

BENCO  
Supported Living Program  
POLICY AND PROCEDURE

SUBJECT: MEDICAL SERVICES

OAR: 411-328-0630(4) (a-d) (5) (6) (7) a-f (8) (9) a-e (10) a-b (11) (12) (13)  
a-b (14) (15)

POLICY:

**(4)** Benco's Supported Living Program has as a priority goal: the maintenance and improvement of the physical health of every individual supported. Procedures have been developed to address illness and health care concerns; the early detection and prevention of infectious diseases; emergency medical intervention; obtaining, administering, storing, and disposing of prescription and non-prescription drugs, including self-administration; and confidentiality of medical records. Staff will work, as needed, with each individual's physician and other related health professionals to accomplish the goal of health maintenance and improvement.

PROCEDURES:

▪ a Early Detection and Prevention of Infectious Disease:

**(5)** Supported Living employees will ensure that each individual has a primary physician or health care provider whom the individual has chosen from among qualified providers.

**(6)** A secondary physician, health care provider, or clinic will be identified for use in the event of an emergency.

Supported Living employees will ensure that signs and symptoms of illness are reported to the primary physician or emergency medical service provider as appropriate and will assist the individual in ensuring that documentation of such signs and symptoms are clearly documented.

**(7) a-f** Supported Living employees will ensure that individuals have a medical evaluation by a physician no less often than every two years (more often, if recommended by a physician). Results of the evaluation shall be placed in the individual's record and shall address:

- Current health status;
- Changes in health status;
- Recommendations, if any, for further medical intervention;
- Any remedial or corrective action required and when such actions were taken;
- A statement of restrictions on activities due to medical limitations; and
- A review of medications, treatments, special diets, and therapies prescribed.

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▪ **b Emergency Medical Intervention:**

**(8)** Supported Living employees will be trained to respond to emergency medical situations. This training will include First Aid and CPR training that is specific to the unique needs of any individual receiving support. All training will be documented, kept current and will be placed in the employees file.

In responding to an emergency medical situation;

- employees will follow practices as per First Aid and CPR,
- the employee will follow the specific protocols and support documents indicated in the individual's ISP or call 911.

Supported Living employees will call the "on-call" emergency cell phone person if additional support or resources are required.

Supported Living employees will follow the emergency notification procedures involving documentation of the situation in a GER. The employee will notify the family, supervisor and the individual's Services Coordinator.

▪ **c Treatment and Documentation of Illness and Health Care Concerns:**

**(9) a-b** Before an individual enters the Supported Living Program, employees shall obtain the most recent and complete medical profile available, including;

- The results of the most recent physical exam;
- Results of any dental evaluation;
- A record of immunizations;
- Status of Hepatitis B screening;
- A record of known communicable diseases and allergies; and
- A summary of the individual's medical history, including chronic health concerns.

A written health and medical support plan for each individual will be developed by the ISP team and integrated into the ISP. The plan will be based on a review of the individual's health and medically related support needs and preferences and updated annually, or as significant changes occur. The ISP will be the principal tool used in supporting and monitoring the physical health of each individual in the program.

Each individual in the program shall have a primary care physician or health care provider whom they have chosen from among qualified providers. A secondary physician or clinic will be chosen to provide services in the event that the primary physician is unavailable.

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A basic first aid kit and other needed medical supplies will be kept in each individual's home.

- d Obtaining, administering, storing, and disposing of prescription and non-prescription drugs, including self-administration of medication:

**(10) a-b** Supported Living employees will ensure that:

- There is a written order (or copy of the order) signed by a physician or physician designee, before any medication, prescription or non-prescription, is administered to or self-administered by the individual unless otherwise indicated by the ISP team and written into the ISP.
- All medications, treatments, and therapies are followed as per written orders.

**(11)** PRN orders shall not be allowed for psychotropic medications.

**(12)** The drug regimen of each individual on prescription medication will be reviewed and evaluated by a physician or physician designee, no less often than every 180 days unless otherwise indicated by the ISP team and written into the ISP.

