

Resource Center for Independent Living as the Fiscal Intermediary (FI) for the Self Direction Program

Self-Direction Annual Training Manual

To fulfill the required OPWDD Self-Direction Program training requirements, RCIL is providing a Self-Direction Training Manual to each Support Worker. Enclosed with the application packet is an acknowledgement statement and timesheet that should be completed and returned to the Self-Direction Training Specialist.

The signed acknowledgement must demonstrate that you have received, read, and understand the material.

The timesheet will allow for reimbursement of training hours; reimbursement is paid at current New York State minimum wage.

If you have any questions or concerns, please feel free to contact the Training Specialist at 315-272-2906. Assistance may also be accessed via email at sdtraining@rcil.com.

Thank you in advance for your cooperation.

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Section One Self- Direction Training Manual

Emergency Procedures & Safety

I. Exposure Control

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III. Safety

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- **Fire Safety**
- **Check list**
- **E.D.I.T.H. brochure, sample floor — develop and practice individualized fire plan**

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Emergency Procedures Outline:

Topics:

Infection Control, Universal Precautions, Confidentiality, "Rights and Responsibilities", Home Safety Precautions, fire Safety checklist, E.D.I.T.H. brochure, sample fire evacuation floor plan, Emergency Contact form, Emergency Information form, and scenarios/solutions.

Expectations:

Support Workers will learn about safety and emergency procedures for the home and community. Staff will utilize information learned to discuss and develop emergency plans with consumer(s).

Infection Control

- **Types**
- **Preventions- Universal Precautions Confidentiality**

- Consumers' Rights and Responsibilities
- Securing Consumer Records
- "You are obligated to report and follow-up on information obtained from the consumer. (i.e., when a consumer says "Don't tell anyone this, but..."), stop the conversation and remind him/her that you may need to report or follow-up on the information provided.

Safety

- Home Safety
- Fire Safety ○ check list ○ E.D.I.T.H. brochure, sample floor plan-develop and

practice individualized fire plan. **Emergency Procedures**

- What to do in an emergency
- Emergency Contact Form-complete with consumer and give copies to Coordinator and Coordinator of Community Trainers, post by phone in consumer's home.
- Emergency Information addendum to above to keep with you -Emergency

Information card in wallet/purse. Work on developing this with the consumer. **Real Scenarios and Solutions**

□ Review and discuss scenarios

Blood-borne Pathogens

Blood-borne Pathogens: Disease causing germs are carried by blood and certain body fluids.

****WASH YOUR HANDS** How**

blood-borne diseases are spread:

Infectious germs are carried in blood and body fluids where blood may be present. If infected blood comes into contact with any opening or break in your skin. Infected blood can enter your body through:

- Eyes, Nose, Mouth, Rashes, Burns, Cuts and Hangnails Most common, dangerous

bloodborne diseases:

- Hepatitis B Virus (HBV)
- Human Immunodeficiency Virus (HIV)

Hepatitis B: Can lead to liver damage, cancer and even death. Vaccination series is available.

- A vaccination series is available to prevent Hepatitis B infections.

HIV: Much less likely than Hepatitis B to spread in the work place. HIV can potentially be spread anywhere that blood is present. It weakens the immune system and causes AIDS. Currently there is no vaccine for HIV and no cure for AIDS.

Other Blood-borne Diseases: Hepatitis C, Malaria, Syphilis. If discovered early, some can be treated with medication.

Universal (Standard) Precautions:

"Since you don't always know whose blood is carrying infectious germs, you should treat all blood and certain body fluids as potentially infectious."

Engineering and Work Practice Controls: OSHA requires:

- Proper disposal of sharps; i.e. syringes
- Shelf-sheathing needles
- One-way CPR masks
- Cleaning per established guidelines
- Wear gloves
- DO NOT eat, drink, apply cosmetics or handle contact lenses when caring for

Consumers.

****WASH YOUR HANDS before and after putting on gloves*****

Occupational Exposure: If blood or other potentially infectious material has come into contact with your eyes, mouth, mucous membranes or other openings in your skin while you're on the job.

1. Stay calm
2. Thoroughly wash any affected areas
3. Call your supervisor who will document the circumstances and advise you to report to the nearest ER

RIGHTS AND RESPONSIBILITIES

Persons with disabilities have the same civil and legal rights as other citizens. It is the policy of the Resource Center for Independent Living that no person will be deprived of any right because of race, religion, national origin, creed, age, gender, cultural identity, ethnic background, developmental disability or other handicap, sexual orientation, or health condition, such one tested for or diagnosed as having an HIV infection. There shall be no discrimination for these or any other reason. It is the responsibility of The Resource Center for Independent Living to ensure, that rights are not arbitrarily denied.

Civil and legal rights include, but are not limited to:

Confidentiality with regard to all information contained in the individual's record and access to such information, subject to Article 33 or Mental Hygiene law and OPWDD regulation. In addition, confidentiality with regard to HIV-related information shall be maintained.

Consistent with the needs of the person, a written and individualized plan of services will be offered. To achieve this, the individual will be given the opportunity to participate in the development and modification of his or her plan of services, unless constrained by his or her ability to do so. The individual will be given the opportunity to object to any provision within the plan of services; and the opportunity to appeal any decision with which he or she disagrees.

Services, including, assistance and guidance; from staff who are trained to administer the services adequately, skillfully, safely, and humanely, with-full respect for the individual's dignity and personal integrity.

Respect for his/her cultural identity.

The opportunity, either personally, or through family/advocate/ guardian, to express, without fear of reprisal, grievance, concerns, and suggestions to the RCIL Executive Director, the Justice Center, the Mental Hygiene Legal Services, the Ombudsperson, and the Board of Visitors, as applicable. (See Below: Due Process: Right to Object to and Appeal Care, Treatment and Authorizations for individual Services).

Freedom from discrimination, abuse or any adverse action based on his or her status as one who is the subject of an HIV related test or who has been diagnosed as having HIV infection, AIDS, or an HIV related illness.

CONFIDENTIALITY

It's finally Friday and it's been such a long, stressful week that we've decided to go to a local restaurant for happy hour. Mark (Service Coordinator), Joey (Waiver Support Staff), Carol (Waiver Support Staff) and Debbie (Fiscal Department) have gathered around a table.

Mark: "You know I saw Mr. Graham yesterday. I'm having such a problem with his son, getting him the medication that he needs. His heart condition is getting worse and without those coeds he's going to end up back in the hospital."

Joey: "I know what you mean. It took the son three weeks to get the rubberized bath mat that we needed before we could teach Mr. Graham how to get into the shower."

Carol: 'That son hasn't changed. When I took care of his mother five years ago, they had the same problem. I think they called Adult Protective about him. I can't remember exactly.'

Debbie: "Are you talking about Mr. Graham on South Street? He's my mother's neighbor. I grew up with his son. I always thought he was weird. I can't wait to tell my mother about poor Mr. Graham."

Can this really happen? Of course it can, and probably unintentionally. In the spirit of the moment, like the above example, we may say things, giving confidential information to others that do not need to know, without thinking we have all probably done something like this without thinking that confidential information has been released. **Maintaining the privacy and confidentiality of patient information is essential.**

HOW ARE WE BOUND BY CONFIDENTIALITY?

All Support Workers, whether on duty or not, are required, by law, to keep consumer information confidential. This requirement of confidentiality applies to all forms of communications, oral, as well as written. It applied in all settings: in the office, outside, in consumer's homes and in our homes. Confidentiality laws were designed to protect the rights of consumers against social rejection, loss of housing, loss of employment and public ridicule to name a few.

In addition to statutory requirement to maintain confidentiality of consumer information, we are also bound by the consumer's Rights and Responsibilities, as a type of contract entered into with the consumer upon enrollment to the Waiver. The Rights and Responsibilities gives the right to "confidentiality with regard to all information contained in the individual's record and access to such information."

HOME SAFETY PRECAUTIONS

MOST ACCIDENTS OCCUR IN THE HOME. THE THREAT IS GREATER WITH DECREASED MOBILITY, STRENGTH, VISION AND PERCEPTION. THE FOLLOWING IS A LIST OF AREAS OF CONCERN AND WAYS TO MAKE HOMES SAFER.

Safety in the bathroom:

- Cover the floor with non-slip rugs.
- Be careful of wet surfaces.
- Cover floor or tub of shower with non-slip material.

- Install grab bars in shower.
- Install raised toilet seat for safety in sitting and rising from toilet.
- Consider purchasing a shower seat for safety and comfort while bathing.
- Read all labels on medicine containers.
- Never guess the contents or dating of medicine.

Safety in the Kitchen:

- Arrange cabinets so that frequently used items are close at hand.
- Keep a fire extinguisher near stove.
- Install smoke detectors.
- Use two hands when lifting heavy pots.
- Keep kitchen free from grease.

Safety on stairs:

- Install handrails on all stairs, inside and out.
- Use non-slip carpeting on stairs.
- Keep stairways free of objects.
- Install adequate lighting on stairs.
- Consider installing ramp on steep outside stairs.

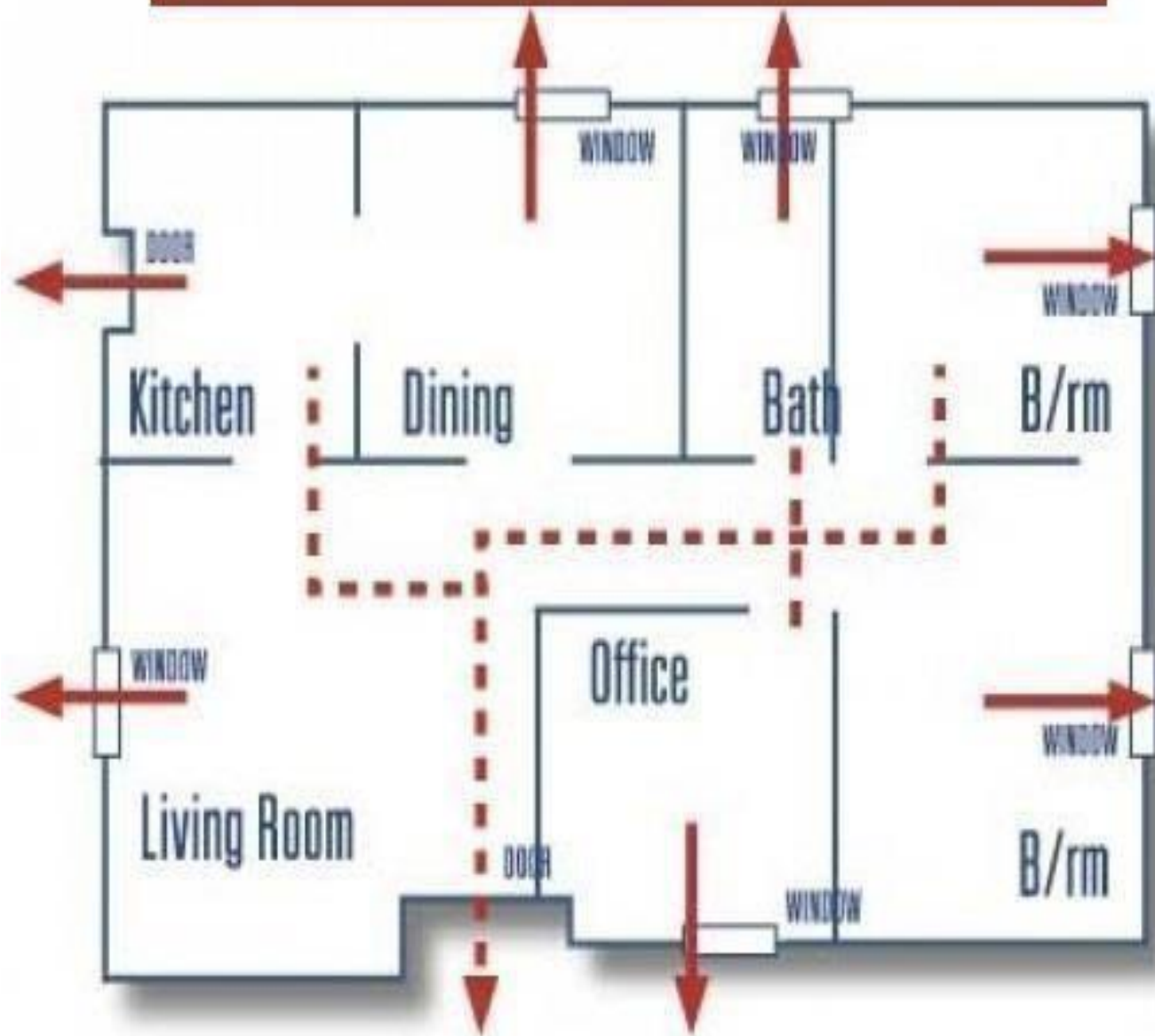
Safety in the bedroom:

- Do not use scatter rugs or other loose floor covering.
- Make sure bed is adjusted to height for easy entry. An adjustable hospital bed allows the patient to change position easily.

