

CASCADE CONNECTIONS
opportunities for everyone



Home Care Orientation & Policy Manual

Cascade Connections' mission is to empower individuals with disabilities to enhance their quality of life.

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WELCOME

You have just joined the awesome team here at Cascade Connections (CC), and everyone is excited to have you! The staff at Cascade Connections are always excited to bring on fresh new energy and perspective to our work. We work hard to support each other and develop a fun, effective, and efficient team that helps our participants meet and exceed their goals.

The purpose of this manual is to help you acclimate yourself to our organization and our culture. This is not an all-inclusive training manual; it is a fluid document. Should you have questions that are not addressed, please feel free to ask. We pride ourselves on our open-door policies and expect people to learn from their supervisors, their coworkers, and certainly those we support.

Our Mission

Empowering individuals with disabilities to enhance their quality of life.

Our Values

Service Excellence Maintaining quality staff and services, which requires wisdom, expertise, respect, and integrity.	Integrity Doing what we say and taking responsibility for our actions and words. We hold each other accountable to the Mission and Values of Cascade Connections.	Empowerment Striving to provide people with tools, skills, and connections to build a more positive future.
Competencies Delivering services that meet physical, emotional, spiritual, mental, social, and environmental needs.	Christian Leadership Adhering to bring glory to God and serve their fellow humankind.	Servant Leadership Leading by example and putting others' needs and desires before our own. We are humble stewards of organizational resources: human, financial, and physical.
Equal Opportunity Supporting personal growth through power and choice, competence, health and safety, positive relationships, status, and integration. All people are created equal.	Individualized Services Providing services from a person-centered perspective.	Community Partnering together to create a barrier-free community. Belonging is a two-way street, and everyone benefits from inclusion.

History of Cascade Connections

Cascade Connections (formerly known as Cascade Christian Services) was founded in 1978 by a group of parents from the Lynden area who wanted a home for their adult children with developmental disabilities. Cascade Christian Home opened in Lynden and initially served 12 residents. Cascade Connections has responded to the changing needs of our community over the years, and several programs have emerged. These include:

- Cascade Christian Home (CCH)
- Cascade Connections Home Care (CCHC)
- Cascade Connections Supported Living (CCSL)
- Cascade Connections – Vocational Services (CCVS)
- Cascade Connections Training
- Cascade Connections Quality Assurance (QA)

Cascade Connections’ Supported Living program was created initially to serve those folks who lived in the original group home and were ready to move into their own apartments. The new program allowed people with developmental disabilities to have the support they needed to live more independently in their community.

Cascade Connections at one time also operated a children’s home in the Mt. Vernon area. This home is no longer in operation, but many of the people who lived there are now supported through Cascade Connections Supported Living.

Cascade Connections also provides Home Care services which allow staff to support people to live in their own home, either alone or with family. Our Home Care Aides (HCAs) support people to meet their daily needs such as cooking, cleaning, personal care, shopping, and appointments. Home Care Aides serve children through senior citizens.

Cascade Connections provided an adult family home in 2007 called Pine Street home. The home is no longer in operation, as it has since merged with Cascade Connections Supported Living.

Cascade Connections began serving people vocationally in 1992 out of a need for two individuals living in the original group home. Those services led to more referrals and more job placements. Cascade Connections began contracting with the Whatcom County Health Department to provide long-term vocational support services for individuals with developmental disabilities. Later, Cascade Connections became a provider for services through the Division of Vocational Rehabilitation. This allowed Cascade Connections to not only serve people with developmental disabilities, but also provide services for people with a variety of disabilities including brain injuries and mental health disorders.

In 2012, Cascade Connections started an in-house Training Department to meet the demands of ever-changing local and national rules and guidelines. Over the years of providing services, our Country, State, and County have added additional training requirements. Out of a need to ensure the ability to hire and train the best employees in our area, Cascade Connections created a training department which offers training to all new staff as well as community members. Staff who come into our organization gain the skills, abilities, and confidence that needed to ensure our clients receive the best services possible.

In 2018, Cascade Connections set up a Quality Assurance department for the Residential division to better streamline the processes of client and employee documentation. The QA department is responsible for assessing and maintaining quality operations – this includes overseeing client plan development, implementation of Washington State policies, employee files, staff certification, and documentation.

Normalization Principle

At Cascade Connections, we believe in the **normalization principle**. Normalization, according to disability theorist Wolf Wolfensberger, states that people who have disabilities are entitled to live as much as possible like everybody else in ways that enhance their status. This means they

have the right to live like others in the community. Washington State Developmental Disabilities Administration (DDA) and Cascade Connections have incorporated these rights into our guiding principles of service.

We believe that all people can live and work in our community and that it is our job to figure out how to make that happen. We provide services in ways that align with the normalization principle, which:

- Stresses what people CAN do, rather than what they can't
- Places an emphasis on the environment and the experiences encountered
- Assumes that all people can learn. Therefore, experiences can be planned which foster growth and learning.

Sometimes required policies do not easily translate into reality. We have outlined real examples of ways to incorporate the normalization principles into your everyday supports. Washington State identifies these benefits as the Service Guidelines, which are as follows.

Competence

Individuals will benefit by learning skills that help them to participate fully in their jobs and in their community. We accomplish this by:

- Offering people age-appropriate opportunities to learn
- Helping people define skills they want to learn
- Teaching skills in the context of real situations, not just "getting ready" for a job;
- Providing people with the opportunity to be self-reliant

Relationships

The quality of life for all people is directly affected by the quality relationships we have with others. We can help people to build relationships by:

- Identifying people who are important to the person
- Recognizing family members are important to some, and working out any conflicts between the organization and family in a way that protects the person's relationship
- Structuring staff roles in a way that helps build bridges to friendships
- Encouraging people to reach out to others

Integration

For people to become a part of their community, they must be present and actively participating, using the same resources and doing the same activities as ordinary citizens.

- Assist people to use available transportation to get to and from where they want to go
- Advocate for vocational opportunities in businesses where other community members without disabilities also work
- Encourage people to volunteer or participate in community activities

Status

Status is the valued perception of ourselves, by us and by others.

- Offer age-appropriate supports
- Promote activities typical of other members of the community
- Pay attention to the cultural background of others
- Advocate for jobs that offer median wages, benefits, and promotional opportunities

Power and Choice

We experience power, control, and ownership over our own destiny.

- Focus on listening to the person and the person's friends and allies to discover individual goals and preference
- Demonstrate respect for individual choices and encourage the expression of each person's individuality and personal power
- Protect each person's personal environmental privacy and legal rights

Health and Safety

Requires an understanding of how to acquire the skills, knowledge, and experiences to make good decisions regarding our own health and safety.

- Meet and exceed federal, state, and local fire health and safety regulations, policies and procedures
- Carefully consider each person's vulnerability to abuse, neglect, or exploitation and regularly review our efforts to offer appropriate protection or support
- Recognize the importance of the other service guidelines and how they assist in supporting the person's overall health and safety

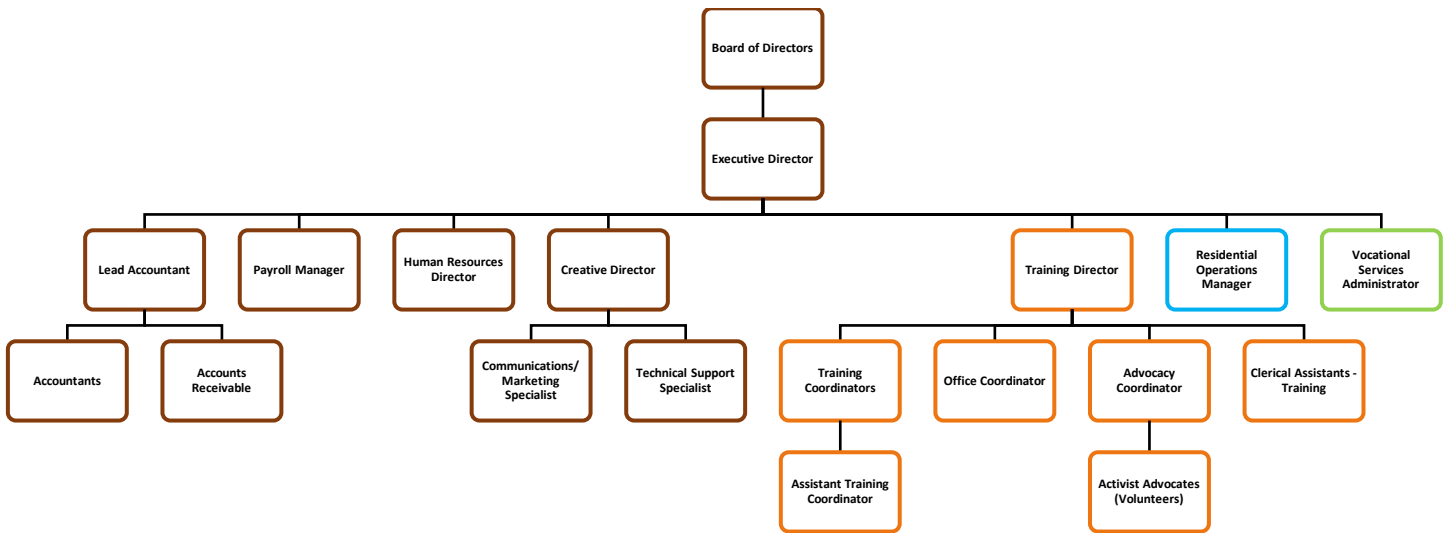
The important thing to remember is people are people. There is not a cut-and-dry way to explain how to support people. Get to know them. See what it is that they want to accomplish, what their hopes and dreams are for the future. The more you know them, the better able you will be to serve and support them.

Throughout your training, you will learn more about the history and the vision for the future of our organization. Perhaps most importantly you will learn more about how you as an individual staff member can make a difference in the lives of people with disabilities by assisting them to live full independent lives.

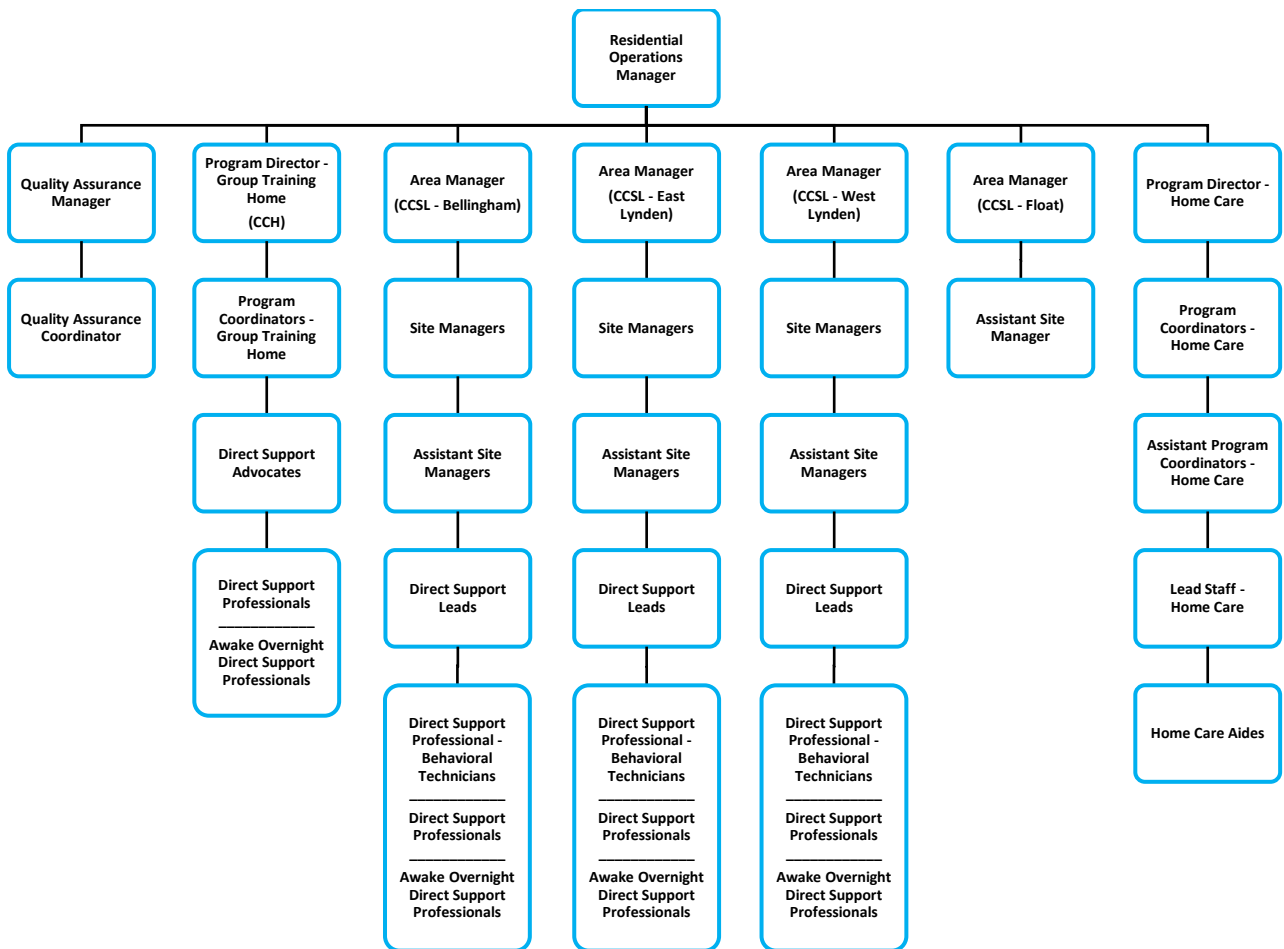
As a non-profit organization, Cascade Connections is governed by a group of individuals from our community who believe in our mission and vision.

Organizational Chart

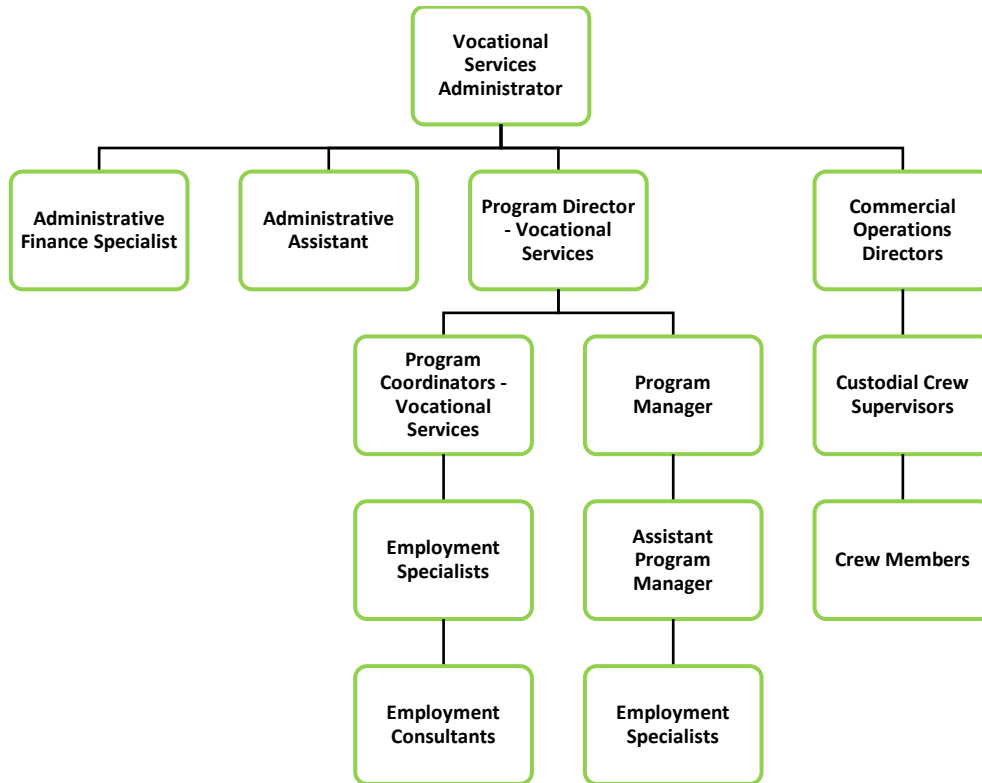
Admin



Residential



Vocational Services



DRESS CODE & GROOMING

One of the first things employees want to know when they are hired is: what do I wear? Cascade Connections has a dress code policy which is in our Employee Handbook for your review. Each department within Cascade Connections provides different services; therefore, our dress somewhat depends on your role and (sometimes) your daily schedule. Employees contribute to the corporate culture and reputation of Cascade Connections in the way they present themselves. A professional appearance makes a favorable impression with clients, parents/guardians, peers, the community, and employers. Good grooming and appropriate dress reflect employee pride and inspire confidence on the part of such persons. Cascade Connections strives to provide quality services by skilled employees, and the way an employee dresses/grooms reflects back upon the agency. Consequently, dress code guidelines are to be followed in **ALL** areas of the agency including the Training Center, administrative offices, and other program locations.

The following factors are used to determine whether a person's dress poses a conflict with the job or work environment. These include but are not limited to:

- Safety of self or others
- Productivity or performance of tasks
- Perceived offense based on race, sex, religion, etc.
- Community norms
- Client requests or complaints

Be sure to read the entire dress code policy and if you have further questions, ask your manager for clarification.

In addition to what to wear and what not to wear, please be sure to note that Cascade Connections also enforces a Fragrance-free Policy. Cascade Connections employees and clients have the right to clean air; many people have allergies to smells in the air.

[DRESS CODE & GROOMING \(Employee Handbook Link\)](#)

Fragrance-Free Zone Policy

Cascade Connections makes a conscious effort to be a fragrance-free environment to accommodate those who are chemically sensitive and/or allergic to fragrances, other strong odors, and scented products. Employees are required to adhere to the following fragrance-free policy while at work, including in agency buildings, agency vehicles, and client residences.

Explanation of fragrance-free policy:

- **On the body** – Refrain from using perfume, aftershave, body spray, or scented grooming products.
- **In the office** – Refrain from using any sort of scented plug-ins, air fresheners, or scented products. Be conscious of the smell of flowering plants or cut flowers. Please avoid having overly aromatic flowers such as lilies (oriental, star gazers, etc.), freesia, hyacinth, and lilacs or large bouquets in your office. If you receive flowers at work that have a strong scent or smell, please store them outside or in your personal vehicle until you can take them home.
- **In the kitchen** – Watch your food while it cooks if it is susceptible to burning to avoid burning it. If you accidentally burn food, such as popcorn, please ventilate the building by opening windows and doors when possible and turn on any available fans.
- **In agency buildings and vehicles** – All Cascade Connections staff are prohibited from smoking in agency buildings and vehicles. Refrain from installing air fresheners to common spaces. Instead, report any unpleasant aromas to your supervisor, manager, director, or administrator – as appropriate.
- **Smokers** – Please be aware that smoke, the smell of smoke, or nicotine oil can be especially challenging to be around for people with chemical sensitivities or. If you smoke, please be conscious of how you and your belongings smell. Cascade’s facilities have designated smoking areas assigned at each location. For client homes, please note our smoking policy which states that employees who smoke must do so 25 feet away from buildings and windows.

Questions? If you have questions or concerns about a scented item, please discuss it with your supervisor.

COMMUNICATION IS KEY

Communication is a key component to the positive team environment at Cascade Connections. We use several methods of communication. It is important to familiarize yourself and be comfortable with all our methods. As you will learn in your first few months here, it takes a fine balancing act to ensure that all our clients’ needs are met.

Primary Phone Numbers

- Office number: 360-594-4216
- Fax number: 360-393-4402

- Emergency cell phone: 360-305-9697

Hours of Operation

The main office of the Home Care program is open from 9:00am-5:00pm, Monday thru Friday. Due to a high volume of calls and tasks, the supervisors may not be available for drop-in visits. If you need to speak or meet with the Home Care Program Director or Program Coordinator, you should call 360-594-4216 to schedule an appointment.

Emergencies/After Hours

If you are unable to reach someone at the office in an emergency during normal business hours or you are calling after 5:00pm or on the weekend, there is an emergency cell phone you can call. The number is 360-305-9697. Please keep in mind this phone is for **emergencies only**. For matters that can wait until the next business day, please call the Home Care office and leave a message. Emergencies include: clients not being home, having to cancel a shift due to illness, etc.

For more information about emergent/urgent phone calls, please see the "On-Call Policy" section of this manual.

Email

All Cascade Connection Home Care staff are required to have an email to use. When using email, staff must adhere to appropriate email protocol:

- Subjects listed
- Red flags for items needing immediate attention. Send read receipts when necessary
- Address emails only to those whom you wish to respond (CC those who are FYI only)
- Work-appropriate language

Phone

Due to the nature of work at Cascade Connections Home Care, all employees are required to have a residence phone or cell phone so that they are accessible in the event of an emergency, to cover vacant hours, or to answers questions in relation to shifts they have worked or any other work-related questions.

Staff Boxes

Our office has a slot for each staff for passing documents and information. Try to check your box regularly especially when you stop by the office. Everyone should be checking his or her box a minimum of once a month. These boxes are for distributing work-related information. Staff should not use these to distribute materials that are non-work related unless approved by the Program Director. Please do not use these boxes as storage space or a place to keep your paperwork.

We also have an inbox located on the wall of our office to turn in paperwork. Your manager will show you the specific location of this inbox.

Staff Meetings

Most Home Care staff work remotely the majority of the time. Cascade Connections has established regularly scheduled staff meetings to have a time to bring everyone together. Staff meetings are scheduled once a month. You will be notified by your supervisor of the schedule for these meetings. Staff meetings are mandatory. If a staff member is unable to attend a staff meeting, they must have prior approval from their supervisors. It is your responsibility to obtain prior approval and your responsibility to follow up with your supervisor to find out what you missed.

Payroll

Please ask your supervisor for a payroll schedule. Our pay dates fall on the 10th and 25th of each month. If those dates fall on a weekend, pay will fall on the previous Friday.

ID Badge

Home Care Aides must wear an ID badge during their shift to indicate that they are employees of Cascade Connections. If clients ask you to remove the ID badge, Home Care Aides should contact the office.

CASCADE CONNECTIONS HOME CARE – POLICY ON ADMISSION

Cascade Connections Home Care (CCHC) is willing to provide support to any adults and children with disabilities or elderly individuals who meet the admissions criteria of the agency. We have programs available to support individuals with varying degrees of medical and behavioral challenges.

Cascade Connections Home Care will not refuse admission to a Home Care program, deny participation in the activities of the agency, or deny employment on the basis of race, age, gender, religion, marital status, use of a trained dog guide or service animal by a person with a disability, disabled status or Vietnam Era veteran status, sexual preference, color, creed, national origin, or presence of any sensory, mental, or physical disability, including communicable diseases and HIV/AIDS, or any other reasons prohibited by law.

Home Care Admission Policy

CCHC accepts referrals for adults and children with developmental disabilities and elderly individuals who may or may not have a developmental disability.

Referrals generally come from the Department of Social and Health Services (DSHS). CCHC will also accept Private Pay clients on an individual basis. The cost of Private Pay care will be negotiated by the facility Program Director, Residential Operations Manager, Executive Director, and Finance Committee with the prospective client and their family, if applicable. Clients are accepted based on availability of staffing.

CCHC considers the following to determine how soon the services can begin:

- Need – How urgent is the situation, and can CCHC staff those needs?

- What type of care does the individual require, and does CCHC have staff available to fulfill those needs?
- Are there financial resources available to purchase our services?
- Is the person applying a danger to themselves or others? If so, we cannot serve them at this time.

CCHC does not have nurses on staff and does not offer those services. Any client requiring nursing services must have established nursing services prior to admittance or be willing to set up necessary services prior to CCHC accepting the client. In some circumstances, CCHC can assist the client with acquiring the necessary services after admittance to the program. This will be identified in the individual's Plan of Care. However, CCHC will not incur the costs of those services.

CASCADE CONNECTIONS HOME CARE – POLICY ON DISMISSALS

It is the policy of CCHC to discharge a client based on one or more of the following criteria:

- The health and safety of the client or other persons is repeatedly endangered following the documented efforts of intervention.
- The client's welfare and needs cannot be met by CCHC staff.
- The client has failed to make the required payment for their services.
- The program ceases to operate. The program will attempt to give all clients at least 30 days' notice in writing should the program cease to operate.
- The client or guardian/representative terminates their acceptance to involvement in the program.

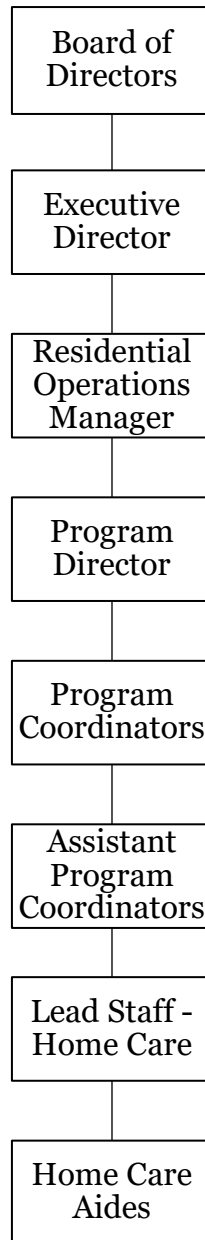
The above mentioned are not all-inclusive, and all reasonable efforts will be made to avoid transfer or discharge. However, when circumstances warrant a transfer/discharge, CCHC will notify the client and their parent/guardian in writing at least 14 days prior to transfer/discharge. The client's Case Manager will also be notified 14 days prior to dismissal and will work with the client and/or client's family to arrange alternate services.

DELEGATION OF RESPONSIBILITY

In the absence of the Program Director, the Program Coordinator will assume the Director's responsibilities. The Program Coordinator will have the authority to make non-emergent administrative decisions provided that they are not of a fiscal nature or of a nature that could have a lasting impact on the program or clients. The decision to terminate or suspend an employee will be up to the discretion of the Program Director only.

If a decision of a fiscal nature or of a nature that could have a lasting impact on the program or its clients must be made in the absence of the Program Director, the Residential Administrator should be contacted.

The chart below outlines CCHC Services delegation of responsibility:



CLIENT RIGHTS

Cascade Connections guarantees the following rights to anyone who receives services from our organization. The only exception to this policy is if the client may be jeopardizing the health and safety of themselves or others.

- Clients (and their guardians) will be told of their rights when services with Cascade Connections begin and at least annually after that. They will be given a copy of these rights and Cascade Connections policies. Clients (and their guardians) will be informed both orally and in writing, in language that they understand, their rights and roles and responsibilities as a participant of Cascade Connections.
- Clients and their property will be treated with respect and dignity at all times.

- Equal treatment and the freedom from interference, intimidation, or discrimination will be given to all participants without regard to color, race, creed, sex, age, religion, national origin, marital status, sexual orientation or alternative lifestyle, disability (including HIV/AIDS), Vietnam or disabled veteran status, or use of a trained guide dog or service animal.
- Clients will be given a list of services offered by Cascade Connections. They have the right to make informed choices and will be given admission and termination criteria for all programs.
- Clients have the right to protection against exploitation, demeaning treatment, abuse, restraints, or restrictions, including unnecessary medications.
- The policies of Cascade Connections will include a way for making complaints and filing grievances free from retaliation or barrier to services. Clients have the right to have access to information in sufficient time to assist you with your decision making.
- Clients will be given the phone and address of one or more outside advocacy groups. This may include phone numbers to report suspected abuse, neglect, exploitation, and mistreatment of themselves or others. Also included in this may be Adult Protective Services/Complaint Resolution Unit, state representatives, or their personal physician.
- Information in client files is private and will not be shown to anyone except staff or others who may need the information help the client. Clients (or their guardians) will sign a release of information prior to Cascade Connections releasing any information. These releases will be renewed annually, or every 90 days as applicable by law. Cascade Connections may release personal written consent under the following conditions:
 - If required by law
 - To organizations, agencies or person(s) conducting an audit, or evaluating services
 - Reporting incidents of child or adult abuse to the police or other appropriate agencies
 - Anonymously for research purposes
- Clients can see their files, including billing information, and may read the information that is in their files or have it explained to them if they so desire. They must allow 24 hours advance notice. With 48 hours' notice they may photocopy documents generated by Cascade Connections ONLY. They need to contact the professionals generating other documents to request copies.
- Clients have the right to be informed about advance directives. Cascade Connections complies with the (RCW: 70.122) Natural Death Act in reference to advance directives.
- Clients have the right to gainful employment and pay for a day's labor in accordance with the Department of Labor. (Please note for our Vocational services, clients are sometimes assisted with an "assessment", where they try out a job without pay, this is also in accordance with the Department of Labor Guidelines).
- Clients will work with Cascade Connections staff to develop a plan for support that will meet clients' unique and individual needs. Client plans will outline their personal skills and abilities as well as their personal choices. Plans may be developed in conjunction with their funding sources, including: Developmental Disabilities Administration, Division of Vocational Rehabilitation, or Home and Community Services. These plans must be developed within the first 30 days of referral. Plans may be modified or revised:
 - When there is a significant change
 - If the client (and/or the guardian) request a change
 - At the completion of the plan (not to exceed 12 months)
- Clients have the right to request reasonable accommodations to access Cascade Connections services. Clients may ask a staff to support them in requesting reasonable accommodations from an employer.

- If a client of Cascade Connections needs services of a certified language interpreter, including sign language, or alternative written materials to accommodate their disability, the company will provide this service in accordance of Title VI of the Civil Rights Act.
- Unless it is absolutely necessary to stop clients from being hurt or hurting someone else, they will not be physically restricted in any way. If this happens, a full incident report will be put in the client's file. Cascade Connections is required to report to relevant agencies if we become aware of unsafe or self-injurious behavior.
- All services are voluntary, and clients shall have the right to refuse services at any time.

NON-DISCRIMINATION POLICY

Cascade Connections will not discriminate against any individual in any aspect of programs, activities, practices, policies and services on the basis of race, color, national origin, ancestry, sex, sexual orientation, gender identity or expression, religion, age, pregnancy, disability, work-related injury, covered veteran status, Vietnam Era and/or disabled veteran status, political ideology, genetic information, marital status, use of a trained guide dog or service animal by a person with a disability, including HIV/AIDS or any other factor that the law protects from discrimination.

This policy of equal opportunity and non-discrimination extends to the agency's employment practices, including but not limited to recruitment, hiring and promotion.

Non-Discrimination Plan

The Non-Discrimination Policy to which Cascade Connections Services adheres and is committed ensures that all its employees, volunteers and clients shall be free from discrimination. The plan applies to every aspect of services and employment by Cascade Connections.

A few, but not all practices, which could be discriminatory, if based on the above-named categories are:

- Refusing to hire or promote
- Denying services or benefits
- Failing to make reasonable accommodations to allow full participation in all programs and services
- Denying the opportunity to participate on committees, or as consultants or volunteers

This policy is in accordance with Title VI and VII of the Civil Rights Act of 1964, as amended in 1972, Executive Order 11246 as amended by Executive Order 11375, Section 503 and 504 of the Rehabilitation Act as amended, The Age Discrimination Act of 1967 and 1975, the 1974 Vietnam Era Veterans Readjustment Assistance Act, The Americans with Disabilities Act of 1990, The Civil Rights Act of 1991, and the Washington State Law Against Discrimination.

HIV/AIDS Policy

Prohibition of discrimination on the basis of HIV/AIDS applies to:

- Persons diagnosed HIV positive or AIDS.
- Persons regarded as having risk for acquiring HIV/AIDS.

- Person associated with either of the above. "Associated with" includes persons who work or volunteer at places or organizations that are involved with HIV/AIDS in any capacity or who have friends, relatives, or acquaintances in the above referenced groups.

Religious Statement

Cascade Connections will not discriminate against any personal or formal religious convictions or practices. Cascade Connections will not participate or assist clients in any illegal or discriminatory activities.

CLIENT CONFIDENTIALITY

Cascade Connections upholds and protects the legal right of each client to confidentiality. Client names, personal information, individual files, and any other identifying information will be treated as confidential information and is subject to the following:

- All client information and client records shall be:
 - Considered privileged and confidential
 - Available to select training and support staff, client Case Manager and client
 - Used in the best interest of the client
 - Kept for a minimum of 6 years post closure
- The release of information form must be signed by the client or their legal representative before:
 - Transfer of inspection of a client's record or information by other than select staff and client Case Manager
 - Obtaining records from other professionals or agencies having contact with the client
 - Verbally discussing privileged information about a client with others than select staff
- A record is to be kept of each time information is exchanged or records reviewed by others. This record is to include:
 - The date of exchange or review
 - To whom the information/records are released
 - Specifically, what information is released or exchanged
 - Copy of client signature of release
- The release of information form is to be time limited specifying the date information is exchanged or during which dates information exchange is to be conducted:
 - For temporary relationships, i.e., medical consultants, a limited period of not more than 90 days is acceptable.
 - For permanent relationships, a time-limited period of not more than 12 months is acceptable.

Oath of Confidentiality

The employee must understand that any information in client or employee files, information relayed over the phone, or discussed in groups is to remain confidential. Failure to agree with or adhere to this oath of confidentiality is cause for termination. Cascade Connections assures that all client and employee information will be kept confidential.

The employee also must understand that the unauthorized release of confidential information may subject them to civil liabilities under the provisions of State or Federal Law.

All employees of Cascade Connections will be required to sign a Confidentiality Pledge.

Confidentiality in Practice

Confidentiality is a key component of the services provided at Cascade Connections and within the human services field in general. The people we support deserve privacy and respect, and employees of Cascade Connections must honor this oath of confidentiality.

In practicality, this means employees need to be careful when, where, and with whom they are speaking to regarding work-related information. Even when talking with other employees, ask yourself about the purpose of the conversation. If it is not benefitting the individual who is being served, should you be discussing it? Management is available to work with employees in determining courses of action.

Employees cannot exchange information with outside parties without a signed release of information form. Clients have the right to read anything in their file that is generated by Cascade Connections. If a client wants to view their file, they must make an appointment first. This is to ensure that there is someone available to help explain any information to them if needed. Client information provided by outside agencies is not granted to them by Cascade Connections. Rather, clients should request the specific information from that agency. This is because we are not therapists, and giving someone information that we cannot explain and process with them may cause undue harm to the individual.

CLIENT RECORDS

All client records will be kept in the CCHC office and are available for review by appropriate Home Care Aides, contractors, and the department. Documents will be written legibly in permanent ink. At a minimum, records shall include:

- DSHS/AAA/DDA, assessment details and service summary with access to client authorizations upon request
- Plan of Care with schedule
- Release of Information, when there is evidence of information sharing outside of covered entity
- Client Consent to Services
- Verification that a written bill of rights (Client Rights) was given
- Verification of client receipt of grievance policy and procedure
- Client responsibility if applicable
- Progress notes related to delivery of services to the client. Progress notes, all client records, and related records authored by the CCHC are to be kept in a legally acceptable manner. This includes correction to the record with a single line through the error, noting the error, the date of correction and the signature or initials of the person correcting the record. If electronic progress notes are kept, corrections must note date and person making the correction. Using white out to obscure original comments and use of pencil are not considered legally acceptable documentation.
- Evidence of initial and six (6) month home visits.

All client records are considered agency property and will be kept confidential. In the event that a client needs to be transferred or relocated to another agency, CCHC will transfer, upon request, client information or a summary of care to the requesting agency or facility, provided that a release has been signed by the client and/or legal representative. CCHC will only transfer documents generated by CCHC. Documents generated by other professionals or entities must be obtained directly from those sources, i.e., medical exams/records, etc. Client records will be maintained for at least 6 years following the date of termination of services. If, for any reason, CCHC ceases to operate, all documentation will be disposed of in a confidential manner. All documents will be stored in a manner to prevent loss, maintain the integrity of the records, and protect against unauthorized use. In the event of a client death, records may be released in accordance with RCW 70.02.

Release Forms

It is the responsibility of CCHC to obtain written consent from the client and/or their guardian for the following:

- Release of confidential information
- Use of photographs
- Participation in the program
- Emergency medical or dental care
- Participation in community training
- Visitation from family/friends other than parents/guardians
- Administration of medications
- Any healthcare-related information/issues

These documents are to be read and signed by the client and their guardian upon admission to a CCHC program. These documents are to be updated annually for each participant. Program Coordinators or Assistant Program Coordinators are responsible for getting new forms to the client or their guardian on a yearly basis to be signed and returned to the program.

New employees of CCHC will be required to sign a Confidentiality Pledge.

CLIENT GRIEVANCES

All Cascade Connections clients have the right to voice grievances. Prompt efforts will be made by the program to resolve such grievances.

Grievances may include but are not limited to the following:

- Treatment of a client
- Care the client may or may not be receiving

Cascade Connections acknowledges the right of each person to ask questions about their support. We believe honest communication is essential to good morale. The grievance policy provides people with a process they can use to seek help when they feel aggrieved by a staff person or program decision. Any information shared shall be considered confidential and privileged and will only be released with written permission. Retaliation against any person who files a grievance is strictly prohibited. At any time during the grievance procedures a person may elect to have an advocate of their choosing to assist in the grievance process.

Procedure for Filing a Grievance:

When a client has a grievance with a staff member or a part of Cascade's implementation of their Plan of Care, they have a right to file a grievance. Below is the process involved with a client filing a grievance:

- Attempt to resolve the problem directly with the staff person involved. If the problem still exists, or if the problem is with a supervisor, please resort to the next step of the grievance policy.
- Make an appointment with the Cascade Connections Home Care Program Director. They will then try to resolve the situation. At this meeting, be sure to have all the facts necessary to present your case appropriately. You will receive a written decision of any action to be taken within two weeks of the initial complaint. If the Program Director cannot resolve the situation or if you are unsatisfied with the Program Director's resolution, they will then refer you to the next step.
- Upon referral by the Program Director, the Cascade Connections Administrator shall consider this matter with input from all parties involved. They shall settle the issue. You will receive a written report of any decision or action to be taken within one month of the initial complaint. The Administrator has the option of presenting the matter to the Executive Director and Board of Directors. In this event, the Executive Director and Board will address the issue at the next regularly scheduled meeting. Written notification of their decision will be no later than two weeks following the next scheduled meeting.
- If the situation is not solved by the agency, you may request a review by any of the following groups:
 - Developmental Disabilities Administration: 360-714-5000
 - Division of Vocational Rehabilitation: 360-714-4136
 - Evergreen Legal Services: 1-800-562-8836
 - Long Term Care Ombudsman: 360-588-5742 or 360-416-7585 ext. 142
 - People First: 360-647-7467
 - The Arc of Whatcom County: 360-715-0170/The Arc of Washington State: 360-357-5596
 - Washington State Department of Health: 360-236-4700
 - Whatcom County Human Services: 360-778-6002
 - Any other person you wish to have present

All grievances will be documented along with any findings related to the grievance. The report will be placed on file and a copy will be given to the client. Any person employed by Cascade Connections or person(s) receiving support by Cascade Connections will not retaliate against clients filing grievances.

DSHS PLAN OF CARE / NEGOTIATED CARE PLAN

CCHC utilizes the Service Summary of the Negotiated Care Plan to identify the services that will be provided to Home Care clients. The Plan of Care will be reviewed upon acceptance but prior to providing services with the involvement of the client and the family.

The Plan of Care must meet the approval of the client, the family, and the Case Manager. The Plan of Care will include an adequate and detailed description of specific tasks to be performed by the Home Care Aide, as well as pertinent health, medical, other significant client care

information, and Home Care Aide instructions. These services will be performed according to agency procedures and policies.

In order to assure the Plan of Care is reviewed, accurate, and meeting the client's needs, the Program Director or designated appointee of CCHC will meet with the client at least once every six (6) months following the initial home visit in their place of residence. The Plan of Care will be reviewed on-site, updated, approved, and signed by the client, CCHC Program Director or appointee, and designated family member at least every 12 months and as necessary based on changing client needs. One copy of the Plan of Care will be provided to the client, one to the family, and one retained in the client's file.

SERVICES PROVIDED BY CASCADE CONNECTIONS HOME CARE

CCHC provides a variety of services in Whatcom County as defined in the client's Plan of Care, or Negotiated Care Plan for Private Pay clients, which is developed by each client's DSHS Case Manager and is agreed to before services are provided. The client support hours will be determined on an individual basis and will be noted in each individual's Plan of Care. Each staff's work schedule is based on the client's needs and services that are to be provided per the client's Plan of Care. The client and the staff providing these services will agree on a staff schedule prior to the provision of services.

Authorized Services Through ProviderOne (State Funded)

CCHC provides services:

- For periods as short as one (1) hour
- During the day
- In the evening
- During the weekend, or
- On holidays

The following are a list of approved tasks:

- **Personal Care Services** – Assist with Activities of Daily Living (ADL) and Instrumental Activities of Daily Living (IADL), including, but not limited to: food prep, laundry, medication reminder, transportation to essential services (i.e., grocery shopping and medical appointments)
- **Respite Care** – Respite care is a service in which a Home Care Aide provides planned, short-term care for a client so that their primary caregiver can have some time away from caregiving. Respite care can include accompanying clients on outings and activities.
- **Relief Care (Respite) Housework and Errands** – Relief care is the authorization of household services to relieve the regular personal care worker of these duties. However, the regular care worker must still be present with the client while relief care is provided. Housework authorized may include:
 - Cleaning kitchens and bathrooms
 - Sweeping, vacuuming, and mopping floors
 - Dusting furniture
 - Assistance with laundry (washing, drying, ironing, and folding clothes)
 - Changing bed sheets and making the bed

- Cleaning ovens
- Washing interior windows and walls of areas of the home used by the caregiver and/or client
- Defrosting freezers

Errands authorized may include brief, occasional trips to local stores to pick up prescriptions and/or medical/personal care necessities, and other purposeful shopping requests.

The following tasks are not provided as part of the Housework & Errands service:

- Personal care tasks (e.g. assistance with bathing, shampooing, or other personal hygiene/grooming needs)
- Yard work
- Minor home repairs
- External house cleaning or maintenance
- Splitting/carrying wood
- Pet care
- Any task that requires skills not usual to a homemaker
- Transportation/company for outings and activities

Bath Aide – Bath aide services are limited to assistance with the tasks listed below and when such tasks are directly related to the client’s health condition

- Provide bed bath, shower, or tub bath as appropriate
- Provide appropriate care of skin, hair, fingernails, mouth, and feet (excluding toenail care)
- Provide good body alignment, positioning, and range of motion exercises for clients who are non-ambulatory
- Assist client in and out of bed and with ambulation (including gait belt, sliding board, Hoyer Lift, E-Z Stand) with family or facility staff assistance as indicated
- Assist client with use of bedpan, urinal, commode, and bathroom
- Assist with routine catheter care and enemas according to the Plan of Care
- Assist clients with eating and dressing
- Change simple dressing

Bath aide services exclude tasks that clearly should be provided by certified medical professionals, such as registered nurses, licensed practical nurses, or therapists.

Skills Acquisition Training Services – This service includes functional skills training to accomplish, maintain, or enhance ADL, IADL, or health-related tasks. Home Care Aides may provide skills acquisition for ONLY the following tasks:

- Cooking and meal preparation
- Shopping
- Housekeeping tasks
- Laundry
- Limited personal hygiene tasks including only:
 - Bathing (excluded any transfer activities)
 - Dressing
 - Application of deodorant
 - Washing hands and face
 - Washing, combing, styling hair
 - Application of make-up

- Brushing teeth or care of dentures
- Menses care
- Train shaving with an electric razor

Authorized Services Outside ProviderOne (Private Pay)

CCHC provides services:

- For periods as short as one (1) hour
- During the day and overnight
- In the evening
- During the weekend
- On holidays

The Program Director will discuss the details with the clients regarding the tasks we provide during the assessment. Some examples of tasks include:

- Personal care (hygiene assistance, medication reminders, diet monitoring and meal planning, walking assistance, etc.)
- Housekeeping (laundry, ironing, vacuuming and dusting, meal prep, pet care, etc.)
- Companion care
- Alzheimer's and dementia care

Care Settings

Services will be provided in the client's home unless authorized and written into the client's assessment details and service summary or Medicaid Transformation Demonstration Project (MTDP) Plan of Care. Some care setting examples would be:

- Single family homes
- Apartments
- Condominiums
- Mobile homes
- Trailers, etc.

Supervision of Staff

Before beginning work for every client, the Program Director or Program Coordinator will review the client's Plan of Care with every assigned Home Care Aide. The Program Director or Program Coordinator will attempt to provide in-person review of the Plan of Care with each Home Care Aide and document the reason when an in-person review is not possible. Each Home Care Aide will acknowledge with a signature and date that they have reviewed the client's Plan of Care, except an agency supervisor can sign and date for a substitute Home Care Aide.

Annual updates and all other changes to the Plan of Care will also be reviewed with the Home Care Aides as soon as possible by telephone or in-person but at least within one (1) week of the beginning of any change in services impacting health and safety of client. The Home Care Aide must sign an acknowledgement of orientation to Plan of Care within one calendar month of Cascade Connections Home Care receiving the plan. The Plan of Care may be reviewed with both the client and the assigned Home Care Aide at the initial home visit and subsequent supervisory home visits.

Supervisors will contact clients on a weekly basis to check in and monitor Home Care Aides. Home Care Aides will be required to log tasks/activities at each shift that will describe the type of services provided to the client during daily routines.

Management will conduct semi-annual home visit checks to observe Home Care Aides and to assure the Plan of Care is reviewed, accurate, and meeting the client's needs and satisfaction. Management may also conduct other "drop-in" checks for quality purposes.

Each employee will receive an informal evaluation at the completion of their first 30 days (check-in) and again at 90 days (self-evaluation and meet with supervisors). A formal evaluation for new Home Care Aides will be completed within their first 6 months of employment and annually thereafter. On-site observation of care and skills specific to each client's Plan of Care will be included in performance evaluations.

Service Plan When Assigned Worker is Unavailable

When situations such as emergencies, vacations or staff illness occur, a trained substitute Home Care Aide will be provided to address client needs. A trained substitute staff shall arrive at the client's home within twenty-four (24) hours after the original Home Care Aide was scheduled, unless otherwise agreed to by the client. If lack of immediate care would pose a serious threat to the health and welfare of the client, the substitute staff shall be available for service within four (4) hours.