**(13) a-c** All prescribed medications and treatments shall be self-administered unless contraindicated by the ISP team. For individuals who require assistance in the administration of their own medications, the following shall be required:

- That the ISP Team has recommended the individual be assisted with taking their own medication.
- That there is a written training program for the self-administration of medication unless contraindicated by the ISP Team.
- That there is a written record of medications and treatments documentation that physician's orders are being followed.

**(14)** For individuals who independently self-administer medication, there will be a plan, addressed in the ISP for periodic monitoring and/or review of medications.

Medications for self-medicating individuals will remain unlocked.

For individuals taking psychotropic medications or medications for mood stabilization, the Supported Living employees will assure the following:

- That PRN orders will not be allowed for any psychotropic medication or medication for mood stabilization;

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- That any psychotropic medication or medication for mood stabilization will be prescribed by a physician through a written order;

That any psychotropic medication or medication for mood stabilization will be addressed on the individual's ISP;

Balancing Test: the use of any psychotropic medication or medication for mood stabilization will be based upon a physician's decision that the harmful effects without the medication outweigh the potentially harmful effects of the medication. The Supported Living employee must present the prescribing physician with a full and clear written description of the behaviors of concern and the symptoms to be addressed, as well as any side effects observed, to enable the physician to make this decision;

That any psychotropic medication or medication for mood stabilization will be monitored by the prescribing physician, ISP team and the Supported Living employees for desired responses and adverse consequences, and regularly reviewed to determine the continued need or the lowest effective dosage.

**(15)** The Supported Living program must assist an individual with the use of prosthetic devices as ordered.

- The storage and disposal of prescription and non-prescription drugs will be addressed in the annual ISP of each individual supported. The Supported Living employees will adhere to the following storage and disposal guidelines:
  - All medications will be stored under the proper light, temperature, and safety conditions;
  - Medications that have been discontinued or are outdated will be prepared for proper disposal or returned to the pharmacy;
  - Medication containers that are empty will be disposed of to avoid storage errors. Employees will remove all identifying labels from the containers and shred confidential information before disposing of the container.

Supported Living employees will assist individuals with the use of prosthetic devices as ordered.

- Confidentiality:

The medical records of each individual shall be kept confidential except as otherwise provided by applicable rules or laws.

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▪ Direct Nursing Services:

- Direct nursing services may be provided to individuals 21 years of age and over as described in OAR chapter 411, division 380.

A nursing service plan must be present when county funds are used for direct nursing services. A services coordinator must authorize the provision of direct nursing services as identified in an ISP.

When direct nursing services are provided to an individual the provider must: coordinate with the registered nurse and the ISP team to ensure that the direct nursing services being provided are sufficient to meet the health need of the individual; and implement the nursing service plan, or appropriate portions therein, as agreed upon by the ISP team and registered nurse.

A nurse providing direct nursing services must be an enrolled Medicaid provider and meet the qualifications described in OAR 411-380-0080.

▪ Private Duty Nursing:

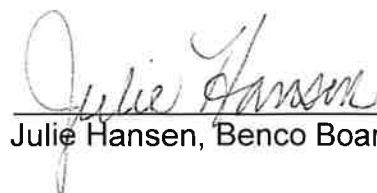
Private nursing services may be provided to a young adult 18 through 20 that resides in their home and that meets the clinical criteria described in OAR 411-350-0055.

A nursing service plan must be present when county funds are used for private duty nursing services. A services coordinator must authorize the provision of private duty services as identified in the ISP.

When private duty nursing services are provided to a young adult the provider must: coordinate with the registered nurse and the ISP team to ensure that the nursing services being provided are sufficient to meet the health needs of the young adult: and implement the nursing service plan, or appropriate portions therein, as agreed upon by the

ISP team and registered nurse. A nurse providing private duty nursing services must be an enrolled Medicaid provider as described in OAR 410-132-0200.

Approved by:

  
Julie Hansen, Benco Board President

Date:

