

**CARF Employment and Community Services – Crosswalk for  
Connecticut DDS – CLA regs. Pdf**

**Danielle Fauland, CARF State Resource Specialist**

**CARF International**

**[DFauland@carf.org](mailto:DFauland@carf.org)**

**888-281-6531 x 7171**

**Tucson, Arizona**

**Preamble**

*The CARF International staff noted that the first eleven pages of the dds-cla regs. of 1995 were devoted to the state's process of licensing. Therefore, the following crosswalk standards is related to those items noted in Sections 17a-227-11 beginning on page eleven, ending with Sections 17a-227-20 on page 37. Since the document was a PDF, we have proceeded with noting the section number and subcategories – and then inserting the CARF standards, intent statements and examples from the Employment and Community Services 2011-2012 standards manual to illustrate the comparisons and approaches CARF uses to support the states regulations, due to the fact that the CARF standards are written to support the most recent Medicaid waiver 1915c and are flexible to meet a wide range of state and provincial requirements.*

**Sec. 17a-227-11 Physical Requirements**

**(a) Any building used as a residence shall be in compliance with all applicable federal, state and local codes which govern construction, building safety and zoning ordinances.**

**(b) A residence located in a building containing more than two living units or more than three individuals per living unit shall obtain a fire marshals certificate in accordance with Sec. 29-305 CGS.**

**(c) For a residence licensed for three or few individuals, the licensee shall comply with the requirements of the department's home safety inspection report unless a fire marshal's certificate is obtained for each residence.**

***For a, b, and c of Connecticut CLA Regulations noted above:***

***CARF -1. E. Legal Requirements***

***Description***

***CARF-accredited organizations comply with all legal and regulatory requirements.***

1. E.1. The organization demonstrates a process to comply with the following obligations:
- a. Legal.
  - b. Regulatory.
  - e. Licensing.

*Examples*

*This standard encourages organizations to comply with legal and regulatory requirements and to maintain and update its policies and practices to reflect changes. Often, state or provincial/territorial associations can be excellent resources for guidance and updates.*

- 1. I. Local health and licensing agencies can provide guidance in this area.**

*(d) The residence and grounds shall be free from unpleasant odors, refuse and potential safety hazards.*

*(e) Furniture and furnishings shall be safe and in good repair.*

*(f) The residence shall toileting and bathing facilities that are clean, accessible and afford privacy to the individuals.*

*Per d, e, and f, above:*

CARF- 1.H.1. The organization maintains a healthy and safe environment.

*Examples*

*A successful health and safety program goes beyond compliance with regulatory requirements and strives to manage risk and to protect the health and safety of persons served, employees, and visitors. A successful health and safety program addresses both minimizing potential hazards and compliance activities.*

*The physical environment of the organization shows evidence of ongoing attention to safe practices, reduction of health and safety risks, and an overall concern for the health and safety of the persons served and personnel. Health and safety requirements are sometimes determined by local or other governmental authorities. Documentation of daily maintenance tasks is not required.*

**(g) Fire extinguishers shall be located in the kitchen and the furnace area.**

CARF– 1 .H. 5. There are written emergency procedures:

- a. For:
  - (1) Fires.

## Examples

### **5. a. (1) Fires.**

*In developing comprehensive procedures to respond to fires, consider:*

1. *Training and use of primary exits and alternative routes, fire extinguisher use and location, and the primary place of safety in the event of an emergency.*
2. *Training and use of the evacuation plans and the responsibilities of participants.*
3. *Needs of persons participating who have mobility impairments, hearing impairments, visual impairments, speech impairments, and intellectual or developmental disabilities.*
4. *Personnel orientation and training requirements and schedules.*

## **(h) Each residence and vehicle shall have emergency first aid supplies.**

**CARF - 1.H.8. There is immediate access to:**

- a. First aid expertise.**
- b. First aid equipment**
- c. First aid supplies**
- d. Relevant emergency information on the:**
  - (1) Persons served.**
  - (2) Personnel.**

### *Intent Statements*

*It is important to provide a safe setting for the persons served and personnel. The adequacy of first aid expertise reflects the needs of the population served as well as the service setting. Necessary emergency resources, including people trained to respond and the location of first aid equipment and supplies, are known and quickly available during program hours.*

### *Examples*

*It is important to provide a safe setting for the persons served and personnel. The adequacy of first aid expertise reflects the needs of the population being served as well as the service setting and may include first aid, CPR, universal precautions, or other safety training. Necessary emergency resources, including people trained to respond and the location of first aid equipment and supplies, are known and quickly available during program hours.*

*7.a. The organization demonstrates implementation of guidelines from local health and safety authorities. It identifies which employees are mandated to receive training in first aid and CPR. The need for this training may be included in the signed job description, indicating that employees have been informed of the need for this training in maintaining their employment.*

*A policy may be put into place specifying the time frame within which training is to be completed. A procedure may be put into place to track the completion of mandated training so that all individuals participate within the specified time period. The organization can contact licensing agencies to determine whether there is a mandated time frame within which employees are expected to complete training in first aid and CPR.*

*First aid and CPR classes are available from local service agencies such as the Red Cross, the YMCA, and various other service organizations. The organization may choose to have designated personnel become trainers in first aid and CPR, or it may contract with other agencies to provide training.*

*7.b. The organization implements guidelines as defined by local health and safety authorities on the availability of first aid equipment and supplies. The organization makes first aid supplies easily accessible to personnel. At a minimum first aid kits contain the items recommended by authorities. First aid supplies are available at all sites where services are provided and in all vehicles.*

*First aid supplies are regularly checked through a systematic process and replenished as needed. A monthly checklist may be completed by designated personnel documenting that needed items are available and that any outdated supplies are disposed of. The designated person would be responsible for immediately procuring any items needed.*

*7.c. Emergency information about persons served is readily available to personnel on a need-to-know basis. An initial orientation to emergency information on persons served is provided to all personnel immediately upon their employment. It may be helpful to establish a procedure for the documentation of this orientation to ensure that all individuals participate in a timely manner.*

*Initial orientation may include general information about significant medical needs, training in specialized care, and location of emergency contact information. The names and phone numbers of doctors, guardians, and other significant persons are kept in an assigned area accessible to designated personnel, as identified by procedures. The phone numbers of the local police, ambulance, and fire department are readily displayed beside all phones.*

*Employees provide emergency contact information at the time of employment. This information can be easily accessed by designated personnel in the event of an emergency.*

*It is critical to have emergency information about the persons served and personnel readily available in the event that, during an emergency, the building could not be reentered or an emergency situation occurs in which information is needed immediately. This is information that might also be needed if personnel or a person served has an emergency and may include information on medical conditions, an emergency contact person, a primary care doctor, allergies, or the use of medications or assistive devices. Many organizations have a portable file with critical information. The organization also needs to identify how it will ensure that emergency information is kept current.*

CARF - 1. H.11. *When transportation is provided for persons served there is evidence of:*

- j. First aid supplies available in the vehicle(s).*

*Example –*

*11. j. A standard first aid kit is on board. A monthly check of the supplies in the kit is done and recorded so that the kit always contains the necessary items.*

**(j) There shall, at all times, be a working telephone, accessible to individuals, with emergency numbers posted in an easily visible location. The department shall be immediately notified of any change in the telephone number.**

CARF- 1.H.5. *There are written emergency procedures:*

- c. That address, as follows:\*
  - (9) Emergency phone numbers.*
  - (10) Notification of the appropriate emergency authorities.*

#### **Intent Statements**

Established emergency procedures that detail appropriate actions to be taken promote safety in all types of emergencies.

Being prepared and knowing what to do help the persons served and personnel to respond in all emergency situations, especially those requiring evacuation.

The evacuation procedure guides the personnel to assess the situation, to take appropriate planned actions, and to lay the foundation for continuation of essential services.

CARF - 1. L.1. *The organization's leadership:*

- a. Assesses the accessibility needs of the:*
  - (1) Persons served.*
  - (2) Personnel.*
  - (3) Other stakeholders.*
- b. Implements an ongoing process for identification of barriers in the following areas:*

- (6) *Communication.*
- (10) *Any other barrier identified by the:*
  - (a) *Persons served.*
  - (b) *Personnel.*
  - (c) *Other stakeholders.*

*Intent Statements*

*The leadership has a working knowledge of what should be done to promote accessibility and remove barriers. Organizations address accessibility issues in order to:*

- *Enhance the quality of life for those served in their programs and services.*
- *Meet legal and regulatory requirements.*

**(k) Each individual shall have a minimum of eighty square feet in a single bedroom and a least sixty square feet in a multiple bedroom.**

**(l) Each individual shall have sufficient and accessible storage space to accommodate all in-season clothing.**

**(m) Laundry facilities shall be available to all individuals.**

*CARF standards for k – m noted above:*

CARF-accredited organizations comply with all legal and regulatory requirements.

**1.E.1. The organization demonstrates a process to comply with the following obligations:**

- a. Legal.**
- b. Regulatory.**
- e. Licensing.**

*4. H. 1. Each person served is in a residential setting with his or her own personal space that:*

- a. *Respects privacy.*
- b. *Promotes personal security.*
- c. *Promotes safety.*

*Intent Statements*

*Persons served have a right to personal, private space.*

*Examples*

*1.a. This standard does not require a separate room for each resident, but it does suggest the provision of a safe, secure, private location that can be thought of by the person served as his or her own.*

## **Sec. 17a-227-12 Emergency Planning**

**(a) Each residence shall have a plan in place which accommodates individual's needs and identifies direct contact personnel responsibilities in the event of a life threatening emergency.**

**1.H.5. There are written emergency procedures:**

- a. **For:**
  - (1) **Fires.**
  - (2) **Bomb threats.**
  - (3) **Natural disasters.**
  - (4) **Utility failures.**
  - (5) **Medical emergencies.**
  - (6) **Violent or other threatening situations.**
- b. **That satisfy:**
  - (1) **The requirements of applicable authorities.**
  - (2) **Practices appropriate for the locale.**
- c. **That address, as follows:**
  - (1) **When evacuation is appropriate.**
  - (2) **Complete evacuation from the physical facility.**
  - (3) **When sheltering in place is appropriate.**
  - (4) **The safety of all persons involved.**
  - (5) **Accounting for all persons involved.**
  - (6) **Temporary shelter, when applicable.**
  - (7) **Identification of essential services.**
  - (8) **Continuation of essential services.**
  - (9) **Emergency phone numbers.**
  - (10) **Notification of the appropriate emergency authorities.**

## **Intent Statements**

Established emergency procedures that detail appropriate actions to be taken promote safety in all types of emergencies.

Being prepared and knowing what to do help the persons served and personnel to respond in all emergency situations, especially those requiring evacuation. The evacuation procedure guides the personnel to assess the situation, to take appropriate planned actions, and to lay the foundation for continuation of essential services.

## **Examples**

The procedures should include actions to be taken by personnel in the event of an emergency, consider any unique needs of the persons served, and be appropriate and specific to the service delivery site or location.

Depending on the type of emergency, the procedure could include immediate response, evacuation, use of appropriate suppression techniques, notification of the proper authorities, sheltering in place, and reporting requirements.

In developing emergency procedures the organization identifies critical products, services, and operations that may be impacted in an emergency and backup systems, internal capabilities, and external resources that may be needed or accessed.

Considerations for emergency management planning may include:

- A. Establishing a planning team or health and safety committee that initiates planning steps, such as:
  1. Establishing a policy and procedure to demonstrate the organization's commitment to emergency management.
  2. Meetings with providers of utilities such as the electric company and community organizations, such as the Red Cross, community emergency management, the fire department, and the police department to identify potential emergencies and procedures.
  3. Identifying applicable governmental regulations, such as fire codes, zoning regulations, and occupational health and safety regulations.
  4. Identifying critical products, services, and operations for potential emergencies and backup systems.
  5. Identifying internal resources and capabilities that the organization would need in case of an emergency, such as equipment, evacuation plans, and arrangements for backup



systems for payroll, communications, emergency power, and information systems support.

6. Identifying external resources that the organization may need in an emergency, such as the fire department, hospitals, police, utilities, insurance carriers, suppliers of emergency equipment, and hazardous materials response organizations.

B. Analyzing potential hazards and the organization's capabilities and addressing them with internal plans. Documentation for analysis may include such things as evacuation procedures, security procedures, drills, employee manuals, insurance programs, hazardous materials information, a facility closing policy, safety assessments, and risk management plans. Included in the analysis are:

1. Potential emergencies.
2. Historical emergencies.
3. Geographic emergencies.
4. Technological emergencies.
5. Human error.
6. Identification of training needs.
7. Physical plant emergencies.
8. Regulatory emergencies.
9. An assessment of internal and external resources.

The analysis of each potential emergency might consider assessing the:

- a. Probability.
- b. Potential human impact.
- c. Potential property impact for loss and damage.
- d. Organizational impact.

C. Emergency management plan components most often include direction and control, communications, life safety, property protection, community resources, recovery and restoration, administration, and logistics. Consider including:

1. Emergency response procedures in the form of checklists.

2. Specific emergency response procedures for potential situations.
3. Support documents, such as emergency call lists, facility site maps, resource lists, and designated responsibility lists.

D. To be optimally effective, the emergency management plan is developed and written for persons served and personnel to enable them to observe, participate, and be trained in all aspects of the emergency plan and evacuation procedures. Consider including a training schedule, local community resources and communications, communications from the planning committee or health and safety committee, and a distribution list for the process of analysis used throughout the organization.

#### **5.a.(1) Fires.**

In developing comprehensive procedures to respond to fires, consider:

1. Training and use of primary exits and alternative routes, fire extinguisher use and location, and the primary place of safety in the event of an emergency.
2. Training and use of the evacuation plans and the responsibilities of participants.
3. Needs of persons participating who have hearing impairments, mobility impairments, speech impairments, low vision, or intellectual or developmental disabilities, or who are Deaf, hard of hearing, or blind.
4. Personnel orientation and training requirements and schedules.

#### **5.a.(2) Bomb threats.**

The organization adopts specialized procedures to prepare for bomb threats to ensure the safety of persons served and personnel. If your bomb threat procedure includes a site for temporary evacuation, then a letter of agreement with the site's owner might be written and regularly reviewed. Another critical feature to incorporate into the emergency plan for bomb threats is the training of personnel who would likely receive the threatening call. (A sample of a checklist that could be used for such a call may be requested from CARF.)

The emergency plan for bomb threats might also identify the process for exploring with local law enforcement and the local telephone company the resources available for tracing repeated phone threats.

#### **5.a.(3) Natural disasters.**

The organization evaluates safety concerns related to possible natural disasters and their potential effects on the organization's staff members, the persons served, and property and develops procedures detailing action to be taken in the

event of occurrence of a natural disaster. Possible natural disasters are those typical of your particular geographic location. They might include tornadoes, severe rainstorms, hurricanes, floods, earthquakes, blizzards, ice storms, and snowstorms.

To be prepared in the event of a natural disaster, the organization considers:

1. Storing basic emergency supplies (e.g., drinking water, food, flashlights, batteries, battery-operated radios, a first aid kit, electrical generators, clothing, bedding, cellular phones, vital documentation, and money), which would be needed for sheltering in place.
2. Availability of medications and medical devices for persons served.
3. Collaboration with community resources to assist with priority needs.

**5.a.(4) Utility failures.**

To be prepared in the event of a utility failure, such as electrical, water, gas, sewer, telephone, or internet, the organization considers:

1. Health risks for persons served.
2. The cooking and eating requirements for persons served, if applicable.
3. The preparation of an emergency kit including flashlights, radios, food, canned meat, utensils to open food containers, electrical generators, batteries, and chafing dishes.
4. Extra battery packs for electric wheelchairs, breathing devices, and other electric life devices.
5. Plans for a primary location for persons served.
6. Prearranged community resources for support.
7. Checking properties for potential hazards and effecting preventive measures when possible, such as tree trimming, as trees may cause a disruption of power lines.

**5.a.(5) Medical emergencies** might include someone unable to get up from a fall; a severe cut or allergic reaction; loss of consciousness due to a change in blood pressure, stroke, cardiac event, or medication misuse; or suicidal ideation.

To prepare for medical emergencies, the organization considers:

1. Thorough individualized documentation of medical needs and histories.
2. Immediate responses and responsible persons (e.g., identifying who is trained in CPR and defibrillation).

3. Emergency on-call plans.
4. Persons to notify in case of an emergency.
5. Hospital plans for persons served.

**5.a.(6)** Violent or other threatening situations.

Violent or other threatening situations may include explosions, gas leaks, biochemical threats, acts of terrorism, use of weapons, and aggressive or assaultive behaviors of persons served or visitors.

To ensure safety in the event of a violent or other threatening situation, the organization considers:

1. Training requirements for personnel.
2. Training requirements for persons served.
3. Identification of risk factors in relation to the facility.
4. Assessment and identification of the individualized needs of persons served.
5. A plan that is communicated to community resources for priority needs.
6. Training and drill documentation at staggered time periods.
7. Safe areas and evacuation procedures.

**5.c.(1)–(10)** Evacuation may be addressed in a separate procedure or incorporated into relevant emergency procedures, such as those for fire.

Regardless of the type of emergency evacuation, all plans for evacuation include clear procedures. Best practices for an evacuation plan may have various exits for different types of emergencies. The routes for evacuation consider speed and special considerations for persons based upon their needs. Procedures include a predetermined site for gathering of all individuals upon evacuation. It may be helpful to have an outside authority (e.g., the fire marshal, risk manager, or other) evaluate the designated routes and assembly points to determine viability and practicality.

The evacuation plan considers not only the possible physical barriers of the facility, but also the individualized needs of those to be evacuated, such as persons with mobility impairments who will need assistance or persons with low vision or who are hard of hearing. How many persons with mobility impairments will need assistance? Can a wheelchair be used to facilitate quicker egress? Are ramps needed and in place at evacuation sites? Are flashing lights needed to alert persons with hearing impairments or are Braille strips to mark routes needed?

The procedures for evacuation identify the responsibilities of all personnel who might assist in the process of evacuation. Evacuation assignments are a part of the plan. Emergency roles include identification of personnel responsible for taking attendance rosters to the designated assembly area to ensure that all persons are accounted for. Procedures include the process for notifying personnel if individuals are not present. An attendance monitoring system would prevent personnel from mistakenly assuming that a person was lost when in fact the person is at home with family, at a doctor's appointment, or elsewhere. Good practice would establish an attendance system that accounts for all persons served on a regular basis throughout the course of a given day.

In establishing a predetermined assembly area, thought is given to whether the area provides for rapid exit and avoids interference with emergency personnel, such as the fire department or police, who may need access to the physical facility. Is the site far enough away from the emergency to ensure safety? The procedures address the entire spectrum of an evacuation, including an evacuation when evacuees cannot return to the facility. Procedures identify protocol to follow in the event that an incident may require movement to a temporary shelter. Procedures address the process for transportation, communication, and the inclusion of emergency information for all persons served. Procedures may include protocols that provide direction to personnel if services will be curtailed. Written agreements with potential shelters are in place. The temporary shelter considers the unique health, safety, and accessibility needs of persons served, to the extent possible.

Procedures take into account the essential services and supports that the organization provides (e.g., medical, behavioral, dietary, transportation, and communication services). Procedures identify personnel, both internal and external, who would be required for the continuation of essential services. Procedures may include a vulnerability analysis to determine potential threats that might necessitate evacuations. The analysis may include a historical analysis of what has occurred in the community in the past, a geographic analysis of the location of the facility, a technological analysis in the event of a systems failure, and an analysis of potential human error, such as incidents caused by untrained employees or recipients of services and supports.

The procedures may outline supporting documents that could help in evacuation and emergency situations. Supporting documents include blueprints of the facility with sufficient detail to guide emergency personnel to exits, water shutoffs, stairways, gas valves, air conditioning ducts, storm drains, electrical shutoffs, etc. Procedures also identify the individuals designated to maintain and implement emergency contact lists of essential internal and external personnel, parents/guardians, the health department, the fire department, the police, emergency medical resources, local emergency response teams, hospitals, utilities, the phone company, shelters, and the water department.

**5.c.(6)** Temporary shelter is typically needed if the organization provides a residential/housing program or a program such as respite in which the persons served remain at the site for extended hours, overnight, or for several days, weeks, or months.

**5.c.(7)–(8)** Essential services may include the provision of medications, residential or other housing support services, or assistance with daily living requirements, such as personal care supports provided in a private home.

**( b ) The licensee shall provide training for direct contact personnel and individuals being served on how to respond in case of fire and other life threatening situations and shall carry out monthly evacuation drills.**

**1.1.5. The organization provides documented personnel training:**

- a. At:**
  - (1) Orientation.**
  - (2) Regular intervals.**
- b. That addresses, at a minimum:**
  - (1) The identified competencies needed by personnel.**
  - (2) Confidentiality requirements.**
  - (3) Customer service.**
  - (4) Diversity.**
  - (5) Ethical codes of conduct.**
  - (6) Promoting wellness of the persons served.**
  - (7) Person-centered practice.**
  - (8) Reporting of:**
    - (a) Suspected abuse.**
    - (b) Suspected neglect.**
  - (9) Rights of the persons served.**
  - (10) Rights of personnel.**
  - (11) Unique needs of the persons served.**

#### **Intent Statements**

In addition to training that occurs at or near the time of hire, training may occur following revisions to policies and procedures, during times of high turnover, and when new programs or services are added or new populations served.

