities will be planned to encourage participation in the full program regardless of visual impairment. Additionally, books in Braille and music that can be enjoyed by the individual will be provided.

5.17 Participants with Hearing Impairment

The GGGAFC will be available to all individuals who are hearing impaired. In order to provide safety and guidance to the following will be provided:

- The center will ensure that hearing impaired individuals admitted to the program will have adequate supervision within the 1:5 staff to participant ratio established by the Center. 1:1 supervision will be provided for personal care and during mealtimes.
- Orientation to the center environment will be provided by staff or a designated volunteer on their first day and for subsequent days until such time as the individual reports they are comfortable in their surroundings.
- The center will provide signage to assist the participant with locating restrooms, doors, etc.

- The Social Worker will assist the family in connecting to local agencies that provide services for individuals with hearing impairment.
- Activities will be planned to encourage participation in the full program regardless of hearing impairment. Additionally, books, puzzles, games and activities that can be enjoyed by the individual will be provided.

5.18 Emergency and Disaster Procedures

In order to ensure the health and safety of our participants, center and corporate staff in the event that an emergency or disaster occurs, the GGGAFC has developed emergency and disaster procedures. The procedures will be posted in each Center and the corporate office in English and Spanish, and any other language which is used prevalently. The procedures will be kept up-to-date and subject to annual review by the appropriate local fire safety and disaster authorities.

5.18.1 Medical Emergency

- The center and corporate office uses 9-1-1 for all medical emergency services. When a staff member encounters a medical emergency, that individual will act according to the level of his or her training. The basic principle of using common sense and doing no harm should apply. The subsequent steps will be followed.
- The participant will not be moved unless absolutely necessary. They participant will be cared for where they are.
- The nurse will be called immediately if not already present and 9-1-1 called. A staff member will remain with the participant until the nurse arrives.
- The nurse will assess the participant and make the decision regarding the appropriate action.
- All participants will be moved by program staff to another area to allow privacy and the nurse to provide emergency care.
- The Program Director or Social Worker will retrieve the participant's medical information (Pink Sheet) and Do Not Resuscitate orders (if applicable). These will be provided to the paramedics upon their arrival. The nurse will be in charge of the participant until such time as the paramedics arrive.
- If CPR is indicated, CPR will be initiated by the nurse or a trained staff member until the paramedics arrive.
- For those participants with a Do Not Resuscitate (DNR) order it is the policy of GGMC to honor the DNR order. The participant will be made comfortable and monitored by the nurse until the paramedics arrive.
- The nurse will provide the paramedics with the details of the participant's condition, including that the individual is memory impaired (if applicable), a copy of the participant's medical information via the Pink Sheet and the DNR order (if applicable).
- The Social Worker or Program Director will contact the participant's emergency contact.

- A staff member will be selected by the Program Director to accompany the participant to the hospital until the participant's emergency contact is able to arrive.
- The nurse will contact the participant's physician immediately after the paramedics leave with the participant.
- The nurse will complete an incident report for the appropriate licensing branch, ensure that all staff involved in the emergency provides input, have the Program Director review and sign. The Program Director will be responsible for ensuring that the report is sent to the appropriate licensing branch(es) within 24 hours.
- The Program Director will alert the Administrator of the emergency and provide a copy of the incident report to the corporate office.
- For the Corporate offices, a staff member encountering a medical emergency will act according to the level of his or her training. The basic principle of using common sense and doing no harm should apply. If CPR is indicated, any available staff member is asked to immediately call 9-1-1 and CPR is initiated by a trained staff member or guided in the process by the 9-1-1 operator.

5.18.2 Non-Life-Threatening Accidents

All life-threatening accidents will follow the protocol under Medical Emergency Section 5.18.1 of this chapter. In the event of a non-life-threatening accident the following protocol will be followed:

- If safe to do so, the participant will be moved to the nurse's office for first aid. If not, the nurse or trained staff member will provide first aid where the accident occurred.
- If needed, all participants will be moved by program staff to another area to ensure privacy and allow the nurse to provide first aid.
- The nurse or Program Director will contact the participant's responsible party to provide details on the non-life-threatening accident and care provided.
- The nurse or staff member that provided first aid will complete an incident report for the appropriate licensing branch, ensure that all staff involved provides input, have the Program Director review and sign. The Program Director will be responsible for ensuring that the report is sent to the appropriate licensing branch(es).