Electrical Hazards:

- Keep all electrical devices at a distance from sinks, tubs, etc.
- Do not touch electrical devices with wet hands.
- Do not place wiring under rugs, doors, or movable furniture.
- Matches, lighters and butts are always disposed of safely by persons who smoke.

Evacuation Plan



First Floor Plan Not to Scale Operation

E.D.I.T.H.

Exit Drills In The Home

Have An Escape Plan

Sit down with your family. Talk about what to do in case of a fire. Organize a step-by-step escape plan.

Know Two Ways Out

Discuss and diagram two ways out from every room, especially bedrooms. Put all the doors, windows, stairs and hallways on the plan. Pick at least one window in each room to be used as an emergency exit.

Pick A Safe Place

To prevent panic, select a place outdoors for everyone to meet. Designate one person to call the fire department from a neighbor's house.

Do Not Go Back

Make sure everyone understands the importance of not going back inside the home. There may not be another chance to get out safely.

Get Out Fast

Exit as quickly as possible. If it's smoky, stay low to the floor as you go. If the door is hot, do not open it, use your alternate route. Once outside, go to the family meeting place.

Practice Your Plan

Practice E.D.I.T.H. twice a year. Hold drills at night with the lights out. Check that everyone is following the escape plan properly. If you move, remember to develop a new plan.

Practice Your Family Fire Drill

First, designate someone to be the monitor to sound the alarm and time the drill. It is important for everyone to improve upon their time.

1. To begin, everyone in bedrooms, lights out, doors closed.
2. The monitor sounds alarm and times drill. Make sure everyone follows their normal exit route and their alternate exit route.
3. Everyone crawl low as if under smoke.
4. Test closed doors. Pretend it's hot and use an alternate escape route. (Second story windows and other dangerous *emergency* exits should be used only during an actual fire.)
5. Meet outside (at the designated meeting place) for roll call. One person goes to use the neighbor's phone to call the fire department.

Practice E.D.I.T.H.

Know what to do in case of fire.

Sit down and draw your family escape plan together.

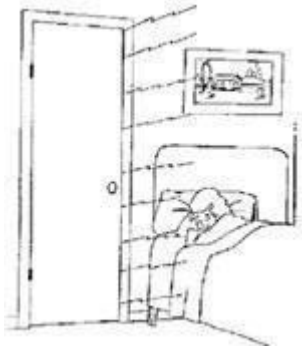




Include regular and emergency escape routes and a place outside for the family to meet.

Artwork by: Debra McLaughlin & Rick Van de Kieft for the Suffolk County Fire Safety Educators Association.

Here's what you should do in case of a fire...



1. Always sleep with the bedroom door closed.



2. A smoke detector will give you warning of a fire.



3. Do not sit up in bed. Roll out of bed and crawl under smoke and heat.



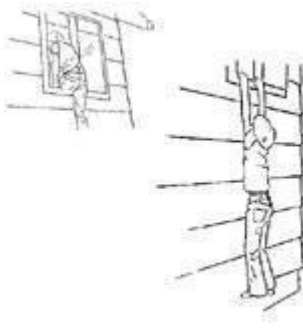
4. Do not hide in the closet or under the bed. Let your family know you are all right and then get out!



5. Feel the door with the back of your hand. If the door is hot, *don't open it!* If the door is cool, open carefully.



6. If the way is clear, crawl under the smoke to the meeting place. If there is a fire in the hallway, do not go out the



bedroom door! Use your



emergency way out.

7.climb out. Turn around and

Open the window and **8.**place outside your house. Stay

Go to your meeting lower yourself. Hang by your
drop to the ground. you are safe!

there so your parents know fingers and

9. Your family is safe thanks
to E.D.I.T.H.

Important Phone Numbers

(Keep These By Your Phone)

Fire Department

Police Department

Ambulance

Personal Physician

Neighbor's House

*This brochure contains excerpts
from publications produced by the
National Fire Protection Association.*

Guidelines and Reporting Procedures

Worker's Comp Policy:

The Agency underwrites all Worker Compensation insurance costs as mandated by New York State Law. This program covers any work related injury that occurs while on the job that requires medical, surgical, or hospital treatment and is covered by New York State Compensation Law.

OSHA Reporting Policy:

The updated reporting requirements are not simply paperwork but have a life-saving purpose: It will help staff prevent future injuries by identifying and eliminating the most serious workplace hazards.

RCIL Accident Report

All accidents need to be reported to supervisor(s) within 24 hours of the incident. Form is accessible online at <http://www.rcil.com/self-direction-packets>.

RCIL Injury Reporting Reminder Card

Reminder to report all work related injuries and motor vehicle accidents IMMEDIATELY.

Section Two Self- Direction Training Manual

Sexual Harassment, Harassment & Drug Free Workplace

Sexual Harassment/Harassment

Sexual Harassment

1. **Sexual harassment** is unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature when:
 - Submission to such conduct is made either explicitly or implicitly a term or condition of an individual's employment, (Quid Pro Quo)
 - Submission to or rejection of such conduct by an individual is used as the basis for employment decisions affecting such individual, (Quid Pro Quo) or

- Such conduct has the purpose or effect of unreasonably interfering with an individual's work performance or creating an intimidating, hostile or offensive working environment.

2. **Quid Pro Quo** sexual harassment ties sex to employment decisions.
 - Quid pro quo (something for something) is often an abuse of power.
 - A job-related reward such as a raise or promotion may be promised in exchange for sexual favors.
 - A job-related penalty such as being fired may be threatened for failing to provide sexual favors.
 - The US Supreme Court says a quid pro quo sexual situation is harassment, even if the harasser doesn't follow through on the promise or threat.
3. Sexual harassment may create a **hostile work environment**. • A hostile work environment unreasonably interferes with someone's work performance. Victims may experience emotional or physical harm or become unable to perform their jobs.
 - Sexual teasing, constant sexual discussion or jokes, or other behavior by one or more people may create this type of sexual harassment.
 - A hostile, intimidating, or offensive work environment **is generally defined by how the individual perceives it. The victim defines what's undesirable or offensive.**
4. Sexual harassment is illegal discrimination under the Civil Rights Act, Title VII.
 - Employers, government agencies, and the courts are receiving more complaints of sexual harassment.
 - Large and small employers have been ordered to pay large financial awards to employees who were sexually harassed on the job.
 - Workers' compensation insurance may cover emotional distress resulting from sexual harassment as a workplace injury, resulting in higher costs to employers.
5. Courts use **the reasonable person rule** – would this conduct bother a reasonable person. If yes, it is sexual harassment.
 - Sexual harassment is behavior of a sexual nature that is **unwanted by and unwelcome to its target.**
 - Sexual harassment is defined by the **behavior's result, not the intent.**
6. Sexual Harassment can take many forms by either gender.
 - It may be one highly offensive incident or a series of smaller incidents.
 - It may be a request for sexual favors, unwanted touching, or repeated sexual comments.
 - Harassers or victims may be of either sex, the same sex, or the opposite sex.
 - Harassment may be physical, ranging from unwanted touching to kissing to rape.
 - Harassment may be verbal, ranging from sexual threats to sexual teasing to sexual jokes or comments to personal sexual questions.

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- Harassment may be nonverbal, ranging from lewd gestures to leering to circulating sexual printed materials.

7. What to do if you are a victim of Sexual Harassment?

Victims should always clearly tell harassers that the behavior is unacceptable. If that does not stop the harassment, the victim should report it according to company procedures.

Harassment:

1. **Harassment** is verbal or physical conduct that defames an individual's character or shows hostility or aversion toward an individual because of his/her race, color, religion, sex, national origin, age, disability, marital status, sexual orientation or any other characteristic protected by law. This can include slurs, threats, hostile acts, jokes, written or graphic materials to name a few.

Drug-Free Workplace

A Drug-Free Workplace accomplishes two major things:

- Sends a clear message that use of alcohol and drugs in the workplace is prohibited.
- Encourages employees who have problems with alcohol and other drugs to voluntarily seek help

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Purpose:

- Protect the health and safety of all employees, customers and the public
- Safeguard employer assets from theft and destruction Protect trade secrets
- Maintain product quality and company integrity and reputation
- Comply with the Drug-Free Workplace Act of 1988 or any other applicable federal, state or local laws

The Drug-Free Workplace answers the following questions:

- What is the purpose?
- Who is covered?
- When does it apply?
- What behavior is prohibited?
- Are employees required to notify supervisors of drug-related convictions?
- Does the policy include searches?
- Does the program include drug testing?
- What are the consequences for violations?
- Are there Return-to-Work Agreements?
- What type of assistance is available to employees needing help?
- How is employee confidentiality protected?
- Who is responsible for enforcing the policy?
- How is the policy communicated to employees?

Impact of Substance Abuse in the Workplace

Employee Health- People who abuse alcohol or other drugs tend to neglect nutrition, sleep and other basic health needs. Substance abuse depresses the immune system.

Impact on the workplace:

- Higher use of health benefits
- Increased use of sick time
- Higher absenteeism and tardiness

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Productivity- Employees who are substance abusers can be physically and mentally impaired while on the job. Substance abuse interferes with job satisfaction and the motivation to do a good job.

Impact on the workplace:

Reduced output

- Increased errors
- Lower quality of work
- Reduced customer satisfaction

Decision Making- Individuals who abuse alcohol and/or other drugs often make poor decisions and have a distorted perception of their ability.

Impact on the workplace:

- Reduced innovation
- Reduced creativity
- Less competitiveness
- Poor decisions, both daily and strategic

Safety- Common effects of substance abuse include impaired vision, hearing and muscle coordination and low levels of attention, alertness and mental acuity.

Impact on the workplace:

- Increased accidents
- More workers' compensation claims

Employee Morale – The presence of an employee with drug and/or alcohol problems creates a strain on relationships between coworkers. Organizations that appear to condone substance abuse create the impression that they don't care.

Impact on the workplace:

- Higher turnover
- Lower quality
- Reduced team effort

Security – Employees with drug and/or alcohol problems often have financial difficulties, and employees who use illegal drugs may be engaging in illegal activities in the workplace.

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Impact on the workplace:

- Theft
- Law enforcement involvement

Organizational Image and Community Relations – Accidents, lawsuits and other incidents stemming from employee substance abuse problems may receive media attention and hurt an organization's reputation in the community.

Impact on the workplace:

- Reduced trust and confidence
- Reduced ability to attract high-quality employees

Ways that People Use Alcohol and Other Drugs

Use: Alcohol and other drugs may be used in a socially accepted or medically authorized manner to modify or control mood or state of mind. Examples include having a drink with friends or taking an anti-anxiety agency as prescribed by a physician. Described below are different ways that people use alcohol and other drugs without necessarily becoming addicted.