**5.b.(2)** The confidentiality of the person served is protected by law. Personnel should be trained in these regulations so that they may demonstrate knowledge of and compliance with the laws related to confidentiality.

**5.b.(4)** Training related to diversity is directed toward promoting competency of personnel in working with culturally or otherwise diverse populations. An organization might integrate training on diversity as a component of all the training it conducts.

**5.b.(5)** Training includes the organization's written ethical codes of conduct addressed in Standard 1.A.6.a. and may incorporate specific ethical or conduct-related issues that the organization risks facing or has faced.

### **Examples**

**5.a.(1)** The organization ensures that personnel who are new to a program are adequately trained prior to their providing direct services. A variety of techniques may be used, such as holding staff meetings focused on theoretical concepts; presenting training films or guest speakers; or reviewing other reference materials, which could include books, articles, professional journals, magazines, newspapers, and internet access.

**5.b.(4)** Training in cultural competency could be one of the ways to address diversity.

To achieve individualized service plan development that includes consideration of a person's cultural background, training specific to the cultural diversity of the local community is included. Knowledge of cultural diversity is a critical component of providing respectful and individualized quality services and supports. For organizations that serve persons with disabilities, it is important to acknowledge that persons and families served, like all people, bring with them their own values, thoughts, beliefs, and attitudes. Training related to cultural competency is directed toward promoting competency among professionals in working with ethnically or otherwise diverse populations.

**5.b.(6)** Orientation and training for personnel on promoting wellness of the persons served might include topics such as special equipment, technology, and support services that would allow the persons served to remain active in their communities of choice; special health considerations and screenings that might be appropriate to the needs of persons served; how to assist persons served to gain increased knowledge and capability to manage their own health and advocate for their health needs; and information on advocacy groups and other resources they might access.

**5.b.(7)** Person-centered practice may also include family-centered services when applicable.

**( c ) If the licensee finds an inefficiency or other problems identified during a drill, the licensee shall write and carry out a plan of specific corrective action ( s ) .**

**1.H.7. Unannounced tests of all emergency procedures:**

- a. **Are conducted at least annually:**
  - (1) **On each shift.**
  - (2) **At each location.**
- b. **Include complete actual or simulated physical evacuation drills.**
- c. **Are analyzed for performance that addresses:**
  - (1) **Areas needing improvement.**
  - (2) **Actions to be taken.**
  - (3) **Results of performance improvement plans.**
  - (4) **Necessary education and training of personnel.**
- d. **Are evidenced in writing, including the analysis.**

Note: This standard does not apply to services in this standards manual that are provided in private homes or apartments.

*Intent Statements*

*Practicing emergency procedures helps the persons served and personnel to better respond in actual emergency situations. Simulated evacuations should be limited to situations where actual evacuations are not possible. Emergency procedure testing is part of an organization's performance improvement activities. Analysis of results of the tests may indicate ways to improve performance. Tests must be conducted at all facilities regularly utilized by the organization.*

*Examples*

*Each emergency procedure (e.g., the procedure for fires, bomb threats, natural disasters, utility failures, medical emergencies, and other threatening situations) is tested annually on all shifts and at all locations that pertain to the service seeking accreditation whether they are service sites or administration only. The test or drill should be realistic and occur at random on different shifts, if applicable to the organization.*

*Emergency tests may be done in a variety of ways. Actual physical tests or drills that move personnel through the procedure allow for practice and provide an indication of how personnel might respond in an actual emergency. All personnel who would be expected to participate in an emergency procedure should be included in the testing. The emergency procedure testing is used to improve the knowledge and readiness of personnel and persons served in the event of actual emergency situations. If persons served are not involved in the test, personnel should simulate the types of restrictions that persons served may have during an evacuation when actually moving through the process of evacuation.*



*Implementation of an emergency procedure in response to an actual emergency and its subsequent documentation may be used in place of a test of an emergency drill.*

*All persons served within the agency or organization require some form of training. Procedures for training include:*

- Assessments that determine the individual needs in the event of an emergency situation of persons served.*
- Needed training activities for persons served.*
- Assistance from local resources emergency planning resources.*
- Random and shift drills, as determined by the needs of persons served.*
- Simulation of a full-scale emergency evacuation annually or as determined by the needs of persons served.*
- Documentation and reporting regarding exercises and analysis of training drills for modification, if needed.*

*Emergency procedures include formal annual audits. Evaluation considerations include:*

- Involving a health and safety committee or planning team to evaluate and update the organization's emergency management procedure.*
- Identifying need areas and vulnerability and addressing these issues.*
- Emergency procedure lessons learned from drills and actual events.*
- Ensuring that responsibilities and roles are understood by all persons on the emergency management team.*
- Emergency procedures reflecting physical plant or practice changes.*
- Up-to-date records.*
- Ensuring that outcomes of training objectives are met.*
- Ensuring that community resources are consulted with annual updates.*
- Updating letters of agreement annually.*

*Procedures are considered for evaluation and modification during the following times:*

- Training.*
- After training drills.*
- As risks increase.*
- After actual emergencies.*
- When responsibility is reassigned.*

- *When changes are made to the physical plant.*
- *When changes occur in proximity to the physical plant.*
- *When a policy or procedure is revised.*
- *When briefing personnel on emergency plan changes.*

*Persons served, as appropriate, are educated and trained about emergency and evacuation procedures.*

### **Sec. 17a-227- 13 Staffing**

**( a ) The administrator shall have policies and procedures delineating licensee personnel practices, hiring practices, performance expectations, duties and responsibilities, evaluation and termination.**

- 1.1.6. Performance management includes:**
- a. Job descriptions that are:**
    - (1) Reviewed at least annually.**
    - (2) Updated as needed.**
  - b. Performance evaluations for all personnel directly employed by the organization that are:**
    - (1) Based on:**
      - (a) Job functions.**
      - (b) Identified competencies.**
    - (2) Evident in personnel files.**
    - (3) Conducted:**
      - (a) In collaboration with the direct supervisor.**
      - (b) With evidence of input from the personnel being evaluated.**
    - (4) Used to:**
      - (a) Assess performance related to objectives established in the last evaluation period.**
      - (b) Establish measurable performance objectives for the next year.**
    - (5) Performed at least annually.**

#### *Intent Statements*

*Evaluation of employees is an essential part of performance management. However, evaluation is not practical when there is no independent oversight authority. Accordingly, Standards 6.d.(1)–6.d.(5) do not apply to employees*

*without individual or board supervision, or who are supervised by a board controlled by the employee or his or her family. For example, an unincorporated sole practitioner is exempt, as is a sole direct service professional who is the organization's only shareholder.*

#### **Examples**

*Job descriptions address the minimum requirements of each position, including education and experience qualifications, overall responsibilities, specific duties, and physical expectations. Essential functions are those duties that are fundamental to the position and cannot be reasonably performed by another employee. These functions are considered essential for the individual to perform the job. Removing an essential function would fundamentally change the job as the position exists to perform the function.*

*Job descriptions are updated and revised, as needed, to maintain their currency. Some organizations review the job description at the time of evaluation. It is suggested that revisions be dated. Personnel are evaluated at least annually based on their activities/skills that are related to their job performances as defined in the job descriptions. It is suggested that both the employee and the supervisor/designee sign and date the evaluation. The evaluation includes goals that will lead to employee development and will further support the organization's values and mission.*

*Performance evaluations are also a critical component of personnel success. It should be evident that personnel have been engaged actively in the evaluation process and have established performance goals for the next year.*

*Single or multiple records may be maintained, but confidentiality is essential. The organization keeps records in a secure location, such as a locked filing cabinet, to ensure confidentiality.*

*Surveyors will review some personnel records while on site to verify that procedures as called for in the standards and pertinent legal requirements are being followed. The organization demonstrates compliance with legal requirements pertaining to personnel records. The organization's written policy is followed.*

*The organization has clear procedures for posting available jobs, and personnel understand how promotions occur in the organization. If a job is available, personnel know where it will be posted and are clear on whether there is a possibility of promotion from within the organization.*

**6.e.(3)** *A good practice for a contract is to include the specific standards that the contracted professional or organization is to fulfill.*

*Intent Statements*

*Students and volunteers play a role in many CARF-accredited organizations. The critical components identified in the standard assist the organization with decreasing its risk.*

**.I.9. The organization implements personnel policies that:**

**a. Are accessible to personnel.**

**b. Address, at a minimum:**

**(1) Employee relations, including:**

**(a) Grievance and appeal procedures for all personnel.**

**(b) Disciplinary action.**

**(c) Termination.**

**(2) Employee selection, including:**

**(a) Promotions.**

**(b) Job postings.**

**(3) Nondiscrimination in the areas of:**

**(a) Employment.**

**(b) Compensation.**

**(c) Assignment of work.**

**(d) Promotion.**

*Intent Statements*

*This standard does not require that each staff member be given a copy of the personnel policies, but it does require that each staff member has access to the personnel policies. Evidence that the personnel policies are provided or available to staff members does not have to be in writing.*

**8.b.** *The intent of this standard is that all personnel within an organization have access to an identified mechanism through which they may express concerns.*

*Examples*

**8.b.** *Procedures may vary for different types of personnel policies, union contracts, individual contract language, or governmental laws or regulations.*

**8.d.** *Demonstration of nondiscrimination may include:*

— *An affirmative action or employment equity plan that demonstrates the organization's attempts to identify and solicit applications from members of equity target groups and protected classes.*

— *Published statements regarding equal employment opportunities and affirmative action.*

— *Evidence of contacts with public or private employment agencies soliciting qualified applicants who are members of equity target groups and protected classes.*

— *Other areas in which the organization demonstrates nondiscrimination, in addition to race, ethnicity, religion, disability, gender, sexual orientation,*

*age, nation of origin, and other protected classes, including the persons served.*

*8.e. In a publicly operated organization, the relationships between the individual staff members or elected representatives and the public agency as their employer may be governed by personnel policies, regulations, and procedures established either by the same public agency or by another public agency and not by the organization. Human resource policies may also include union contracts or may be identified in statute, administrative rule, or other governmental document. In either of these examples, the organization may have no ability to influence the content or the time lines of the review of the personnel policies and may be limited to only providing input.*

**( b ) Each individual’s residence shall have sufficient direct care personnel at all time to ensure that the resident’s essential requirement for health and safety are met. No violation of this subsection may be found for a residential facility which receives a service rate from the department and which maintain direct care staffing levels which are consistent with the funding provided for that purpose. The licensing division of the department shall promptly notify the appropriate region if a determination is made that the residence is maintain staffing levels consistent with the contract but that those staffing levels are inadequate to meet the essential requirements for health and safety of the individuals.**

*CARF - CARF-accredited organizations demonstrate that they value their human resources. It should be evident that personnel are involved and engaged in the success of the organization and the persons they serve.*

*1.1.1. There are an adequate number of personnel to:*

- a. Meet the established outcomes of the persons served.*
- b. Ensure the safety of persons served.*
- c. Deal with unplanned absences of personnel.*
- d. Meet the performance expectations of the organization.*

*Intent Statements*

*Personnel may be employed full- or part-time, by contract, or other arrangement.*

*Examples*

*Required and needed staffing levels are maintained, and personnel turnover does not have a negative impact on the delivery of quality services and supports. No ratios are established by CARF for the number of persons served to the number of*

*personnel. Sufficient backup is available in the event of personnel absences. The backup personnel plan is sufficient to allow minimal impact on the delivery of services and supports.*

*The organization's performance outcomes system can be used to measure the staffing pattern needs and configurations. See related standards in Sections 1.M. and 1.N. regarding the collection of effectiveness and efficiency data, the analysis of data for planning implications, and the use of information from performance reports to guide decision making related to resource allocation and personnel development.*

## **Sec. 17a – 227 – 14 Staff Development**

**( a ) The administrator shall specify training requirements for direct contact personnel including training content, trainer qualifications and delivery method.**

*CARF - 1.1.5. The organization provides personnel training:*

*a. At:*

- (1) Orientation.*
- (2) Regular intervals.*

*b. That addresses, at a minimum:*

- (1) The identified competencies needed by personnel.*
- (2) Confidentiality requirements.*
- (3) Customer service.*
- (4) Diversity.*
- (5) Ethical codes of conduct.*
- (6) Promoting wellness of the persons served.*
- (7) Person-centered practice.*
- (8) Personal privacy.*
- (9) Reporting of:*
  - (a) Suspected abuse.*
  - (b) Suspected neglect.*
- (10) Rights of the persons served.*
- (11) Rights of personnel.*
- (12) Unique needs of the persons served.*

#### Intent Statements

*In addition to training that occurs at or near the time of hire, training may occur following revisions to policies and procedures, during times of high turnover, and when new programs or services are added or new populations served.*

*5.b.(2) The confidentiality of the person served is protected by state, provincial/territorial, and federal laws. Personnel need training in these regulations so that they may demonstrate knowledge of and conformance to the laws related to confidentiality.*

*5.b.(4) Training related to diversity is directed toward promoting competency of personnel in working with culturally or otherwise diverse populations. An organization might integrate training on diversity as a component of all the training it conducts.*

*5.b.(5) Training on ethical codes of conduct can include professional and business ethics and/or specific ethical or conduct-related issues that the organization risks facing or has faced.*

#### Examples

*5.a.(1) The organization ensures that personnel who are new to a program are adequately trained prior to their providing direct services. A variety of techniques may be used, such as holding staff meetings focused on theoretical concepts, presenting training films or guest speakers, or reviewing other reference materials, which could include books, articles, professional journals, magazines, newspapers, and Internet access.*

*5.b.(6) Orientation and training for personnel on promoting wellness of the persons served might include topics such as special equipment, technology, and support services that would allow the persons served to remain active in their communities of choice; special health considerations and screenings that might be appropriate to the needs of persons served; how to assist persons served to gain increased knowledge and capability to manage their own health and advocate for their health needs; and information on advocacy groups and other resources they might access.*

**( b ) Direct contact personnel shall participate in an orientation in the following areas within thirty days of employment and every two years thereafter:**

- (1) Signs and symptoms of disease and illness;**
- (2) Communicable disease control;**
- (3) Resident basic health and behavioral needs;**

CARF - H. 11. *The organization implements procedures:*

a. *For:*

- (1) *Infection prevention.*
- (2) *Infection control.*

b. *That include:*

- (1) *Training regarding:*
  - (a) *Infections.*
  - (b) *Communicable diseases.*
- (2) *Appropriate use of standard or universal precautions.*
- (3) *Guidelines for addressing these procedures with:*
  - (a) *Persons served.*
  - (b) *Personnel.*
  - (c) *Other stakeholders.*

#### *Intent Statements*

*The persons served, personnel, and other stakeholders should be provided with training based on individual needs. Each organization is encouraged to check legal and regulatory requirements regarding the use of standard or universal precautions in the programs provided and with the populations served.*

#### *Examples*

*The organization could provide staff education on universal precautions, hand washing technique, the use of alternative cleansing solutions, or the use of aseptic techniques. Posted signs, items in the newsletter, or other means could be used to educate family members, volunteers and other visitors about preventing the spread of infection. The organization could have surveillance activities for monitoring and trending acquired infections. A written infection control plan could be developed to include surveillance, isolation and precautions, health of persons served, employee health, education, antibiotic usage and resistance, and HIV-related issues.*

***10.b.(2)*** *Each organization is encouraged to check legal and regulatory requirements regarding the use of standard or universal precautions in the programs provided and with the populations served. Laws and regulations often vary by state/province/territory and by program type.*

***10.b.(3)(a)*** *The persons served will be provided with training based on individual needs such as risk-taking behavior, drug use, long-term involvement in services/supports, or greater potential risk of exposure. Education for the persons served regarding the prevention and control of infection or communicable*



*diseases can occur during orientation, in individual and group sessions, and through provision of written or video materials.*

#### Resources

*Resources used in the development of infection control plans could include the Centers for Disease Control [www.cdc.gov](http://www.cdc.gov), the Association for Professionals in Infection Control [www.apic.org](http://www.apic.org), the Public Health Agency of Canada [www.phac-aspc.gc.ca](http://www.phac-aspc.gc.ca), the Community and Hospital Infection Control Association of Canada (CHICA-Canada) [www.chica.org](http://www.chica.org), or state or provincial/territorial departments of health outbreak manuals.*

### **(4) Routines of the residence, and (5) emergency procedures for the residence.**

CARF - 1.H.5. **There are written emergency procedures:**

- a. **For:**
  - (1) **Fires.**
  - (2) **Bomb threats.**
  - (3) **Natural disasters.**
  - (4) **Utility failures.**
  - (5) **Medical emergencies.**
  - (6) **Violent or other threatening situations.**
- b. **That satisfy:**
  - (1) **The requirements of applicable authorities.**
  - (2) **Practices appropriate for the locale.**
- c. **That address evacuation, as follows:**
  - (1) **When evacuation is appropriate.**
  - (2) **Complete evacuation from the physical facility.**
  - (3) **The safety of evacuees.**
  - (4) **Accounting for all persons involved.**
  - (5) **Temporary shelter, when applicable.**
  - (6) **Identification of essential services.**
  - (7) **Continuation of essential services.**
  - (8) **Emergency phone numbers.**
  - (9) **Notification of the appropriate emergency authorities.**

## **Intent Statements**

Established emergency procedures that detail appropriate actions to be taken promote safety in all types of emergencies.

Being prepared and knowing what to do help the persons served and personnel to respond in all emergency situations, especially those requiring evacuation. The evacuation process guides the personnel to assess the situation, to take appropriate planned actions, and to lay the foundation for continuation of essential services.

## **Examples**

Considerations for emergency management plans include:

- A. Establishing a planning team or health and safety committee which initiates planning steps such as:
  - 1. Establishing a mission statement and policy and procedure to demonstrate the organization's commitment to emergency management.
  - 2. Establishing meetings with providers of utilities such as the electric company and community organizations such as the Red Cross, community emergency management, the fire department, and the police department to identify potential emergencies and procedures.
  - 3. Identifying applicable governmental regulations such as fire codes, zoning regulations, and occupational health and safety regulations.
  - 4. Identifying critical products, services, and operations for potential emergencies and backup systems.
  - 5. Identifying internal resources and capabilities that the organization would need in case of an emergency. Such resources and capabilities include personnel training, equipment, evacuation plans, and arrangements for backup systems such as payroll, communications, emergency power, and information systems support.
  - 6. Identifying external resources that the organization may need in an emergency, such as the fire department, hospitals, police, utilities, insurance carriers, suppliers of emergency equipment, and hazardous materials response organizations.
- B. Analyzing potential hazards and the organization's capabilities and addressing them with internal plans. Documentation for analysis may include such things as evacuation plans, security procedures, drills, employee manuals, insurance programs, hazardous materials information,

a facility closing policy, safety assessments, and risk management plans. Included in the analysis are:

1. Potential emergencies.
2. Historical emergencies.
3. Geographic emergencies.
4. Technological emergencies.
5. Human error.
6. Identification of training needs.
7. Physical plant emergencies.
8. Regulatory emergencies.
9. An assessment of internal and external resources.

Each potential emergency within or surrounding the organization is considered in the emergency management plan. The plan assesses:

- a. Probability.
- b. Potential human impact.
- c. Potential property impact for loss and damage.
- d. Organizational impact.

- C. Emergency management plan components include direction and control, communications, life safety, property protection, community resources, recovery and restoration, administration, and logistics. Considerations in the plan include:
1. Emergency response procedures in the form of checklists.
  2. Specific emergency response procedures for potential situations.
  3. Support documents such as emergency call lists, facility site maps, resource lists, and designated responsibility lists.
- D. To be optimally effective, the emergency management plan is developed and written for persons served and personnel to enable them to observe, participate, and be trained in all aspects of the emergency plan and evacuation procedures. The plan includes a training schedule, local community resources and communications, communications from the planning committee or health and safety committee, and a distribution list for the process of analysis used throughout the organization.

**5.a.(1) Fires.**

In developing comprehensive procedures to respond to fires, consider:

1. Training and use of primary exits and alternative routes, fire extinguisher use and location, and the primary place of safety in the event of an emergency.
2. Training and use of the evacuation plans and the responsibilities of participants.
3. Needs of persons participating who have mobility impairments, hearing impairments, visual impairments, speech impairments, and intellectual or developmental disabilities.
4. Personnel orientation and training requirements and schedules.

**5.a.(2) Bomb Threats.**

The organization adopts specialized procedures to prepare for bomb threats to ensure the safety of persons served and personnel. A critical feature to include in a bomb threat procedure is the establishment of a site for temporary evacuation. If a site is required, a letter of agreement with the site's owner is written, signed, and reviewed with the appropriate parties on an annual basis. Another critical feature to incorporate into the emergency plan for bomb threats is the training of personnel who might receive the threatening call. (A sample of a checklist that could be used for such a call may be requested from CARF.)

The emergency plan for bomb threats also identifies the process for exploring with local law enforcement and the local telephone company the resources available for tracing repeated phone threats.

**5.a.(3) Natural Disasters.**

Possible natural disasters are those typical of a particular geographic location. They may include tornadoes, severe rainstorms, hurricanes, floods, earthquakes, blizzards, ice storms, and snowstorms.

To be prepared in the event of a natural disaster, the organization considers:

1. Storing basic emergency supplies (e.g., drinking water, food, flashlights, batteries, battery-operated radios, a first aid kit, electrical generators, clothing, bedding, cellular phones, vital documentation, and money).
2. Availability of medications and medical devices for persons served.
3. Collaboration with community resources to assist with priority needs.