5.18.3 Fire and Natural Disaster

The center and corporate office uses 9-1-1 for all fire and natural disaster emergencies. All staff will act according to the level of his or her training with the basic principle of using common sense and doing no harm applying.

Fire and natural disaster emergency protocol is prominently posted in both English and Spanish and other languages as needed, giving directions for evacuation.

The Program Director organizes fire and natural disaster emergency orientation sessions for all staff at least once every six months; new staff and volunteers receive special orientations when starting their assignments. The Registered Nurse organizes unannounced monthly fire drills to ensure that all staff and participants are prepared in the event of an emergency. Additionally, the Centers are all inspected annually by the Fire Marshall.

Each staff member is assigned a duty and location in the event of an emergency. A list of assigned duties is regularly reviewed, brought up-to-date and posted on the staff bulletin board. A record of staff training, time, attendance, and issues covered is kept in the in-service training log.

The Centers and Corporate offices have the following:
- Clearly marked and lighted exit signs
- Fire extinguishers
- Posted evacuation routes

The following supplies will be at each center and corporate office:
- Flashlights
- Portable radio
- First Aid supplies
- Nutrition
- Hydration supplies

Fire

In the event of an onsite fire, the following protocol will apply:
- If safe to do so, a staff member will be directed to call 9-1-1.
- If prudent, a staff member may use fire extinguishing equipment to extinguish fire while the remaining staff evacuates the participants.
- The Program Director or Social Worker will take the attendance clipboard, emergency contact information and cell phone as the center is being evacuated, if safe to do so.
- Program Staff and volunteers will immediately evacuate the center in the following order:
- Participants closest to the fire.
- Participants are able to walk independently.
- Participants in wheelchairs, on walkers or using canes.
- The nurse will be in charge of supervising the participants on the outside of the building and directing participants to walk towards safety. Program staff will assist the nurse.
- The Activity Coordinator will ensure all individuals are out of the building, if safe to do so.

- The Program Director or Social Worker will take a roll call of all participants and staff to ensure all individuals have exited the building.
- If it was not safe to call 9-1-1 at the onset of the fire, a staff member will be directed to call 9-1-1 from a cell phone after everyone is safely evacuated.
- Participants will be evacuated to the following locations:
- Hillcrest Center - Sharp Memorial Hospital
- Chula Vista Center - Sharp Chula Vista
- Encinitas Center - Scripps Hospital Encinitas
- The nurse and/or trained staff members will apply first aid to all participants with non-life-threatening injuries prioritizing by highest need.
- The nurse will ensure that the participant(s) needing emergency medical attention is/are in a safe location.
- The Program Director will be in charge of the participant(s) until such time as the participant is signed out to their responsible party.
- The Program Director or Social Worker will begin calling all participants' emergency contacts to report the situation and make arrangements for pickup at the evacuation site.

Natural Disaster

In the event of a natural disaster such as earthquake, wildfires and flooding the following protocol will be followed:

- If safe to do so, a staff member will be directed to call 9-1-1.
- The Program Director or Social Worker will take the attendance clipboard, emergency contact information and cell phone as the center is being evacuated, if safe to do so.
- Program Staff (and volunteers if present) will immediately evacuate the center in the following order:
- Participants mobile and not trapped by any falling debris.
- Participants in wheelchairs, on walkers or using canes.
- Injured participants should remain in place, unless their safety is at risk, to be assessed by the nurse or paramedics before being moved.
- The nurse will be in charge of supervising the injured participants. Program staff will assist the nurse.
- Program staff, the Activity Coordinator and Social Worker will be in charge of the non-injured participants.
- The Activity Coordinator will ensure all individuals are out of the building, if safe to do so.
- The Program Director or Social Worker will take a roll call of all participants and staff to ensure all individuals have exited the building.