Experimentation – Out of curiosity and/or at the urging of peers, individuals may try drinking or using drugs illegally. If the illegal drug use is not repeated, or discontinues after a short time, such experimentation may not be problematic. Likewise, deciding to drink alcoholic beverages after early experimentation is not problematic for most adults.

Social/Recreational – Drinking alcoholic beverages is permitted in American society, and some excessive use may even be condoned. If use doesn't cause problems for the user, or those around him/her, most people would consider such use to be social or recreational. Some use marijuana in a similar manner – only in certain social or recreational situations and without immediate adverse consequences. However, marijuana use is illegal, except in a few states.

As a Stress Reliever – Many people use alcohol or other drugs to help them cope with pressure or stress. If this type of use is infrequent and doesn't create more stress or difficulties for the user, or those around him/her, it may not lead to addiction, but alcoholism and drug addiction often begin with relief drinking.

Abuse: The use of a substance to modify or control mood or state of mind in a manner that is illegal or harmful to oneself or others is considered problematic use, or abuse. Examples of potential consequences of harmful use are:

- Accidents or injuries
- Blackouts
- Legal problems
- Poor job performance
- Family problems
- Sexual behavior that increases the risk of HIV infection

Addiction: A number of individuals occasionally use or abuse alcohol or drugs without becoming addicted, but for many abuse continues despite repeated attempts to return to more social or controlled use and leads to addiction. Addiction is the irresistible compulsion to use alcohol and drugs despite adverse consequences. It is characterized by repeated failures to control use, increased tolerance and increased disruption in the family.

Understanding Addiction

Unfortunately, it is not possible to tell early on whose use may lead to abuse and/or addiction. For one in ten people, abuse leads to addiction.

Addiction to alcohol and other drugs is:

Chronic – Once you have developed an addiction, you will always have to deal with it. You may manage to stop using alcohol or other drugs for significant periods of time, but for most the disease doesn't disappear but rather goes into remission. Should you attempt to resume 'normal' use, you will rapidly return to addictive, out of control use and abuse.

Progressive – Addiction gets worse over time. With some drugs, the decline is rapid; with others, like alcohol, it can be more gradual, but it does get worse. Alcohol and other drugs cause a biochemical change in the nervous system that can persist even after the substance leaves the blood. Repeated use causes progressive damage.

Primary – Addiction is not just a symptom of some underlying psychological problem, a developmental stage or a reaction to stress. Once your use of alcohol or drugs has become an addiction, the addiction itself needs to be medically treated as a primary illness.

Terminal – Addiction to alcohol and/or other drugs often leads to disease and possibly death.

Characterized by Denial – One of the most disturbing and confusing aspects of addiction is that it is characterized by denial. The user denies that his/her use is out of control or that it is causing

any problems at home or work. The user often seems to be the last to know that his/her life is out of control. There are effective strategies employed by professionals for helping to break through this denial, which must be overcome before treatment can take place.

Risk of Addiction:

Addiction is a family disease:

Some people with a history of substance abuse in their family are more susceptible to developing problems with addiction. Children of alcoholics or addicts are three times as likely to develop problems. If both parents are addicts or alcoholics, the risk increases to five times as great. This is due to heredity as well as learned behavior. It is important for parents to realize that children learn much more from watching their behavior than listening to their advice.

Prior abuse of alcohol and other drugs has a great impact on developing future problems:

A pattern of abuse develops and can lead to addiction and psychological reliance on drugs and/or alcohol. This can be a slow progression for some and a rapid decline for others. Research demonstrates that the later in life an individual first drinks alcohol or uses other drugs, the less likely he or she will be to progress to problem use.

Other contributing factors:

Some people abuse alcohol and drugs as part of a self-destructive lifestyle. Other people start to use substances to seek relief from depression or crisis in their lives. Although some fortunate individuals never develop serious problems and use diminishes or ceases once the precipitating events change,

others develop a serious problem before they even realize it. **Signs and Symptoms of Substance Abuse**

Abuse of alcohol and other drugs affects people emotionally, behaviorally and physically.

Emotional Effects:

- Aggression
- Burnout
- Anxiety
- Depression
- Paranoia
- Denial

Behavioral Effects:

- Slow reaction time
- Impaired coordination
- Slowed or slurred speech
- Irritability
- Excessive talking
- Inability to sit still
- Limited attention span
- Poor motivation and lack of energy

Physical Effects:

- Weight loss
- Sweating
- Chills

- Smell of alcohol
- ## **Family and Coworker Impact**

Enabling: Action that someone takes to protect the person with the problem from the consequences of his or her actions. Unfortunately, enabling actually helps the person to NOT deal with his or her problem.

Examples of enabling include:

Covering Up – Providing alibis, making excuses or even doing an impaired worker's work rather than confronting the issue that he/she is not meeting his/her expectations.

Rationalizing – Developing reasons why the person's continued substance abuse or behavior is understandable or acceptable.

Withdrawing/Avoiding – Avoiding contact with the person with the problem.

Blaming – Blaming yourself for the person's continued substance abuse or getting angry at the individual for not trying hard enough to control his/her use or to get help.

Controlling – Trying to take responsibility for the person by throwing out his/her drugs, cutting off the supply or trying to minimize the impact by moving him/her to a less important job.

Threatening – Saying that you will take action (ceasing to cover up, taking formal disciplinary action) if the employee doesn't control his/her use, but not following through.

Examples of traps that family members and coworkers may fall into:

Sympathy – Trying to get you involved in his/her personal problems.

Excuses – Having increasingly improbable explanations for everything that happens.

Apology – Being very sorry and promising to change. ("It won't happen again.")

Diversions – Trying to get you to talk about other issues in life or in the workplace.

Innocence – Claiming he/she is not the cause of the problems you observe, but rather the victim.

("It isn't true." "I didn't know." "Everyone is against me.")

Anger – Showing physically intimidating behavior, blaming others. ("It's your fault.")

Pity – Using emotional blackmail to elicit your sympathy and guilt. ("You know what I'm going through. How can you do this to me now?")

Tears – Falling apart and expressing remorse upon confrontation.

Assistance

Things to remember:

- Difficulty performing on the job can sometimes be caused by unrecognized personal problems – including addiction to alcohol and other drugs
- Help is available
- Although a supervisor may suspect that an employee's performance is poor because of underlying personal problems, it is up to employee to decide whether or not that is the case
- It is an employee's responsibility to decide whether or not to seek help
- Addiction is treatable and reversible
- An employee's decision to seek help is a private one and will not be made public

Confidentiality

Employees need to know that:

- Problems will not be made public

- Conversations with an EAP professional – or another referral agent – are private and will be protected
- All information related to performance issues will be maintained in his/her personnel file
- Information about any referral to treatment, however, will be kept separately
- Information about treatment for addiction or mental illness is not a matter of public record and cannot be shared without a release signed by the employee
- If an employee chooses to tell coworkers about his/her private concerns, that is his/her decision
- When an employee tells his/her supervisor something in confidence, supervisors are obligated to protect that disclosure

However, there are some limits on confidentiality that may require:

- Disclosure of child abuse, elder abuse and serious threats of homicide or suicide as dictated by state law
- Reporting participation in an EAP to the referring supervisor
- Reporting the results of assessment and evaluation following a positive drug test

- Verifying medical information to authorize release time or satisfy fitness-for-duty concerns as specified in company policy
- Revealing medical information to the insurance company in order to qualify for coverage under a benefits plan

Specific Drugs of Abuse

Alcohol

In American society alcohol is a legal drug. Nonetheless, it is a depressant and is the leading drug of abuse. Use of alcohol affects judgment and decision-making abilities, slows down the central nervous system and brain function, and reduces coordination and reflex actions.

Signs and symptoms of abuse:

- Dulled mental processes
- Lack of coordination
- Slowed reaction time
- Poor judgement
- Reduced inhibitions

Health effects:

- Decreased sexual functioning
- Liver disease
- Increased cancers of the mouth, tongue, pharynx, esophagus, rectum, breast and skin □
Kidney disease
- Ulcers
- Spontaneous abortion
- Birth defects – leading cause of preventable retardation

Workplace issues:

- Many employers now test for the presence of alcohol along with another drug testing.

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- Consuming alcohol increases the likelihood that a driver or equipment operator will be involved in an accident.
- Low doses of alcohol reduce inhibitions and affect decision making.
People who would not ordinarily behave in inappropriate ways can be persuaded to change their behavior when they are drinking.
- Often employees are under the influence of alcohol when they make the decision to use drugs.

Marijuana

Marijuana is a derivative of the hemp plant and is illegally used for its intoxicating effects and dreamy state of relaxation and euphoria. All forms of marijuana have negative physical and mental effects. The active ingredient in marijuana is Delta-9-Tetrahydrocannabinol, or THC, and is present in all forms of the drug.

Signs and symptoms of use:

Physical

- Substantial increase in heart rate
- Bloodshot eyes
- Dry mouth and throat
- Increased appetite
- Chronic sore throat

Mental

- Impaired or reduced short-term memory and comprehension
- Altered sense of time
- Changed sensory perception--sight, smell, hearing, touch
- Reduced ability to perform tasks requiring concentration and coordination, such as driving a car

Health effects:

- Emphysema-like symptoms
- Respiratory track and sinus infections
- Lowered immune system response

Workplace issues:

-
- Employees who fall under Federal guidelines such as the Department of Transportation's testing regulations are prohibited from using marijuana in any form.
- THC is stored in the body fat and is slowly released over time. Since it is retained in the fat, an employee can test positive many days after use.
Many employers also have work rules requiring the employee to disclose if he or she is taking any sedating medications that could impact his or her ability to work safely. This rule would apply even in states that have approved the medicinal use of marijuana.
- The use of marijuana definitely would cause fitness-for-duty concerns.

Inhalants

Inhalants are mood-altering substances that are voluntarily inhaled. Most substances used are commercial and household products, such as solvents and aerosols, which are easily obtained and not harmful, if used for the purpose intended and as directed. Because they are common products, inhalants often are a young person's first attempt at "getting high." **Signs and symptoms of abuse:**

Inhaling solvents allows the substance to reach the bloodstream very quickly. Immediate negative effects of include:

- Nausea
- Sneezing
- Coughing
- Nosebleeds
- Fatigue
- Poor coordination
- Loss of appetite

Health effects:

- Hepatitis
- Brain damage
- Debilitating effects on the central nervous system
- Weight loss
- Fatigue
- Electrolyte imbalance
- Muscle fatigue
- Permanent damage to the nervous system

Workplace issues:

- Inhalants can severely impair judgment and driving ability.
- They also cause severe disorientation, visual distortion and confusion.

-
- Some such products may be available in the workplace.

Cocaine

Cocaine is the most potent stimulant of organic origin and the most widely used of the stimulants. Although cocaine has been used in the past as a topical anesthetic, its therapeutic uses have almost been eliminated due to the development of safer anesthetics. Cocaine is a powerfully addictive drug leading to physical and psychological dependence.