Affected client(s) will be notified of the situation as soon as possible and will be given the choice to reschedule the missed shift when the original Home Care Aide will be available or be offered a substitute Home Care Aide. The Program Director or Program Coordinator will ensure an introduction between the client and staff has occurred prior to staff working with the client. The Program Director or Program Coordinator will review the client's Plan of Care with the replacement Home Care Aide prior to the assignment. All Home Care Aides who fill in for absent staff must be able to demonstrate they have a knowledge of the client's Plan of Care and, if applicable, meet the training requirement for nurse delegation, and have been delegated tasks by the delegating nurse for that client.

If the required shift start time makes it impractical to conduct an in-person review of the Plan of Care with the substitute Home Care Aide, a telephone review between the substitute worker and the Program Director or Program Coordinator may be completed. The telephone review of the Plan of Care must be documented in the client's case record.

If CCHC is not able to provide a substitute Home Care Aide for a client in need of essential services, or a client with emergent needs refuses a replacement Home Care Aide, the Program Director or Program Coordinator will immediately notify the Case Manager.

When You Are Unavailable to Work

Staff must contact their supervisor immediately if unable to make a scheduled shift or if needing to leave a shift due to illness or other unforeseeable circumstances. Staff must never leave a shift prior to a replacement arriving and/or speaking directly to the supervisor. A supervisor is the only person(s) with authority to grant permission to leave a scheduled shift or approve a replacement. See Employee Manual – Attendance Policy.

Inability to Deliver Services

Whenever services cannot be delivered due to the client not participating (i.e., hospitalizations, vacations, not answering the door, turning the Home Care Aide away, etc.), the Home Care Aide will report this promptly to the Program Director or Program Coordinator. The Program Director or Program Coordinator will contact the guardians and/or family. The Program Director or Program Coordinator will also contact the Case Manager when the client's absence may result in a change in client condition or adversely impact the ability of CCHC to deliver services as outlined in the Plan of Care. The missed appointment will be documented.

Conflict of Interest Policy

CCHC will not receive compensation under the contract for services provided to a client by an employee who is a family member* of the client. Therefore, employees will not be assigned to work with family members at any time, under any circumstances. All employees must sign and date an attestation form in which they disclose whether they are providing, or will provide, services to a CCHC client who is a family member of the employee. It is expected that CCHC's employee will disclose to their supervisor whether they have relatives who receive services from CCHC.

Home Care Aides shall not solicit work outside of the client's Plan of Care and shall refer any additional work that clients attempt to solicit from them to the supervisor. All employees are prohibited from involvement or assistance in a client's financial matters, acceptance of gifts, gratuities, or loans from clients.

* "Family member" is broadly defined to include, but is not limited to, a parent, child, sibling, aunt, uncle, cousin, grandparent, grandchild, grandniece, or grandnephew, including such relatives when related through adoption or marriage or registered domestic partnership.

COORDINATION OF SERVICES

CCHC may work collaboratively with other service providers, including the case manager as appropriate, within HIPAA and Health Information Technology for Economic and Clinical Health (HITECH) Act guidelines in the delivery of services to clients. Examples may include but are not limited to:

- Medical professionals
- Physical and occupational therapists
- Mental health therapists and counselors
- Speech therapists
- Home health services
- Hospice services
- Other Home Care agency providers
- School personnel
- DDA nurses
- Transit services

CCHC may coordinate service delivery with other contractors to mutually support the delivery of Home Care services and/or assess the welfare and well-being of high-risk clients during a natural and/or man-made disaster.

OBTAINING COMMUNICATION SERVICES FOR CLIENTS

CCHC recognizes that each individual has unique needs. In many cases, there is a communication barrier and therefore a need for appropriate methods of communication. In order to address these needs, CCHC staff in collaboration with the client and their family and/or guardians will identify the specific communication needs and address those needs in the Plan of Care. Various methods of communication may include: picture books, communication devices such as iPad or DynaVox, and/or interpreter services.

Communication Devices/Interpreter Services

CCHC will make every effort to assist individuals in accessing interpreter services and/or communication devices. CCHC may assist the person in obtaining the proper documentation to attain an appropriate communication device. CCHC will not be held financially responsible for obtaining these services. It is the responsibility of the client to cover all expenses either through Medicaid, Medicare, private insurance, or personal funds.

MEDICAL POLICY/PROCEDURES

When specified in the client's Plan of Care, CCHC may support the client with medical appointments in any of the following ways:

- Scheduling medical appointments
- Transporting the client to and from appointments
- Attending appointments with the client and taking notes during the appointment

The specific medical supports a client receives, if any, will depend on the assessed needs of the client and will be outlined in their Plan of Care.

MEDICATIONS

In accordance with DDA Policy 6.19, Cascade Connections staff will adhere to the following policy on administration of medication. Clients will be informed as to what medications they are taking, what the medications are for, and the time and dosage of the medications they are taking. This will be done to the greatest extent possible taking into consideration the person's ability. The following is a list of agency guidelines for all Cascade Connections staff to follow:

- Cascade Connections staff shall never administer or assist with any medication of any kind that has not been specifically prescribed for that client. Only medications and treatments that have been approved by a physician by way of prescription are listed in the Medication Administration Records (MARs). This includes all PRN and over-the-counter (OTC) medications.
- When administering medications, it is advised that the area be clear of other staff, clients, and guests.
- All new staff who do not already have a qualifying credential are required to earn their Home Care Aide Certifications within 200 days of hire, and prior to administering any delegated medications. Only Cascade Connections staff who hold a Home Care Aide

Certification or are “grandfathered in” with a Nursing Assistant Registration Certification (NAR) will supervise and record the taking of medications by delegated clients. Before performing any delegated nursing task, staff must have received the Home Care Aide Certification, completed the Nurse Delegation Core Curriculum class, and have been delegated to perform the specific task by the delegating nurse. Clients who are not delegated may have assistance from non-delegated staff.

- Medication changes and changes in treatment plans may only be authorized by the client’s prescribing physician. RNs and guardians or family members may not authorize changes.
- If at any time, there is a change in a client’s condition that requires a change in the level of support a client requires for medication administration (i.e., a client who was once self-administering meds is now requiring delegation services), the DDA Case Manager must be notified.

Assessment for Medication Services

Upon entrance to CCHC, each client will have their medical needs assessed to determine what, if any, medication services are needed. The assessment will consider whether the client:

- Is capable of self-administering their own medications without assistance or guidance from another person
- Is capable of storing their medications
- Has a physical condition or disability prohibiting or interfering with their ability to take prescribed medications
- Understands the appropriate use of their medication
- Is capable of communicating and directing others to provide physical assistance as prescribed

Medication assistance will only be provided to a client when specified by a client’s Plan of Care and only if CCHC staffs can be scheduled to meet that need.

Medication Administration

Medication Administration must be distinguished from Medication Assistance. Medication Assistance is assisting the client so that they can administer their own medications themselves. Medication Assistance does not require nurse delegation. Medication Administration occurs when the client does not actively participate in the administration of the medication and staff are solely responsible for all aspects of administering the medication.

Medication Administration only occurs when the client’s Plan of Care identifies them as needing medication services or supports. Only at this time will Home Care Aides administer the client’s medications for them. Otherwise, CCHC will have no role in the client’s medication administration. Only the staff with all of the following required credentials may administer medications:

- HCA Certification (or grandfathered NAR)
- Nurse Core Delegation training certificate
- Has been delegated by the program’s delegating nurse for that client

Delegated staff may only perform medication administration for those tasks for which they have been delegated. Follow the delegation instructions from the delegating nurse when administering medications and be sure to always perform the 5 Rights.

The following steps are general guidelines for administering medications:

- Have the client's Medication Administration Record (MAR) open when administering or assisting with medications. Verify that the information in the MAR matches that on the prescription label.
- Take out all of the medications that the MAR indicates the client is scheduled to take at that time.
- Wash hands and wear gloves for all nurse-delegated tasks.
- Always use the information on the prescription label to ensure you are observing the 5 Rights:
 - Right Client
 - Right Medication
 - Right Time
 - Right Dose
 - Right Route
- When administering medications, compare what is in the medication packet to what is in the MAR to ensure that there is nothing missing or extra.
- If assisting with topical medications, provide the client with privacy and be sure to gather all necessary materials (i.e., gloves, ointment) prior to the start of the task.
- Immediately after a medication is administered, sign-off for it in the MAR. Staff are never allowed to sign-off for medications that they did not administer themselves.
- Always change gloves between tasks.

Double check that all medications and topicals that were scheduled have been administered and signed off before putting away the MAR.

PRN Medications

PRN ("pro re nata" or "as needed") medications are given only on a needed basis. All medications administered to a client must have a written order by a physician.

Every administration of a PRN medication gets documented in the client's MAR. Additionally, staff must record, in the documentation logs, the client's symptoms that warranted the administration of the PRN. Staff must also follow-up a PRN entry about an hour after administration to determine the success of the medication (e.g., if a PRN is given for a headache, indicate whether the headache went away).

Whenever staff are unclear as to when a PRN should be administered, they should look to the client's Plan of Care for instructions. If PRNs are to be administered to a delegated client, staff should refer to the delegation instructions for information on when to administer PRNs.

Over-the-Counter (OTC) Medications

These are medications that can be purchased without a doctor's prescription. Some clients independently shop for over-the-counter medications and do not require nor should receive staff support for administration. Only medications identified by the program must be supervised by staff. Staff are never allowed to administer medications to a client if there is not a written doctor's order.

Medication Administration Errors

It should be the priority of all staff to ensure that clients are taking the correct medications at the correct times. The health and safety of Cascade Connections' clients depends on them taking their medications properly and it is Cascade's responsibility as service providers to make sure this area of our job is done without error.

Medication errors may include the following:

- Medications not administered
- Medications administered to the wrong client
- Medications administered at the wrong time
- Medications administered via the wrong route
- The wrong medications administered
- The wrong dosage of medication administered
- Any other oversight

Staff noting medication administration errors should do the following:

- Double check to make sure there was an error
- Determine which meds were involved in the error
- Notify either a manager at the office, or, if none are available, notify the on-call manager. Wait for supervisor instruction, as it will vary depending on the client and the medication
- Pharmacy
- If the affected client is delegated, call the delegating nurse
- Complete a Medication Incident Report and deliver it to the main office as soon as possible. Make sure the Med Incident Report includes all of the following:
 - Name of client affected
 - Medication names and doses for ALL meds involved in the incident
 - Description of the incident
 - Staff reporting the error
 - Staff who made the error (if known)
 - Date and time the error occurred (if known)
 - Date and time the error was discovered
 - Which of the 5 Rights was violated
 - How the client was or could be affected by the error
 - How the error was resolved, including the instructions provided by healthcare professionals contacted
 - For errors resulting in medications missed, remove the missed pills from the med roll or blister pack, place them in a sealed bag, and staple the bag to the Medication Incident Report

Medication Documentation Errors

Staff discovering errors concerning only the documentation of medications (as opposed to errors in the administration of medications) should adhere to the following:

- If a medication is not signed off in the MAR, check the medication packet to make sure that all pills that were scheduled to be taken have been administered.
- Contact the staff who was scheduled for the medications to verify that the client did receive those medications. If the medication was not given, see the above procedures for "Medication Administration Errors."

- Notify a supervisor of the missing documentation.

If a medication was not given or there was any other error in the actual administration of a medication, please refer to the above policy on “Medication Administration Errors.”

Medication Storage

CCHC will assist the client with medication storage only when that client receives medication services, as specified in the Plan of Care. For these specific clients, medications will be stored in the manner detailed in their Plan of Care. Medications, including Med-sets, are filled by a pharmacist. Med-sets must be labeled with the medication, dosage, times to be administered, and the prescribing physician’s name.

Narcotics and Controlled Substances

“Controlled substances” are drugs and medications that are regulated by state and federal laws due to their potential for addiction and abuse. A “narcotic” is an especially addictive type of controlled substance that, when used properly under a physician’s care, can be effective in relieving pain.