- If it was not safe to call 9-1-1 initially, a staff member will be directed to call 9-1-1 from a cell phone after everyone is safely evacuated.
- Participants will be evacuated to the following locations:
- Hillcrest Center - Sharp Memorial Hospital
- Chula Vista Center - Sharp Chula Vista
- Encinitas Center - Scripps Hospital Encinitas
- The nurse and/or trained staff members will apply first aide to all participants with non-life-threatening injuries prioritizing by highest need.
- The nurse will ensure that the participant(s) needing emergency medical attention is/are in a safe location.
- The Program Director will be in charge of the participant(s) until such time as the participant is signed out to their responsible party or paramedics.
- The Program Director or Social Worker will begin calling all participants' emergency contacts to report the situation and make arrangements for pickup at the evacuation site.

Plan Approval

A copy of the Disaster Plan for the center will be forwarded to Community Care licensing and placed in this manual for review.

5.19 Advanced Directives

5.19.2 Withdrawing or Withholding Life-Sustaining Treatment - Advanced Directives Policy and Procedure

It is the policy of GGGAFC to respect our participants' choices directing their end-of-life care decisions. Therefore, we will honor all Advanced Directives and DNR orders provided to us by the participant or responsible party.

5.19.3 Cardio-Pulmonary Resuscitation Policy

It is the policy of this agency to administer rescue breathing and/or CPR (Cardio-Pulmonary Resuscitation) and call 9-1-1 for any participant who stops breathing or any participant whose breathing and heart both stop.

Upon arrival of the 9-1-1, life restoring interventions will most likely be performed including but not limited to intravenous medications and artificial breathing. The participant will be transported to the closest emergency room.

If treatment of this nature is not desired, legal documentation and written orders from the participant's attending physician must be present. These include a Pre-Hospital Do Not Resuscitate (DNR) form signed by the physician and the participant and/or signed by

the caregiver/responsible party who has been designated as legal health proxy. A copy of the Advance Health Care Directive designating this individual must be provided to the Registered Nurse or Social Worker to be entered into the participant's records.

Specifically with regard to an emergency situation of an acute cardiac or respiratory arrest, if we are in possession of a copy of a directive which is the expressed wish of the participant or their legal representative, declining chest compressions, assisted ventilation, intubations, defibrillation or cardio tonic medication, these measures will not be initiated by GGGAFC staff. A copy of these advance directives will be provided to the paramedics or Hospice team.

- GGGAFC will respect designated DNR status by not initiating cardiopulmonary resuscitation if the participant presents with a cessation of respiratory or cardiac function.
- If a participant is on hospice a call will be made to the designated Hospice notification number.
- If a participant is not on hospice a call will be made to 9-1-1 and arriving emergency staff will be provided with copies of the DNR form and Advance Health Care Directives.
- The participant's physician will be notified.
- The participant's caregiver/responsible party will be notified.
- A GGGAFC staff member will accompany the participant to the hospital until the caregiver arrives.
- The center will attempt to remove the participant from the room to prevent others from being disturbed, if that is not possible the nurse may use a screen to separate the participant from others while waiting for the hospice team and family caregiver to arrive. The staff will make attempts to remove other participants near the participant and engage them in a group walk or alternate activity to prevent them from becoming distressed.

In accordance with this policy, the center will:

- Inform the caregiver/responsible party of options in the end-of-life issues decision making process at time of enrollment into the day care program.
- Provide the caregiver/responsible party with written information on and copies of the Pre-Hospital Do Not Resuscitate (DNR) form and Advance Health Care Directives if requested, to further discuss it with their physician.
- Have the caregiver/responsible party sign the agency Acknowledgment of Notice of Advance Directive Policy.