Signs and symptoms of abuse:

- Dilated pupils
- Increased pulse rate
- Elevated blood pressure
- Insomnia
- Loss of appetite
- Tactile hallucinations
- Paranoia
- Seizures
- Anxiety, agitation
- Periods of increased activity followed by fatigue and depression
- Wide mood swings
- Difficulty in concentration

Health effects:

- Cocaine stimulates the central nervous system. Its immediate effects include dilated pupils and elevated blood pressure, heart rate, respiratory rate and body temperature. Cocaine use can lead to death by cardiac arrest or respiratory failure.
- Cocaine powder is sniffed or snorted. The euphoric high lasts for approximately 30 minutes. Occasional use can cause a stuffy or runny nose, while chronic use can ulcerate the mucous membrane of the nose. Cocaine powder can also be injected into the bloodstream when it is mixed with water. Using contaminated equipment to inject cocaine, or any other substance, can transmit HIV and cause HIV/AIDS, hepatitis and other infection diseases.
- Preparation of freebase, which involves the use of volatile solvents, can result in death or injury from fire or explosion. Inhalation of cocaine fumes from freebasing produces effects that are very fast in onset, very intense and momentary in duration.
- Crack is cocaine that is processed into tiny chips having the appearance of slivers of soap. Crack has become a very popular form of cocaine, since it is inexpensive and relatively easy to use. It is smoked in a pipe or rolled with tobacco in a cigarette. Cocaine can produce psychological and physical dependency, a feeling that the user cannot function without the drug. Many users become extremely depressed when not using the drug, and the craving for the drug is intense. In addition, tolerance develops rapidly.

Workplace issues:

- Employees who fall under Federal guidelines such as the Department of Transportation's testing regulations are prohibited from using cocaine in any form.

- The addictive nature and cost can lead to workplace theft and/or dealing. Work performance is erratic with periods of high performance and periods characterized by forgetfulness, absenteeism and missed assignments.

Stimulants

Stimulants are drugs that stimulate the central nervous system and excite bodily activity.

Methamphetamine or crank is one of the fastest growing drugs of abuse. These drugs create less intense and less expensive cocaine-like effects in the body.

Signs and symptoms of abuse:

- Mood changes
- Impaired concentration
- Impaired mental functioning
- Swings between apathy and alertness

Health effects:

- Increased heart and respiratory rates
- Elevated blood pressure
- Sweating
- Headaches
- Blurred vision
- Dizziness
- Sleeplessness and anxiety
- Rapid or irregular heartbeat
- Tremors
- Poor coordination
- Physical collapse

Workplace issues:

- Employees who fall under Federal guidelines such as the Department of Transportation's testing regulations are prohibited from using amphetamines without a current prescription.
- The addictive nature and cost can lead to workplace theft and/or dealing.
- Work performance is erratic with periods of high performance and periods characterized by forgetfulness, absenteeism and missed assignments.

Depressants

A depressant is a drug that depresses the central nervous system, resulting in sedation and a decrease in bodily activity. Depressants, taken as prescribed by physicians, can be beneficial for the relief of anxiety, irritability, stress and tension.

Signs and symptoms of use:

- Slurred speech
- Staggered walk
- Altered perception
- Respiratory depression
- Coma and death

Health effects:

- The use of depressants can cause both physical and psychological dependence. Regular use over time may result in a tolerance to the drug, leading the user to increase the quantity consumed.
- The main classes of medical depressants are barbiturates and benzodiazepines. When regular users suddenly stop taking large doses, they can develop withdrawal symptoms ranging from restlessness, insomnia and anxiety to convulsions and death.
- Babies born to mothers who abuse depressants during pregnancy may be physically dependent on the drugs and show withdrawal symptoms shortly after they are born. Birth defects and behavioral problems also may result.

Workplace issues:

- Mental clouding and drowsiness pose a fitness-for-duty concern.
- Many employers also have work rules requiring the employee to disclose if they are taking any sedating medications that could impact their ability to work safely.

Hallucinogens

Hallucinogenic drugs distort the senses and often produce hallucinations--experiences that depart from reality. Phencyclidine (PCP) interrupts the function of the neurocortex, the section of the brain that controls the intellect and keeps instincts in check, because the drug blocks pain receptors. Violent PCP episodes may result in self-inflicted injuries.

Signs and symptoms of use:

- Impaired concentration
- Confusion and agitation
- Muscle rigidity
- Profuse sweating

Health effects:

- Chronic users of PCP report persistent memory problems and speech difficulties.
- Some of these effects may last six months to a year following prolonged daily use.
- Mood disorders, such as depression, anxiety and violent behavior, also occur.
- In later stages of chronic use, users often exhibit paranoid and violent behavior and experience hallucinations.
- Large doses may produce convulsions and coma, as well as heart and lung failure.

Workplace issues:

- Employees who fall under Federal guidelines such as the Department of Transportation's testing regulations are prohibited from using PCP.
- Use causes severe disorientation.

Narcotics

Narcotic analgesics are the most effective compounds used for pain relief. Narcotic analgesics include Opium, Opiates (Morphine, Codeine, Percodan, Heroin and Dilaudid) and Opioids (synthetic substitutes such as Vicodin, Darvon, Demerol and Methadone).

Signs and symptoms of use: Narcotics initially produce a feeling of euphoria that is often followed by:

- Drowsiness
- Nausea and vomiting
- Constricted pupils
- Watery eyes and itching
- Low and shallow breathing
- Clammy skin
- Impaired respiration
- Convulsions
- Coma
- Possible death

Health effects:

- Tolerance to narcotics develops rapidly and addiction is likely.
- The use of contaminated syringes may result in diseases such as HIV/AIDS, endocarditis and hepatitis.
- Addiction in pregnant women can lead to premature, stillborn or addicted infants who experience severe withdrawal symptoms.

Workplace issues: • Employees who fall under Federal guidelines such as the Department of Transportation's testing regulations are prohibited from using opiates without a current medical prescription.

- Many employers also have work rules requiring the employee to disclose if they are taking any sedating medications that could impact their ability to work safely.
- The addictive nature and cost can lead to workplace theft and/or dealing.
- Mental clouding and drowsiness pose a fitness-for-duty concern.

Designer Drugs

Illegal drugs are defined in terms of their chemical formulas, but underground chemists can modify the molecular structure of certain illegal drugs to produce analogs known as designer drugs, which do not meet these definitions. These drugs can be several hundred times stronger than the drugs they are designed to imitate. Many of the so-called designer drugs are related to amphetamines and have mild stimulant properties but are mostly euphorants. They can produce severe neurochemical damage to the brain. The narcotic analogs can cause symptoms such as those seen in Parkinson's disease, including uncontrollable tremors, drooling, impaired speech, paralysis and irreversible brain damage. Analogs of amphetamines and methamphetamines cause nausea, blurred vision, chills or one dose can cause brain damage, and the designer drugs still cause illusions, hallucinations and of sweating and faintness. Psychological effects include anxiety, depression and paranoia. As little as MDMA (Ecstasy, XTC, Essence), hallucinogens (STP, PMA, EVE) and analogs of PCP. impaired perception. Some designer drugs are: Synthetic Heroin White, MPTP (New Heroin), analogs

Section Three Self- Direction Training Manual

*OPWDD PRAISE,
Incident Recognition and
Reporting*



Office for People With
Developmental Disabilities

Workforce and Talent Management
Training Curriculum Series



PRAISE

Promoting Relationships and
Implementing Safe Environments

Participant's Manual

Unit 1 – Welcome and Opening

OPWDD serves individuals with developmental disabilities with a set of values which include supporting human dignity, showing compassion, promoting honesty and providing for excellence in all that we do. This training is being provided in order to remind us all about our responsibilities to demonstrate these core values when we support the people we serve. In order to gain the most benefit from this training, it is expected that each employee will participate fully in the discussions and activities in order to gain deeper understanding of the importance and impact of their work to those people we serve.

In December 2012, Governor Andrew Cuomo signed legislation creating the Justice Center for the Protection of People with Special Needs (Justice Center), an initiative that is transforming how the state protects over one million New Yorkers in state operated, certified, or licensed facilities and programs. This law, the 2012 Protection of People with Special Needs Act (PPSNA), established a set of uniform standards to be implemented by the Justice Center for the protection of people receiving services from facilities and programs that are certified and/or operated by a number of state agencies, including OPWDD. The PPSNA requires significant changes to OPWDD's long-standing incident management requirements. New definitions have been added to Part 624 in conformance with NYS Social Services Law. The new definitions for familiar terms such as physical abuse, sexual abuse, and psychological abuse are significantly different from the definitions in previous OPWDD regulations. This session will review these new definitions and reporting requirements.

Course Objectives:

Upon completion of this course the learners will be able to:

- Discuss how putting people first means supporting positive relationships, showing respect and always working to ensure the person's best interests and individual goals should always drive our approach to supporting every individual served
- Explain why "person-first" language is important while speaking with and about individuals; and identify one example that violates the "person-first" concept
- Describe in their own words the various Reportable Incidents and Notable Occurrences that are discussed in the course.
- Discuss the responsibilities of every employee to protect individuals served from harm – recognize and stop abuse as well as protect peoples' rights like the right to have privacy when being assisted to use the rest room.
- Demonstrate an awareness of the new regulations, definitions, and reporting requirements in place as a result of the implementation of the Protection of People with Special Needs Act (PPSNA)

"I support ability"

Instructions: Each person has 2 minutes to list things they do to support individuals to live, work and take part in the community.

Things I do to support a person's ability:

1. _____
2. _____
3. _____
4. _____
5. _____

Share some of the abilities on your list with your partner or the group.

The support you provide helps people live the life of their choice. By focusing on abilities, rather than disabilities, we can build and improve positive relationships. We're now going to explore more ways to build positive relationships.

Unit 2 - Promoting Positive Relationships: Concepts & Techniques

OPWDD's guiding principle of putting people with developmental disabilities first centers on positive relationships and respectful interactions, as well as an organizational culture where individuals' rights are protected and abuse is not tolerated. The way in which we communicate with people can also help build and maintain positive relationships. By avoiding the use of labels and considering the person's needs and preferences first, we are able to show respect for each other. **Developing genuine, caring relationships:**

How do people usually go about developing a new relationship with someone?

Person-first language focuses on the person, not their personal qualities or traits.

Activity:

Please review the remarks/statements that are listed below and change them to person centered language:

- Referring to the people we serve as “**tube feeders**”
- Describing a house as “having wheelchairs”
- Referring to the home as an “**8 bed house**”
- Referring to a work assignment with one individual as a “**one-to-one**”
- Referring to the individuals as “**my people**” or “**my folks**”
- Referring to going out somewhere as an “**outing**”

Can you come up with other examples of person - first language?

Some labels we hear tend to group people by traits rather than identifying them as individuals. Stereotyping individuals by traits is demeaning and disrespectful. Therefore, it is important to incorporate person first language into our daily activities and to treat each person as a unique individual in your support of them, listening and learning about each person and what is most important to him/her and assisting them to grow and develop in their pursuit of their own dreams and goals.

CODE OF CONDUCT FOR CUSTODIANS OF PEOPLE WITH SPECIAL NEEDS

June 10, 2013

Introduction

The Protection of People with Special Needs Act (“the Act”) establishes the Justice Center for the

Protection of People with Special Needs (“Justice Center”) and requires that this Code of Conduct be read and signed by anyone who will have regular and substantial contact with any person who is receiving services or supports from facilities or providers covered by the Act.

The Code of Conduct is not intended to provide a detailed list of what to do in every aspect of your work. Instead it represents a framework that will help custodians determine how to help people with special needs live self-directed, meaningful lives in their communities, free from abuse and neglect, and protected from harm.

You must abide by the following Code of Conduct provisions:

1. Person-Centered Approach

My primary duty is to the people who receive supports and services from this organization. I acknowledge that each person of suitable age must have the opportunity to direct his or her own life, honoring, where appropriate, their right to assume risk in a safe manner, and recognizing each person’s potential for lifelong learning and growth. I understand that my job will require flexibility, creativity and commitment. Whenever appropriate, I will work to support the individual’s preferences and interests.

2. Physical, Emotional and Personal Well-being

I will promote the physical, emotional and personal well-being of any person who receives services and supports from this organization, including their protection from abuse and neglect and reducing their risk of harm. I will immediately report any situation in which any person receiving services or supports is experiencing, or is at risk of experiencing abuse or neglect.

3. Respect, Dignity and Choice

I will respect the dignity and individuality of any person who receives services and supports from this organization and honor their choices and preferences whenever possible and appropriate. I will help people receiving supports and services use the opportunities and resources available to all in the community, whenever possible and appropriate.