**5.a.(4) Utility Failures.**

To be prepared in the event of a utility failure, the organization considers:

1. Health risks for persons served.
2. The cooking and eating requirements for persons served, if applicable.

3. The preparation of an emergency kit including flashlights, radios, food, canned meat, utensils to open food containers, electrical generators, batteries, and chafing dishes.
4. Extra battery packs for electric wheelchairs, breathing devices, and other electric life devices.
5. Plans for a primary location for persons served.
6. Prearranged community resources for support.
7. Checking properties for potential hazards and effecting preventive measures when possible, such as tree trimming, as trees may cause a disruption of power lines.

**5.a.(5) Medical Emergencies.**

To prepare for medical emergencies, the organization considers:

1. Thorough individualized documentation of medical needs and histories.
2. Immediate responses and responsible persons (e.g., identifying who is trained in CPR and defibrillation).
3. Emergency on-call plans.
4. Persons to notify in case of an emergency.
5. Hospital plans for persons served.

**5.a.(6) Violent or other Threatening Situations.**

Violent or other threatening situations may include explosions, gas leaks, biochemical threats, acts of terrorism, and use of weapons.

To ensure safety in the event of a violent or other threatening situation, the organization considers:

1. Training requirements for personnel.
2. Training requirements for persons served.
3. Identification of risk factors in relation to the facility.
4. Assessment and identification of the individualized needs of persons served.
5. A plan that is communicated to community resources for priority needs.
6. Training and drill documentation at staggered time periods.
7. Safe areas and evacuation procedures.

**5.c.(1)–(9)** Evacuation may be addressed in a separate procedure or incorporated into relevant emergency procedures such as those for fire and bomb threats.

Regardless of the type of emergency evacuation, all plans for evacuation include clear procedures. Best practices for an evacuation plan may have various exits for different types of emergencies. All evacuation routes and procedures are clearly marked. The routes for evacuation consider speed and special considerations for persons based upon their needs. Procedures include a predetermined site for gathering of all individuals upon evacuation. It may be helpful to have an outside authority (e.g., the fire marshal, risk manager, or other) evaluate the designated routes and assembly points to determine viability and practicality.

The evacuation plan considers the individualized needs of those to be evacuated. How many persons with mobility impairments will need assistance? Can a wheelchair be used to facilitate quicker egress? Are ramps needed and in place at evacuation sites? Are flashing lights needed to alert persons with hearing impairments or are Braille strips to mark routes needed?

The procedures for evacuation identify the responsibilities of all personnel who might assist in the process of evacuation. Evacuation assignments are a part of the plan. Emergency roles include identification of personnel responsible for taking attendance rosters to the designated assembly area to ensure that all persons are accounted for. Procedures include the process for notifying personnel if individuals are not present. An attendance monitoring system would prevent personnel from mistakenly assuming that a person was lost when in fact the person is at home with family, at a doctor's appointment, or elsewhere. Good practice would establish an attendance system that accounts for all persons served on a regular basis throughout the course of a given day.

In establishing a predetermined assembly area, thought is given to whether the area provides for rapid exit and avoids interference with emergency personnel such as the fire department or police, who may need access to the physical facility. Is the site far enough away from the emergency to ensure safety? Procedures identify protocol to follow in the event that an incident may require movement to a temporary shelter. Procedures address the process for transportation, communication, and the inclusion of emergency information for all persons served. Procedures may include protocols that provide direction to personnel if services will be curtailed. Written agreements with potential shelters are in place. The temporary shelter considers the unique health, safety, and accessibility needs of persons served, to the extent possible.

Procedures take into account the essential services and supports that the organization provides (e.g., medical, behavioral, dietary, transportation, and communication services). Procedures identify personnel, both internal and external, who would be required for the continuation of essential services. Procedures may include a vulnerability analysis to determine potential threats that might necessitate evacuations. The analysis may include a historical analysis of what has occurred in the community in the past, a geographic analysis of the

location of the facility, a technological analysis in the event of a systems failure, and an analysis of potential human error, such as incidents caused by untrained employees or recipients of services and supports.

The procedures outline supporting documents that could help in evacuation and emergency situations. Supporting documents include blueprints of the facility with sufficient detail to guide emergency personnel to exits, water shutoffs, stairways, gas valves, air conditioning ducts, storm drains, electrical shutoffs, etc. Procedures also identify the individuals designated to maintain and implement emergency contact lists of essential internal and external personnel, parents/guardians, the health department, the fire department, the police, emergency medical resources, local emergency response teams, hospitals, utilities, the phone company, shelters, and the water department.

**5.c.(5)** Temporary shelter is typically needed if the organization provides a residential/housing program or a program such as respite in which the persons served remain at the site for extended hours, overnight, or for several days, weeks, or months.

## **Resources**

Local Red Cross associations, federal and state/provincial/territorial regulations, city/municipal and county disaster preparedness groups, and many websites offer current and useful information in the development of emergency plans.

The Federal Emergency Management Agency (FEMA) is a national resource for education, training, and emergency information in the United States. FEMA has established an emergency planning guide for business and industry. The guide provides advice for creating and maintaining an overall emergency management plan specific to each organization's corporate culture. In addition, there are resources on the Internet. Try websites such as **[www.fema.gov/about/divisions/cpg.shtm](http://www.fema.gov/about/divisions/cpg.shtm)** (Guide for All-Hazard Emergency Operations Planning), **[www.disability.gov/emergency\\_preparedness](http://www.disability.gov/emergency_preparedness)**, and **[www.ada.gov/emergencyprepguide.htm](http://www.ada.gov/emergencyprepguide.htm)** where free copies of emergency procedures may be requested that could be incorporated into your plans.

Other websites that are resources in developing emergency procedures are:

- **[www.dhs.gov/files/programs/citizens-preparedness.shtm](http://www.dhs.gov/files/programs/citizens-preparedness.shtm)**
- **[inclusivepreparedness.org](http://inclusivepreparedness.org)**
- **[www.osha.gov/SLTC/emergencypreparedness/index.html](http://www.osha.gov/SLTC/emergencypreparedness/index.html)**
- Office of Disability Employment Policy at the United States Department of Labor **[www.dol.gov/odep/programs/emergency.htm](http://www.dol.gov/odep/programs/emergency.htm)**
- U.S. Department of Transportation  
**[www.dotcr.ost.dot.gov/asp/emergencyprep.asp](http://www.dotcr.ost.dot.gov/asp/emergencyprep.asp)**

- Emergency Evacuation Preparedness: Taking Responsibility For Your Safety—A Guide For People with Disabilities and Other Activity Limitations **[www.cdihp.org/products.html](http://www.cdihp.org/products.html)**
- Disaster Resources for People with Disabilities and Emergency Managers **[www.jfk.com/disaster.html](http://www.jfk.com/disaster.html)**
- Disaster Preparedness for People with Disabilities **[www.disability911.com](http://www.disability911.com)**
- National Organization on Disability **[nod.org/disability\\_resources/emergency\\_preparedness\\_for\\_persons\\_with\\_disabilities](http://nod.org/disability_resources/emergency_preparedness_for_persons_with_disabilities)**
- Amputee Coalition of America resources for emergency preparedness **[www.amputee-coalition.org/nllic\\_easyread.asp](http://www.amputee-coalition.org/nllic_easyread.asp)** and special supplement to ACA InMotion When Disaster Strikes—a Pocket Survival Guide **[www.amputee-coalition.org/inmotion/jan\\_feb\\_08/pocket\\_survival\\_guide.html](http://www.amputee-coalition.org/inmotion/jan_feb_08/pocket_survival_guide.html)**
- Department of Veterans Affairs, Personal Emergency Preparedness Terrorism Readiness Plan **[www.dhs.gov/files/programs/citizens-preparedness.shtm](http://www.dhs.gov/files/programs/citizens-preparedness.shtm)**

[Canada]

- The Disaster Recovery Information Exchange (DRIE) has chapters throughout Canada **[www.drie.org](http://www.drie.org)**

[Canada]

- Public Safety and Emergency Preparedness Canada **[www.publicsafety.gc.ca](http://www.publicsafety.gc.ca)**. Provincial or territorial emergency measures organizations can also be used as resources.

[Canada]

- The Canadian Centre for Emergency Preparedness **[www.ccep.ca](http://www.ccep.ca)**

[Canada]

- The Canadian Red Cross **[www.redcross.ca](http://www.redcross.ca)**

#### 1.H.7. Unannounced tests of all emergency procedures:

- a. Are conducted at least annually:
  - (1) On each shift.
  - (2) At each location.
- b. Include complete actual or simulated physical evacuation drills.
- c. Are analyzed for performance that addresses:
  - (1) Areas needing improvement.
  - (2) Actions to be taken.
  - (3) Results of performance improvement plans.
  - (4) Necessary education and training of personnel.
- d. Are evidenced in writing, including the analysis.



*Note This standard does not apply to services in this standards manual that are provided in private homes or apartments.*

### **Intent Statements**

Practicing emergency procedures helps the persons served and personnel to better respond in actual emergency situations. Simulated evacuations should be limited to situations where actual evacuations are not possible. Emergency procedure testing is part of an organization's performance improvement activities. Analysis of results of the tests may indicate ways to improve performance. Tests must be conducted at all facilities regularly utilized by the organization.

### **Examples**

Each emergency procedure (e.g., the procedure for fires, bomb threats, natural disasters, utility failures, medical emergencies, and other threatening situations) is tested annually on all shifts and at all locations that pertain to the service seeking accreditation whether they are service sites or administration only. The test or drill should be realistic and occur at random on different shifts, if applicable to the organization.

Emergency tests may be done in a variety of ways. Actual physical tests or drills that move personnel through the procedure allow for practice and provide an indication of how personnel might respond in an actual emergency. All personnel who would be expected to participate in an emergency procedure should be included in the testing. The emergency procedure testing is used to improve the knowledge and readiness of personnel and persons served in the event of actual emergency situations. If persons served are not involved in the test, personnel should simulate the types of restrictions that persons served may have during an evacuation when actually moving through the process of evacuation.

Implementation of an emergency procedure in response to an actual emergency and its subsequent documentation may be used in place of a test of an emergency drill.

All persons served within the agency or organization require some form of training. Procedures for training include:

- Assessments that determine the individual needs in the event of an emergency situation of persons served.
- Needed training activities for persons served.
- Assistance from local resources emergency planning resources.
- Random and shift drills, as determined by the needs of persons served.

- Simulation of a full-scale emergency evacuation annually or as determined by the needs of persons served.
- Documentation and reporting regarding exercises and analysis of training drills for modification, if needed.

Emergency procedures include formal annual audits. Evaluation considerations include:

- Involving a health and safety committee or planning team to evaluate and update the organization's emergency management procedure.
- Identifying need areas and vulnerability and addressing these issues.
- Emergency procedure lessons learned from drills and actual events.
- Ensuring that responsibilities and roles are understood by all persons on the emergency management team.
- Emergency procedures reflecting physical plant or practice changes.
- Up-to-date records.
- Ensuring that outcomes of training objectives are met.
- Ensuring that community resources are consulted with annual updates.
- Updating letters of agreement annually.

Procedures are considered for evaluation and modification during the following times:

- Training.
- After training drills.
- As risks increase.
- After actual emergencies.
- When responsibility is reassigned.
- When changes are made to the physical plant.
- When changes occur in proximity to the physical plant.
- When a policy or procedure is revised.
- When briefing personnel on emergency plan changes.

Persons served, as appropriate, are educated and trained about emergency and evacuation procedures.

**( c ) In addition to orientation, direct contact personnel shall have completed in - service training in the following areas within the first six**

**months of hire and every two years thereafter: ( 1 ) first aid for accidents,**

- CARF - 1.H.8. *There is immediate access to:*
- a. *First aid expertise.*
  - b. *First aid equipment and supplies.*
  - c. *Relevant emergency information on the:*
    - (1) *Persons served.*
    - (2) *Personnel.*

*Intent Statements*

*It is important to provide a safe setting for the persons served and personnel. The adequacy of first aid expertise reflects the needs of the population served as well as the service setting. Necessary emergency resources, including people trained to respond and the location of first aid equipment and supplies, are known and quickly available during program hours.*

*Examples*

*It is important to provide a safe setting for the persons served and personnel. The adequacy of first aid expertise reflects the needs of the population being served as well as the service setting and may include first aid, CPR, universal precautions, or other safety training. Necessary emergency resources, including people trained to respond and the location of first aid equipment and supplies, are known and quickly available during program hours.*

*7.a. The organization demonstrates implementation of guidelines from local health and safety authorities. It identifies which employees are mandated to receive training in first aid and CPR. The need for this training may be included in the signed job description, indicating that employees have been informed of the need for this training in maintaining their employment.*

*A policy may be put into place specifying the time frame within which training is to be completed. A procedure may be put into place to track the completion of mandated training so that all individuals participate within the specified time period. The organization can contact licensing agencies to determine whether there is a mandated time frame within which employees are expected to complete training in first aid and CPR.*

*First aid and CPR classes are available from local service agencies such as the Red Cross, the YMCA, and various other service organizations. The organization may choose to have designated personnel become trainers in first aid and CPR, or it may contract with other agencies to provide training.*

*7.b. The organization implements guidelines as defined by local health and safety authorities on the availability of first aid equipment and supplies. The organization makes first aid supplies easily accessible to personnel. At a minimum first aid kits contain the items recommended by authorities. First aid supplies are available at all sites where services are provided and in all vehicles.*

*First aid supplies are regularly checked through a systematic process and replenished as needed. A monthly checklist may be completed by designated personnel documenting that needed items are available and that any outdated supplies are disposed of. The designated person would be responsible for immediately procuring any items needed.*

*7.c. Emergency information about persons served is readily available to personnel on a need-to-know basis. An initial orientation to emergency information on persons served is provided to all personnel immediately upon their employment. It may be helpful to establish a procedure for the documentation of this orientation to ensure that all individuals participate in a timely manner.*

*Initial orientation may include general information about significant medical needs, training in specialized care, and location of emergency contact information. The names and phone numbers of doctors, guardians, and other significant persons are kept in an assigned area accessible to designated personnel, as identified by procedures. The phone numbers of the local police, ambulance, and fire department are readily displayed beside all phones.*

*Employees provide emergency contact information at the time of employment. This information can be easily accessed by designated personnel in the event of an emergency.*

*It is critical to have emergency information about the persons served and personnel readily available in the event that, during an emergency, the building could not be reentered or an emergency situation occurs in which information is needed immediately. This is information that might also be needed if personnel or a person served has an emergency and may include information on medical conditions, an emergency contact person, a primary care doctor, allergies, or the use of medications or assistive devices. Many organizations have a portable file with critical information. The organization also needs to identify how it will ensure that emergency information is kept current.*

## **( 2 ) agency/residence policies and procedures;**

- a. 1.1.5. **The organization provides documented personnel training:**  
At:  
(1) **Orientation.**  
(2) **Regular intervals.**

- b. That addresses, at a minimum:
- (1) The identified competencies needed by personnel.
  - (2) Confidentiality requirements.
  - (3) Customer service.
  - (4) Diversity.
  - (5) Ethical codes of conduct.
  - (6) Promoting wellness of the persons served.
  - (7) Person-centered practice.
  - (8) Reporting of:
    - (a) Suspected abuse.
    - (b) Suspected neglect.
  - (9) Rights of the persons served.
  - (10) Rights of personnel.
  - (11) Unique needs of the persons served.

#### *Intent Statements*

*In addition to training that occurs at or near the time of hire, training may occur following revisions to policies and procedures, during times of high turnover, and when new programs or services are added or new populations served.*

*5.b.(2) The confidentiality of the person served is protected by state, provincial/territorial, and federal laws. Personnel need training in these regulations so that they may demonstrate knowledge of and conformance to the laws related to confidentiality.*

*5.b.(4) Training related to diversity is directed toward promoting competency of personnel in working with culturally or otherwise diverse populations. An organization might integrate training on diversity as a component of all the training it conducts.*

*5.b.(5) Training on ethical codes of conduct can include professional and business ethics and/or specific ethical or conduct-related issues that the organization risks facing or has faced.*

#### *Examples*

*5.a.(1) The organization ensures that personnel who are new to a program are adequately trained prior to their providing direct services. A variety of techniques may be used, such as holding staff meetings focused on theoretical concepts, presenting training films or guest speakers, or reviewing other reference materials, which could include books, articles, professional journals, magazines, newspapers, and Internet access.*

*5.b.(6) Orientation and training for personnel on promoting wellness of the persons served might include topics such as special equipment, technology, and support services that would allow the persons served to remain active in their communities of choice; special health considerations and screenings that might be appropriate to the needs of persons served; how to assist persons served to gain increased knowledge and capability to manage their own health and*

*advocate for their health needs; and information on advocacy groups and other resources they might access.*

### **(3) abuse and neglect prevention;**

#### **1.K.1. The organization implements policies promoting the following rights of the persons served:**

- a. **Confidentiality of information.**
- b. **Privacy.**
- c. **Freedom from:**
  - (1) **Abuse.**
  - (2) **Financial or other exploitation.**
  - (3) **Retaliation.**
  - (4) **Humiliation.**
  - (5) **Neglect.**
- d. **Access to:**
  - (1) **Information pertinent to the person served in sufficient time to facilitate his or her decision making.**
  - (2) **Their own records.**
- e. **Informed consent or refusal or expression of choice regarding:**
  - (1) **Service delivery.**
  - (2) **Release of information.**
  - (3) **Concurrent services.**
  - (4) **Composition of the service delivery team.**
  - (5) **Involvement in research projects, if applicable.**
- f. **Access or referral to:**
  - (1) **Legal entities for appropriate representation.**
  - (2) **Self-help support services.**
  - (3) **Advocacy support services.**
- g. **Adherence to research guidelines and ethics when persons served are involved, if applicable.**
- h. **Investigation and resolution of alleged infringement of rights.**
- i. **Other legal rights.**

#### **Intent Statements**

To demonstrate relevant service delivery and appropriate ongoing communication with the persons served, the organization implements a system of rights that nurtures and protects the dignity and respect of the persons served. All information is transmitted in a manner that is clear and understandable.

#### **Examples**

The organization advocates for and ensures that the rights of persons served are protected. Procedures and practices of personnel demonstrate compliance with

all applicable laws. Policies regarding the human rights and dignity of the persons served have been written, adopted, and communicated to personnel through the organization's code of ethics and training and to persons served in a manner understandable to them. A good practice an organization may follow is to include this information in its employee handbook.

**1.a.** The policies address the sharing of confidential billing, utilization, clinical and other administrative and service-related information, and the operation of any internet-based services/supports that may exist. Information that is used for reporting or billing is shared according to confidentiality guidelines that recognize applicable regulatory requirements such as the Health Insurance Portability and Accountability Act (HIPAA) and the Health Information Technology for Economic and Clinical Health (HITECH) Act in the United States.

[Canada]

In Canada, the regulatory requirements may be found in:

- The federal Personal Information Protection and Electronic Documents Act (PIPEDA). In some provinces and territories, for example British Columbia, Alberta, and Quebec, the federal government has exempted organizations from PIPEDA because substantially equivalent provincial legislation is in place.
- Provincial legislation dealing with freedom of information and protection of personal information in the public sector.
- Legislation that deals specifically with health information in those provinces and territories that have such legislation.

The parameters of confidentiality may identify items that may or may not be disclosed without authorization for the release of information as well as those areas identified in mandatory disclosure laws and regulations. Confidentiality may be limited in such settings as criminal justice or when providing services to someone who demonstrates a risk to self or others. When developing its confidentiality policy, the organization takes into consideration staff use of email, texting, blogging, and common forums such as Facebook and Twitter for work or work-related communication.

Confidentiality means limited access and that only those staff members who have a need to know information have access to that information. Local guidance can usually be obtained from funding and referral sources. This standard applies to information in all forms, including the use of electronic/computer records related to the persons served.

This standard is relevant to aspects of the organization's ethics policy (Standard 1.A.6.a.) relating to its staff, its governance authority, and its treatment of the

persons served. Organization policies address the protection, privacy, and security of records.

The organization may establish a documentation system for anyone who accesses a file. Unless legal guardianship is assigned, parents and family members may not automatically have access to records of persons served.

See also Standards 1.J.2.–8. if services are provided via the internet.

**1.c.** The organization ensures that the person served is protected from physical, sexual, psychological, and fiduciary abuse; harassment and physical punishment; and humiliating, threatening, or exploiting actions. Sexual abuse or harassment may include any gestures, verbal or physical, that reference sexual acts or sexuality or objectify the individual sexually. Fiduciary abuse refers to any exploitation of the persons served for financial gain. This abuse could include misuse of the funds of the persons served.

**1.d.** The persons served are provided with information pertaining to immediate, pending, and potential future service/support needs. Information is offered in a manner that is clear and understandable, with risks identified when applicable. In short-term service settings, the information may be provided verbally, with some written information available. In longer-term programs, the information may be provided verbally, through educational or wellness workshops/sessions, through written materials, and through active participation in team meetings and individual service planning.

**1.d.(2)** The persons served know how to access their records.

An organization does not prohibit the persons served from having access to their own records, unless a specific state/provincial law indicates otherwise. Some information within the file may not be released to the individual unless authorization has been given by the originating individual, such as the psychologist in the case of an individual's evaluation.

A good practice is to put the policy and procedures in the consumer handbook, orientation materials, etc. Notes in the individual record may show that the person served has used the procedure to gain access to his or her own record.

Depending on the individual, *access* may mean that a person might need assistance from a staff member or an advocate to understand the information contained in the record. Some organizations make the person's file available at planning meetings so that the contents may be reviewed at that time.