- Provide counseling and support by our Social Worker or Registered Nurse on an individual/family basis as needed to assist in the decision-making process.
- Place a copy of the following documents into the participant's records:
- Acknowledgment of Notice of Advance Directive Policy
- Copy of DNR forms if applicable
- Copy of Advance Health Care Directive (i.e. Durable Power of Attorney).
- Hospice information if applicable.
- Assist with referral to participant's physician and Hospice of choice for assessment when appropriate. Participants receiving hospice care will be able to attend day care if appropriate to meet their needs and/or provide respite for their caregiver. This will effectively enhance their quality of life and provide professional support and counsel to complement that provided by Hospice support staff.
- Have complete hospice information in the participant's records, including case manager, RN, SW names, phone numbers, fax, and any other pertinent information.
- Have participants identified with a DNR sign on their badge.
- Have participants' records identified with a DNR sign on the front cover.

Staff Training

The center will use an information packet directed at staff and volunteers explaining the agency's role in this area of participant care. Staff understanding and compliance will be facilitated by In-service training and discussion in group and individual basis, if indicated directed by the Program Director, Center RN or Social Worker.

Staff training will be mandatory on a yearly basis or at time a new staff member joins the team. The training will include Glenner policy and procedures on Advance Directives, DNR, Cardiac and Respiratory Arrest Protocol.

5.19.4 Hospice Advance Directives

It is the policy of GGGAFC to respect our participants' choices directing their end-of-life care decisions.

At time of Intake to our daycare program, obtain from the family:

- The name of the Hospice provider
- The name of the participant's case manager
- The phone number of the Hospice provider
- A copy of the Hospice Pre-hospital DNR and the Hospice Informed Consent Form

- A copy of the Advanced Health Care Directive

After Intake, call the Hospice case manager to:

- Inform them of participant's admittance to our program
- Provide them with the Center name, address and phone number
- Obtain specific procedures to follow from the Hospice provider noting that each Hospice provider may have different procedures to follow.
- Obtain the Hospice phone number you should call to report a death at your site.

Place the copy of the Hospice Pre-hospital DNR, the Hospice Informed Consent form, and the Advance Directive (if provided) in the participant chart. In addition, copies should also be put with the Pink Sheet Emergency forms that we have onsite for 9-1-1 emergencies. These forms will then be available to the Hospice worker that arrives as well as the Medical Examiner/Coroner.

In the event that a Hospice participant dies at a center:

- The Program Director, Social Worker or RN will contact the participant's Hospice provider at the number obtained at Intake. Make sure that you tell the Hospice case manager that we are a daycare center, what our address and phone number are, what our operating hours are, and that other participants are onsite. This will hopefully speed up the Medical Examiner/Coroners arrival.
- The RN will cover the deceased participant with a clean white sheet to protect their privacy. The hospice participant, if deceased, may not be moved until the Medical Examiner/Coroner arrives.
- The Program Director, Social Worker or RN will contact the participant's caregiver and the RN will contact the participant's physician.
- The Activity Coordinator or other designee will assist the Program Assistants in moving all center participants to another area.
- If the Program Director or Social Worker are off-site when a death occurs, a call will be made immediately to them to return to the center.
- The Program Director/Social Worker or RN will contact the Administrator immediately.
- The Program Director/Social Worker or RN should be available to provide support to family members who may come to the site.
- Program Director/Social Worker or RN will complete an incident report immediately and direct the report to the appropriate Licensing agencies and the Administrator.

5.20 Dependent Adult/Elder Abuse

5.2.1 Legal Requirements

- Chapter 11, Section 15630 of the Welfare and Institutions Code specifies that any elder or dependent adult care custodian must report known or suspected instances of physical abuse, abandonment, isolation, financial abuse, or neglect.
- Elder or dependent adult care custodian includes the ADP/ADHC Administrator and all employees (including support and maintenance staff) and subcontractors, who interact with elders or dependent adults as part of their official duties.
- The terms "abuse" and "neglect" are defined in Section 15610 Chapter 11, of the Welfare and Institutions Code. The report must be made to the Long-Term Care Ombudsman, the County Adult Protective Services or a Local Law Enforcement Agency, as appropriate, depending where the abuse occurred.
- The alleged abuse must be reported immediately or as soon as possible by telephone. A written report of the incident must follow within two (2) working days of the telephone report.

5.2.2 Center Procedures

Personnel Requirements

Prior to commencing employment, all employees must sign a statement acknowledging the provisions of the law regarding elder/dependent adult abuse reporting requirements and indicating that she/he will comply with these provisions.