4. Self-Determination

I will help people receiving supports and services realize their rights and responsibilities, and, as appropriate, make informed decisions and understand their options related to their physical health and emotional well-being.

5. Relationships

I will help people who receive services and supports from this organization maintain or develop healthy relationships with family and friends. I will support them in making informed choices about safely expressing their sexuality and other preferences, whenever possible and appropriate.

6. Advocacy

I will advocate for justice, inclusion and community participation with, or on behalf of, any person who receives services and supports from this organization, as appropriate. I will promote justice, fairness and equality, and respect their human, civil and legal rights.

7. Personal Health Information and Confidentiality

I understand that persons served by my organization have the right to privacy and confidentiality with respect to their personal health information and I will protect this information from unauthorized use or disclosure, except as required or permitted by law.

8. Non-Discrimination

I will not discriminate against people receiving services and supports or colleagues based on race, religion, national origin, sex, age, sexual orientation, economic condition or disability.

9. Integrity, Responsibility and Professional Competency

I will reinforce the values of this organization when it does not compromise the wellbeing of any person who receives services and supports. I will maintain my skills and competency through continued learning, including all training provided by this organization. I will actively seek advice and guidance of others whenever I am uncertain about an appropriate course of action. I will not misrepresent my professional qualifications or affiliations. I will demonstrate model behavior to all, including persons receiving services and supports.

10. Reporting Requirement

As a mandated reporter, I acknowledge my legal obligation to report all allegations of reportable incidents immediately upon discovery to the Justice Center's Vulnerable Persons' Central Register (VPCR) by calling 1-855-373-2122.

Take a few minutes to list the ways that honoring your pledge to abide by this code will support positive relationships. How do you help to support individual initiative, freedom, and independence in making meaningful life choices, while considering dignity of risk and a safe environment for the people you support?

1. _____

Unit 3 – Employee Responsibilities for Protecting Individuals from Harm

3 major responsibilities in regards to ensuring protections:

- **Responsibility 1 – Recognize and stop all forms of abuse and neglect immediately**
- **Responsibility 2 – Protect the individual from further danger and harm, and seek medical attention if necessary**
- **Responsibility 3 – Report incidents and occurrences as they occur or are discovered. Recognize that failure to report may be considered abuse as well**

In this unit we will discuss those incidents and occurrences that must be reported. Part 624 and the new Part 625 of the New York Codes, Rules and Regulations were designed to protect people receiving OPWDD services. This unit will provide an overview of some of the requirements of that Regulation. Part 624 regulates the way in which custodians and mandated reporters respond to an incident, and it provides a framework to ensure administrative staff are made aware of problems and respond to those problems in a manner which will minimize the potential for those problems to occur again. By regulating these processes, it is believed that individuals will be protected from harm and physical or mental abuse. In addition, the quality of services provided will remain high because incidents and accidents can be better prevented.

Part 624 specifies that all Reportable Incidents and Notable Occurrences must be thoroughly investigated.

There have recently been major changes to Part 624, and a new Part 625 has been developed. Part 624 is applicable to all facilities that are operated, certified, sponsored, or funded by OPWDD. The requirements of Part 624 apply to incidents that are “under the auspices” of an agency. “Under the auspices” basically means that the incident occurs under circumstances in which the agency or family care provider is providing services to a person. For more details, please refer to the Glossary in this packet. Part 625 applies to those events and situations that are not “under the auspices”, and will be discussed later.

It is imperative that reportable incidents be reported. The reporter does not need to be concerned with the exact classification of the incident

Please note that the term, “custodian” as used in Part 624 (including the following definitions) includes employees, volunteers, contractors, consultants and family care providers. It does not include individuals receiving services (unless they are also employees). See the glossary at the end for the complete definition.

Reportable Incidents are defined in Section 624.3 as follows:

Reportable incidents are events or situations that meet the definitions below and occur under the auspices of an agency.

(1) ***Physical abuse*** shall mean conduct by a custodian intentionally or recklessly causing, by physical contact, physical injury or serious or protracted impairment of the physical, mental or emotional condition of the individual receiving services, or causing the likelihood of such injury or impairment. Such conduct may include but shall not be limited to: slapping, hitting, kicking, biting, choking, smothering, shoving, dragging, throwing, punching, shaking, burning, cutting or the use of corporal punishment. Physical abuse shall not include reasonable emergency interventions necessary to protect the safety of any person.

(2) ***Sexual abuse*** shall mean:

- i. any conduct by a custodian that subjects a person receiving services to any offense defined in article 130 or section 255.25, 255.26 or 255.27 of the penal law, or any conduct or communication by such custodian that allows, permits, uses or encourages a service recipient to engage in any act described in articles 230 or 263 of the penal law; and/or
- ii. any sexual contact between an individual receiving services and a custodian of the program or facility which provides services to that individual whether or not the sexual contact would constitute a crime (see especially section 130.05(i) of the penal law). However, if the individual receiving services is married to the custodian the sexual contact shall not be considered sexual abuse. Further, for purposes of this subparagraph only, a person with a developmental disability who is or was receiving services and is also an employee or volunteer of an agency shall not be considered a custodian if he or she has sexual contact with another individual receiving services who is a consenting adult who has consented to such contact.

(3) ***Psychological abuse*** includes any verbal or nonverbal conduct that may cause significant emotional distress to an individual receiving services.

- i. Examples include, but are not limited to, taunts, derogatory comments or ridicule, intimidation, threats, or the display of a weapon or other object that could reasonably be perceived by an individual receiving services as a means for infliction of pain or injury, in a manner that constitutes a threat of physical pain or injury.
- ii. In order for a case of psychological abuse to be substantiated after it has been reported, the conduct must be shown to intentionally or recklessly cause, or be likely to cause, a substantial diminution of the emotional, social or behavioral development or condition of the individual receiving services. Evidence of such an effect must be supported by a clinical assessment performed by a physician, psychologist, psychiatric nurse practitioner, licensed clinical or master social worker or licensed mental health counselor.

(4) ***Deliberate inappropriate use of restraints*** shall mean the use of a restraint when the technique that is used, the amount of force that is used, or the situation in which the restraint is used is deliberately inconsistent with an individual's plan of services (e.g. individualized service plan (ISP) or a habilitation plan), or behavior support plan, generally accepted treatment practices and/or applicable federal or state laws, regulations or policies, except when the restraint is used as a reasonable emergency intervention to prevent imminent risk of harm to a person receiving services or to any other party. For purposes of this paragraph, a restraint shall include the use of any manual, pharmacological or mechanical measure or device to immobilize or limit the ability of a person receiving services to freely move his or her arms, legs or body.

(5) ***Use of aversive conditioning*** shall mean the application of a physical stimulus that is intended to induce pain or discomfort in order to modify or change the behavior of a person receiving services. Aversive conditioning may include, but is not limited to, the use of physical stimuli such as noxious odors, noxious tastes, blindfolds, the withholding of meals and the provision of substitute foods in an unpalatable form. The use of aversive conditioning is prohibited by OPWDD.

(6) ***Obstruction of reports of reportable incidents*** shall mean conduct by a custodian that impedes the discovery, reporting or investigation of the treatment of a service recipient by falsifying records related to the safety, treatment or supervision of an individual receiving services; actively persuading a custodian or other mandated reporter from making a report of a reportable incident to the statewide vulnerable persons' central register (VPCR) or OPWDD with the intent to suppress the reporting of the investigation of such incident; intentionally making a false statement or intentionally withholding material information during an investigation into such a report; intentional failure of a supervisor or manager to act upon such a report in accordance with OPWDD regulations, policies or procedures; or, for a custodian failing to report a reportable incident upon discovery.

- (7) *Unlawful use or administration of a controlled substance*, which shall mean any administration by a custodian to a service recipient of: a controlled substance as defined by article thirty-three of the public health law, without a prescription; or other medication not approved for any use by the federal food and drug administration. It also shall include a custodian unlawfully using or distributing a controlled substance as defined by article 33 of the public health law, at the workplace or while on duty.
- (8) *Neglect* shall mean any action, inaction or lack of attention that breaches a custodian's duty and that results in or is likely to result in physical injury or serious or protracted impairment of the physical, mental or emotional condition of a service recipient. Neglect shall include, but is not limited to:
- i. failure to provide proper supervision, including a lack of proper supervision that results in conduct between persons receiving services that would constitute abuse as described in paragraphs (1) through (7) of this subdivision if committed by a custodian;
 - ii. failure to provide adequate food, clothing, shelter, medical, dental, optometric or surgical care, consistent with Parts 633, 635, and 686 of this Title (and 42 CFR Part 483, applicable to Intermediate Care Facilities), and provided that the agency has reasonable access to the provision of such services and that necessary consents to any such medical, dental, optometric or surgical treatment have been sought and obtained from the appropriate parties; or
 - iii. failure to provide access to educational instruction, by a custodian with a duty to ensure that an individual receives access to such instruction in accordance with the provisions of part one of article 65 of the education law and/or the individual's individualized education program.

Reportable Incidents – Abuse/Neglect (#1-8 above) MUST be reported to:

- **Justice Center: EVERY direct witness and the first-line supervisor must report. This report may be completed one of two ways:**

○ By phone: Call 1-855-373-2122 (*be sure to document the JC Identifier #*), or ○

Electronically: <https://vpcr.justicecenter.ny.gov/wi>

•
OPWDD – Incident Management Unit: This report is completed by one designated staff (every witness does not complete this report). The designated staff must call: ○ **Working hours - Incident Management Unit (IMU) Compliance Officer, or, if unable to reach them, call the Incident Management Unit main number at (518) 473-7032** ○ **Off hours: 1-888-479-6763 off hours (a voice mail may be left unless the situation is egregious or very sensitive)**

(9) *Significant incident* shall mean an incident, other than an incident of abuse or neglect, that because of its severity or the sensitivity of the situation may result in, or has the reasonably foreseeable potential to result in, harm to the health, safety or welfare of a person receiving services and shall include but shall not be limited to:

(a) *Conduct between persons receiving services that would constitute abuse* as described in paragraphs (1) through (7) of this subdivision if committed by a custodian, except sexual activity involving adults who are capable of consenting and consent to the activity; or

(b) *Conduct on the part of a custodian, that is inconsistent with the individual's plan of services, generally accepted treatment practices, and/or applicable federal or state laws, regulations, or policies, and that impairs or creates a reasonably foreseeable potential to impair the health, safety, or welfare of an individual receiving services; including*

(1) *Seclusion.* The placement of an individual receiving services in a room or area from which he or she cannot, or perceives that he or she cannot, leave at will, except when such placement is specifically permitted by section 633.16 of this

Title. Unless permitted by Section 633.16, the use of seclusion is prohibited;

(2) *Unauthorized use of time-out.* For the purposes of this subclause only, means the use of a procedure in which a person receiving services is removed from regular programming and isolated in a room or area for the convenience of a custodian, for disciplinary purposes, or as a substitute for programming;

(3) except as provided for in paragraph (7) of this subdivision, the *administration of a prescribed or over-the-counter medication that is inconsistent with a prescription or order issued for a service recipient by a licensed qualified health care practitioner, and that has an adverse effect on an individual receiving services.* For purposes of this clause, "adverse effect" means the unanticipated and undesirable side effect from the administration of a particular medication which unfavorably affects the wellbeing of a person receiving services;