**1.e.** When consent is required, there is also discussion of informed refusal. A person served may refuse to sign a consent form, but with that refusal, the organization is committed to explaining the risks and adverse consequences of the refusal.



**1.f.** Information may be provided through service directories or a handbook for persons served as part of the orientation of the person served, on posted listings, or through direct interaction with program personnel.

**(5) planning and provision of service; and**

**1.1.5. The organization provides documented personnel training:**

- a. At:**
  - (1) Orientation.**
  - (2) Regular intervals.**
- b. That addresses, at a minimum:**
  - (1) The identified competencies needed by personnel.**
  - (2) Confidentiality requirements.**
  - (3) Customer service.**
  - (4) Diversity.**
  - (5) Ethical codes of conduct.**
  - (6) Promoting wellness of the persons served.**
  - (7) Person-centered practice.**
  - (8) Reporting of:**
    - (a) Suspected abuse.**
    - (b) Suspected neglect.**
  - (9) Rights of the persons served.**
  - (10) Rights of personnel.**
  - (11) Unique needs of the persons served.**

*Intent Statements*

*In addition to training that occurs at or near the time of hire, training may occur following revisions to policies and procedures, during times of high turnover, and when new programs or services are added or new populations served.*

*5.b.(2) The confidentiality of the person served is protected by state, provincial/territorial, and federal laws. Personnel need training in these regulations so that they may demonstrate knowledge of and conformance to the laws related to confidentiality.*

*5.b.(4) Training related to diversity is directed toward promoting competency of personnel in working with culturally or otherwise diverse populations. An organization might integrate training on diversity as a component of all the training it conducts.*

*5.b.(5) Training on ethical codes of conduct can include professional and business ethics and/or specific ethical or conduct-related issues that the organization risks facing or has faced.*

**Examples**

*5.a.(1) The organization ensures that personnel who are new to a program are adequately trained prior to their providing direct services. A variety of techniques may be used, such as holding staff meetings focused on theoretical concepts,*

*presenting training films or guest speakers, or reviewing other reference materials, which could include books, articles, professional journals, magazines, newspapers, and Internet access.*

**5.b.(6)** *Orientation and training for personnel on promoting wellness of the persons served might include topics such as special equipment, technology, and support services that would allow the persons served to remain active in their communities of choice; special health considerations and screenings that might be appropriate to the needs of persons served; how to assist persons served to gain increased knowledge and capability to manage their own health and advocate for their health needs; and information on advocacy groups and other resources they might access.*

**(24) behavioral emergency techniques;**

**CARF – 1.H.4 - 1.H.4. Personnel receive competency-based training:**

- a. Both:**
  - (1) Upon hire.**
  - (2) Annually.**
- b. In the following areas:**
  - (1) Health and safety practices.**
  - (2) Identification of unsafe environmental factors.**
  - (3) Emergency procedures.**
  - (4) Evacuation procedures, if appropriate.**
  - (5) Identification of critical incidents.**
  - (6) Reporting of critical incidents.**
  - (7) Medication management, if appropriate.**
  - (8) Reducing physical risks.**
- c. That is documented.**

**Examples**

*The organization develops comprehensive procedures so that personnel can demonstrate their competency in health and safety. Content of the education and training may vary with the required competencies, job duties, and responsibilities of the personnel.*

*It may be helpful to begin by assigning responsibility for developing a training plan. The plan identifies the training and information needs of personnel,*

*contractors, visitors, managers, and those with an identified emergency response role. These might be included in the planning:*

- *Who will be trained.*
- *Who will do the training.*
- *What training will take place.*
- *When and where each session will take place.*
- *What the outcomes of each session will be.*
- *How the session will be documented and evaluated.*

*Reviews are conducted after each training activity. Training participants are involved in the evaluation process.*

*Some training activities that organizations may consider using are:*

- *Orientation and Education Sessions—These are regularly scheduled to allow discussion, provide information, answer questions, and identify needs and concerns.*
- *Tabletop Exercise—Members of the emergency management group meet in a conference room setting to discuss their responsibilities and how they would react to emergency scenarios. This is a cost-effective and efficient way to identify areas of overlap and confusion before conducting more demanding training activities.*
- *Walk-Through Drill—The emergency management group and response teams actually perform their emergency response functions. This activity generally involves more people and is more thorough than a tabletop exercise.*
- *Functional Drills—These drills test specific functions such as medical response, emergency notifications, and warning and communication procedures and equipment, though not necessarily at the same time. Personnel are asked to evaluate the systems and identify problem areas.*
- *Evacuation Drills—Personnel walk the evacuation route to a designated area where the procedures for accounting for all persons are tested. As they evacuate, participants are asked to make notes of things they notice that might become possible hazards during a real emergency evacuation (such as stairways cluttered with debris or smoke in the hallways).*
- *Full-Scale Exercise—A real-life emergency situation is simulated as closely as possible. This exercise involves the organization's emergency response personnel, employees, persons served, the management, and community response organizations.*

*General training for all employees addresses:*

- *Individual roles and responsibilities.*
- *Individualized needs of persons served.*
- *Information about threats, hazards, and protective actions.*
- *Notification, warning, and communication procedures.*
- *Continuation/contingency for essential services and supports.*
- *Means for locating family members in an emergency.*
- *Emergency response procedures.*
- *Evacuation, shelter, and accountability procedures.*
- *Emergency shutdown procedures.*

*The scenarios developed during vulnerability analysis can serve as the basis for training events. The organization might want to access the Internet site [www.accem.org/daycareplan.html](http://www.accem.org/daycareplan.html) for ideas.*

**4.b.(1)** *In addition to training on health and safety in an office setting, training is provided on an ongoing basis regarding the potential risks involved in working in community settings or a person's home. Training includes, but is not limited to, identification of potential risks, ways to prevent risks, and emergency procedures. The organization determines which employees will be mandated to receive specific training applicable to their position as detailed in their job description. The training might include CPR, first aid, preventive disease control, physical and verbal interventions, medication awareness, safety awareness, and any specialty training, including physical restraint training, specific to the safety of a particular population. It is suggested that each employee's confidential file include proof of recertification in applicable courses (including courses that do not require annual recertification) so that review of this might coincide with annual performance evaluations.*

**4.b.(2)** *The organization trains personnel to identify unsafe environmental factors and determines personnel competency in this area on an annual basis (such as post-tests and annual employee evaluations). A record of the successful completion of training may be kept in each employee's confidential file.*

**4.b.(3)–(4)** *The organization's procedure to train personnel on emergency and evacuation procedures includes the method the organization uses to ensure proficiency of personnel (e.g., mock drills, post-tests, and annual employee evaluations). The emergency and evacuation procedures include the plans for fires, bomb threats, natural disasters, utility failures, medical emergencies, and safety during violent or other threatening situations. Personnel skill in implementing these procedures is reviewed.*

**4.b.(5)–(6)** *The organization's procedure for training personnel in the identification and reporting of critical incidents/serious occurrences (terminology*

*used in Canada may be serious occurrences) includes how the organization ensures skill in this area, e.g., core training and inservice training. A record of the successful completion of this training may be kept in each employee's confidential file. Often state or provincial/territorial authorities may have rules or regulations for critical incidents/serious occurrences.*

*4.b.(7) Training on medication management would be included if the organization has a role in either medication management or monitoring, as described in Section 2.C. of this manual.*

**CARF – 2.A.13. Personnel are trained in the use of positive interventions.**

**Intent Statements**

The use of positive interventions is emphasized in policies and procedures and through regular provision of training.

**Examples**

In providing training on positive interventions, organizations also typically provide training to clarify and recognize actions that constitute restrictions on rights and any prohibited practices (such as the use of squirt bottles, use of noxious stimulants, splints, mitts, time out procedures, etc.)

**CARF – 2.A.17. If restrictions are placed on the rights of a person served:**

- a. **The organization ensures that its policies are in compliance with funding guidelines and governmental regulations.**
- b. **The organization follows its policies and written procedures.**
- c. **Prior to implementation:**
  - (1) **The organization obtains informed consent of the person served.**
  - (2) **Service personnel are trained in the use of restrictive procedures.**
- d. **The organization:**
  - (1) **Implements methods to reinstate rights as soon as possible.**
  - (2) **Monitors the effectiveness of these methods to reduce rights restrictions.**

**Intent Statements**

This refers to contracted services related to persons served and not to clerical-type services. Contracted service provision is included in the survey only when it is part of a service for which the organization is seeking accreditation. Quality is maintained in the service whether provided directly or contracted.

## Examples

The interpretation of *contracted services*, for purposes of this standard, must include some direct service relationship, such as when the organization shares personnel or direct service delivery with another agency or service provider. It implies a relationship that may include service personnel, direct service efforts, sharing of facilities and resources, or sharing of case records/individual planning, etc., and is not just a financial contract for funding.

Written agreements detail responsibilities, applicable policies and procedures, etc. Annual evaluations allow the organization to review the continuing appropriateness and/or cost-effectiveness of the contracted services and to ensure that contractual requirements are followed. Regular review also helps to ensure the quality of the services/supports which are being provided. See the Glossary for the definition of *regular*.

Contracts may be written to reference appropriate CARF standards.

## **(d) There shall be one person on duty per shift certified in cardiopulmonary resuscitation (CPR).**

### **1.H.8. There is immediate access to:**

- a. First aid expertise.**
- b. First aid equipment.**
- c. First aid supplies.**
- d. Relevant emergency information on the:**
  - (1) Persons served.**
  - (2) Personnel.**

### **Intent Statements**

It is important to provide a safe setting for the persons served and personnel. The adequacy of first aid expertise reflects the needs of the population served as well as the service setting. Necessary emergency resources, including people trained to respond and the location of first aid equipment and supplies, are known and quickly available during program hours.

## Examples

The adequacy of first aid expertise reflects the needs of the population being served as well as the service setting and may include first aid, CPR, universal precautions, or other safety training.

**8.a.** The organization defines how it will have immediate access to first aid. This may be accomplished by training key personnel in first aid. It identifies which employees are mandated to receive training in first aid and CPR. The

need for this training may be included in the signed job description, indicating that employees have been informed of the need for this training in maintaining their employment. If services are provided in a school or medical setting, personnel within the program/service site could be used to meet the requirement for immediate access.

The organization can contact licensing agencies to determine whether there is a mandated timeframe within which employees are expected to complete training in first aid and CPR. A procedure could be put into place to track the completion of mandated training within the specified time period.

First aid and CPR classes are available from local service agencies such as the Red Cross, the YMCA, and various other service organizations. The organization may choose to have designated personnel become trainers in first aid and CPR, or it may contract with other agencies to provide training.

**8.b.** The organization may implement guidelines defined by local health and safety authorities regarding the availability of first aid equipment and supplies. The organization makes first aid supplies easily accessible to personnel at all sites it owns/leases/controls where services or administration are located and in all vehicles in which persons served are transported.

First aid supplies are regularly checked through a systematic process and replenished as needed. A checklist may be completed periodically by designated personnel documenting that needed items are available and that any outdated supplies are disposed of. The designated person would be responsible for immediately procuring any items needed.

**8.d.** This standard gives the organization flexibility in determining the most accessible location for emergency information. The location could depend on the size of the program or the organization, staffing patterns, and the type of program or setting. The organization may collect such information in the personnel or administrative files, records of persons served, a notebook, or a special file. In an inpatient or residential setting, it would be appropriate for the information to be in a format that could be removed from the site when an evacuation is necessary.

This is information that might be needed if personnel or a person served has an emergency and may include information on medical conditions, emergency contact persons, a primary care doctor, allergies, or the use of medications or assistive devices. If the persons served are transported for group activities or services, this information is available to the personnel overseeing the outing. The organization identifies how it ensures that emergency information is kept current.

**(e) Written summaries of the in service program content shall be made available upon request.**

See CARF's accreditation conditions – all materials requested must be made available. Reference ECS 2011 CARF Manual.

**CARF - 1.H.4. Personnel receive competency-based training:**

- a. Both:**
  - (1) Upon hire.**
  - (2) Annually.**
- c. That is documented.**

**Examples**

The organization develops comprehensive procedures so that personnel can demonstrate their competency in health and safety. Content of the education and training may vary with the required competencies, job duties, and responsibilities of the personnel.

It may be helpful to begin by assigning responsibility for developing a training plan. The plan identifies the training and information needs of personnel, contractors, visitors, managers, and those with an identified emergency response role. These might be included in the planning:

- Who will be trained.
- Who will do the training.
- What training will take place.
- When and where each session will take place.
- What the outcomes of each session will be.
- How the session will be documented and evaluated.

Reviews are conducted after each training activity. Training participants are involved in the evaluation process.

Some training activities that organizations may consider using are:

- Orientation and Education Sessions—These are regularly scheduled to allow discussion, provide information, answer questions, and identify needs and concerns.
- Tabletop Exercise—Members of the emergency management group meet in a conference room setting to discuss their responsibilities and how they would react to emergency scenarios. This is a cost-effective and efficient



way to identify areas of overlap and confusion before conducting more demanding training activities.

- Walk-Through Drill—The emergency management group and response teams actually perform their emergency response functions. This activity generally involves more people and is more thorough than a tabletop exercise.
- Functional Drills—These drills test specific functions such as medical response, emergency notifications, and warning and communication procedures and equipment, though not necessarily at the same time. Personnel are asked to evaluate the systems and identify problem areas.
- Evacuation Drills—Personnel walk the evacuation route to a designated area where the procedures for accounting for all persons are tested. As they evacuate, participants are asked to make notes of things they notice that might become possible hazards during a real emergency evacuation (such as stairways cluttered with debris or smoke in the hallways).
- Full-Scale Exercise—A real-life emergency situation is simulated as closely as possible. This exercise involves the organization's emergency response personnel, employees, persons served, the management, and community response organizations.

General training for all employees addresses:

- Individual roles and responsibilities.
- Individualized needs of persons served.
- Information about threats, hazards, and protective actions.
- Notification, warning, and communication procedures.
- Continuation/contingency for essential services and supports.
- Means for locating family members in an emergency.
- Emergency response procedures.
- Evacuation, shelter, and accountability procedures.
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The scenarios developed during vulnerability analysis can serve as the basis for training events. The organization might want to access the Internet site [www.accem.org/daycareplan.html](http://www.accem.org/daycareplan.html) for ideas.

**4.b.(1)** In addition to training on health and safety in an office setting, training is provided on an ongoing basis regarding the potential risks involved in working in community settings or a person's home. Training includes, but is not limited to, identification of potential risks, ways to prevent risks, and emergency procedures.

The organization determines which employees will be mandated to receive specific training applicable to their position as detailed in their job description. The training might include CPR, first aid, preventive disease control, physical and verbal interventions, medication awareness, safety awareness, and any specialty training, including physical restraint training, specific to the safety of a particular population. It is suggested that each employee's confidential file include proof of recertification in applicable courses (including courses that do not require annual recertification) so that review of this might coincide with annual performance evaluations.

**4.b.(2)** The organization trains personnel to identify unsafe environmental factors and determines personnel competency in this area on an annual basis (such as post-tests and annual employee evaluations). A record of the successful completion of training may be kept in each employee's confidential file.

**4.b.(3)–(4)** The organization's procedure to train personnel on emergency and evacuation procedures includes the method the organization uses to ensure proficiency of personnel (e.g., mock drills, post-tests, and annual employee evaluations). The emergency and evacuation procedures include the plans for fires, bomb threats, natural disasters, utility failures, medical emergencies, and safety during violent or other threatening situations. Personnel skill in implementing these procedures is reviewed.

**4.b.(5)–(6)** The organization's procedure for training personnel in the identification and reporting of critical incidents/serious occurrences (terminology used in Canada may be serious occurrences) includes how the organization ensures skill in this area, e.g., core training and inservice training. A record of the successful completion of this training may be kept in each employee's confidential file. Often state or provincial/territorial authorities may have rules or regulations for critical incidents/serious occurrences.

**4.b.(7)** Training on medication management would be included if the organization has a role in either medication management or monitoring, as described in Section 2.C. of this manual.

## **Sec. 17a.-227-15 Special Protections**

### **(a) Human rights – Policies and procedures in place which:**

**(1 – 3) are addressed by CARF – 1.K.1. -1.K.1.** *The organization implements policies promoting the following rights of the persons served:*

a. *Confidentiality of information.*

- b. *Privacy.*
- c. *Freedom from:*
  - (1) *Abuse.*
  - (2) *Financial or other exploitation.*
  - (3) *Retaliation.*
  - (4) *Humiliation.*
  - (5) *Neglect.*
- d. *Access to:*
  - (1) *Information pertinent to the person served in sufficient time to facilitate his or her decision making.*
  - (2) *Their own records.*
- e. *Informed consent or refusal or expression of choice regarding:*
  - (1) *Service delivery.*
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- f. *Access or referral to:*
  - (1) *Legal entities for appropriate representation.*
  - (2) *Self-help support services.*
  - (3) *Advocacy support services.*
- g. *Adherence to research guidelines and ethics when persons served are involved, if applicable.*
- h. *Investigation and resolution of alleged infringement of rights.*
- i. *Other legal rights.*

### **Intent Statements**

To demonstrate relevant service delivery and appropriate ongoing communication with the persons served, the organization implements a system of rights that nurtures and protects the dignity and respect of the persons served. All information is transmitted in a manner that is clear and understandable.

### **Examples**

The organization advocates for and ensures that the rights of persons served are protected. Procedures and practices of personnel demonstrate compliance with all applicable laws. Policies regarding the human rights and dignity of the

persons served have been written, adopted, and communicated to personnel through the organization's code of ethics and training and to persons served in a manner understandable to them. A good practice an organization may follow is to include this information in its employee handbook.

**1.a.** The policies address the sharing of confidential billing, utilization, clinical and other administrative and service-related information, and the operation of any internet-based services/supports that may exist. Information that is used for reporting or billing is shared according to confidentiality guidelines that recognize applicable regulatory requirements such as the Health Insurance Portability and Accountability Act (HIPAA) and the Health Information Technology for Economic and Clinical Health (HITECH) Act in the United States.

[Canada]

In Canada, the regulatory requirements may be found in:

- The federal Personal Information Protection and Electronic Documents Act (PIPEDA). In some provinces and territories, for example British Columbia, Alberta, and Quebec, the federal government has exempted organizations from PIPEDA because substantially equivalent provincial legislation is in place.
- Provincial legislation dealing with freedom of information and protection of personal information in the public sector.
- Legislation that deals specifically with health information in those provinces and territories that have such legislation.

The parameters of confidentiality may identify items that may or may not be disclosed without authorization for the release of information as well as those areas identified in mandatory disclosure laws and regulations. Confidentiality may be limited in such settings as criminal justice or when providing services to someone who demonstrates a risk to self or others. When developing its confidentiality policy, the organization takes into consideration staff use of email, texting, blogging, and common forums such as Facebook and Twitter for work or work-related communication.

Confidentiality means limited access and that only those staff members who have a need to know information have access to that information. Local guidance can usually be obtained from funding and referral sources. This standard applies to information in all forms, including the use of electronic/computer records related to the persons served.

This standard is relevant to aspects of the organization's ethics policy (Standard 1.A.6.a.) relating to its staff, its governance authority, and its treatment of the

persons served. Organization policies address the protection, privacy, and security of records.

The organization may establish a documentation system for anyone who accesses a file. Unless legal guardianship is assigned, parents and family members may not automatically have access to records of persons served.

See also Standards 1.J.2.–8. if services are provided via the internet.

**1.c.** The organization ensures that the person served is protected from physical, sexual, psychological, and fiduciary abuse; harassment and physical punishment; and humiliating, threatening, or exploiting actions. Sexual abuse or harassment may include any gestures, verbal or physical, that reference sexual acts or sexuality or objectify the individual sexually. Fiduciary abuse refers to any exploitation of the persons served for financial gain. This abuse could include misuse of the funds of the persons served.

**1.d.** The persons served are provided with information pertaining to immediate, pending, and potential future service/support needs. Information is offered in a manner that is clear and understandable, with risks identified when applicable. In short-term service settings, the information may be provided verbally, with some written information available. In longer-term programs, the information may be provided verbally, through educational or wellness workshops/sessions, through written materials, and through active participation in team meetings and individual service planning.

**1.d.(2)** The persons served know how to access their records.

An organization does not prohibit the persons served from having access to their own records, unless a specific state/provincial law indicates otherwise. Some information within the file may not be released to the individual unless authorization has been given by the originating individual, such as the psychologist in the case of an individual's evaluation.

A good practice is to put the policy and procedures in the consumer handbook, orientation materials, etc. Notes in the individual record may show that the person served has used the procedure to gain access to his or her own record.

Depending on the individual, *access* may mean that a person might need assistance from a staff member or an advocate to understand the information contained in the record. Some organizations make the person's file available at planning meetings so that the contents may be reviewed at that time.

**1.e.** When consent is required, there is also discussion of informed refusal. A person served may refuse to sign a consent form, but with that refusal, the organization is committed to explaining the risks and adverse consequences of the refusal.

**1.f.** Information may be provided through service directories or a handbook for persons served as part of the orientation of the person served, on posted listings, or through direct interaction with program personnel.