All employees will receive an in-service training regarding reporting suspected dependent adult/elder abuse and the center procedures for making these reports within their first week of employment. As part of the training, each staff will receive a copy of the reporting requirements and a handout of the Employee Confidentiality Rights. In addition, all employees will be given an annual in-service training on the requirements of the law, as part of the continuing education.

5.2.3 Actual Report

Reporting is mandatory for all physical abuse, abandonment, isolation, financial abuse, or neglect; suspected or otherwise. This includes when:

- The employee in his or her professional capacity, or within the scope of his or her employment, has observed (witnessed) or has knowledge (received information or evidence, whether visual or audible) of an incident that

reasonable appears to be physical abuse, abandonment, isolation, financial abuse, or neglect.

- The employee has been told by an elder or dependent adult that he or she has experienced behavior constituting physical abuse, abandonment, isolation, financial abuse, or neglect.
- The employee reasonably suspects that abuse has occurred.

Form SOC 341, Report of Suspected Dependent Adult/Elder Abuse, is to be used for reporting incidents of dependent adult/elder abuse.

The employee will file a report with the appropriate agency, as follows:

- The employee must report it immediately or as soon as possible by telephone and followed by a written report within two (2) working days of the telephone report.
- The employee should inform his or her supervisor when reporting instances of abuse or neglect. The supervisor will inform the Administrator.
- The Program Director/Social Worker or other supervisor cannot prevent an employee from reporting elder or dependent adult abuse.
- The employee cannot hand his or her reporting responsibility over to another employee. However, the Program Director/Social Worker can assist the employee completing the Form SOC 341.

5.21 Health and Safety Procedures on Infectious Wastes/Bloodborne Pathogens

5.21.1 Universal Precautions

- Since medical history and examination cannot reliably identify all participants infected with the human immunodeficiency virus (HIV), the hepatitis B virus (HBV), or other blood borne pathogens, staff will consistently use blood and body-fluid precautions for all participants. This approach recommended by the Centers for Disease Control (CDC) and referred to as “universal blood and body-fluid precautions” or “universal precautions”, will be used in the care of all participants and is defined below.
- Gloves will be worn when soiling of the hands with blood or body fluids is likely.
- Hands will be washed before and after participant contact and immediately if hands are contaminated with blood or other body fluids. Hands must also be washed after removing gloves.
- Masks are not usually needed; however, masks will be worn when splashing or splattering of blood or other body fluids is

likely. A mask alone does not offer adequate protection; masks should be worn in combination with protective eye wear.

- Protective eye wear is not usually needed; however, protective eye wear will be worn when splashing or splattering of blood or other body fluids is likely. A person's eye wear often offers adequate protection. Eye wear should always be worn in combination with a mask.
- Gowns are not routinely needed; however, gowns will be worn if soiling of exposed skin or clothing is likely.
- Participants may receive regular food service on disposable dishes; no special precautions are indicated for meal service.
- Sharp objects represent the greatest risk for exposures; contaminated needles and other disposable sharp objects must be handled carefully.

Sharp objects represent the greatest risk for exposures; contaminated needles and other disposable sharp objects must be handled carefully.

Contaminated needles will never be bent, clipped, recapped or removed. Immediately after use, contaminated sharp objects will be discarded into the appropriate, puncture-resistant, leak proof sharps container (RED) designed for this purpose and provided by the center's contracted infectious waste company.

Contaminated sharps (needles) will be inserted into the appropriate container at the source; they are not to be transported from the area unless first inserted into the appropriate container. Needle containers will never be overfilled. Containers will be sealed and picked up quarterly by Stericycle when they are two-thirds to three-fourths full.

Spills of blood or blood-containing body fluids will be cleaned up using the following procedures:

Put on gloves (and other barriers, if indicated).

Wipe up the excess material with disposable towels or other absorbent materials.

Clean up the spill with soap and water.

Disinfect the contaminated surfaces with a diluted solution (1:100 for smooth surfaces, 1:10 for porous surfaces) of household bleach (sodium hypochlorite) and water. Diluted bleach solution should be no more than 24 hours old.