- (4) *Inappropriate use of restraints*. The use of a restraint when the technique that is used, the amount of force that is used, or the situation in which the restraint is used is inconsistent with an individual's plan of services (including a behavior support plan), generally accepted treatment practices, and/or applicable federal or state laws, regulations, or policies. For the purposes of this subdivision, a "restraint" includes the use of any manual, pharmacological, or mechanical measure or device to immobilize or limit the ability of a person receiving services to freely move his or her arms, legs, or body; and
- (5) *Mistreatment*. Other conduct on the part of a custodian, inconsistent with the individual's plan of services, generally accepted treatment practices, and/or applicable federal or state laws, regulations, or policies, and that impairs or creates a reasonably foreseeable potential to impair the health, safety, or welfare of an individual receiving services, except as described in any other provision of this subdivision.
- (c) *Missing person at risk for injury*. The unexpected absence of an individual receiving services that based on the person's history and current condition exposes him or her to risk of injury;
- (d) *Unauthorized absence*. The unexpected or unauthorized absence of a person after formal search procedures have been initiated by the agency. Reasoned judgments, taking into consideration the person's habits, deficits, capabilities, health problems, etc., determine when formal search procedures need to be implemented. It is required that formal search procedures must be initiated immediately upon discovery of an absence involving a person whose absence constitutes a recognized potential danger, except as defined in clause (c) of this subparagraph, to the wellbeing of the person or others;
- (e) *Choking, with known risk*. The partial or complete blockage of the upper airway by an inhaled or swallowed foreign body, including food, that leads to a partial or complete inability to breathe, involving an individual with a known risk for choking and a written directive addressing that risk;
- (f) *Choking, with no known risk*. For the purposes of this paragraph, partial or complete blockage of the upper airway by an inhaled or swallowed foreign body, including food, that leads to a partial or complete inability to breathe, other than a *choking, with known risk*, incident (see

clause (e) of this subparagraph), involving an individual with a known risk for choking and a written directive addressing that risk;

- (g) *Self-abusive behavior, with injury.* A self-inflicted injury to an individual receiving services that requires medical care beyond first aid;
- (h) *Injury, with hospital admission.* An injury that results in the admission of a service recipient to a hospital for treatment or observation, except as defined in clause (g) of this subparagraph;
- (i) *Theft and financial exploitation.* Any suspected theft of a service recipient's personal property (including personal funds or belongings) or financial exploitation, involving a value of more than \$100.00; theft involving a service recipient's credit, debit, or public benefit card (regardless of the amount involved); or a pattern of theft or financial exploitation involving the property of one or more individuals receiving services;
- (j) *Other significant incident.* An incident that occurs under the auspices of an agency, but that does not involve conduct on the part of a custodian, and does not meet the definition of any other incident described in this subdivision, but that because of its severity or the sensitivity of the situation may result in, or has the reasonably foreseeable potential to result in, harm to the health, safety, or welfare of a person receiving services

Reportable Incidents – Significant Incidents (#9 above) MUST be reported to:

- **Justice Center:** EVERY direct witness and the first-line supervisor must report. This report may be completed one of two ways: ○ By phone: Call 1-855-373-2122 (*be sure to document the JC Identifier #*), or ○ Electronically: <https://vpcr.justicecenter.ny.gov/wi>
- **OPWDD – Incident Management Unit:** This report is completed by one designated staff member (every witness does not complete this report as above). Designated staff may call or complete this notification electronically as identified below: ○ Working hours – your assigned Incident Management Unit (IMU) Compliance Officer, or, if unable to reach him/her, call the Incident Management Unit main number at 518-473-7032
 - Off hours: report to the OPWDD on-call Compliance Officer at 1-888-479-6763 (a voice mail may be left unless the situation is egregious or very sensitive)
 - Electronic notification to: OPWDD.Incident.Notifications@opwdd.ny.gov

Notable Occurrences

Notable occurrences are events or situations that meet the definitions in this section and occur under the auspices of an agency. Serious notable occurrences must be reported to OPWDD IMU. Minor notable occurrences do not require immediate notification to OPWDD. Follow your agencies process for reporting minor notable occurrences. Serious and minor notable occurrences are defined and categorized as follows:

ii. *Serious Notable Occurrences*

- (a) *Death.* The death of any person receiving services, regardless of the cause of death. This includes all deaths of individuals who live in residential facilities operated or certified by OPWDD and other deaths that occur under the auspices of an agency. Death also meets the definition of a reportable incident must be reported both as the reportable incident and as a notable occurrence.
- (b) *Sensitive situations.* Those situations involving a person receiving services that do not meet the definitions of other incidents in section 624.3 of this Part or in this subdivision, but that may be of a delicate nature to the agency, and are reported to ensure awareness of the circumstances. Sensitive situations must be defined in agency policies and procedures, and include, but not be limited to, possible criminal acts committed by an individual receiving services.

(ii) Minor Notable Occurrences

- (a) *Theft or financial exploitation, minor notable occurrence.* Any suspected theft of a service recipient's personal property (including personal funds or belongings) or financial exploitation, involving values of more than \$15.00 and less than or equal to \$100.00, that does not involve a credit, debit, or public benefit card, and that is an isolated event; and
- (b) *Injury, minor notable occurrence.* Any suspected or confirmed harm, hurt, or damage to an individual receiving services, caused by an act of that individual or another, whether or not by accident, and whether or not the cause can be identified, that results in an individual requiring medical or dental treatment by a physician, dentist, physician's assistant, or nurse practitioner, and such treatment is more than first aid.

Serious Notable Occurrences MUST be reported to OPWDD – IMU:

OPWDD – Incident Management Unit: This report is completed by one designated staff member (every witness does not complete this report as above). Designated staff may call or complete this notification electronically as identified below: ○ Working hours – your assigned Incident Management Unit (IMU) Compliance Officer, or, if unable to reach him/her, call the Incident Management Unit main number at 518-473-7032

- Off hours: report to the OPWDD on-call Compliance Officer at 1-888-479-6763 (a voice mail may be left unless the situation is egregious or very sensitive)
- Electronic notification to: OPWDD.Incident.Notifications@opwdd.ny.gov

Notable Occurrences ARE NOT reported to the Justice Center. **Reporting Deaths**

Special considerations for reporting deaths:

Deaths of individuals who received services operated or certified by OPWDD at the time of death or within 30 days of the death must be reported to the Justice Center. Reporting is required for both deaths that are under the auspices of the agency and deaths that are not under the auspices of the agency.

The Justice Center requires that deaths be reported to the Vulnerable Persons' Central Register (VPCR) Death Reporting Line at 1-855-373-2124, which is a distinct reporting line and is separate from the VPCR Hotline to report abuse, neglect, and significant incidents. Only the agency Director, or his or her designee, is authorized to report deaths to the Justice Center.

All deaths must also be reported to OPWDD as serious notable occurrences.

An employee who becomes aware of a death should immediately report the death to his/her supervisor.

In addition, if the death is related to a reportable incident (examples include but are not limited to allegations of abuse/neglect or choking with known risk), it must be reported to the Justice Center VPCR Hotline (or the Incident Submittal Web Form must be submitted) following all reporting requirements for the appropriate Reportable Incident category.

REMEMBER

If you witness or discover a reportable incident, possible abuse/neglect, or notable occurrence, you are expected to take the following actions:

IMMEDIATELY INTERVENE to stop the abuse (if applicable)

- **PROTECT the individual from further harm and get medical help if needed**
- **IMMEDIATELY REPORT the incident to your supervisor**
- **If the person you suspect of abuse is your supervisor, you should immediately report the abuse to his/her supervisor, the Executive Office of your agency. After hours, you may report to your Administrator on Duty (AOD) or Executive designee.**
- **If it is a Reportable Incident in a State Operated program or Voluntary certified program, you MUST report to the Justice Center and OPWDD IMU. Voluntary Operated non-certified services must report to OPDD IMU only.**
- **If it is a Serious Notable Occurrence, it must be reported to the OPWDD IMU as described above – this is completed by one designated staff, not all witnesses**
- **Remember that Notable Occurrences are NOT reported to the Justice Center**
- **Reporting must be timely. Events that require immediate notification MUST be completed as soon as practicable. Even if your shift ends, if you are required to notify the Justice Center**
- **Be honest and truthful when reporting**
- **Maintain information confidentiality**
- **Cooperate fully with investigations**

- **Work to repair damaged relationships with individuals following an incident**
- **Remember that failure to take action may in and of itself be considered abuse**

Unit 4 – Notification of Incidents and Information Sharing

Notification requirements have been established to assure that the appropriate people are notified when an incident occurs. Reporting requirements are tied to the level and type of incident or situation. Notification requirements and guidance regarding responsible personnel are available and well documented on the OPWDD website on the Incident Management webpage at the link below:

http://www.opwdd.ny.gov/opwdd_resources/incident_management/justice_center **Information Sharing and Confidentiality**

OPWDD takes its responsibility to support staff that follow policies and procedures very seriously. It is expected that staff will be honest and accurate when providing information within the context of an investigation. It is important also, that staff avoid breaching confidentiality by refraining from discussing the incident with co-workers, friends or people outside of work. Even a casual mention in a text message, in the parking lot, at a restaurant, or on Facebook or other social media, must be avoided.

Jonathan's Law was put into place to govern the way in which information and reports of investigations are shared, and with whom. You may be asked for information by family members or advocates about the investigation progress or your involvement. You should refer the person requesting information to your supervisor so that only the appropriate people share information with those with a right to know.

Notification Process Overview

Once an incident has been reported, the process for notifying the appropriate people who need to know comes into play. Depending on your job responsibilities, you may have a role in making notifications beyond your supervisor. **EVERY WITNESS, as well as the first-line supervisor, to a reportable incident is REQUIRED to report to the Justice Center. This needs to be done AS SOON AS PRACTICABLE.** All calls to the Justice Center are recorded. ONE person (typically a supervisor) must report to the OPWDD Incident Management Unit.

Additional persons that may need to be reported include:

- Family/Guardian/Advocate
- DDSOO/DDRO Director/Designee

- Local Law Enforcement
- Medicaid Service Coordinator □ Mental Hygiene Legal Service
- Board of Visitors
- Coroner/Medical Examiner

Unit 5 – Part 625

Part 625 – Events and Situations that are not under the auspices of an agency

OPWDD supports individuals to live the richest, most independent lives possible. This means supporting people to engage in activities of their choosing at work, in the community, with their friends and family, etc.

Part 625 is a new regulation which directs how OPWDD will intervene in events or situations which are NOT “under the auspices” of an agency. “Not under the auspices” basically means that the individual receiving services is not directly under the supervision of agency staff at the time of the event.

Definitions for Part 625 are different from those found in Part 624. Additionally, there are different requirements for responding to a Part 625 event.

Part 625 requires that if an agency becomes aware of an event or situation that occurred in a facility or service setting subject to the oversight of another State Agency (e.g., school, hospital, doctor’s office) the agency must notify the management of the facility or service setting.

If the event or situation occurred in a facility or program in the OPWDD system, the agency must notify the agency operating the facility or program. **IMPORTANT – if the facility or program is certified or operated by OPWDD, any employee who becomes aware of a reportable incident must also report the incident to the Justice Center.**

Per Part 625, the agency shall intervene in an event or situation that meets the definition of physical, sexual, or emotional abuse; active, passive, or self-neglect; or financial exploitation by taking actions to protect the involved individual with developmental disabilities. Such actions, as appropriate, may include but are not limited to the following:

1. notifying an appropriate party that may be in a position to address the event or situation (e.g. Statewide Central Register of Child Abuse and Maltreatment, Adult Protective Services, law enforcement officials, family members, school, hospital, or the Office of Professional Discipline);

2. offering to make referrals to appropriate service providers, clinicians, State agencies, or any other appropriate parties;
3. interviewing the involved individual and/or witnesses;
4. assessing and monitoring the individual;
5. reviewing records and other relevant documentation; and
6. educating the individual about his or her choices and options concerning the matter.

Part 625 events or situations are reported to OPWDD via IRMA within 24 hours, or by the close of the next business day, of occurrence or discovery of the event or situation. This initial information will include actions taken by the agency, including protections. Updates will be made in IRMA on a monthly basis until the situation is resolved. OPWDD has the right to investigate such events and situations, and make recommendations to the agency.