**(4) comply with Sec. 17a -238 CGS and the regulations promulgated thereunder, concerning the rights of individuals under the supervision of the commissioner of mental retardation and which; (A – D) CARF 1.K.3- 1.K.3**

**1.K.3. The organization:**

- a. Implements a policy and written procedure by which persons served may formally complain to the organization that specifies:**
  - (1) Its definition of a formal complaint.**
  - (2) That the action will not result in retaliation or barriers to services.**
  - (3) How efforts will be made to resolve the complaint.**
  - (4) Levels of review, which include availability of external review.**
  - (5) Timeframes that:**
    - (a) Are adequate for prompt consideration.**
    - (b) Result in timely decisions for the person served.**
  - (6) Procedures for written notification regarding the actions to be taken to address the complaint.**
  - (7) The rights of each party.**
  - (8) The responsibilities of each party.**
  - (9) The availability of advocates or other assistance.**
- b. Makes complaint procedures and, if applicable, forms:**
  - (1) Readily available to the persons served.**
  - (2) Understandable to the persons served.**
- c. Documents formal complaints received.**

**Intent Statements**

The organization identifies clear protocols related to formal complaints, as defined by the organization.

**Examples**

Local authorities and funding sources are good references for a model of guidelines on prudent and responsible practices. Elements of best practices are in plans developed by government, school districts, protection and advocacy groups, employment agencies, funding sources, and businesses.

Written guidelines for practices include procedures for levels of review and the rights and responsibilities of each party involved. These procedures are explained to personnel and persons served in a way that meets their needs. This

explanation may include a video or audio recording, a handbook, interpreters, advocates, etc.

**and...1.H.9. The organization has written procedures regarding critical incidents that include:**

- a. Prevention.**
- b. Reporting.**
- c. Documentation.**
- d. Remedial action.**
- e. Timely debriefings conducted following critical incidents.**
- f. The following critical incidents, if appropriate:**
  - (1) Medication errors.**
  - (2) Use of seclusion.**
  - (3) Use of restraint.**
  - (4) Incidents involving injury.**
  - (5) Communicable disease.**
  - (6) Infection control.**
  - (7) Aggression or violence.**
  - (8) Use and unauthorized possession of weapons.**
  - (9) Wandering.**
  - (10) Elopement.**
  - (11) Vehicular accidents.**
  - (12) Biohazardous accidents.**
  - (13) Unauthorized use and possession of legal or illegal substances.**
  - (14) Abuse.**
  - (15) Neglect.**
  - (16) Suicide and attempted suicide.**
  - (17) Sexual assault.**
  - (18) Other sentinel events.**

#### **Intent Statements**

Although an organization is expected to have procedures that include all of the types of critical incidents listed in this standard that are applicable to its operations, it would be possible for a procedure to adequately address more than one type of critical incident. An organization is not required to have a separate procedure for each type of incident as long as all critical incidents are appropriately considered.

#### **Examples**

The organization follows legal requirements regarding investigation and the reporting of incidents to the proper authorities. The terminology used in Canada

may be serious occurrences. Reporting requirements can be obtained from regulatory and licensing agencies, protection and advocacy services, and funding sources. An incident log may also be kept to summarize causes and trends of incidents at a glance.

Written procedures are in place for determining what constitutes a critical incident/serious occurrence, how investigations are to be conducted, how documentation is to be completed, who is responsible for completing documentation, who is to be notified, and where written documentation of incidents is to be kept.

Regulations and/or policy may require documentation of what is considered a “near miss,” in which serious consequences were avoided, but which would require review in order to promote a safer environment. This is a concept being effectively used by some organizations.

Training is important to ensure that all personnel are trained in, and aware of, the reporting requirements. It may be helpful to document the completion of the training in an employee’s personnel file and review the information at the time of the employee’s performance review.

The reporting of critical incidents/serious occurrences is essential. Reporting ensures that information is communicated and that significant events that could jeopardize the health and safety of participants and personnel are documented.

An incident reporting form can be developed so that all necessary information about the incident is included, such as the date, time, and location of the incident; who was involved; what led to the incident; a description of what happened; the consequences of the incident; witnesses; who was notified; and follow-up recommendations. Personnel completing the form are to provide descriptive and factual information. Software programs are increasingly being used for reporting critical incidents to ensure more consistency in documentation, timely review, remediation, and sharing of information with involved personnel, and to facilitate analysis.

The organization implements a written procedure identifying what format and where the documentation of incidents is to be maintained. Licensing agencies view incident reports as confidential legal documents and require them to be stored in a secure area. Timelines regarding how long documentation of critical incidents/serious occurrences must be kept are also typically set by licensing agencies.

As applicable, organizations should note requirements of:

- Child abuse and neglect laws.
- Vulnerable adult regulations.



**9.f.(13)** In its written procedures the organization addresses the possession and use of medical marijuana, including topics such as whether it is legal or illegal, how it is managed, the impact of its use on other persons served, and sharing with or selling to other persons served.

**1.H.10. A written analysis of all critical incidents is provided to or conducted by the leadership:**

- a. At least annually.**
- b. That addresses:**
  - (1) Causes.**
  - (2) Trends.**
  - (3) Actions for improvement.**
  - (4) Results of performance improvement plans.**
  - (5) Necessary education and training of personnel.**
  - (6) Prevention of recurrence.**
  - (7) Internal reporting requirements.**
  - (8) External reporting requirements.**

**Intent Statements**

An integrated approach to the management of critical incidents is essential to effective risk management.

**Examples**

If critical incidents are analyzed at the level of the larger entity or organization, there is still a process to review, analyze, and address the data associated with critical incidents specific to the programs/services seeking accreditation. Analyzing critical incidents at the level of the program/service could identify program/service specific causes, trends, actions, prevention of recurrence, and education needs that may differ from the rest of the organization. The written analysis might be a separate report or contained within the organizationwide report.

This analysis is a critical component to the concept of prevention in both risk management and performance improvement activities. In order to determine the causes and trends of critical incidents/serious occurrences (terminology which may be used in Canada), an organization implements a process for review at least annually and, based on leadership structure, indicates the persons or positions responsible for the review.

Critical incidents/serious occurrences may be reviewed by leadership or by one or more committees to ensure that a thorough analysis is completed. An organization implements a process for reviewing all incidents involving accidents, injuries, illnesses, and “near miss” events. A well-rounded committee

would include members from the administration, transportation, social services, human resources, and training and development departments.

An organization may also develop a human rights committee to review critical incidents/serious occurrences. Effective members of this committee likely have experience in behavior analysis and rights of persons served. This committee would review all critical incidents to determine antecedents, changes in behavior observed during the incident, the influence of personnel interactions and interventions, the need for environmental modifications, that client rights are upheld, and that individuals are treated with dignity and respect.

Regardless of who reviews critical incidents/serious occurrences, a thorough analysis includes the following:

- **10.b.(1)** A determination of the cause of each incident. Did the incident occur as the result of an environmental flaw, a lack of personnel training factors, or a failure to follow the organization's policies and procedures?
- **10.b.(2)** Identification of trends in critical incidents/serious occurrences. Are common themes emerging in the incident reports? An examination of trends evaluates the location of critical incidents, the time of incidents, the personnel involved in incidents, the involvement of persons served in incidents, the types of incidents, methods of intervention, etc.

**10.b.(3)–(4)** The purpose of the above analysis is to enable the development of actions for improvement to prevent similar events from occurring in the future. Once an analysis of the incidents has been completed, the committee members are responsible for making recommendations and determining actions that the organization needs to take to improve the areas identified.

Recommendations may include environmental modifications, additional personnel training, changes in policies and procedures, and other actions. The designated committee subsequently revisits recommendations to evaluate the results of the actions taken for improvement, ensuring that the recommended changes that have been made were effective.

Meeting minutes could be used to share information with those in all areas affected by the committee's recommendations to ensure communication of need areas, as well as provide documentation of actions.

**10.b.(7)–(8)** Requirements with regard to the reporting of an incident to the appropriate personnel and/or authority may vary. Some incidents may involve issues that are internal to the operation of the organization and that are reported only to the appropriate supervisors. However, incidents of neglect, abuse, or death must be reported to the appropriate external authorities, as required by regulation or law. CARF requires reporting of sentinel events to the organization's designated resource specialist at CARF within 30 days of their occurrence. A form for reporting these is available online.

**Behavioral Procedures (pages 22-27) of Conn. DMR (See CARF 2.A.**

**14-17 ) 2.A.14. If behavioral change approaches are used, positive behavioral interventions:**

- a. Are implemented prior to the use of restrictive procedures.**
- b. Continue to be used in conjunction with any restrictive procedures.**

**Intent Statements**

The organization demonstrates a commitment to a system that nurtures personal growth and dignity, and it supports the use of positive approaches and supports. Even when other approaches have not been successful and a short-term restrictive procedure is determined to be needed, positive interventions continue to be used in conjunction with any restriction and constitute the main approach.

**Examples**

This commitment is emphasized during orientation and ongoing staff training. The organization's policies, procedures, and staff members deal with maladaptive or inappropriate behaviors without undue force that could lead to the injury of a person served.

**2.A.15. When applicable, there are policies and written procedures that address the program's use of positive interventions, including:**

- a. An emphasis on building positive relationships with persons served.**
- b. Evaluation of:**
  - (1) The environment.**
  - (2) Personal stressors.**
- c. Appropriate interaction with staff to promote:**
  - (1) De-escalation.**
  - (2) Socially acceptable behavior.**
- d. Empowering persons served to change their own behavior.**

**Intent Statements**

The organization's policies and procedures support the use of positive alternatives to behavioral interventions such as redirecting and de-escalation in its effort to empower the persons served to effect positive behavioral changes. The policies and procedures should reflect the use of positive approaches prior to the implementation of restrictions. The organization demonstrates commitment to a system that nurtures personal growth and dignity, and it supports the use of positive approaches and supports. This standard would apply to any program that deals with persons with a history of behavioral problems

(e.g., anger, PTSD) or where the goal is to help the persons served change their behavior.

### **Examples**

Records of persons served for whom any restrictions have been implemented show specifics about the restrictions as well as detailed information about the positive interventions being used concurrently, such as identifying personal stressors and approaches to de-escalation to be used.

### **2.A.16. Personnel providing services are trained in the use of positive interventions:**

- a. **Initially.**
- b. **At least annually.**

### **Intent Statements**

The use of positive interventions is emphasized in policies and procedures and through regular provision of training.

**Note:** *This standard applies even if the program/service does not use behavioral change approaches as identified in Standard 2.A.14.*

### **Examples**

In providing training on positive interventions, organizations also typically provide training to clarify and recognize actions that constitute restrictions on rights and any prohibited practices (such as the use of squirt bottles, use of noxious stimulants, splints, mitts, time out procedures, etc.)

### **2.A.17. If restrictions are placed on the rights of a person served:**

- a. **The organization ensures that its policies are in compliance with funding guidelines and governmental regulations.**
- b. **The organization follows its policies and written procedures.**
- c. **Prior to implementation:**
  - (1) **The organization obtains informed consent of the person served.**
  - (2) **Service personnel are trained in the use of restrictive procedures.**
- d. **The organization:**
  - (1) **Implements methods to reinstate rights as soon as possible.**
  - (2) **Monitors the effectiveness of these methods to reduce rights restrictions.**

## **Sec. 17a-227-16 Individual Records**

### **2.A.12. A complete record is maintained for each person served.**

### **Intent Statements**

The organization determines what information should be kept in the records of the persons served. The record communicates information that is complete,

clear, organized, and current. Funders and referral agencies may require that certain information be maintained. The organization also complies with its own service delivery design for the development of the record. Electronic records are acceptable.

### **Examples**

The record may include demographic data; names of personal representatives, such as parents, guardians, and advocates; intake information; initial orientation to services and rights; referral reports; functional abilities; medical information, such as medications taken and name of physician (Standard 2.C.1.); Do Not Resuscitate (DNR) protocols; individual plans (Standards 2.B.3.–7.); release forms (Standard 2.A.13.); follow-up reports; exit summaries (Standard 2.B.10.); progress reports; and referrals to other resources (Standard 2.B.9.).

The organization may find it helpful to keep an orientation checklist in each person's record so that documentation can be made when items are shared with the individual, such as responsibilities (Standard 2.B.5.), setting goals and planning services (Standard 2.B.2.), and securing/retaining benefits (Standard 2.B.8.).

Working files can be used if security of files is maintained.

During a survey, surveyors will randomly select a representative sample of files for review from the different programs and sites, including “closed” records of persons who have exited services.

## **Sec. 17a-227-17 Habilitative Services**

## **B. Individual-Centered Service Planning, Design, and Delivery**

### **Description**

Improvement of the quality of an individual's services/supports requires a focus on the person and/or family served and their identified strengths, abilities, needs, and preferences. The organization's services are designed around the identified needs and desires of the persons served, are responsive to their expectations and desired outcomes from services, and are relevant to their maximum participation in the environments of their choice.

The person served participates in decision making, directing, and planning that affects his or her life. Efforts to include the person served in the direction or delivery of those services/supports are evident.

**Note:** *Throughout this section reference is to the person/persons served. Please refer to the Glossary definition of person served for understanding of when this might include other individuals acting on behalf of the primary consumer, such as family members.*

### **Applicable Standards**

For information on the applicability of the standards in this section to the services for which your organization is seeking accreditation, please refer to the Applicable Standards statements in the individual services or to the grid at the beginning of this section.

#### **2.B.1. Prior to the planning of services, information is gathered from a new person entering services about his or her desired outcomes from services.**

##### **Intent Statements**

Before actual planning of services, an informal discussion with persons about goals or outcomes they desire from services gives guidance to personnel regarding service planning. This standard does not require the use of a formal assessment document or instrument.

##### **Examples**

Information may be gathered from face-to-face meetings, telephone interviews, or by other technological means.

There may be instances where the information gathered indicates an immediate goal for which only minor assistance is needed and that therefore does not require development of an individualized plan. Some examples of this would be:

— The person wants assistance with developing a résumé for job seeking.

- The person wants to be able to conduct job search on a computer and simply needs access or a basic orientation to doing so.

**2.B.2. The persons served are given information about:**

- a. **Their role in setting their individual service goals.**
- b. **How planning the services/supports to be delivered is conducted.**
- c. **Requirements for their continued participation in services.**

**Intent Statements**

The result is that the persons served are knowledgeable about the individual service-planning process and their active role in or direction, if desired, of the process.

**Examples**

Services demonstrate a focus on the importance of input from the persons served throughout the planning process and the importance of their role in making decisions. The persons and/or families served participate in making decisions about their services including:

- The expected results of the services for the individuals.
- How the design of the services meets their identified needs.
- How the services will be delivered.
- The expected duration of the services, if applicable.
- Possible alternatives for services within the organization and in the community.
- How results will be evaluated.
- Futures planning.

Surveyors will want to verify this by talking with persons served. Some questions may be asked of persons about satisfaction with their involvement in the process.

Information might be presented to persons in a handbook or video and also be included as an orientation item. As required by funding sources and for legal reasons, signed informed consent for services may be obtained and retained, but this is not required by CARF. Organizations are encouraged to check with local authorities regarding legal requirements to determine when signed informed consent is required. Staff members are familiar with and comply with informed consent procedures and requirements when this is required.

For example, in an employment program the person served is involved in making informed employment-related decisions, including the expected outcomes for services and his or her role and responsibilities related to achieving desired employment outcomes. Informed choice is reflected in the individual planning process through full disclosure of the capabilities of the organization to meet the person's outcomes expectations, the person's needs, and the person's understanding of his/her responsibilities. Decision making based on informed choice may be reflected in:

- The scope, duration, and expected outcomes of the employment services.
- Employment choices, plans, and options, including:
  - Paid or unpaid work.
  - Work settings.
  - Career development and/or training activities.
  - Career advancement opportunities.

**2.c.** Requirements for continued participation in services at this point of orientation to services are likely generalized and not specific to individual plans, because these have not been developed yet. Examples of requirements or expectations for participation in services might be:

- Regular attendance.
- Punctuality.
- Appropriate clothing for work or function.
- Good personal hygiene.

**2.B.3. An individualized service plan is developed based on the person's:**

- a. Strengths.**
- b. Abilities.**
- c. Preferences.**
- d. Desired outcomes.**
- e. Other issues, as identified by the person served.**

**Intent Statements**

Plans are highly individualized, reflecting the diversity of the persons served.



## Examples

When indicated through discussion with the person served that his or her desired outcomes of services are such that an individualized service plan is appropriate, plan development is begun.

The organization may use consumer self-assessments and/or person-centered planning as ways to obtain this information. Individual service plans may be under the authority of a referral agency. In these cases, the organization demonstrates how it accesses these plans and how it uses them to achieve individualized services and person-focused outcomes. Even when an external authority is responsible for plan development, the organization must ensure that plans meet all CARF standards. If necessary the program may need to develop an addendum to the plan to supplement missing items.

Staff notes and progress reviews indicate involvement of and direction by the person served. Objectives reflect the desires and dreams of the persons, within the mission and values of the organization, and are written using their language. A good practice is to write individual plans using "I" language and to quote the person in the plan.

**3.e.** Other issues to be considered in service planning may include, as identified by the specific individual, the person's cultural background, spiritual beliefs, and faith/religious background.

### **2.B.4. As appropriate to the persons served and the scope of the services provided, the following information is considered for service planning:**

- a. **Relevant medical history.**
- b. **Relevant psychological information.**
- c. **Relevant social information.**
- d. **Available information on previous direct services and supports.**
- e. **Other relevant assessments, when available.**

## Intent Statements

In developing an individual service plan, all relevant information is considered.

## Examples

This standard does not require that each person have a physical or psychological evaluation. The organization has a procedure in place to determine relevancy based on the individual's situation and the scope of the services provided by the organization. The information may be obtained from a previous provider, a family member, or self-reported by an individual. The individual plans demonstrate that, when relevant, this information has been considered in the planning process.

It is critical to understand the person's skills, likes and dislikes, and desired outcomes. When those have been identified, it is helpful to understand the areas described above to ensure that there are no inherent conflicts with the services and outcomes desired by the individual.

See Standard 2.B.5., which relates to the individual's plan.

**4.b.** Relevant psychological information may include any pertinent risk factors, such as risk of harm to self or others.

**2.B.5. A coordinated individualized service plan:**

- a. Is developed with the active involvement of the person served.**
- b. Identifies:**
  - (1) The person's overall goals.**
  - (2) Specific measurable objectives.**
  - (3) Methods/techniques to be used to achieve the objectives.**
  - (4) Those responsible for implementation.**
  - (5) How and when progress on objectives will be regularly reviewed.**
- c. Is communicated in a manner that is understandable:**
  - (1) To the person served.**
  - (2) To the persons responsible for implementing the plan.**
- d. Is reviewed on a regular basis with respect to expected outcomes.**
- e. Is revised as appropriate based on the:**
  - (1) Changing needs of the person served.**
  - (2) Satisfaction of the person served.**
- f. Reflects timely transition planning when a person served moves:**
  - (1) From one level of services/supports or program to another within the organization.**
  - (2) Externally to another provider.**

**Intent Statements**

The person served is an active participant giving direction in all aspects of the planning and revision processes.

**Note:** *Even when an external agency is responsible for plan development, the organization seeking accreditation must ensure that the plans meet the CARF standards. If necessary the program may develop an addendum to the plan to supplement missing items or address these in some other manner to demonstrate conformance.*

**Examples**

Reasonable efforts and accommodations are made to obtain the active participation and understanding of the person served, including the inclusion of an advocate if the person prefers, or if it is necessary to interpret the person's

desires. An organization may choose to include documentation in the plan of decisions made by the individual. The organization establishes a schedule for periodic review of the plan. The plan focuses on outcomes and results, and regular review is essential to ensure that goals are achievable and remain meaningful to the person served.

Plans are essential for all members of the team to perform their functions and to ensure continuity of services/supports when new staff members are hired. The organization ensures that all persons involved understand the plans and their own involvement in achieving the outcomes.

Based on the scope of services, formalized service planning may be less in-depth and less individualized. For example, in a program that offers drop-in center services or senior centers, the plan may take the form of a more generic agreement such as a membership agreement, registration form, etc. Often these may be accredited as a Community Integration program or a Home and Community Services program.

Active participation of the persons served in setting goals and planning services may be demonstrated through interviews, records, checklists, etc. Persons served understand what is written in their plans and can communicate what it means. A good practice an organization may follow is to provide copies of the service plan to the persons served and others who are responsible for implementing the plan, unless applicable laws or regulations prohibit doing so. The individual plan can be the source for measuring individual outcomes satisfaction.

**5.b.(2)** Specific measurable objectives are critical to planning the steps that will lead to persons being able to achieve their goals. Measurable objectives enable persons served and personnel to assess progress toward goal achievement. A useful way of making goals and objectives more powerful and measurable is to use the SMART mnemonic. While there are variants, SMART usually stands for:

- **Specific.**
- **Measurable.**
- **Attainable.**
- **Relevant.**
- **Time-bound.**

There is a wealth of information available on the internet simply by searching for measurable objectives.

**5.e.(2)** The plan is revised to remain meaningful to the person served.

## Resources

Information and tools that may be helpful in developing plans and goals for persons served can be found at [www.lifecoursetools.com](http://www.lifecoursetools.com).

### 2.B.6. When it has been determined that there is a need, the following are addressed in the plan:

- a. **Assistive technology.**
- b. **Reasonable accommodations.**

## Intent Statements

In developing an individual service or support plan, these needs are considered, as appropriate, to maximize potential for achievement of goals.

## Examples

The organization may provide assistive technology, or it may be provided by referral to other local resources. Reasonable accommodations are addressed when necessary to enable the person served to participate in the organization's activities and fully access services. When appropriate to the person's needs, technology is addressed in the individual service plan. If a person needs services/supports that are not available from the organization, referrals to other services are suggested.