Sometimes, our clients will be prescribed narcotics or other controlled substances for the treatment of certain conditions. Due to the higher risk for abuse of these medications, any client receiving medication services and prescribed a controlled substance has certain policies and procedures in place for monitoring the specific medication.

Whenever there is a new prescription for a controlled substance, the filling pharmacy will notify the program of the medication’s controlled substance status. Controlled substances and narcotics get counted three times a day, and two staff must be present and sign-off for the count. At each shift change, the oncoming staff and the departing staff will perform the count together for all controlled substances/narcotics that are prescribed to the client. The staff assigned to do a controlled substance or narcotics count will record the date and time the medication was counted along with the number of doses the client has left on the appropriate Controlled Substance or Narcotic Count Sheet. Medications that cannot be accounted for will require staff to immediately contact their supervisor.

Client Use of Medical Marijuana

Cascade Connections recognizes that clients may choose to use medical marijuana if other medications or treatments have been deemed unsuccessful in treating their conditions. Cascade Connections will not deny services to those clients, provided that the following criteria are met:

- Medical marijuana may only be in pill form. No other forms of marijuana will be allowed. Cascade Connections will be unable to support clients who choose to use marijuana in other forms such as smoking or use in baked goods.
- Clients who use marijuana for medicinal reasons will be required to have a valid prescription for marijuana in pill form. If the client is unable to obtain their prescription from a dispensary without assistance, they must make arrangements with a family member or friend to pick up the prescription from the dispensary.
- Clients who use medical marijuana and require delegation will be treated the same as any delegated client taking any other type of medication. The delegating nurse will delegate the task to qualified staff. Staff will record the administration of the medication in the MAR.

- For clients who do not require delegation but do require assistance, staff will assist them to take their medications and record it in the MARs.
- Medical marijuana will be treated the same as a narcotic. The medication will be monitored by their client and/or their family.
- For clients who do not require any kind of assistance with medications, staff will not have any contact with these clients' medications.

Medication Pick-Up and Delivery

For most CCHC clients, medication pick-ups are handled by clients themselves or their guardians. If neither the client nor the guardian can pick up the client's medications, Home Care Aides may be required to assist by transporting the client to the pharmacy to pick up their medications. If new medications arrive to the client's home while the Care Aide is present, the staff will make a note of the medications received in the client's documentation log.

Disposal of Medications

When medication is discontinued, expired, or superseded by another, any leftover medication will be properly disposed of. CCHC assumes this responsibility for clients receiving medication administration services, as specified in their Person-Centered Service Plan. Proper disposal methods are:

- Return the medication to the filling pharmacy.
- If second person is present to witness the disposal, the medication may also be dissolved in used coffee grounds.
- For disposal of controlled or narcotic medication, a supervisor and another staff (or the client) will take the controlled or narcotic medication to be disposed of to the police station to drop off with an officer.

Staff will record in the client's documentation logs when a medication is disposed of and the method of disposal.

NURSE DELEGATION

The primary role of the delegating RN is to teach and oversee nursing tasks delegated to staff.

Tasks that can NEVER be delegated include:

- Administration of medications by injection (by intramuscular, intradermal, subcutaneous, intraosseous, intravenous, or otherwise), with the exception of insulin injections
- Sterile procedures
- Central line maintenance
- Acts that require nursing judgment

Nurse delegation services will be provided to a customer when specified in the client's Plan of Care. When a new client requires delegation services, services must be arranged prior to receiving services from Cascade Connections Home Care. In the event that there is a change in condition of a current clientsuch that they require delegation services for the first time, the client's DSHS Case Resource Manager will be contacted. The client (or legal representative, if

applicable) will be required to provide written consent to the delegating nurse prior to commencement of delegation services.

Cascade Connections will provide training opportunities to employees to ensure that credentialed Home Care Aides are available for those customers receiving delegation services. Training requirements include:

- HCA Certification, unless the person has either:
 - A higher credential, such as a can
OR
 - A Nursing Assistant Registration and has the appropriate documentation showing that he/she has been “grandfathered” in
- Nurse Core Delegation training certificate
- Has been delegated by the program’s delegating nurse

Note: No Cascade Connections staff will administer or perform any delegated task until they meet the above requirements.

Communication Between Registered Nurse, Family, and Program

Staff will be responsible for communicating directly with the delegating Registered Nurse when concerns or issues arise with delegated tasks. **The delegated staff is responsible for informing their supervisor when communication with the delegating nurse occurs.** The delegating nurse will discuss pertinent related information with the Program Director and relevant family members involving clients who have delegated nursing tasks or those who have nursing services outlined in their Plan of Care.

The agency will have a second backup staff that has been delegated to ensure continuation of these services. In the event that the backup staff is unavailable, the family will assume responsibility for ensuring that the delegating task is performed.

The delegating nurse will be notified for any of the following:

- Medication or treatment changes
- Changes of condition
- Problems with delegation, such as staff being unable to perform a delegated task
- Medication errors
- Doctor appointments
- Client is admitted to the ER, hospital, or staffed nursing facility
- Client moves addresses
- Client dies
- Any other notification that the delegating nurse deems appropriate

Note: Prior to beginning a new delegated medication or task, the delegating nurse must be notified and new delegation instructions received. The delegating nurse needs to be notified of all medication changes for a delegated client, regardless of whether the task is delegated, so that they can update the client’s treatment plan.

The client (or legal representative if applicable) will be required to provide written consent to the delegating nurse prior to initiation of delegation services. The delegating nurse will contact the family directly if a client’s condition worsens or becomes unstable and delegation of tasks must be rescinded. In this event, the delegating nurse, client, family, and program will discuss

alternative options for the client. Case management will be contacted immediately and informed of the situation when delegation is no longer an option.

INFECTION CONTROL

All employees will complete the required Health and Safety training program and adhere to its rules of infection control by observing universal precautions and using approved PPE and cleaners to disinfect and sanitize according to manufacturer's directions. Each staff will use the provided Protective Personal Equipment (PPE) to provide necessary care per each client's Person-Centered Service Plan and to prevent infection. PPE provided will be based on each client's Plan of Care and may include but not be limited to: vinyl/latex gloves, protective eyewear, disposable protective gowns and masks. Employees must report to their supervisor immediately when necessary equipment is not available.

Managing Staff and Clients with Communicable Diseases

Staff:

Staff with a communicable disease will be placed on remote duties if available and there is no risk of exposure to staff or others. If not, staff will be required to take leave until the Program Director receives documentation from a physician that the staff is no longer contagious.

Clients:

Universal precautions will be used so that the disease will not be spread from one client to another. Staff will help educate the client about the disease and about the use of universal precautions to prevent spreading the disease. The client must see their physician and receive written documentation showing that they are no longer contagious.

Reportable Diseases

The following diseases will be reported to the local health department:

Category A Diseases:

Note: These diseases require an immediate report when a case is suspected within one day of diagnosis and include:

- Anthrax
- Botulism (food-borne, infant, and wound)
- Cholera
- Diphtheria, noncutaneous
- Measles (rubella)
- Paralytic shellfish poisoning
- Plague
- Poliomyelitis
- Rabies

Category B Diseases:

Note: These require a case report within one day of diagnosis and include:

- SARS COVID-19 (Coronavirus) — See next section
- Brucellosis

- Haemophilus influenzae diseases (excluding otitis media)
- Hepatitis A and B, acute
- Leptospirosis
- Listeriosis
- Meningococcal disease
- Pertussis
- Rubella, including congenital
- Salmonellosis, including Paratyphoid fever and typhoid fever
- Shigellosis
- Syphilis-primary, secondary or congenital
- Typhoid fever, including carrier
- Unusual communicable disease as defined in WAC 246-100-011

Category C Diseases:

Note: these diseases require a written report within 7 days of diagnosis and include:

- Amebiasis
- Arboviral
- Campylobacteriosis
- Chancroid
- Chlamydia trachomatis
- E. coli O157:H7 infection
- Giardiasis
- Gonorrhea
- Granuloma, inguinale
- H simplex, neonatal
- Hepatitis non-A, non-B
- Herpes simplex, neonatal
- Kawasaki syndrome
- Legionellosis
- Leprosy
- Lyme disease
- Lymphogranuloma venereum
- Malaria
- Mumps
- Mycobacteriosis, including TB
- Nongonococcal urethritis
- Pelvic inflammatory disease, acute
- Pseudomonas folliculitis (suspected waterborne origin)
- Psittacosis
- Q fever
- Relapsing fever (borreliosis)
- Reye Syndrome
- Rheumatic fever
- Rocky mountain spotted fever
- Severe adverse reaction to immunization
- Syphilis-other
- Tetanus
- Tick Paralysis
- Toxic shock syndrome
- Trichinosis
- Tuberculosis

- Tularemia
- Vibriosis
- Yersiniosis

Reporting to the Health Department

The report of the disease to the Health Department shall include the following:

- Name
- Address
- Age
- Sex
- Diagnosis or suspected diagnosis of disease and condition
- ID of principal health care provider (minimally first and last name)
- Name and address or telephone number of the person providing the report

General Cleaning

Staff should use the proper sanitizers and disinfectants and follow the manufacturers' directions. If a staff has questions regarding which product to use, they should consult the program supervisors.

Infectious Disposal and Bloodborne Pathogens

Infectious waste and body fluids shall be handled using UNIVERSAL PRECAUTIONS. The material shall be disposed in a manner prescribed in the Health and Safety Manual.

New staff will be trained on Bloodborne Pathogens and universal precautions at the start of their regular training sessions, and staff will review the Bloodborne Pathogens material annually.

Laundry and Handling of Soiled Linens

Universal precautions shall be used when handling soiled linens.

Hand Washing

Staff must wash their hands:

- After toileting, handling soiled laundry or items w/ body fluids, and after housekeeping tasks.
- Before handling medication or preparing food.
- Before and after assisting clients with personal care tasks.
- Whenever you change from doing a "dirty" task to a "clean" task.

Proper Hand Washing Method

- Rub soap between fingers and palms, under fingernails for at least 20 seconds.
- Use plenty of warm water and soap.
- Rinse hands completely under warm running water (continue to rub hands during rinsing).
- Dry hands (its best to use a paper towel to turn off the water faucet).

COVID-19 PROTOCOL

Coronavirus disease 2019 (COVID-19) is a respiratory illness with symptoms that include fever, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, and/or diarrhea. The purpose of this policy is to ensure the health and safety of our employees and clients during the current public health crisis.

Workplace Safety:

On May 5, 2023, more than three years since COVID-19 was designated as a pandemic, the World Health Organization (WHO) declared an end to the global Public Health Emergency (PHE) for COVID-19. Even though Federal and State governments have declared the health emergency at an end, Cascade Connections continues to strive to maintain a healthy and supportive workplace for those we serve. We will continue to follow practices put in place to minimize potential exposure of employees to COVID-19 in our workplace. Employees are requested to:

- At the beginning of each shift, follow the COVID-19 protocols your department requires of you.
- Wear surgical or N95 masks when necessary.
- Conduct virtual meetings or conference calls instead of in-person meetings when applicable.
- Wash hands often with soap and warm water for at least 20 seconds regularly.
- In-between handwashing, utilize hand sanitizer provided in common areas.
- Avoid touching eyes, nose, and mouth.
- Keep workspaces clean using company-provided cleaning supplies. Clean all surfaces before and after use. Do an additional cleaning every 3 hours, keeping in mind to clean regularly-touched surfaces such as phones, doorknobs, computer keyboards, pens, clipboards, etc.
- Cover coughs and sneezes with a tissue or the inside of the elbow.