Large spills or spills containing broken glass or sharp objects will be covered with disposable towels, saturated with 1:10 bleach solution and allowed to stand for at least 10 minutes and cleaned up as outlined above.

Any ADHC center staff who has open lesions, dermatitis, etc., will not participate in the direct care of ADHC participants and will not directly handle contaminated equipment. Staff who have these kinds of problems must be evaluated by their private physician to assess fitness for duty.

Compliance with these universal precautions is the responsibility of the ADHC provider and will be monitored the by the Program Director and the RN. Orientation, training, and continuing education for all staff will be provided, as well as adequate provisions of personal protective equipment/barrier supplies (such as gloves, gowns, face masks, etc.), at no cost to the staff.

Participants will be provided with education to prevent the spread of disease.

This education will include the following instructions:

- Participants should cough or spit into disposable tissues held close to the mouth.
- Used tissues should then be discarded into the garbage cans provided in each room in the center.
- Participants should carefully wash their hands each time they use the bathroom.
- Staff will assist with this as necessary.

5.22 Other Methods of Compliance

The physical plant will be maintained throughout the ADHC center to assure effective control of infectious disease. All employees, volunteers, visitors and participants will have access to hand washing facilities and those facilities will be maintained. Antiseptic hand cleanser, in conjunction with clean cloth, paper towels or antiseptic towelettes will also be made available.

There will be a strong emphasis on proper hand washing for staff and participants and instructions will be provided to all through individual training and posted signs. Additional instructions will be given to staff that have been in contact with or provided care to a participant, even if gloves are used.

5.22.1 Hand Washing Procedure

- Assemble your equipment: Soap, paper towels, warm running water, wastebasket)
- Completely wet your hands and wrists. Keep your fingertips pointed downward.
- Apply soap.
- Hold your hands lower than your elbows while washing.
- Work up a good lather. Spread it over the entire area of your hands and wrists. Get soap under your nails and between your fingers.
- Clean under your nails by rubbing for one full minute.

- Rub vigorously.
- Rub one hand against the other hand and wrist.
- Rub between your fingers by interlacing them.
- Rub up and down to reach all skin surfaces on your hands and between your fingers.
- Rub the tips of your fingers against your palms to clean with friction around the nail beds.
- Wash 2 inches above your wrists.
- Rinse well.
- Rinse from 2 inches above your wrist down to your hands.
- Hold your hands and fingertips down, under running water.
- Dry thoroughly with a paper towel.
- Turn off the faucet.
- Use a paper towel between your hands and the faucet.
- Never touch the faucet with your hands after washing.
- The faucet is considered dirty.
- Throw the paper towel into the wastepaper basket.
- Do not touch the wastebasket.

5.22.2 Use of disposable gloves procedure

- Before using disposable gloves, wash your hands.
- Use disposable gloves every time you assist/treat a participant and serve meals.
- Change of disposable gloves should be done every time a new participant is assisted/treated and every time you change tasks (e.g., from feeding a participant to serving a lunch to another participant.)
- Wash hands every time you change disposable gloves.
- Eating, drinking, applying cosmetics or lip balm, and handling contact lenses are prohibited in work areas where there is reasonable likelihood of occupational exposure.
- Food and drink shall not be kept in refrigerators, freezers, shelves, and cabinets or on countertops or bench tops where blood or other potentially infectious materials are present.
- Outside health professionals who perform duties in the center (such as drawing blood samples) must adhere to the Federal and/or State standards.
- All equipment will be maintained (cleaned, laundered, disposed of, etc.) and replaced as necessary by the center.
- All personal protective equipment shall be removed prior to leaving the work area. Disposable (single use) gloves, gowns, etc. will be placed in an appropriate container (red plastic bag).
- Contaminated laundry shall be handled as little as possible with a minimum of agitation. Contaminated laundry will be placed in black bags at the location where it was used and shall not be sorted or rinsed in the location of use. All contaminated laundry will be washed separately from other laundry.