OPWDD Incident Reporting/Recognition

Mandated Reporter – All staff & Supervisors of staff that have regular, substantial and unsupervised contact with individuals served.

Injury – Stemming from an accident or injury that requires more than basic first aid or results in admission into a hospital or 24-hour infirmary for treatment or observation. (A medical admission into the hospital for other than accident or injury does not have to be reported unless the admission is into a Psychiatric Facility and the person does not already have a mental health diagnosis)

Medication Error – A person must evidence marked adverse effects, their health or welfare is in jeopardy, or the medication error results in their admission into a hospital or 24-hour infirmary for treatment or observation.

Death – Any and all deaths must be reported.

Sensitive Situation – Situations not already described which are of a delicate nature to the agency and are reported to ensure administrative awareness of the situation. This shall include but is not limited to possible criminal acts committed by an individual receiving services.

Unauthorized Absence/Missing person – The unexpected or unauthorized absence of a person after formal search procedures have been initiated by the agency. Reasoned judgments, taking into consideration the person's habits, deficits, capabilities, health problems, etc. shall determine when formal search procedures need to be implemented. It is required that formal search procedures must be initiated immediately upon discovery of an absence involving a person whose absence constitutes a recognized potential danger to the wellbeing of the person or others.

Obstruction of reports of reportable incidents – conduct by a custodian that impedes the discovery, reporting, or investigation of the treatment of a service recipient by falsifying records related to the safety, treatment, or supervision of an individual receiving services; actively persuading a custodian or other mandated reporter from making a report of an incident.

Unlawful use or administration of a controlled substance – shall mean any administration by a custodian to a service recipient of a controlled substance without a prescription, or other medication not approved for any use by the federal food and drug administration. It shall also include a custodian unlawfully using or distributing a controlled substance at the workplace or while on duty.

Choking – with and without known risk that means partial or complete blockage of the upper airway by an inhaled or swallowed foreign body, including food that leads to a partial or complete inability to breathe.

Self-abusive behavior with injury – which shall mean a self-inflicted injury to an individual receiving services that required medical care beyond first aid.

Physical Abuse – Conduct that is intentional or recklessly causing by physical contact, physical injury or serious or protracted impairment of the physical, mental or emotional condition for the individual receiving services or causing the likelihood of such injury or impairment. May include but is not limited to; slapping, hitting, kicking, biting, choking, smothering, shoving, dragging, throwing, punching, shaking, burning, cutting or the use of corporal punishment.

Sexual Abuse – Contact between participant and another. Nonconsensual or inability to consent.

Psychological Abuse – includes any verbal/nonverbal conduct that may cause significant emotional distress to an individual receiving services. May include language or gestures used with a tone of voice such as screaming or shouting, taunts, derogatory comments or ridicule, intimidation, threats or the display of a weapon.

Seclusion – Placement alone from which one cannot leave at will or the person perceives that he/she cannot leave it will.

Unauthorized use of time-out – A procedure in which a person receiving services is removed from regular programming and isolated in a room or area for the convenience of a custodian or as a substitute for programming.

Unauthorized use of restraint – Use of mechanical device without prior authorization by a physician in writing or in service plan. Use of medication to control behavior without authorization by a physician.

Adverse Conditioning – Unpleasant/uncomfortable procedures used when trying to change a behavior of a participant.

Mistreatment – Deliberate decision to act toward the participant in a manner which goes against his/her human rights/service plan or generally acceptable professional practices.

Neglect – Any action or inaction or lack of attention that breaches a custodian's duty and that results in or is likely to result in physical injury or serious or protracted impairment of the physical, mental or emotional condition of a service recipient.

Deliberate inappropriate use of restraint – The use of a restraint when the technique that is used, the amount of force that is used, or the situation in which the restraint is used is inconsistent with the individual's plan of services. For this purpose, this shall include the use of any manual, pharmacological or mechanical measure or device to immobilize or limit the ability of a person receiving services to freely move his or her arms, legs or body.

Theft and financial exploitation - Any suspected theft of a service recipient's personal property (including personal funds or belongings) or financial exploitation. This may involve a service recipient's credit, debit or public benefit card, or a pattern of theft or financial exploitation involving the property of one or more individuals receiving services.

Section Four Self-Direction Training Manual

Corporate Compliance and HIPAA

We Want to Hear Your Concerns

At RCIL, we provide real solutions to the personal, social or governmental barriers that are stopping your decisions from being respected and realized. We have three decades of experience in providing personally tailored advocacy, information, and training services.

RCIL believes that the widespread poverty, segregation, and isolation of people with disabilities is unacceptable, should not be tolerated and requires change.

To ensure RCIL is always upholding the highest principles and conducting business within strong ethical standards, RCIL has a code of employee, contractor and volunteer conduct and corporate compliance guidelines and reporting system that have been adopted by the Board of Directors.

The Corporate Compliance Hotline is intended to provide a private means to report issues that are considered to be of importance, especially if an appropriate means to report something is unknown. Callers to the Corporate Compliance Hotline will not be retaliated against for making calls to the Corporate Compliance Hotline. All calls to the Corporate Compliance Hotline are confidential and private. All calls are handled and investigated, as necessary, by the Corporate Compliance Officer. You may contact the Corporate Compliance Officer directly at 315-797-4642, ext. 2905.

The confidential reporting system may be accessed through the Corporate Compliance Hotline at 315-272-2905. The hotline is available 7 days a week, 24 hours a day.

We want to know if you have a concern about:

- Conduct of an employee or individual
- Billing practices
- Regulatory/Law related concerns
- Possible fraud
- Improper procedures
- Breach in confidentiality of personal health information
- Possible criminal acts
- Ethical concerns or actions of staff, volunteers or contractors

If calling the hotline, please leave the basic information (voice mail) listed below:

Name of program for which you have concern, and/or Name of person for which you have concern

Description of your concern

Date/timeframe in which the concern occurred

Any other information you think is helpful

Call back phone number (optional)

WHAT IS HIPAA?

HIPAA stands for the Health Insurance Portability Accountability Act.

HIPAA is an important FEDERAL LAW that regulates how we handle and secure protected health information (PHI)

WHAT IS PHI?

PHI is any information oral or recorded in any form or medium paper and electronic that:

- Is created or received by a health care provider, health plan, public health authority, employer, life insurer, school or university, or health care clearing house; and
- Relates to the PAST, PRESENT OR FUTURE physical or mental health (or condition) of an individual; or the past, present, or future payment for the provision of health care for or to an individual.
- INDIVIDUALLY IDENTIFIABLE HEALTH INFORMATION is a special sub-set of PHI that IDENTIFIES THE INDIVIDUAL or THE INFORMATION CAN BE USED TO IDENTIFY THE INDIVIDUAL (including demographic information).

HIPAA insures privacy rights and protects health information in three ways.

1. Privacy of PHI - How PHI is disclosed/shared and with whom
2. Security of PHI - How PHI is protected, transmitted and stored

3. Portability of Employee's Health Insurance Benefits - Protects the employee when changing/leaving the job

Consumers' rights are protected by the following forms implemented throughout RCIL and LDAMV.

- Notice of Privacy Practices
- Authorization
- Request for Restriction of Uses and Disclosures of Protected Health Information
- Request for Amendment of Protected Health Information
- Request for Accounting of Disclosures of Protected Health Information
- Request to Access of Health Information Contained Within A Designated Record Set □
Complaint Form Disclosure Log

Consumers must be provided with a copy of the Agency's **NOTICE OF PRIVACY PRACTICES**.

Consumers must have the right to **REQUEST RESTRICTIONS** on disclosures of their PHI to others.

Consumers must have the right to **REQUEST ALTERNATIVE MEANS OF COMMUNICATING** their PHI.

Consumers must have the opportunity to **INSPECT** and **GET A COPY** of their PHI.

Consumers must have the opportunity to **REQUEST AMENDMENTS** to their PHI.

Consumers must have the opportunity to **REQUEST AN ACCOUNTING OF DISCLOSURES** of their PHI upon written request.

REASONABLE PRECAUTION IS THE KEY:

KNOW WHO
YOU'RE
TALKING TO

WATCH
WHAT YOU
ARE
THROWING
AWAY

KNOW
WHERE
YOU ARE

KNOW THE
RULES &
POLICIES OR
WHERE TO
FIND THEM

KNOW WHO IS
AROUND YOU

STOP &
THINK

AS A COVERED ENTITY WE NEED TO:

KNOW WHERE YOUR AGENCY'S REGULATIONS ORIGINATE FROM:

- OMH, OASAS, DSS, DMH, VESID, ETC. (HIV & ALCOHOL & SUBSTANCE ABUSE CONFIDENTIALITY LAWS ARE MORE STRINGENT & NEED TO BE HANDLED IN A DIFFERENT MANNER.)
- KNOW YOUR AGENCY'S/PROGRAM POLICIES & PROCEDURES REGARDING CONSUMERS' PRIVACY RIGHTS - IF YOU DON'T HAVE A CLUE AS TO THE PROCEDURE ASK, RESEARCH, ASK QUESTIONS AGAIN IF YOU AREN'T SURE.
- KNOW WHO TO ASK - YOUR CO-WORKER, SUPERVISOR, THE COMPLIANCE OFFICER.
 - USE YOUR POLICIES & PROCEDURES AS A TOOL TO WORK FOR YOU - NOT AGAINST YOU!

SECURITY

DON'T

- SPEAK TO A CONSUMER IN THE RECEPTION AREA OR OUT IN AN OPEN AREA TO DISCUSS SERVICES.
- LEAVE ANY INFORMATION REGARDING A CONSUMER AT THE COPIER, PRINTER OR OPEN AREA WHERE ANYONE CAN SEE THE INFORMATION.
- PUT A CONSUMER'S FULL NAME IN AN E-MAIL FOR ANY REASON, UNLESS THE PERSON HAS A "NEED TO KNOW".
- LEAVE A CONSUMER'S FILE OR ANY INFORMATION ABOUT A CONSUMER WHERE SOMEONE OTHER THAN YOU MAY SEE IT.
- LEAVE INFORMATION REGARDING A CONSUMER ON YOUR COMPUTER SCREEN WHERE SOMEONE MAY SEE IT.
- GIVE ANYONE WHO DOESN'T HAVE A "NEED TO KNOW" YOUR PASSWORD. THIS WOULD INCLUDE YOUR TELEPHONE & COMPUTER.

DO'S

- MAKE EVERY EFFORT TO PROTECT THE CONSUMER'S PRIVACY.
- IF YOU ARE NOT WORKING ON THE CONSUMER'S FILE, FILE IT!
- IF YOU LEAVE YOUR OFFICE & YOU DO NOT HAVE A LOCK ON YOUR FILE CABINET, LOCK THE DOOR.
- IF YOU HAVE A LOCK ON YOUR FILE CABINET, LOCK IT IF YOU LEAVE YOUR OFFICE.
- IF YOU SHARE OFFICE SPACE WITH ANOTHER EMPLOYEE & YOU DO NOT HAVE A CABINET THAT LOCKS, REQUEST ONE.
- IF YOU SHARE OFFICE SPACE WITH ANOTHER EMPLOYEE & YOU'RE MEETING WITH THE CONSUMER, REQUEST A ROOM TO MEET WITH THE CONSUMER TO ENSURE THEIR PRIVACY.
- IF YOU THINK SOMEONE HAS BEEN INTO YOUR VOICE MAIL OR COMPUTER, CHANGE YOUR PASSWORDS.
- IF YOU HAVE INFORMATION REGARDING A CONSUMER & YOU DO NOT KNOW WHO THE CONSUMER IS WORKING WITH, YOU MAY E-MAIL ALL STAFF BY USING THE PERSON'S LAST NAME "ONLY". FOR EXAMPLE: MR. SMITH HAS CALLED & DOESN'T KNOW WHO HE MET WITH YESTERDAY & WOULD LIKE TO SPEAK WITH HIM/HER AGAIN.