Stay Home if Sick:

Employees must stay home if they are sick; this includes cold and flu. They should be tested for COVID-19 at their earliest convenience. They must notify their supervisor of any symptoms related to COVID-19, including fever, cough, and/or acute respiratory symptoms. Employees with a positive COVID-19 test must stay home until they meet one of the sets of CDC criteria for ending home isolation found [here](#). They may not return to work until they meet the CDC's requirements for returning to work (See [ADDENDUM 2 – CDC Recommendations: Return to Work Criteria for Employees with SARS-CoV-2 Infection](#)). If an employee shows any symptoms of COVID-19 illness at work, they will be sent home immediately.

Masks at Work

It is no longer required that employees wear a N95 or surgical facemask covering that covers their mouth and nose while in the workplace, except when working with individuals who have contracted COVID-19. Employees are free to wear masks at their discretion. Cascade Connections will continue to provide masks to employees. If the employee's job duties and risk of exposure require additional protections, Cascade Connections may provide personal protective equipment (PPE) such as face shields (See [ADDENDUM 3](#)).

Report Potential Exposure:

Employees should notify their manager if they have been in contact with someone who has a positive test result for COVID-19, even if they are asymptomatic.

Provide Notice of Absences:

Employees who will be absent from work should generally follow Cascade Connections' regular procedures for notifying the company of the need for time off.

If an employee is out sick or shows symptoms of being ill, it may become necessary to request information from the employee and/or their healthcare provider, subject to applicable laws. Where allowed, Cascade Connections may request medical information to confirm an employee's need to be absent and to know that it is appropriate for the employee to return to work. Cascade Connections will comply with all applicable statutes and regulations that protect the privacy of persons who have a communicable disease.

FOOD HANDLING AND STORAGE

Kitchen Cleaning & Storing Food

You must store food off the floor in:

- Dry areas free from moisture
- Containers with tight-fitting lids
- Areas which are not under pipes or compressors (may leak)
- Areas away from chemicals and toxic substances

The following things are done to keep food free from contamination (e.g. from chemicals; foodborne bacteria; and/or infestation of insects, rodents, and other pests):

- When thawing frozen meat or poultry products in the refrigerator, do not place these items where they can drip onto other foods.
- Refrigerator temperatures must always be at 41 degrees or less.
- Food must be thawed in the refrigerator. If immediate thawing is desired, you may thaw the food in the microwave, but it must be prepared and served immediately.

Workers that are sick with a disease transmissible through foods (diarrhea, vomiting, fever, stomach flu, hepatitis A, etc.) or with infected cuts or burns on their hands are NEVER to handle food. Staff that have had symptoms of diarrhea or vomiting in the past 24 hours may not come to work. Staff with cold or flu-like symptoms will be removed from shift and may not return until symptoms have resolved.

- Employees must avoid bare hand contact with ready-to-eat foods. Proper utensils (tongs, spoons, scoops or plastic gloves) should be used to prevent hands from touching food. Gloves must be disposed of immediately after each task or when damaged.
- Employees handling foods must wash their hands prior to handling foods. Hand washing must take at least 20 seconds and include a 10-15 second scrubbing, thorough rinsing and complete drying with paper towels. Linens **may not** be used for drying hands.

- Employees must wash their hands after coughing, sneezing, smoking, eating, etc., before handling foods again.
- Employees will wash their hands between handling raw and ready-to-eat foods.
- Food must be cooled as quickly as possible below 41 degrees to prevent possible contamination. The following are proper cooling procedures:
 - Food must be placed no more than 2 inches deep in shallow metal pans (for thick foods, refried beans, chowder, etc.).
 - Cut large roasts or turkeys into pieces no larger than 4 pounds.
 - Put all meats and other hot food in the cooler or refrigerator as quickly as you can; do not let food sit at room temperature for more than 30 minutes.
 - Do not stack pans; leave ample space for air to circulate around them.
 - Wait until the food has cooled below 41 degrees before you cover it.
 - When using the ice bath method for soups or gravies, place food in shallow pans with food being no more than 2 inches deep. Place the drain stop in the sink and put the pan in the sink. Place ice around the pan up to the level of the food in the pan and add cool running water to the ice. Stir the soup or gravy often so that it cools all the way to the center.
 - Check the food with a metal stem thermometer to ensure food is cooled below 41 degrees before storing.
- Poultry, poultry stuffing, stuffed meat; stuffing containing meat, casseroles, and unripe raw milk cheese are cooked to 165 degrees before serving.
- Pork or any food containing pork is cooked to 150 degrees or above.
- Non-pasteurized eggs are cooked to 140 degrees or above.

Food Preparation – WAC 246-215-050

Staff shall prepare and serve food only with safe and necessary time-temperature steps with a minimum amount of hand contact, with suitable utensils, and on clean, sanitized surfaces. Surfaces shall be washed, rinsed, and sanitized to prevent cross contamination.

Staff shall maintain the internal temperature of potentially hazardous food at 41 degrees F or below, or 140 degrees F or above. Minimize the time that potentially hazardous foods remain at room temperature during preparation to a total time of two hours.

Discard any leftover foods already served to a participant; except that packaged, non-potentially hazardous foods which are still packaged in a sound and sanitary condition may be reserved.

Staff will ensure that all foods served raw are thoroughly washed with potable (drinkable) water before serving.

Prepare potentially hazardous salads and sandwich spreads using cold ingredients that have been pre-chilled to 41 degrees F or below.

Thermometers will be used to measure food temperatures to attain and maintain safety for potentially hazardous foods during: cooking, re-heating, hot holding, cooling, and cold holding.

Staff shall always wash their hands before and during food preparation. Paper towels should be used for proper drying after hand washing.

Food must be properly stored in sealed containers. Staff are to use proper cooling techniques. All food is to be stored in sealed containers with proper date and label. Refrigerated foods will be

destroyed one week after date of storage. Food stored in the pantry must be stored in sealed containers. Food may never be stored on the floor.

Food Worker Top 10

1. Only work when you are healthy.
2. Wash your hands often and well.
3. Don't touch ready-to-eat food with bare hands.
4. Keep food hot or cold.
5. Cook food to proper temperatures.
6. Cool hot food as quickly as possible.
7. Keep raw meat away from other food.
8. Wash, rinse, sanitize, air dry – always follow the 4 steps in order.
9. Keep food preparation areas and utensils clean and sanitized.
10. Ask questions if you have them.

CLIENT BEHAVIOR

Unmanageable Behavior

Unmanageable behavior will be noted when a client attacks staff, attempts bodily harm to themselves, to community property, or behaves in a manner that is unresponsive to staff cues to the point that the client is dangerous or is engaging in aggressive behavior.

Note: Some situations may be of a “mental health” nature (i.e., suicide threat or a mental psychosis) and require immediate intervention by law enforcement, the local Mental Health Clinic, or the local Crisis Center for referral.

After all non-restrictive methods of intervention have been exhausted to assist the client to gain control of themselves, the following procedures will be implemented by staff:

- If the behavior persists longer than ½ hour, staff will contact the Program Director or Program Coordinator. Staff will consult with the Program Director or Coordinator regarding other methods of intervention to be attempted or steps to be taken. **Staff will not use physical intervention unless the client endangers themselves or others.**
- Every reasonable attempt will be made to assist the client in bringing their behavior under control
- If the client is demonstrating a clear, immediate physical threat to someone else or to themselves, staff should **immediately call 911**. The Program Director or Program Coordinator should be called and informed of the steps that have been taken. The Program Director or Program Coordinator may choose to contact the parent or legal guardian at this time.
- If the client is removed from the area by law enforcement, the Program Director or Program Coordinator will make every attempt to contact the client's parent or legal guardian and the Case Manager.
- A meeting will be scheduled with the parent or legal guardian, the client, and (if applicable) the DSHS contracting agent or DD Case Manager to discuss the situation and develop a plan to assist the client if similar situations arise in the future.
- An incident report will be filed in the client's records. If applicable, a copy of the report will be sent to DDA and/or the contracting agency.

- In the event that similar behaviors arise and efforts to assist the client to gain control of themselves fail, the client's services may be discontinued.

ON-CALL POLICY

CCHC Services employs a cell phone for emergency situations only. The Program Director and the Residential Operations Manager are on-call at all times **FOR TRUE EMERGENCIES**. During the absence of the Program Director, authority will shift to the Program Coordinator.

In case of an emergency, each client's home will have instructions on when to call the emergency cell phone number and 911. Clients and staff will receive training on how to use these numbers.

True Emergencies

- Staff is sick and is unable to find a replacement.
- A client becomes ill or injured and needs medical attention. (Any time a client is taken to the hospital the Program Director must be notified.)
- A client who is unsafe to be left alone is missing for more than 30 minutes, and all attempts to locate the client have failed. (The Program Director should be notified to ensure further actions are handled appropriately.)
- Suspected abuse. Abuse needs to be reported **immediately** to Adult or Child Protective Services.
- After the suspected incident of abuse has been reported, the Program Director **must** be contacted.
- The staff must complete an incident report in regard to the suspected abuse.
- The Program Director should be notified of any unusual dealings with parents (i.e., irrational or upset parents).
- Fires, natural disasters or any other destruction
- Death of a client – Call 911 IMMEDIATELY, and then, IMMEDIATELY NOTIFY PROGRAM DIRECTOR.
- Any other unusual circumstances that pose a threat to the health and safety of the clients or staff

If a staff person does not feel comfortable handling a situation, the Program Director or Program Coordinator can be notified. If there is any reason why the Program Director or Coordinator cannot be reached, contact the Residential Operations Manager. If you do not get a response from the person you are calling within 5-10 minutes, call the number again. **If it is a medical emergency call 9-1-1**, and see the procedures for medical emergencies.

Staff Accessibility

Due to the nature of work at CCHC, all employees are required to have a residence phone or cell phone so that they are accessible in the event of an emergency, to cover vacant hours, or to answer any work-related questions.

INCIDENT REPORTING

Incident Reports Relating to Clients

Cascade Connections Residential Services shall **immediately** report all "serious and emergent incidents" to the Developmental Disabilities Administration, the licensing agency, and/or contracting agency (if applicable) and follow up with a written report within 1 business day. Some examples of "serious and emergent" incidents include, but are not limited to, the following:

- **Deaths**
- Alleged or suspected **Abuse, Neglect, or Mistreatment** of a client or others
- Alleged or suspected **Sexual Assault** of a client or others
- **Physical Assault** requiring emergency medical care, hospitalization, and/or a report to law enforcement agencies
- **Injuries Requiring Emergency Medical Treatment or Hospitalization** associated with suspected abuse, neglect, or major injuries of unknown origin
- Alleged or suspected **Criminal Activity** by clients, staff, or others
- **Conditions** that present a substantial threat to the operations of Cascade Connections facilities, contracted agencies, or the safety of clients. These conditions include, but are not limited to, **Fires, Floods, Bomb Threats, or Environmental Hazards**
- Serious **Communicable Diseases**, defined in WAC 246-100-076 as category A and B diseases
- Clients who are unsafe to be left alone and go **Missing** (i.e., a child receiving respite services who disappears while in the care of a Cascade Connections Home Care Aide)
- Any other **Unusual Events** or **Situations** of special concern to Cascade Connections, particularly if they may elicit a request for information from the news media, families, guardians, or interested citizens.
- **Suicide Attempts or Threats**
- **Unexplained Illnesses** that have a sudden and or unexpected onset that could be life threatening.
- **Any Other Medical Conditions** not mentioned above that could be issues of liability for the agency such as pregnancy, refusal to take medication, taking too much medication, or taking the wrong medication
- **Misuse of Client Funds** by another person

Incident reports should be filed for minor or non-emergent situations also. These incidents would be classified as unusual or out of the ordinary for the client but are not life-threatening. Some examples include:

- Falls and injuries
 - Each client's Assessment should identify risk of falls for that individual and proper response, care, and treatment. In the event that a client falls, staff should adhere to standard first-aid procedures and check the client for serious injuries. When serious injuries are identified, staff should call 911 immediately and then phone their supervisor to report the incident. An incident report form should be completed as soon as possible, but not more than 24 hours after the incident. For all falls, regardless of minor or superficial injuries, staff should report the fall on an incident report form. If a client has repeated falls, staff should contact their supervisor immediately. This could be an indication of an underlying medical condition which would require immediate medical attention.