Accommodations and technology may entail the use of communication devices, videos and audio recordings, pictures, and materials in each person's primary language. Many modifications are simple and inexpensive.

Some performance indicators of quality are that the organization provides education to service personnel on technology applications and incorporates knowledge and consideration of technology into assessment, evaluation, and training.

See the Glossary for the definitions of *Assistive technology* and *Reasonable accommodations*.

## Resources

The Job Accommodation Network (JAN), a service of the President's Committee on Employment of People with Disabilities, provides information about workplace accommodations. JAN's trained consultants have access to a database of more than 200,000 previous accommodations to provide practical options. JAN can be reached at: 1 (800) ADA-WORK or via email: [jan@jan.idci.wvu.edu](mailto:jan@jan.idci.wvu.edu).

The website [www.myndrc.org/assistive-tech/webinars.html](http://www.myndrc.org/assistive-tech/webinars.html) has numerous webinars available to assist providers and persons served with learning about various technology and devices.

[Canada]

The website [www.ap-toolkit.info](http://www.ap-toolkit.info) provides information and tools for procuring accessible technologies, training, and services.

**2.B.7. When applicable to the person and his or her goals and outcomes:**

- a. **The person and/or family served and/or their legal representatives are involved in:**
  - (1) **Assessing potential risks to each person's health in the community.**
  - (2) **Assessing potential risks to each person's safety in the community.**
  - (3) **Deciding whether to accept situations with inherent risks.**
  - (4) **Identifying actions to be taken to minimize risks that have been identified.**
  - (5) **Identifying individuals responsible for those actions.**
- b. **Risk assessment results are documented in the individual service plan.**

**Intent Statements**

When there are changes in the environment for the persons served and/or changes in a person's health or functioning, consideration in planning should include an assessment of risks for the individual. Risks are considered to be exposure to a predictable event or environment that could result in serious physical or psychological injury to the individual. A proactive approach in planning that includes all relevant stakeholders can help to reduce the potential for adverse consequences.

**Examples**

In recognition of the changing lifestyles and choices of persons served and the wide variety of opportunities for community inclusion and access, this standard encourages the active participation of persons served to explore fully any risks inherent in their choices in terms of health, safety, lifestyle, sexuality, and so forth, in order that persons are better able to make informed choices.

The personal and professional opinions of staff members do not influence the information that is provided beyond what are known to be and what may possibly be expected benefits, risks, and responsibilities.

Examples of potential risks to a person's health might include a person who takes psychotropic medication being employed in a position that requires working in extreme temperatures or a person who takes seizure medications having to wait for public transportation in hot weather.

Examples of potential risks to a person's safety might include a person being placed in a supported apartment who does not know how to contact appropriate emergency personnel if needed, a person being placed in a job that requires him

or her to wait for public transportation after dark, a person who takes psychotropic medication being employed in a position that requires him or her to work with industrial machines, or a person who is at risk of suicide or mental health crisis living or working in an isolated situation.

These may include risk versus choice of different treatment modalities such as aquatherapy or hippotherapy and may take into account where services are provided, such as in a person's home, in the community, or at a center. Other examples of things to consider regarding risk versus choice are specific healthcare needs of the child, such as when a child uses a feeding tube or is susceptible to infections and how often the playground equipment and toys are cleaned. After discussion of such issues with the parents and child, the parents' choice might be documented in some way, such as on an informed consent form.

When identifying actions to minimize risks, always include consideration of the person's existing support system.

As part of an organization's risk management, any health or safety risks identified during the planning process would be addressed to limit an individual's exposure to adverse consequences.

## **Sec. 17a-227-18 Health Services (page 32 of Conn. Document)**

### **(a) Medical**

## C. Medication Monitoring and Management

### Applicable Standards

- If a program provides only medication monitoring, Standards 2.C.1. and 2.C.2. are applicable. (See the Glossary for the definition of *medication monitoring*.)
- If a program provides medication management, all standards in this subsection are applicable. (See the Glossary for the definition of *medication management*.)

To clarify whether your program provides medication monitoring or management as defined by CARF, contact your designated resource specialist.

#### **2.C.1. An up-to-date individual record of all medications, including prescription and nonprescription medications, used by the person served includes:**

- a. **The name of the medication.**
- b. **The dosage, including strength or concentration.**
- c. **The frequency.**
- d. **Instructions for use, including administration route.**
- e. **Potential side effects.**
- f. **Drug interactions.**
- g. **For prescribed medications:**
  - (1) **The prescribing professional and phone number.**
  - (2) **Dispensing pharmacy and contact information.**

#### **Intent Statements**

The intent of this record is to have accurate information typically provided by the pharmacy or prescribing individual readily available for appropriate personnel.

#### **Examples**

Guidance for an organization could come from State Professional Registration Practice Acts and Statutes; licensing requirements; or other regulatory requirements.

**1.e.–f.** Information on pertinent potential side effects and/or drug interactions are those identified by the prescriber, provided by the dispensing pharmacy, and/or provided by support medical or nursing staff. Program personnel are given access to resource materials.

#### **2.C.2. The organization implements written procedures that address:**

- a. **Storage, including handling of medications requiring refrigeration or protection from light.**
- b. **Safe handling.**

- c. **Packaging and labeling.**
- d. **Safe disposal.**
- e. **Maintenance of an adequate supply of medications for the persons served.**
- f. **Documentation of medication use.**

#### **Intent Statements**

Documented procedures related to medications are an important aspect of an organization's management of potential risk.

#### **Examples**

Guidance for an organization could come from licensing, contractual, funding, legal, or other regulatory requirements.

**2.a.–b.** Written procedures for storage and safe handling include addressing limited/secure access and biohazard management.

**2.d.** Safe disposal of medications includes addressing management of biohazards associated with the use of medications.

**2.e.** Efforts to ensure adequate supply would relate to the organization's level of responsibility, whether monitoring or management.

#### **2.C.3. As requested, the persons served or their parents or guardians are provided with or given information about resources for:**

- a. **Advocacy and advocacy training to assist them in being actively involved in making decisions related to the use of medications.**
- b. **Training and education regarding medications.**

#### **Intent Statements**

The active involvement of the persons served can be demonstrated by evidence of their consent and input regarding changes in medications. The persons served and others, as appropriate, are provided with information about medication management procedures and side effects. Appropriate education and training provided to the persons served and/or family members identified by the persons served enables informed decisions.

In cases involving involuntary hospitalization and the presence of court orders, there are rare situations in which medications are used involuntarily by the persons served.

#### **Examples**

**3.a.** Advocacy training can include guidance given to the persons served/families about questions they might ask, such as “What are potential side effects of particular medications? What are the benefits of taking a particular medication? What are the consequences of not taking the medication?”



**3.b.** This training and education may be provided by a medical or nursing licensed professional as appropriate, and may include:

- How the medication works.
- The risks associated with each medication.
- The intended benefits.
- Side effects.
- Contraindications.
- Appropriate knowledge of adverse interactions between multiple medications and food.
- The importance of taking medications as prescribed.
- The need for laboratory monitoring.
- The rationale for each medication.
- Alternatives to the use of medications.
- Alternative medications.
- Signs of nonadherence to medication prescriptions.
- Potential drug reactions when combining prescription and nonprescription medications, including alcohol, tobacco, caffeine, illicit drugs, and alternative medications.
- Instructions on self-administration, when applicable.
- The availability of financial supports and resources to assist the persons served with handling the costs associated with medications.

**2.C.4. The organization documents that the use of all medications by the person served is reviewed on least annually by a single physician or qualified professional licensed to prescribe or dispense medications.**

#### **Intent Statements**

Organizations realize the importance to the health and safety of the person served that a regular systematic review of all medications being used is conducted by a qualified medical professional to ensure that adverse reactions between multiple medications are avoided and persons are not overly medicated. To avoid replication of efforts, a program may obtain documentation from

another provider, family member, guardian, etc. that this review of medications occurred.

### **Examples**

Review by a pharmacist, a healthcare professional who practices in the field of health sciences focusing on safe and effective medication use, would meet the intent of this standard. Pharmacists interpret and communicate this specialized knowledge to patients, physicians, and other healthcare providers.

Medication reviews typically address:

- The appropriateness of each medication, as determined by the needs and preferences of each person served.
- The efficacy of the medication. (See the Glossary for the definition of *efficacy*.)
- The presence of side effects, unusual effects, and contraindications.
- The use of multiple simultaneous medications.
- Medication interactions.

The frequency of the reviews depends on:

- The degree of severity of the person's medical condition.
- Whether multiple medications are provided and other contraindications exist.
- Guidelines related to the medication itself.

### **2.C.5. An organization that manages medications for persons served implements written procedures that address:**

- a. Purchase, if applicable, including processes for handling medication shortages on weekends.**
- b. Transportation and delivery, if applicable.**
- c. Off-site use, if applicable.**
- d. Administration of medications by personnel, including:**
  - (1) Staff credentials and competencies.**
  - (2) Documentation of medication administration.**
  - (3) Documentation of the use and benefits, or lack thereof, of as needed (prn) doses.**

## Intent Statements

Documented procedures related to medications are an important aspect of an organization's management of potential risk and its ability to administer medications on a consistent and safe basis.

**5.a.–c.** If an organization has no role in purchase, transportation, and/or off-site use of medications by the persons served, a written procedure is not required to address these aspects.

## Examples

**5.c.** *Off-site use* refers to administration or self-administration during time away, such as at home, at school, at recreational activities, or at work by persons served who normally receive medications at the organization's facilities and programs, or the organization dispenses the medications for the person to self-administer at home or elsewhere.

**5.d.(2)** When examining medication management errors as part of risk management, items to address may include:

- Unauthorized drug use.
- Dispensing errors.
- Prescribing errors.
- Administration errors, including:
  - Medication omissions.
  - Incorrect drug.
  - Incorrect rate or dose.
  - Incorrect route.
  - Incorrect timing.
  - Incorrect labeling.
  - Incorrect identification of person served.
- Medication documentation errors.

**2.C.6.** An organization that manages medications for persons served implements written procedures regarding medications that provide for:

- a. Compliance with all applicable laws and regulations pertaining to medications and controlled substances.
- b. Documentation or confirmation of informed consent for each medication administered, when possible.

- c. **Integrating any prescribed medications into a person's overall plan, including, if applicable, special dietary needs and restrictions associated with medication use.**
- d. **Identification, documentation, and required reporting, including to the prescribing professional:**
  - (1) **Of any medication reactions experienced by the person served.**
  - (2) **Of medication errors, as appropriate.**
- e. **Review of medication errors and drug reactions as part of the quality monitoring and improvement system.**
- f. **Actions to follow in case of emergencies related to the use of medications, including ready access to the telephone number of a poison control center by:**
  - (1) **The program personnel.**
  - (2) **The persons served, as appropriate.**
- g. **Availability of medical resources for consultation during hours of program operation.**
- h. **Coordination as needed with the physician providing primary care needs.**

#### **Intent Statements**

Documented procedures regarding medication management helps to ensure that the use of medications is addressed and integrated with other service strategies for each person served.

#### **Examples**

**6.b.** It may not be possible to obtain informed consent in situations where the person served is not coherent or competent, or is under a court-ordered commitment for the purpose of requiring medications. Evidence of consent for administering of medications may include formal signed consent forms reviewed at least annually, and preferably with each medication change as preferred by the person served and/or guardian; a notation by the prescribing individual in the record of the person served that the medication has been discussed and agreed upon; or medication to be administered listed on an individual plan actively developed with the person served.

**6.c.** It is important that there be an initial review as soon as the person enters services of all medications currently being taken and their efficacy, potential side effects, and contraindications. Service planning addresses the fact that the person is taking medication and integrates medication use with the planning of services and supports for the person served.

**6.f.** Identification of actions might also include in addition to the number of a poison control center ready access by program personnel and/or the persons served to the telephone number of the prescriber, physician, and/or support nursing staff or of emergency medical services.

**6.g.** Consistent with licensure, physician assistants, nurse practitioners, and clinical nurse specialists may substitute for physician availability. Consultation can be obtained through direct employment, contract or consultant agreement, or medical facility agreements. Organizations may also use telemedicine as a method of obtaining consultation.

## **Documentation Examples**

The following are examples of the types of information you should have available to demonstrate your conformance to the standards in this subsection. See Appendix A for more information on required documentation.

- Policy on whether the organization has any role related to medications in the program seeking accreditation, and if so, clarifies the extent of that role
- Records of the persons served
- Individual medication records for persons served
- Procedures regarding storage, safe handling, packaging/labeling, and safe disposal
- List of educational and training resources for advocacy
- Medication procedures regarding purchase, transportation, inventory, off-site use, and administration, if applicable
- Individual service plans
- Staff training records
- Documentation of training regarding medication of persons served, if applicable
- Records of informed consent, if applicable
- Procedures related to medication reactions/errors
- Actions to follow in case of medication emergencies
- Written procedures regarding compliance with all laws/regulations pertaining to medications

**1.K.2. The organization implements policies promoting the following rights of the persons served:**

- e. Informed consent or refusal or expression of choice regarding:**
  - (1) Service delivery.**

### **Intent Statements**

To demonstrate relevant service delivery and appropriate ongoing communication with the persons served, the organization implements a system of rights that nurtures and protects the dignity and respect of the persons served. All information is transmitted in a manner that is clear and understandable.

**2.e.** When consent is required, there is also discussion of informed refusal. A person served may refuse to sign a consent form, but with that refusal, the organization is committed to explaining the risks and adverse consequences of the refusal.

**2.B.4. As appropriate to the persons served and the services provided, the following information is considered for service planning:**

- a. Relevant medical history.**

### **Intent Statements**

In developing an individual service plan, all relevant information is considered.

### **Examples**

This standard does not require that each person have a physical or psychological evaluation. The organization has a procedure in place to determine relevancy based on the individual's situation and services provided by the organization. The information may be obtained from a previous provider, a family member, or self-reported by an individual. The individual plans demonstrate that when relevant this information has been considered in the planning process.

## **Sec. 17a-227-19 Financial Records (page 36 of Conn. Document)**

### **(a)(1) through (a)(3)**

**CARF 1.F.9. If the organization takes responsibility for the funds of persons served, it implements written procedures that define:**

- a. How the persons served will give informed consent for the expenditure of funds.**
- b. How the persons served will access the records of their funds.**

- c. **How funds will be segregated for accounting purposes.**
- d. **Safeguards in place to ensure that funds are used for the designated and appropriate purposes.**
- e. **When interest-bearing accounts are used, how interest will be credited to the accounts of the persons served.**
- f. **How account reconciliation is provided to the persons served at least monthly.**

### **Examples**

This standard applies if the organization serves as a representative payee for the persons served, is involved in managing the funds of the persons served, receives benefits on behalf of the persons served, or temporarily safeguards funds or personal property for the persons served.

The organization demonstrates it has a system in place to protect the fiscal interests of the persons served. Personnel and the persons served and/or their guardians are informed of the practices in place. Guidance may be obtained from providers of legal assistance and/or public and private human rights and advocacy agencies. Persons served have access to records of their funds.

In the context of expending or investing funds, consent may be required for the following:

- Limiting the amount of funds expended or invested in a specific instance.
- Designating the funds to be expended or invested for a specific purpose.
- Establishing timeframes for expending or investing funds.
- Designating responsibility for expending or investing funds.
- Providing evidence that funds were expended or invested in the manner authorized.

**9.c.–d.** Methods employed may include a system to identify the purposes for which the funds are expended. This system may include accounting codes or line items to identify the reasons for expenditures of funds of the persons served. The organization is not required to establish separate bank accounts or other physically separate accounts for the funds of the persons served.

### **CARF – 1.K.1. The organization implements policies promoting the following rights of the persons served:**

- a. **Confidentiality of information.**
- b. **Privacy.**
- c. **Freedom from:**
  - (1) **Abuse.**
  - (2) **Financial or other exploitation.**

- (3) **Retaliation.**
  - (4) **Humiliation.**
  - (5) **Neglect.**
- d. **Access to:**
  - (1) **Information pertinent to the person served in sufficient time to facilitate his or her decision making.**
  - (2) **Their own records.**
- e. **Informed consent or refusal or expression of choice regarding:**
  - (1) **Service delivery.**
  - (2) **Release of information.**
  - (3) **Concurrent services.**
  - (4) **Composition of the service delivery team.**
  - (5) **Involvement in research projects, if applicable.**
- f. **Access or referral to:**
  - (1) **Legal entities for appropriate representation.**
  - (2) **Self-help support services.**
  - (3) **Advocacy support services.**
- g. **Adherence to research guidelines and ethics when persons served are involved, if applicable.**
- h. **Investigation and resolution of alleged infringement of rights.**
- i. **Other legal rights.**

### **Intent Statements**

To demonstrate relevant service delivery and appropriate ongoing communication with the persons served, the organization implements a system of rights that nurtures and protects the dignity and respect of the persons served. All information is transmitted in a manner that is clear and understandable.

### **Examples**

The organization advocates for and ensures that the rights of persons served are protected. Procedures and practices of personnel demonstrate compliance with all applicable laws. Policies regarding the human rights and dignity of the persons served have been written, adopted, and communicated to personnel through the organization's code of ethics and training and to persons served in a manner understandable to them. A good practice an organization may follow is to include this information in its employee handbook.

**1.a.** The policies address the sharing of confidential billing, utilization, clinical and other administrative and service-related information, and the operation of any internet-based services/supports that may exist. Information that is used for reporting or billing is shared according to confidentiality guidelines that recognize applicable regulatory requirements such as the Health Insurance Portability and Accountability Act (HIPAA) and the Health Information



Technology for Economic and Clinical Health (HITECH) Act in the United States.

[Canada]

In Canada, the regulatory requirements may be found in:

- The federal Personal Information Protection and Electronic Documents Act (PIPEDA). In some provinces and territories, for example British Columbia, Alberta, and Quebec, the federal government has exempted organizations from PIPEDA because substantially equivalent provincial legislation is in place.
- Provincial legislation dealing with freedom of information and protection of personal information in the public sector.
- Legislation that deals specifically with health information in those provinces and territories that have such legislation.

The parameters of confidentiality may identify items that may or may not be disclosed without authorization for the release of information as well as those areas identified in mandatory disclosure laws and regulations. Confidentiality may be limited in such settings as criminal justice or when providing services to someone who demonstrates a risk to self or others. When developing its confidentiality policy, the organization takes into consideration staff use of email, texting, blogging, and common forums such as Facebook and Twitter for work or work-related communication.

Confidentiality means limited access and that only those staff members who have a need to know information have access to that information. Local guidance can usually be obtained from funding and referral sources. This standard applies to information in all forms, including the use of electronic/computer records related to the persons served.

This standard is relevant to aspects of the organization's ethics policy (Standard 1.A.6.a.) relating to its staff, its governance authority, and its treatment of the persons served. Organization policies address the protection, privacy, and security of records.

The organization may establish a documentation system for anyone who accesses a file. Unless legal guardianship is assigned, parents and family members may not automatically have access to records of persons served.

See also Standards 1.J.2.–8. if services are provided via the internet.

**1.c.** The organization ensures that the person served is protected from physical, sexual, psychological, and fiduciary abuse; harassment and physical punishment; and humiliating, threatening, or exploiting actions. Sexual abuse or harassment may include any gestures, verbal or physical, that reference sexual

acts or sexuality or objectify the individual sexually. Fiduciary abuse refers to any exploitation of the persons served for financial gain. This abuse could include misuse of the funds of the persons served.

**1.d.** The persons served are provided with information pertaining to immediate, pending, and potential future service/support needs. Information is offered in a manner that is clear and understandable, with risks identified when applicable. In short-term service settings, the information may be provided verbally, with some written information available. In longer-term programs, the information may be provided verbally, through educational or wellness workshops/sessions, through written materials, and through active participation in team meetings and individual service planning.

**1.d.(2)** The persons served know how to access their records.

An organization does not prohibit the persons served from having access to their own records, unless a specific state/provincial law indicates otherwise. Some information within the file may not be released to the individual unless authorization has been given by the originating individual, such as the psychologist in the case of an individual's evaluation.

A good practice is to put the policy and procedures in the consumer handbook, orientation materials, etc. Notes in the individual record may show that the person served has used the procedure to gain access to his or her own record.

Depending on the individual, *access* may mean that a person might need assistance from a staff member or an advocate to understand the information contained in the record. Some organizations make the person's file available at planning meetings so that the contents may be reviewed at that time.

**1.e.** When consent is required, there is also discussion of informed refusal. A person served may refuse to sign a consent form, but with that refusal, the organization is committed to explaining the risks and adverse consequences of the refusal.

**1.f.** Information may be provided through service directories or a handbook for persons served as part of the orientation of the person served, on posted listings, or through direct interaction with program personnel.

**(a)(4)**

**CARF- 2.B.1. Prior to the planning of services, information is gathered from a new person entering services about his or her desired outcomes from services.**

### **Intent Statements**

Before actual planning of services, an informal discussion with persons about goals or outcomes they desire from services gives guidance to personnel regarding service planning. This standard does not require the use of a formal assessment document or instrument.

### **Examples**

Information may be gathered from face-to-face meetings, telephone interviews, or by other technological means.

There may be instances where the information gathered indicates an immediate goal for which only minor assistance is needed and that therefore does not require development of an individualized plan. Some examples of this would be:

- The person wants assistance with developing a resume for job seeking.
- The person wants to be able to conduct job search on a computer and simply needs access or a basic orientation to doing so.