- Housekeeping procedures will incorporate the "Universal Precautions" for clean up of blood spills or blood-containing body fluids. All disposable clean-up towels and/or rags will be disposed of in the appropriate container (red plastic bag).

5.23 Exposure Determination

All staff at the GGGAFC ADP/ADHC Center may have an occupational exposure in the course of their duties with the participant(s).

Nurse and Program Assistant(s)

The nurse and program assistant (s) may be summoned to give minor first aid to a participant for a skin tear or cut. They may be involved in assisting the participant in discarding their contaminated needles in the designated puncture resistant and leak proof sharp container. They may come into contact with infectious personal clothes during toileting or changing clothes. The nurse and the program assistant may also, in the normal personal care of the participant, come into contact with participant body fluids.

Other Staff

Other staff may come into contact with body fluids during their normal routine activities to assist or provide services to participants, such as feeding, setting up lunch, therapy, moving participants within and outside the center, and in the arts and crafts activities. They may also come into contact with infectious material during the clean-up of an area.

Cleaning Service

The center has a housekeeper who takes care of all cleaning services. Personnel will be advised of the potential for occupational exposure in the course of performing the services. They will be given a copy of the health and safety precautions necessary (the universal precautions) and the center's exposure control plan.

5.24 Vaccination

The hepatitis B vaccination is available to all center staff at no cost to the staff. Staff will be informed of the availability of the vaccination when they are hired. If an employee declines to accept the vaccination, she/he must sign a statement, stating that she/he understands the job poses a risk of HBV infection and that she/he declines to accept the vaccination.

5.25 Information and Training

The center will ensure that all staff will participate in a training program, which will be provided at no cost to the employee and during working hours. This training will be documented in each employee's personnel record.

Training will contain at least the following:

- A copy of the training is provided to each employee.
- A general explanation of the epidemiology and symptoms of bloodborne diseases.
- An explanation of the methods of transmission of bloodborne pathogens.
- An explanation of the center's exposure control plan.
- An explanation of the tasks that may involve exposure to blood and other potentially infectious materials.
- An explanation of the procedures to follow if an exposure incident occurs, including how to report the incident and the follow-up that will be made.

5.26 Post-Exposure Evaluation and Follow-Up

Following a report of exposure, the center will make immediately available to the exposed employee a confidential medical evaluation and follow-up. Identification and documentation of the source individual, unless the center can establish that such identification is not feasible or is prohibited by State or local law.

The source individual's blood shall be tested as soon as feasible, after consent is obtained, in order to determine HBV and HIV infectivity. If the source individual is already known to be infected with HBV or HIV, the test need not be repeated.

Results of the source individual's testing shall be made available to the exposed employee and the employee shall be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.

The exposed employee's blood shall be collected as soon as feasible and tested after consent is obtained.

If the exposed employee gives consent for baseline blood collection but does not give consent at that time for HIV serologic testing, the sample shall be preserved for 90 days. During this time the exposed employee may give consent to have the baseline sample tested. If so, such testing will be done as soon as feasible.

The center will provide the health care professional treating the exposed employee a copy of this procedure; a description of the exposed employee's duties as they related to the exposure incident; documentation of the route(s) of exposure and circumstances under which exposure occurred; results of the source individual's blood testing, if available; and all medical records relevant to the appropriate treatment of the employee

including vaccination status, which is the center's responsibility to maintain.

The center will provide the exposed employee the health care professional's written opinion within 15 days of the completion of the evaluation.

5.27 Record Keeping

The center will include the following information in each staff member personnel record:

- A copy of the employee's hepatitis B vaccination status including the dates of all hepatitis B vaccinations and any medical records relative to the employee's ability to receive vaccination.
- A copy of all results of any examinations, medical testing and follow-up procedures conducted as outlined above in Section 5.26, Post-Exposure Evaluation and Follow-Up.
- The center's copy of the health care professional's written opinion.
- A copy of the information provided to the health care professional.
- A record of the training program received, including the date and content.

The center shall ensure that all staff personnel records are kept confidential and are not disclosed or reported, without the employee's express written consent, within or outside the workplace except as required by law or regulation.