- IF THE CONSUMER KNOWS WHAT SERVICES HE IS RECEIVING, BUT DOESN'T REMEMBER THE PERSON'S NAME HE/SHE IS WORKING WITH, E-MAIL EVERYONE IN THAT PARTICULAR PROGRAM ONLY.
- CHECK THE VISITOR SIGN IN SHEET IF YOU KNOW THE LAST DATE THE CONSUMER WAS HERE.
- IF THE CONSUMER DOESN'T KNOW THE PERSON'S NAME HE/SHE IS WORKING WITH OR THE TYPE OF SERVICES HE IS RECEIVING. ACCESS THE INTAKES TO TRY & FIND OUT WHO YOU SHOULD CONTACT.
- SHRED ANY INFORMATION YOU MAY HAVE REGARDING A CONSUMER THAT YOU ARE THROWING AWAY.

Employee/Volunteer/Interns/Contractors/Board Members

Compliance Code of Conduct

Corporate Compliance and Privacy

Introduction

At RCIL, we provide real solutions to the personal, social or governmental barriers that are stopping your decisions from being respected and realized. We have three decades of experience in providing personally tailored advocacy, information, and training services.

RCIL believes that the widespread poverty, segregation, and isolation of people with disabilities is unacceptable, should not be tolerated and requires change.

To ensure RCIL is always upholding the highest principles and conducting business within strong ethical standards, RCIL has a code of employee, contractor, volunteer and board member conduct and corporate compliance guidelines that have been adopted by the Board of Directors.

To that end, RCIL has certain rules and regulations regarding employee, volunteer, contractor and board member conduct that are necessary for the operation of RCIL and for the benefit and safety of all workers and consumers. All employees, volunteers, contractors and board members shall strive to deliver quality services and shall comply with all applicable laws and regulations that affect its various programs. Conduct that interferes with operations, discredits RCIL, or is offensive to consumers and fellow workers is prohibited. The following list indicates behavior expectations for employees, volunteers, contractors and board members. Disregard of this code of conduct can result in disciplinary action, including suspension and dismissal. RCIL, however maintains the right to terminate employment for any reason.

Code of Conduct

General Provisions

- RCIL shall only employ or work with persons with proper credentials, experience and expertise to perform their job functions.
- Employees, contractors, volunteers and board members shall immediately report all suspected violations of the code of conduct, corporate compliance guidelines, operational policies, laws or regulations to the Quality and Compliance Officer at (315) 797-4642, ext. 2905, or to the confidential Compliance Hotline at (315) 272-2905.

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- All reports or other information to be provided to any federal, state or local government agency shall be accurate, complete and filed on time.
Information entered into a consumer's file will be done so in a clear, objective and concise manner.
- No deficiency or error should be ignored or covered up.
- Problems/Concerns should be brought to the attention of those who can properly assess and resolve the problem/concerns.
- RCIL, by and through its employees, contractors, volunteers and board members shall comply with all applicable laws imposed by any level of government and comply with all requirements of the Medicare and Medicaid programs.
- RCIL shall maintain complete and thorough billing records.

RCIL

Code of Conduct Cont'd

- Employees and volunteers shall not falsify records, including credentials, timesheets, and mileage expense forms or training sign-in sheets.
- All employees, volunteers, contractors and board members will be responsible for refraining from any activities that may be construed as waste, fraud, or abuse.
- All employees will cooperate in any RCIL investigations or any investigations conducted by local, state and federal agencies.
- All employees, volunteers, contractors and board members are expected to identify and report any suspected activities of waste, fraud or abuse to a manager, or to the Corporate Compliance officer either directly or via the hotline.
- Appropriate medical documentation shall be provided to the agency while an employee is on disability or a worker's compensation leave of absence.
- RCIL shall not permit any action of retaliation or reprisal to be taken against an employee who reports a violation of law, regulation, standard, procedure or policy. **Service Billing**

Provisions

- Employees who perform billing and/or coding of claims must take every reasonable precaution to ensure their work is accurate, timely and in compliance with federal and state laws and regulations and RCIL's policies.
- No claim for payment or reimbursement of any kind that is false, fraudulent, inaccurate or fictitious may be submitted. No falsification of medical, time or other records that are used as the basis of submitting claims will be tolerated.
- RCIL will bill only for services actually rendered and which are fully documented in a person's service records. If the service must be coded, then only billing codes that actually describe the services provided will be used.
- RCIL shall act promptly to investigate and correct the problem if errors in claims that have been submitted are discovered.

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- RCIL shall maintain complete and thorough service and billing records. **Confidentiality**

Provisions

- All records and other personal information regarding program participants and employees shall be treated as confidential information and utilized in a professional manner at all times, regardless of mode or manner in which the information is received or stored.
Employees, volunteers, contractors and board members shall not reveal any confidential information concerning RCIL business, consumers or staff unless mandated to do so under very specific circumstances as dictated by New York state and Federal law.
- Confidential information related to the agency, consumers or employees will not be used for personal gain or toward the detriment of the person.
- Upon termination from employment or from RCIL, all employees will maintain all confidences gained while in RCIL's employ.
- Upon termination from employment from RCIL, all employees will return all property of RCIL, no matter what format the property may be in.

Section Five Self- Direction Training Manual

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Code of Ethics for Direct Support Professionals



Code of Ethics for Direct Support Professionals

The Code of Ethics developed through the National Alliance for Direct Support Professionals (NADSP) guides DSPs through the ethical dilemmas they face daily and encourages the highest professional ideals. Direct support staff, agency leaders, policymakers, and people receiving services are urged to read the code and to consider ways that these ethical statements can be incorporated into daily practice. This code is not the handbook of the profession, but rather a roadmap to assist in staying the course of securing freedom, justice, and equality for all.



1. Person-Centered Supports:

As a DSP, my first allegiance is to the person I support; all other activities and functions I perform flow from this allegiance.

As a DSP, I will:

- Recognize that each person must direct his or her own life and support and that the unique social network, circumstances, personality, preferences, needs and gifts of each person I support must be the primary for guide the selection, structure, and use of supports for that individual.
- Commit to person-centered supports as best practice.
- Provide advocacy when the needs of the system override those of the individual(s) I support, or when individual preferences, needs or gifts are neglected for other reasons.
- Honor the personality, preferences, culture and gifts of people who cannot speak by seeking other ways of understanding them.
- Focus first on the person, and understand that my role in direct supports will require flexibility, creativity and commitment.

2. Promoting Physical and Emotional Well-Being:

As a DSP, I am responsible for supporting the emotional, physical, and personal well-being of the individuals receiving support. I will encourage growth and recognize the autonomy of the individuals receiving support while being attentive and energetic in reducing their risk of harm.

As a DSP, I will:

- Develop a relationship with the people I support that is respectful, based on mutual trust, and that maintains professional boundaries.
- Assist the individuals I support to understand their options and the possible consequences of these options as they relate to their physical health and emotional well-being.
- Promote and protect the health, safety, and emotional well-being of an individual by assisting the person in preventing illness and avoiding unsafe activity. I will work with the individual and his or her support network to identify areas of risk and to create safeguards specific to these concerns.
- Know and respect the values of the people I support and facilitate their expression of choices related to those values.



- Challenge others, including support team members (e.g. doctors, nurses, therapists, co-workers, family members) to recognize and support the rights of individuals to make informed decisions even when these decisions involve personal risk.
- Be vigilant in identifying, discussing with others, and reporting any situation in which the individuals I support are at risk of abuse, neglect, exploitation or harm.
- Consistently address challenging behaviors proactively, respectfully, and by avoiding the use of aversive or deprivation intervention techniques. If these techniques are included in an approved support plan I will work diligently to find alternatives and will advocate for the eventual elimination of these techniques from the person's plan.

3. Integrity and Responsibility:

As a DSP, I will support the mission and vitality of my profession to assist people in leading self-directed lives and to foster a spirit of partnership with the people I support, other professionals, and the community.

As a DSP, I will:

- Be conscious of my own values and how they influence my professional decisions.
- Maintain competency in my profession through learning and ongoing communication with others.
- Assume responsibility and accountability for my decisions and actions.
- Actively seek advice and guidance on ethical issues from others as needed when making decisions.
- Recognize the importance of modeling valued behaviors to co-workers, persons receiving support, and the community at-large.
- Practice responsible work habits.

4. Confidentiality:

As a DSP, I will safeguard and respect the confidentiality and privacy of the people I support.

As a DSP, I will:

- Seek information directly from those I support regarding their wishes in how, when and with whom privileged information should be shared.
- Seek out a qualified individual who can help me clarify situations where the correct course of action is not clear.



- Recognize that confidentiality agreements with individuals are subject to state and agency regulations.
- Recognize that confidentiality agreements with individuals should be broken if there is imminent harm to others or to the person I support.

5. Justice, Fairness and Equity:

As a DSP, I will promote and practice justice, fairness, and equity for the people I support and the community as a whole. I will affirm the human rights, civil rights and responsibilities of the people I support.

As a DSP, I will:

- Help the people I support use the opportunities and the resources of the community available to everyone.
- Help the individuals I support understand and express their rights and responsibilities.
- Understand the guardianship or other legal representation of individuals I support, and work in partnership with legal representatives to assure that the individual's preferences and interests are honored.

6. Respect:

As a DSP, I will respect the human dignity and uniqueness of the people I support. I will recognize each person I support as valuable and help others understand their value.

As a DSP, I will:

- Seek to understand the individuals I support today in the context of their personal history, their social and family networks, and their hopes and dreams for the future.
- Honor the choices and preferences of the people I support.
- Protect the privacy of the people I support.
- Uphold the human rights of the people I support.
- Interact with the people I support in a respectful manner.
- Recognize and respect the cultural context (e.g. religion, sexual orientation, ethnicity, socio-economic class) of the person supported and his/her social network.
- Provide opportunities and supports that help the individuals I support be viewed with respect and as integral members of their communities.



7. Relationships:

As a DSP, I will assist the people I support to develop and maintain relationships.

As a DSP, I will:

- Advocate for the people I support when they do not have access to opportunities and education to facilitate building and maintaining relationships.
- Assure that people have the opportunity to make informed choices in safely expressing their sexuality.
- Recognize the importance of relationships and proactively facilitate relationships between the people I support, their family and friends.
- Separate my own personal beliefs and expectations regarding relationships (including sexual relationships) from those desired by the people I support based on their personal preferences. If I am unable to separate my own beliefs / preferences in a given situation, I will actively remove myself from the situation.
- Refrain from expressing negative views, harsh judgments, and stereotyping of people close to the individuals I support.

8. Self-Determination:

As a DSP, I will assist the people I support to direct the course of their own lives.

As a DSP, I will:

- Work in partnership with others to support individuals leading self-directed lives.
- Honor the individual's right to assume risk in an informed manner.
- Recognize that each individual has potential for lifelong learning and growth.

9. Advocacy:

As a DSP, I will advocate with the people I support for justice, inclusion, and full community participation.

As a DSP, I will:

- Support individuals to speak for themselves in all matters where my assistance is needed.
- Represent the best interests of people who cannot speak for themselves by finding alternative ways of understanding their needs, including gathering information from others who represent their best interests.



- Advocate for laws, policies, and supports that promote justice and inclusion for people with disabilities and other groups who have been disempowered.
- Promote human, legal, and civil rights of all people and assist others to understand these rights.
- Recognize that those who victimize people with disabilities either criminally or civilly must be held accountable for their actions.
- Find additional advocacy services when those that I provide are not sufficient.
- Consult with people I trust when I am unsure of the appropriate course of action in my advocacy efforts.

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