### **2.B.4. As appropriate to the persons served and the services provided, the following information is considered for service planning:**

- e. Other relevant assessments, when available.**

### **Intent Statements**

In developing an individual service plan, all relevant information is considered.

### **Examples**

This standard does not require that each person have a physical or psychological evaluation. The organization has a procedure in place to determine relevancy based on the individual's situation and services provided by the organization. The information may be obtained from a previous provider, a family member, or self-reported by an individual. The individual plans demonstrate that when relevant this information has been considered in the planning process.

It is critical to understand the person's skills, likes and dislikes, and desired outcomes. When those have been identified, it is helpful to understand the areas described above to ensure that there are no inherent conflicts with the services and outcomes desired by the individual.

See Standard 2.B.5., which relates to the individual's plan.

### **2.B.5. A coordinated individualized service plan:**

- a. Is developed with the active involvement of the person served.**
- b. Identifies:**
  - (1) The person's overall goals.**

- (2) **Specific measurable objectives.**
- (3) **Methods/techniques to be used to achieve the objectives.**
- (4) **Those responsible for implementation.**
- (5) **How and when progress on objectives will be regularly reviewed.**
- c. **Is communicated in a manner that is understandable:**
  - (1) **To the person served.**
  - (2) **To the persons responsible for implementing the plan.**
- d. **Is reviewed on a regular basis with respect to expected outcomes.**
- e. **Is revised as appropriate based on the:**
  - (1) **Changing needs of the person served.**
  - (2) **Satisfaction of the person served.**

### **Intent Statements**

The person served is an active participant giving direction in all aspects of the planning and revision processes.

### **Examples**

Reasonable efforts and accommodations are made to obtain the active participation and understanding of the person served, including the inclusion of an advocate if the person prefers, or if it is necessary to interpret the person's desires. An organization may choose to include documentation in the plan of decisions made by the individual. The organization establishes a schedule for periodic review of the plan. The plan focuses on outcomes and results, and regular review is essential to ensure goals are achievable and remain meaningful to the person served.

Plans are essential for all members of the team to perform their functions and to ensure continuity of services/supports when new staff members are hired. The organization ensures that all persons involved understand the plans and their own involvement in achieving the outcomes.

Active participation of the persons served in setting goals and planning services may be demonstrated through interviews, records, checklists, etc. Persons served understand what is written in their plans and can communicate what it means. A good practice an organization may follow is to provide copies of the service plan to the persons served and others who are responsible for implementing the plan, unless applicable laws or regulations prohibit doing so.

The individual plan can be the source for measuring individual outcomes satisfaction.

**5.e.(2)** The plan is revised to remain meaningful to the person served.

**2.B.7. When applicable to the person and his or her goals and outcomes:**

- a. The person and/or family served and/or their legal representatives are involved in:**
  - (2) Assessing potential risks to each person's safety in the community.**
  - (3) Deciding whether to accept situations with inherent risks.**
  - (4) Identifying actions to be taken to minimize risks that have been identified.**
  - (5) Identifying individuals responsible for those actions.**
- b. Risk assessment results are documented in the individual service plan.**

**Intent Statements**

When there are changes in the environment for the persons served and/or changes in a person's health or functioning, consideration in planning should include an assessment of risks for the individual. Risks are considered to be exposure to a predictable event or environment that could result in serious physical or psychological injury to the individual. A proactive approach in planning that includes all relevant stakeholders can help to reduce the potential for adverse consequences.

**Examples**

In recognition of the changing lifestyles and choices of persons served and the wide variety of opportunities for community inclusion and access, this standard encourages the active participation of persons served to explore fully any risks inherent in their choices in terms of health, safety, lifestyle, sexuality, and so forth, and to share in the responsibility for their choices.

The personal and professional opinions of staff members do not influence the information that is provided beyond what are known to be and what may possibly be expected benefits, risks, and responsibilities.

Examples of potential risks to a person's health might include a person who takes psychotropic medication being employed in a position that requires working in extreme temperatures or a person who takes seizure medications having to wait for public transportation in hot weather.

Examples of potential risks to a person's safety might include a person being placed in a supported apartment who does not know how to contact appropriate emergency personnel if needed, a person being placed in a job that requires him or her to wait for public transportation after dark, or a person who takes

psychotropic medication being employed in a position that requires him or her to work with industrial machines.

These may include risk versus choice of different treatment modalities such as aquatherapy or hippotherapy and may take into account where services are provided, such as in a person's home, in the community, or at a center. Other examples of things to consider regarding risk versus choice are specific healthcare needs of the child, such as when a child uses a feeding tube or is susceptible to infections and how often the playground equipment and toys are cleaned. After discussion of such issues with the parents and child, the parents' choice might be documented in some way, such as on an informed consent form.

When identifying actions to minimize risks, always include consideration of the person's existing support system.

As part of an organization's risk management, any health or safety risks identified during the planning process should be addressed to limit an individual's exposure to adverse consequences.

**4.J.2. The organization provides the following community living components:**

**g. Based on the choice of the persons served, opportunities to access:**

**(9) Other activities as identified in the person's plan.**

**Intent Statements**

Persons served have choice in services/supports.

**Examples**

**2.a.** These meetings could be community meetings or meetings for the purpose of collaboratively discussing issues such as:

- Program operations.
- Problems.
- Plans.
- The use of program resources.

**2.b.** The program encourages all persons served to take increasing responsibility for cooperative operation of the household. Activities may include the preparation of food and the performance of daily household duties.

**2.f.** Depending on the program structure and the needs of the persons served, there may be procedures for maintaining separate sleeping areas in accordance with the genders, ages, and developmental level of the persons served. Whenever possible, each person served has the choice of a private room or the opportunity to participate in the selection of roommates.

**2.g.(8)** Activities could include meetings of 12-step and other self-help groups.

**4.J.6. Each person served receives:**

- a. **Skill development necessary to live as independently as possible.**

**Intent Statements**

The person served has continuous access to services and support. The person's plan is continuously monitored, and modifications are made in the plan as the needs and circumstance of the person served change.

**Examples**

Often, the development of a professional team and a circle of support and friends can be helpful in encouraging persons served to try alternative living arrangements.

**Resources**

A number of resources can be helpful to the planning of delivery of services/supports. They include the *CARF Using Individual-Centered Planning for Self-Directed Services* monograph, as well as related standards regarding accessibility, health and safety, and fiscal management found in Section 1 of this manual. Additional guidance may be found in Section 4.K. Supported Living (SL).

## **Sec. 17a-227-20 Transfer**

**CARF - 2.A.3. Based on the scope of each program/service provided, the organization documents its:**

- b. **Transition criteria, if applicable**

## **Intent Statements**

The organization determines which persons it is qualified and able to serve and identifies conditions/time/events for transition and/or exit. This includes transitions to other levels of care/services as well as transitions within a program/service. Transition criteria may also address continuing stay criteria.

## **Examples**

While a program/service may use terms that are different than those above, the concepts are the same.

When providing these, it is important to consider the levels of reading and language skills of those applying and those in services. Written materials in the person's primary language, pictures, large-print written materials, and videotapes are some of the ways to present information in an understandable manner.

**3.b.** Transition criteria may also be called transfer guidelines or something similar.

### **2.A.4. When a person served is found ineligible for services:**

- a. The person served is informed as to the reasons.**
- b. In accordance with the choice of the person served:**
  - (1) The family/support system is informed as to the reasons.**
  - (2) The referral source is informed as to the reasons.**
- c. Recommendations are made for alternative services.**

## **Examples**

Persons not accepted for services are given the reasons and informed of other services or given resources for this information. In some cases, the referral source may be the more appropriate source for information about alternative services.

Although the person may verbally be given information about alternative services, it is much more customer-friendly to put this information in writing for later use by the person.

Through the organization's performance outcomes system, the organization may gather data on persons ineligible for services and use this information to strategically position the organization to develop services to meet the needs of unserved or underserved populations in the community.

**4.b.** In some situations, the referral source is providing the information for the screening and will obviously be informed as to reasons for ineligibility without specific consent.



**2.A.5. Each program/service implements procedures that address unanticipated service modification, reduction, or exits/transitions precipitated by funding or other resource issues.**

**Intent Statements**

The program/service demonstrates its knowledge of funding sources and their expectations and time frames for discontinuing or changing the program/service. While funding issues impact entry and exit decisions, the program/service consistently advocates for needs of the persons served.

**Examples**

A funding issue might be a change in the funding level of a contract for services, or, in Canada, a change in the government-imposed status of a person served. Other resource issues might include the unavailability of staffing due to an unexpected illness or inability of the person served to attend the program/service because a family member who usually provides transportation suffers an injury that temporarily prevents driving.

**2.A.7. To facilitate integrated service delivery, each program/service implements communication mechanisms regarding the person served that:**

- a. Address:**
  - (1) Emergent issues.**
  - (2) Ongoing issues.**
  - (3) Continuity of services, including:**
    - (a) Contingency planning.**
    - (b) Future planning.**
  - (4) Decisions concerning the person served.**
- b. Ensure the exchange of information regarding the person-centered plan.**

**Intent Statements**

This standard addresses the need for timely communication to ensure services and programs are consistently provided, whether provided 24 hours a day, 7 days a week or on a part-time, scheduled basis.

**Examples**

Communication and collaboration may occur in the program/service through written or oral communication, such as electronic formats, log books, face-to-face meetings, progress notes, specialized communication devices, facilitative

communication, handheld devices and computers, videotapes, audiotapes, one-on-one teaching, etc.

**2.A.10. The organization's policies and procedures for acceptance into services identify:**

- a. **The acceptance process.**
- b. **The position or entity responsible for making acceptance decisions.**
- c. **The process that will be followed in the event there is ever a wait list.**

**Intent Statements**

These policies and procedures reduce the possibility that subjective judgment will be used to determine if a service is applicable to a person's needs and desired outcomes. They ensure fair access to services for all applicants and referrals, in keeping with the organization's commitment to provide accessible services, as identified in Section 1.L. As appropriate, assistive technology is considered.

**10.c.** The organization's acceptance policies and procedures must include a process for handling a wait list in the event there is ever a need for persons to wait for services, even if the program does not currently have or use a wait list.

**Examples**

**10.a.** These policies may be established based on local referral policies and the mission of the organization.

Written materials in the person's primary language, pictures, large-print written materials, and videos are some of the ways to present information in an understandable manner.

**2.B.10. An exit summary report is prepared:**

- a. **On a timely basis.**
- b. **For each person who leaves the organization's services.**
- c. **That summarizes results of services received.**

**Intent Statements**

The exit summary report serves as a tool to facilitate continuity of services/supports.

**NOTE:** *An exit summary report is not required for persons who leave services due to death, unless this is relevant to the type of service provided.*

For persons who "drop out" of services or exit without notice, the summary indicates these circumstances and may be very brief.

## **Examples**

The report typically summarizes the results of the services received by the person and makes recommendations for future services to continue the achievement of the person's life goals. The plan could suggest referrals to other services that are not available through the organization, as specified in Standard 2.B.9.

**2.A.5. Each program/service implements procedures that address unanticipated service modification, reduction, or exits/transitions precipitated by funding or other resource issues.**

### **Intent Statements**

The program/service demonstrates its knowledge of funding sources and their expectations and time frames for discontinuing or changing the program/service. While funding issues impact entry and exit decisions, the program/service consistently advocates for needs of the persons served.

### **Examples**

A funding issue might be a change in the funding level of a contract for services, or, in Canada, a change in the government-imposed status of a person served. Other resource issues might include the unavailability of staffing due to an unexpected illness or inability of the person served to attend the program/service because a family member who usually provides transportation suffers an injury that temporarily prevents driving.

## **Sec. 17a-227-21 Residential Schools**

**In addition to meeting the requirements set out in Sec. 17a-227-1 through 17a-227-20 inclusive of these regulations, an applicant for licensures or renewal as a residential school shall:**

- (a) Set forth in policy and procedures a method of coordinating programming and communications between the residential and educational components which shall include provision for participation by educational staff in the interdisciplinary process.**

**CARF - 2.A.7. To facilitate integrated service delivery, each program/service implements communication mechanisms regarding the person served that:**

- a. Address:**

- (1) **Emergent issues.**
  - (2) **Ongoing issues.**
  - (3) **Continuity of services, including:**
    - (a) **Contingency planning.**
    - (b) **Future planning.**
  - (4) **Decisions concerning the person served.**
- b. **Ensure the exchange of information regarding the person-centered plan.**

#### **Intent Statements**

This standard addresses the need for timely communication to ensure services and programs are consistently provided, whether provided 24 hours a day, 7 days a week or on a part-time, scheduled basis.

#### **Examples**

Communication and collaboration may occur in the program/service through written or oral communication, such as electronic formats, log books, face-to-face meetings, progress notes, specialized communication devices, facilitative communication, handheld devices and computers, videotapes, audiotapes, one-on-one teaching, etc.

#### **2.B.4. As appropriate to the persons served and the services provided, the following information is considered for service planning:**

- a. **Relevant medical history.**
- b. **Relevant psychological information.**
- c. **Relevant social information.**
- d. **Available information on previous direct services and supports.**
- e. **Other relevant assessments, when available.**

#### **Intent Statements**

In developing an individual service plan, all relevant information is considered.

#### **Examples**

This standard does not require that each person have a physical or psychological evaluation. The organization has a procedure in place to determine relevancy based on the individual's situation and services provided by the organization. The information may be obtained from a previous provider, a family member, or self-reported by an individual. The individual plans demonstrate that when relevant this information has been considered in the planning process.

It is critical to understand the person's skills, likes and dislikes, and desired outcomes. When those have been identified, it is helpful to understand the areas described above to ensure that there are no inherent conflicts with the services and outcomes desired by the individual.

See Standard 2.B.5., which relates to the individual's plan.

**2.B.5. A coordinated individualized service plan:**

- a. **Is developed with the active involvement of the person served.**
- b. **Identifies:**
  - (1) **The person's overall goals.**
  - (2) **Specific measurable objectives.**
  - (3) **Methods/techniques to be used to achieve the objectives.**
  - (4) **Those responsible for implementation.**
  - (5) **How and when progress on objectives will be regularly reviewed.**
- c. **Is communicated in a manner that is understandable:**
  - (1) **To the person served.**
  - (2) **To the persons responsible for implementing the plan.**
- d. **Is reviewed on a regular basis with respect to expected outcomes.**
- e. **Is revised as appropriate based on the:**
  - (1) **Changing needs of the person served.**
  - (2) **Satisfaction of the person served.**
- f. **Reflects timely transition planning when a person served moves:**
  - (1) **From one level of services/supports or program to another within the organization.**
  - (2) **Externally to another provider.**

**Intent Statements**

The person served is an active participant giving direction in all aspects of the planning and revision processes.

**Note:** *Even when an external agency is responsible for plan development, the organization seeking accreditation must ensure that the plans meet the CARF standards. If necessary the program may develop an addendum to the plan to supplement missing items or address these in some other manner to demonstrate conformance.*

**Examples**

Reasonable efforts and accommodations are made to obtain the active participation and understanding of the person served, including the inclusion of an advocate if the person prefers, or if it is necessary to interpret the person's desires. An organization may choose to include documentation in the plan of decisions made by the individual. The organization establishes a schedule for periodic review of the plan. The plan focuses on outcomes and results, and

regular review is essential to ensure that goals are achievable and remain meaningful to the person served.

Plans are essential for all members of the team to perform their functions and to ensure continuity of services/supports when new staff members are hired. The organization ensures that all persons involved understand the plans and their own involvement in achieving the outcomes.

Based on the scope of services, formalized service planning may be less in-depth and less individualized. For example, in a program that offers drop-in center services or senior centers, the plan may take the form of a more generic agreement such as a membership agreement, registration form, etc. Often these may be accredited as a Community Integration program or a Home and Community Services program.

Active participation of the persons served in setting goals and planning services may be demonstrated through interviews, records, checklists, etc. Persons served understand what is written in their plans and can communicate what it means. A good practice an organization may follow is to provide copies of the service plan to the persons served and others who are responsible for implementing the plan, unless applicable laws or regulations prohibit doing so.

The individual plan can be the source for measuring individual outcomes satisfaction.

**5.b.(2)** Specific measurable objectives are critical to planning the steps that will lead to persons being able to achieve their goals. Measurable objectives enable persons served and personnel to assess progress toward goal achievement. A useful way of making goals and objectives more powerful and measurable is to use the SMART mnemonic. While there are variants, SMART usually stands for:

- **Specific.**
- **Measurable.**
- **Attainable.**
- **Relevant.**
- **Time-bound.**

There is a wealth of information available on the internet simply by searching for measurable objectives.

**5.e.(2)** The plan is revised to remain meaningful to the person served.

## **Resources**

Information and tools that may be helpful in developing plans and goals for persons served can be found at **[www.lifecoursetools.com](http://www.lifecoursetools.com)**.

**5.e.(2)** The plan is revised to remain meaningful to the person served.

**(b) Have a policy demonstrating compliance with Sec. 10-212a CGS for teachers who administer medications during school hours.**

CARF – 1.H.4. **Personnel receive competency-based training:**

**a. Both:**

**(1) Upon hire.**

**(2) Annually.**

**b. In the following areas:**

**(7) Medication management, if appropriate.**

**Examples**

The organization develops comprehensive procedures so that personnel can demonstrate their competency in health and safety. Content of the education and training may vary with the required competencies, job duties, and responsibilities of the personnel.

It may be helpful to begin by assigning responsibility for developing a training plan. The plan identifies the training and information needs of personnel, contractors, visitors, managers, and those with an identified emergency response role. These might be included in the planning:

- Who will be trained.
- Who will do the training.
- What training will take place.
- When and where each session will take place.
- What the outcomes of each session will be.
- How the session will be documented and evaluated.

Reviews are conducted after each training activity. Training participants are involved in the evaluation process.

Some training activities that organizations may consider using are:

**4.b.(7)** Training on medication management would be included if the organization has a role in either medication management or monitoring, as described in Section 2.C. of this manual.

## C. Medication Monitoring and Management

### Applicable Standards

- If a program provides only medication monitoring, Standards 2.C.1. and 2.C.2. are applicable. (See the Glossary for the definition of *medication monitoring*.)
- If a program provides medication management, all standards in this subsection are applicable. (See the Glossary for the definition of *medication management*.)

To clarify whether your program provides medication monitoring or management as defined by CARF, contact your designated resource specialist.

#### **2.C.1. An up-to-date individual record of all medications, including prescription and nonprescription medications, used by the person served includes:**

- a. **The name of the medication.**
- b. **The dosage, including strength or concentration.**
- c. **The frequency.**
- d. **Instructions for use, including administration route.**
- e. **Potential side effects.**
- f. **Drug interactions.**
- g. **For prescribed medications:**
  - (1) **The prescribing professional and phone number.**
  - (2) **Dispensing pharmacy and contact information.**

#### **Intent Statements**

The intent of this record is to have accurate information typically provided by the pharmacy or prescribing individual readily available for appropriate personnel.

#### **Examples**

Guidance for an organization could come from State Professional Registration Practice Acts and Statutes; licensing requirements; or other regulatory requirements.

**1.e.–f.** Information on pertinent potential side effects and/or drug interactions are those identified by the prescriber, provided by the dispensing pharmacy, and/or provided by support medical or nursing staff. Program personnel are given access to resource materials.

#### **2.C.2. The organization implements written procedures that address:**

- a. **Storage, including handling of medications requiring refrigeration or protection from light.**
- b. **Safe handling.**



- c. **Packaging and labeling.**
- d. **Safe disposal.**
- e. **Maintenance of an adequate supply of medications for the persons served.**
- f. **Documentation of medication use.**

**Intent Statements**

Documented procedures related to medications are an important aspect of an organization’s management of potential risk.

**Examples**

Guidance for an organization could come from licensing, contractual, funding, legal, or other regulatory requirements.

**2.a.–b.** Written procedures for storage and safe handling include addressing limited/secure access and biohazard management.

**2.d.** Safe disposal of medications includes addressing management of biohazards associated with the use of medications.

**2.e.** Efforts to ensure adequate supply would relate to the organization’s level of responsibility, whether monitoring or management.

**2.C.3. As requested, the persons served or their parents or guardians are provided with or given information about resources for:**

- a. **Advocacy and advocacy training to assist them in being actively involved in making decisions related to the use of medications.**
- b. **Training and education regarding medications.**

**Intent Statements**

The active involvement of the persons served can be demonstrated by evidence of their consent and input regarding changes in medications. The persons served and others, as appropriate, are provided with information about medication management procedures and side effects. Appropriate education and training provided to the persons served and/or family members identified by the persons served enables informed decisions.

In cases involving involuntary hospitalization and the presence of court orders, there are rare situations in which medications are used involuntarily by the persons served.

**Examples**

**3.a.** Advocacy training can include guidance given to the persons served/families about questions they might ask, such as “What are potential side effects of particular medications? What are the benefits of taking a particular medication? What are the consequences of not taking the medication?”

**3.b.** This training and education may be provided by a medical or nursing licensed professional as appropriate, and may include:

- How the medication works.
- The risks associated with each medication.
- The intended benefits.
- Side effects.
- Contraindications.
- Appropriate knowledge of adverse interactions between multiple medications and food.
- The importance of taking medications as prescribed.
- The need for laboratory monitoring.
- The rationale for each medication.
- Alternatives to the use of medications.
- Alternative medications.
- Signs of nonadherence to medication prescriptions.
- Potential drug reactions when combining prescription and nonprescription medications, including alcohol, tobacco, caffeine, illicit drugs, and alternative medications.
- Instructions on self-administration, when applicable.
- The availability of financial supports and resources to assist the persons served with handling the costs associated with medications.

**2.C.4. The organization documents that the use of all medications by the person served is reviewed on least annually by a single physician or qualified professional licensed to prescribe or dispense medications.**

#### **Intent Statements**

Organizations realize the importance to the health and safety of the person served that a regular systematic review of all medications being used is conducted by a qualified medical professional to ensure that adverse reactions between multiple medications are avoided and persons are not overly medicated. To avoid replication of efforts, a program may obtain documentation from

another provider, family member, guardian, etc. that this review of medications occurred.

### **Examples**

Review by a pharmacist, a healthcare professional who practices in the field of health sciences focusing on safe and effective medication use, would meet the intent of this standard. Pharmacists interpret and communicate this specialized knowledge to patients, physicians, and other healthcare providers.

Medication reviews typically address:

- The appropriateness of each medication, as determined by the needs and preferences of each person served.
- The efficacy of the medication. (See the Glossary for the definition of *efficacy*.)
- The presence of side effects, unusual effects, and contraindications.
- The use of multiple simultaneous medications.
- Medication interactions.

The frequency of the reviews depends on:

- The degree of severity of the person's medical condition.
- Whether multiple medications are provided and other contraindications exist.
- Guidelines related to the medication itself.

### **2.C.5. An organization that manages medications for persons served implements written procedures that address:**

- a. Purchase, if applicable, including processes for handling medication shortages on weekends.**
- b. Transportation and delivery, if applicable.**
- c. Off-site use, if applicable.**
- d. Administration of medications by personnel, including:**
  - (1) Staff credentials and competencies.**
  - (2) Documentation of medication administration.**
  - (3) Documentation of the use and benefits, or lack thereof, of as needed (prn) doses.**

## Intent Statements

Documented procedures related to medications are an important aspect of an organization's management of potential risk and its ability to administer medications on a consistent and safe basis.

**5.a.–c.** If an organization has no role in purchase, transportation, and/or off-site use of medications by the persons served, a written procedure is not required to address these aspects.

## Examples

**5.c.** *Off-site use* refers to administration or self-administration during time away, such as at home, at school, at recreational activities, or at work by persons served who normally receive medications at the organization's facilities and programs, or the organization dispenses the medications for the person to self-administer at home or elsewhere.

**5.d.(2)** When examining medication management errors as part of risk management, items to address may include:

- Unauthorized drug use.
- Dispensing errors.
- Prescribing errors.
- Administration errors, including:
  - Medication omissions.
  - Incorrect drug.
  - Incorrect rate or dose.
  - Incorrect route.
  - Incorrect timing.
  - Incorrect labeling.
  - Incorrect identification of person served.
- Medication documentation errors.

**2.C.6.** An organization that manages medications for persons served implements written procedures regarding medications that provide for:

- a. Compliance with all applicable laws and regulations pertaining to medications and controlled substances.
- b. Documentation or confirmation of informed consent for each medication administered, when possible.

- c. **Integrating any prescribed medications into a person's overall plan, including, if applicable, special dietary needs and restrictions associated with medication use.**
- d. **Identification, documentation, and required reporting, including to the prescribing professional:**
  - (1) **Of any medication reactions experienced by the person served.**
  - (2) **Of medication errors, as appropriate.**
- e. **Review of medication errors and drug reactions as part of the quality monitoring and improvement system.**
- f. **Actions to follow in case of emergencies related to the use of medications, including ready access to the telephone number of a poison control center by:**
  - (1) **The program personnel.**
  - (2) **The persons served, as appropriate.**
- g. **Availability of medical resources for consultation during hours of program operation.**
- h. **Coordination as needed with the physician providing primary care needs.**

#### **Intent Statements**

Documented procedures regarding medication management helps to ensure that the use of medications is addressed and integrated with other service strategies for each person served.

#### **Examples**

**6.b.** It may not be possible to obtain informed consent in situations where the person served is not coherent or competent, or is under a court-ordered commitment for the purpose of requiring medications. Evidence of consent for administering of medications may include formal signed consent forms reviewed at least annually, and preferably with each medication change as preferred by the person served and/or guardian; a notation by the prescribing individual in the record of the person served that the medication has been discussed and agreed upon; or medication to be administered listed on an individual plan actively developed with the person served.

**6.c.** It is important that there be an initial review as soon as the person enters services of all medications currently being taken and their efficacy, potential side effects, and contraindications. Service planning addresses the fact that the person is taking medication and integrates medication use with the planning of services and supports for the person served.

**6.f.** Identification of actions might also include in addition to the number of a poison control center ready access by program personnel and/or the persons served to the telephone number of the prescriber, physician, and/or support nursing staff or of emergency medical services.

**6.g.** Consistent with licensure, physician assistants, nurse practitioners, and clinical nurse specialists may substitute for physician availability. Consultation can be obtained through direct employment, contract or consultant agreement, or medical facility agreements. Organizations may also use telemedicine as a method of obtaining consultation.

## **Documentation Examples**

The following are examples of the types of information you should have available to demonstrate your conformance to the standards in this subsection. See Appendix A for more information on required documentation.

- Policy on whether the organization has any role related to medications in the program seeking accreditation, and if so, clarifies the extent of that role
- Records of the persons served
- Individual medication records for persons served
- Procedures regarding storage, safe handling, packaging/labeling, and safe disposal
- List of educational and training resources for advocacy
- Medication procedures regarding purchase, transportation, inventory, off-site use, and administration, if applicable
- Individual service plans
- Staff training records
- Documentation of training regarding medication of persons served, if applicable
- Records of informed consent, if applicable
- Procedures related to medication reactions/errors
- Actions to follow in case of medication emergencies
- Written procedures regarding compliance with all laws/regulations pertaining to medications

- (b) Have a written policy and procedures outlining duty, functions and responsibility of educational and residential personnel who are assigned duties in other than their respective areas.**

**And**

- (c) All medications shall be administered by a registered nurse or a licensed practical nurse and shall be reviewed every ninety days.**

CARF – 1.1.4. **The organization:**

- a. Identifies the competencies needed by personnel to:**
  - (1) Assist the persons served in the accomplishment of their established outcomes.**
  - (2) Support the organization in the accomplishment of its mission and goals.**
- b. Assesses the current competencies of personnel at least annually.**
- c. Provides resources to personnel for professional development.**

#### **Examples**

Governmental regulations, credentialing bodies, or national/professional associations may be excellent resources for establishing qualifications including educational experience and requirements. These requirements are listed in job descriptions to ensure that all personnel are qualified to fill the positions for which they are hired. A timely personnel orientation is typically conducted within the first few weeks of employment or placement. The organization ensures that persons new to a program are adequately trained prior to their providing direct services and supports.

Job descriptions address the minimum requirements of each position, including education and experience qualifications, overall responsibilities, specific duties, and physical expectations.

The organization's training program addresses knowledge and competency needs. Personnel training supports the achievement of consumer and other stakeholders expectations. There is an effective annual personnel development goal planning in place that evidences attention not only to existing skills and competencies needed, but emerging skills and competencies that will contribute to an agile organization and improved future individual and organizational productivity and effectiveness.

One aspect of this training is health and safety training, but the training program is much more extensive. Other aspects are training regarding the rights of the

persons served, use of specialized equipment, and demonstration of sensitivity to the diversity of the persons served.

To achieve individualized service plan development that includes consideration of a person's cultural background, training specific to the cultural diversity of the local community is included. Knowledge of cultural diversity is a critical component of providing respectful and individualized quality services and supports. For organizations that serve persons with disabilities, it is important to acknowledge that persons and families served, like all people, bring with them their own values, thoughts, beliefs, and attitudes. Training related to cultural competency is directed toward promoting competency among professionals in working with ethnically or otherwise diverse populations.

Another good practice observed is that the organization documents training and includes when the training was conducted, who attended the training, the name of the instructor, etc.

Training and education may be offered directly by the organization or by qualified community resources. Other resources to consider for training and education are journals and the Internet.

**(e) Each residential school shall establish a behavior review committee to review and document approval of all individual behavior treatment programs which incorporate aversive or potentially aversive techniques and/or behavior modifying medications. Each school shall develop policies and procedures regarding the operation of this committee. The committee shall have a representation of diverse views which may include psychology, parent, local citizen not otherwise involved, staff, and a representative of the department's human rights committee or regional director designee.**

**1.K.1. The organization implements policies promoting the following rights of the persons served:**

- a. Confidentiality of information.
- b. Privacy.
- c. Freedom from:
  - (1) Abuse.
  - (2) Financial or other exploitation.
  - (3) Retaliation.
  - (4) Humiliation.
  - (5) Neglect.
- d. Access to:
  - (1) Information pertinent to the person served in sufficient time to facilitate his or her decision making.
  - (2) Their own records.



- e. **Informed consent or refusal or expression of choice regarding:**
  - (1) **Service delivery.**
  - (2) **Release of information.**
  - (3) **Concurrent services.**
  - (4) **Composition of the service delivery team.**
  - (5) **Involvement in research projects, if applicable.**
- f. **Access or referral to:**
  - (1) **Legal entities for appropriate representation.**
  - (2) **Self-help support services.**
  - (3) **Advocacy support services.**
- g. **Adherence to research guidelines and ethics when persons served are involved, if applicable.**
- h. **Investigation and resolution of alleged infringement of rights.**
- i. **Other legal rights.**

**Intent Statements**

To demonstrate relevant service delivery and appropriate ongoing communication with the persons served, the organization implements a system of rights that nurtures and protects the dignity and respect of the persons served. All information is transmitted in a manner that is clear and understandable.

**Examples**

The organization advocates for and ensures that the rights of persons served are protected. Procedures and practices of personnel demonstrate compliance with all applicable laws. Policies regarding the human rights and dignity of the persons served have been written, adopted, and communicated to personnel through the organization's code of ethics and training and to persons served in a manner understandable to them. A good practice an organization may follow is to include this information in its employee handbook.

**1.a.** The policies address the sharing of confidential billing, utilization, clinical and other administrative and service-related information, and the operation of any internet-based services/supports that may exist. Information that is used for reporting or billing is shared according to confidentiality guidelines that recognize applicable regulatory requirements such as the Health Insurance Portability and Accountability Act (HIPAA) and the Health Information Technology for Economic and Clinical Health (HITECH) Act in the United States.

[Canada]

In Canada, the regulatory requirements may be found in:

- The federal Personal Information Protection and Electronic Documents Act (PIPEDA). In some provinces and territories, for example British Columbia, Alberta, and Quebec, the federal government has exempted organizations from PIPEDA because substantially equivalent provincial legislation is in place.
- Provincial legislation dealing with freedom of information and protection of personal information in the public sector.

— Legislation that deals specifically with health information in those provinces and territories that have such legislation.

The parameters of confidentiality may identify items that may or may not be disclosed without authorization for the release of information as well as those areas identified in mandatory disclosure laws and regulations. Confidentiality may be limited in such settings as criminal justice or when providing services to someone who demonstrates a risk to self or others. When developing its confidentiality policy, the organization takes into consideration staff use of email, texting, blogging, and common forums such as Facebook and Twitter for work or work-related communication.

Confidentiality means limited access and that only those staff members who have a need to know information have access to that information. Local guidance can usually be obtained from funding and referral sources. This standard applies to information in all forms, including the use of electronic/computer records related to the persons served.

This standard is relevant to aspects of the organization's ethics policy (Standard 1.A.6.a.) relating to its staff, its governance authority, and its treatment of the persons served. Organization policies address the protection, privacy, and security of records.

The organization may establish a documentation system for anyone who accesses a file. Unless legal guardianship is assigned, parents and family members may not automatically have access to records of persons served. See also Standards 1.J.2.–8. if services are provided via the internet.

**1.c.** The organization ensures that the person served is protected from physical, sexual, psychological, and fiduciary abuse; harassment and physical punishment; and humiliating, threatening, or exploiting actions. Sexual abuse or harassment may include any gestures, verbal or physical, that reference sexual acts or sexuality or objectify the individual sexually. Fiduciary abuse refers to any exploitation of the persons served for financial gain. This abuse could include misuse of the funds of the persons served.

**1.d.** The persons served are provided with information pertaining to immediate, pending, and potential future service/support needs. Information is offered in a manner that is clear and understandable, with risks identified when applicable. In short-term service settings, the information may be provided verbally, with some written information available. In longer-term programs, the information may be provided verbally, through educational or wellness workshops/sessions, through written materials, and through active participation in team meetings and individual service planning.

**1.d.(2)** The persons served know how to access their records.

An organization does not prohibit the persons served from having access to their own records, unless a specific state/provincial law indicates otherwise. Some information within the file may not be released to the individual unless authorization has been given by the originating individual, such as the

psychologist in the case of an individual's evaluation.

A good practice is to put the policy and procedures in the consumer handbook, orientation materials, etc. Notes in the individual record may show that the person served has used the procedure to gain access to his or her own record. Depending on the individual, *access* may mean that a person might need assistance from a staff member or an advocate to understand the information contained in the record. Some organizations make the person's file available at planning meetings so that the contents may be reviewed at that time.

**1.e.** When consent is required, there is also discussion of informed refusal. A person served may refuse to sign a consent form, but with that refusal, the organization is committed to explaining the risks and adverse consequences of the refusal.

**1.f.** Information may be provided through service directories or a handbook for persons served as part of the orientation of the person served, on posted listings, or through direct interaction with program personnel.

**2.A.14. If behavioral change approaches are used, positive behavioral interventions:**

- a. **Are implemented prior to the use of restrictive procedures.**
- b. **Continue to be used in conjunction with any restrictive procedures.**

**Intent Statements**

The organization demonstrates a commitment to a system that nurtures personal growth and dignity, and it supports the use of positive approaches and supports. Even when other approaches have not been successful and a short-term restrictive procedure is determined to be needed, positive interventions continue to be used in conjunction with any restriction and constitute the main approach.

**Examples**

This commitment is emphasized during orientation and ongoing staff training. The organization's policies, procedures, and staff members deal with maladaptive or inappropriate behaviors without undue force that could lead to the injury of a person served.

**2.A.15. When applicable, there are policies and written procedures that address the program's use of positive interventions, including:**

- a. **An emphasis on building positive relationships with persons served.**
- b. **Evaluation of:**
  - (1) **The environment.**
  - (2) **Personal stressors.**

- c. **Appropriate interaction with staff to promote:**
  - (1) **De-escalation.**
  - (2) **Socially acceptable behavior.**
- d. **Empowering persons served to change their own behavior.**

**Intent Statements**

The organization's policies and procedures support the use of positive alternatives to behavioral interventions such as redirecting and de-escalation in its effort to empower the persons served to effect positive behavioral changes. The policies and procedures should reflect the use of positive approaches prior to the implementation of restrictions. The organization demonstrates commitment to a system that nurtures personal growth and dignity, and it supports the use of positive approaches and supports. This standard would apply to any program that deals with persons with a history of behavioral problems (e.g., anger, PTSD) or where the goal is to help the persons served change their behavior.

**Examples**

Records of persons served for whom any restrictions have been implemented show specifics about the restrictions as well as detailed information about the positive interventions being used concurrently, such as identifying personal stressors and approaches to de-escalation to be used.

**2.A.16. Personnel providing services are trained in the use of positive interventions:**

- a. **Initially.**
- b. **At least annually.**

**Intent Statements**

The use of positive interventions is emphasized in policies and procedures and through regular provision of training.

**Note:** *This standard applies even if the program/service does not use behavioral change approaches as identified in Standard 2.A.14.*

**Examples**

In providing training on positive interventions, organizations also typically provide training to clarify and recognize actions that constitute restrictions on rights and any prohibited practices (such as the use of squirt bottles, use of noxious stimulants, splints, mitts, time out procedures, etc.)

**2.A.17. If restrictions are placed on the rights of a person served:**

- a. **The organization ensures that its policies are in compliance with funding guidelines and governmental regulations.**
- b. **The organization follows its policies and written procedures.**
- c. **Prior to implementation:**
  - (1) **The organization obtains informed consent of the person served.**
  - (2) **Service personnel are trained in the use of restrictive procedures.**
- d. **The organization:**
  - (1) **Implements methods to reinstate rights as soon as possible.**
  - (2) **Monitors the effectiveness of these methods to reduce rights restrictions.**

**Intent Statements**

Policies and procedures are in place and staff is trained to ensure that informed consent is obtained prior to any restrictions and that rights are reinstated as soon as possible.

**Examples**

Legal guidelines are carefully followed regarding the use of rights restrictions. Specific measurable objectives, methods, and techniques should be identified, as called for in Standard 2.B.5.b.(2)–(3). A good practice is for an organization to develop its own human rights committee involving community members outside the organization as a quality element. Agencies such as Protection and Advocacy may also perform this function.

When rights are restricted, prior informed consent of the persons served is evident.

The individual planning process and the procedures used reflect the integration of methods to remove restrictions on rights. A good practice is for the organization to ensure that any restriction on a person's rights is subject to frequent and planned reviews by advocates. The method used should ensure that rights are reinstated as soon as possible in all cases.

**(f) Records of the residential school shall include written permission, signed by the parent, for disclosure of the educational record to residential staff and to the commissioner or his designee.**

**CARF – 1.K.2. The organization implements policies promoting the following rights of the persons served:**

- a. **Confidentiality of information.**

- b. **Privacy.**
- e. **Informed consent or refusal or expression of choice regarding:**
  - (1) **Service delivery.**
  - (2) **Release of information.**
  - (3) **Concurrent services.**
  - (4) **Composition of the service delivery team.**
  - (5) **Involvement in research projects, if applicable.**

### **Intent Statements**

To demonstrate relevant service delivery and appropriate ongoing communication with the persons served, the organization implements a system of rights that nurtures and protects the dignity and respect of the persons served. All information is transmitted in a manner that is clear and understandable.

### **Examples**

The organization advocates for and ensures that the rights of persons served are protected. Procedures and practices of personnel demonstrate compliance with all applicable laws. Policies regarding the human rights and dignity of the persons served have been written, adopted, and communicated to personnel through the organization's code of ethics and training and to persons served in a manner understandable to them. A good practice an organization may follow is to include this information in its employee handbook.

**2.a.** The policies address the sharing of confidential billing, utilization, clinical and other administrative and service-related information, and the operation of any Internet-based services/supports that may exist. Information that is used for reporting or billing is shared according to confidentiality guidelines that recognize applicable regulatory requirements such as the Health Insurance Portability and Accountability Act (HIPAA) in the United States.

The parameters of confidentiality may identify items that may or may not be disclosed without authorization for the release of information as well as those areas identified in mandatory disclosure laws and regulations. Confidentiality may be limited in such settings as criminal justice or when providing services to someone who demonstrates a risk to self or others.

Confidentiality means limited access and that only those staff members who have a need to know information have access to that information. Local guidance can usually be obtained from funding and referral sources. This standard applies to information in all forms, including the use of electronic/computer records related to the persons served.

This standard is relevant to aspects of the organization's ethics policy (Standard 1.A.5.a.) relating to its staff, its governance authority, and its treatment of the

persons served. Organization policies address the protection, privacy, and security of records.

The organization may establish a documentation system for anyone who accesses a file. Unless legal guardianship is assigned, parents and family members may not automatically have access to records of persons served.

See also Standard 1.J.2. if services are provided via the Internet.

[Canada]

In Canada, the regulatory requirements may be found in:

- The federal Personal Information Protection and Electronic Documents Act (PIPEDA). In some provinces/territories, for example British Columbia, Alberta, and Quebec, the federal government has exempted organizations from PIPEDA because substantially equivalent provincial legislation is in place.
- Provincial legislation dealing with freedom of information and protection of personal information in the public sector.
- Legislation that deals specifically with health information in those provinces/territories that have such legislation.

**2.e.** When consent is required, there is also discussion of informed refusal. A person served may refuse to sign a consent form, but with that refusal, the organization is committed to explaining the risks and adverse consequences of the refusal.

**2.A.13. Any release of confidential information:**

- a. Is authorized by the person served and/or his or her legal representative.**
- b. Is limited to the specific information identified.**
- c. Has a time limitation.**
- d. Conforms to the guidelines of funders and/or referral sources.**
- e. Complies with applicable laws.**

**Intent Statements**

Guidelines are in place and followed regarding the sharing of any confidential information about a person served. The procedure complies with all legal regulations governing such release of information [Standard 1.K.1.e.(2)]. The time limitation is specific and not open-ended.

**Examples**

The records contain signed releases that are specific to the information released and the duration of the release. This does not mean that there must be a separate release for every instance (every phone call, conversation, etc., to the same

agency) in which information is released. One release per agency, person, etc., with a time limitation may be sufficient.

This standard does not relate solely to printed information released. The same level of confidentiality should also be observed with regard to verbal information and photographs or video of the person served.

A good resource is to “mirror” the guidelines of local funding and referral sources.

Employee orientation and training reinforce the meaning and importance of confidentiality and the organization’s codes of ethical conduct reinforce it as well (Standard 1.A.6.a.).

- 2.A.14. If restrictions are placed on the rights of a person served:**
- a. The organization follows its policies and procedures.**
  - b. The organization obtains informed consent prior to implementation.**
  - c. The organization has methods to reinstate rights as soon as possible.**
  - d. Staff members are trained in their use.**

## **Sec. 17a-227-20 Habilitative Nursing Facilities (CUTS OFF)**