- When injuries are observed by staff, staff should note the injury on the incident report. When injuries are noted but not observed by staff, staff should also report on an incident report. Staff will adhere to Mandatory Reporting guidelines when there is reasonable cause to believe injuries are caused from abuse.
- Self-abuse or when a client hits someone
 - Behavior Plans are developed for clients that exhibit regular patterns of challenging behaviors. These plans are in clients' daily logs and can be used to track behavior that is baseline. The only time an incident report is required for a behavior that is not uncommon for that client is when the behavior causes life threatening injuries to themselves or others or any injury.

All incident reports need to be written using short, objectable, declarative sentences that narrate what occurred. Do not write opinions or judgments. Reports need to be filed as promptly as possible after the incident occurred. This is to ensure accuracy. Remember that these reports, if applicable, are sent to Case Manager so be sure descriptions are as clear as possible.

Remember, when in doubt, write it up. It is in your own best interests and protection to write up a report if you have any doubts.

Incident Reports Relating to Employees Only

An incident report is required for the following:

- Any time an employee sustains an injury from a client or from carrying out their job responsibilities
- When property, whether it be an employee's personal property or Cascade Connections' property, is damaged by a client or while carrying out one's responsibilities
- Any building emergencies

Again, if you are unsure and have to question yourself, it is in your best interests to write it up. Incident reporting helps Administration and management determine the following:

- Hazards within the house, grounds, and vehicles that were previously unrecognized
- Needs for program documentation
- Times of high risk for injuries and accidents

ABUSE, NEGLECT, ABANDONMENT, OR FINANCIAL EXPLOITATION

All employees of Cascade Connections are responsible for the well-being of our clients. Abuse and neglect of vulnerable adults is prohibited by law and will not be tolerated. Each Cascade employee will be required to attend training on abuse and neglect and their responsibility to report incidents of observed, reported, or suspected abuse.

Employees who are suspected to be the perpetrator of abuse or neglect may be placed on immediate, unpaid administrative leave pending the outcome of an investigation.

Mandated Reporting

All employees of Cascade Connections are mandatory reporters of abuse and neglect of vulnerable adults and children as required under RCW 74.34.035, RCW 74.34.020 and RCW 26.44.030. The employee and the supervisors must immediately report all suspected incidents to the appropriate protective services and shall not impede or interfere with any DSHS or law enforcement investigation. When there is reason to suspect that the death of a vulnerable adult was caused by abuse, neglect, or abandonment by another person, mandated reporters shall, pursuant to RCW 68.50.020, report the death to the medical examiner or coroner having jurisdiction, as well as the department and local law enforcement, in the most expeditious manner possible. All employees shall not be discouraged from reporting suspected incidents by any other Cascade Connections employee.

Suspected incidents that must be reported are defined in RCW 26.44.020 and 74.34.020 and include:

- Physical abuse
- Sexual abuse
- Mental and/or emotional abuse
- Neglect by others
- Self-neglect
- Exploitation including financial, sexual
- Abandonment

The Program Director or Program Coordinator shall document all Adult Protective Services (APS)/Child Protective Services (CPS) referrals and notify the authorizing agency within one business day that a report has been made.

Adult Protective Services

Phone: **1-866-221-4909**

Website: <https://www.dshs.wa.gov/altsa/home-and-community-services/report-concerns-involving-vulnerable-adults>

Child Protective Services

Phone: **1-866-ENDHARM (1-866-363-4276)**

(This is a 24/7 hotline that will connect you directly to the appropriate local office to report suspected child abuse or neglect.)

Or

Daytime Phone: **360-594-6700**

Nights & Weekends: **1-800-562-5624**

If the Program Director or Program Coordinator is suspected of abuse, employees must notify the Residential Operations Manager immediately and document the incident on an incident report form.

EMERGENCY PROCEDURES

In the event of a medical emergency, CCHC staff will:

- Call 911 if applicable and apply appropriate first aid
- Remain with the client and help them to remain as calm as possible
- Accompany the client to the hospital (please read the "Hospital Policy" below for more information on hospital visits)
- Contact the office so supervisors can inform parents or legal guardians
- Document the illness or injury on an incident report form

Client Involvement with Law Enforcement Policy

It is our policy that all individuals receiving support will be always kept as safe as possible by support persons. However, an individual may at some time become a victim or a perpetrator of a crime. Support staff will assist individuals through both situations, following guidelines that will best ensure safety and advocacy for all involved.

If an individual is a victim of a crime:

- Support staff should immediately administer first aid. The support staff should also do whatever else is necessary to ensure the safety of those concerned, such as asking for help from community members or locating additional supervision for other individuals that might be present.
- Call 911 for medical assistance if the injury is serious and ask for police assistance. Do not leave the individual alone to call for assistance. Ask for help from a community member to make the phone call.
- Remain with the individual until the paramedics and police arrive.
- Provide information to the paramedics and police.
- If the individual requires hospitalization, accompany them to the emergency room. However, you are responsible for first arranging supervision of the other individuals who may be with you.
- As soon as appropriate, call the Program Director and give details of the incident. Follow any instructions that the Program Director gives you.
- If the injury does not require hospitalization, follow police instructions with respect to filing reports, etc.
- The Program Director or designee will notify the guardian or appropriate family member of any serious injuries as soon as possible.
- The Program Director or their designee will notify the Case Manager of the incident within 24-hours or the next business day.
- The support staff is to write down details of the incident as soon as possible for accuracy of reporting it on an incident report form.
- The Program Director and the support staff will accompany and assist the individual with any future questioning or hearings that concern the crime.

If an individual commits a crime:

- First, ensure the safety of others who may be involved. If the incident involves an assault, remove other individuals from the home or from proximity.
- Administer emergency first aid.
- Follow the same steps as listed previously if a serious injury has occurred or there has been an assault, either to the individual or the victim.
- Call 911 for emergency assistance, or direct another support person or community member to call.
- Notify the Program Director, or, if unavailable, contact their designee as soon as possible and follow the instructions given.

- Remain with the individual until the emergency assistance arrives. Make sure that all the individuals have adequate supervision. If the individual is taken elsewhere, either accompany the individual yourself or arrange for someone else to be present.
- Assist the individual in giving information.
- Follow instructions provided by law enforcement with respect to further questionings, hearings, etc.
- The Program Director or their designee will notify the guardian or appropriate family member as soon as possible whenever 911 has been called or the individual requires medical assistance beyond standard first aid. Notification of the incident will occur within 24-hours or the next working day for minor injuries or crimes.
- The Program Director or their designee will notify the Case Manager of the incident within 24-hours or the next working day.
- The support staff involved is to write down details about the incident as soon as possible for accuracy of reporting the incident on an incident report form.
- The Program Director and the support staff will accompany and assist the individual with future questionings, court dates, and arranging legal representation if necessary.

Note: Whenever 911 has been called or a client is admitted to the hospital, the Program Director will notify the Cascade Connections Residential Operations Manager.

A copy of this policy will be read and signed by each new staff and placed in their employee file.

Notification of Guardians, Legal Representatives, or Family

Guardians must be contacted for the following:

- Emergent situations (e.g., hospitalization, medical attention for non-routine medical issues, 911 calls, etc.)
- Whenever law enforcement is contacted on behalf of or regarding the client
- Client-to-client assault
- Suspected abuse

Guardians will be contacted routinely as needs arise.

Suspected Rape or Sexual Assault

Staff will not question or interview a client when rape or sexual assault is suspected. The agency will arrange for a counselor or other professional that is knowledgeable in the field of rape and sexual assault to question or interview the client and provide for counseling or intervention unless the police or prosecutor's office instruct in writing otherwise.

Any staff found to be guilty of sexual assault will be disciplined according to agency policy and prosecuted to the fullest extent of the law.

Procedures for Reporting Suspected Abuse and Preservation of Evidence

- Notify the Program Director of the incident.
- Law Enforcement is to be contacted immediately whenever a client is suspected to have been sexually abused.

- Let law enforcement know who you are, where you are calling from, and that the incident involves a vulnerable adult.
- Isolate the area in which the suspected abuse occurred to preserve any evidence. If this is not possible, wear gloves, so as not to disturb the evidence, and bag any items in the area.
- Do not shower or bathe the individual. If the individual requests to have their clothing changed, bag the original clothing to preserve evidence.
- The individual and reporting staff will be interviewed by the police and other agencies. Staff should accompany the client to the Emergency Room, where testing for trace evidence of sexual abuse will occur.
- Also see policy on Client Involvement with Law Enforcement.
- Staff will instruct the suspected perpetrator to leave the agency premises until further notice from the Program Director.
- In the event the suspected perpetrator refuses to leave the premises, make sure the client (victim) is supervised and safely away from the suspected perpetrator. Make sure to report the whereabouts of the suspected perpetrator.
- Report to the abuse hotline for both children and vulnerable adults at **1-866-ENDHARM (1-866-363-4276)**.
- Report to the Adult Protective Services' (APS) abuse hotline for vulnerable adults living in their own home in Whatcom County at **1-800-487-0416**.
- In the event that the Program Director is suspected of abuse, contact the Residential Operations Manager at 360-714-9355 ext. 1108 (or call their cell phone) immediately, and follow the procedures listed above. If the Residential Operations Manager is unavailable, contact the Executive Director at 360-714-9355 ext. 1107 (or call their cell phone).
- After all instructions have been carried out, the Home Care Director or their designee will contact the client's DSHS Case Manager by phone within one hour after the incident and an incident report must be filed immediately and sent to the Department of Social and Health Services (DSHS) Case Manager within 24-hours of the incident.

Emergency Procedures and 24-Hour Accessibility (Procedure When Emergency Medical Personnel Are Needed)

- Remain with client(s) until all danger has passed.
- Call 911 if medical personnel or an ambulance is needed.
- Call the Program Director.
 - If you are unable to reach the Program Director, call a Program Coordinator.
 - If unable to contact all Program managers, call the Residential Operations Manager. If you cannot reach the Residential Operations Manager, call the Executive Director.
 - You will be given emergency numbers specific to your department.
- Complete an incident report whenever clients require services beyond those normally provided through Cascade Connections.
- An agency representative will be responsible for contacting DDA by phone within 24 hours of the incident and submitting a written report by the next working day.
- The Program Director or Program Coordinator will contact parents or legal guardians and anyone else who needs to be notified.

Hospital Policy

Once admitted to the hospital, all direct care becomes the responsibility of hospital staff, and CCHC is not authorized to provide state-funded services. For clients receiving 24-hour Home

Care services, management may determine that a staff should stay with the client around the clock for communication purposes. Staff should discuss scheduling with the office.

Minor & Major Emergencies

Follow CPR/First Aid guidelines.

Physician's Orders for Life-Sustaining Treatment (POLST)

Cascade Connections recognizes the individual rights of the clients that the agency supports. All staff will be trained on the contents of each clients POLST and know where the document is kept. An approved POLST specifying a Do Not Resuscitate or a directive to withhold or withdraw life-sustaining treatment will be respected by all staff of the agency provided the POLST has written approval by DSHS. A POLST signed by the physician only is not enough to withhold CPR, the DSHS Case Manager must approve the POLST by updating the client Plan of Care. The following are guidelines for staff:

- Staff will first contact 911 and immediately after, resume with CPR, UNLESS there is a signed POLST approved by DSHS reflected in the clients Plan of Care. Staff should contact the Program Director as soon as possible.
- The Program Director will immediately contact the client's legal representative.
- When Emergency Medical Personnel arrive, Cascade Connections staff will notify them of the POLST and provide EMS with the original signed order located in the client's medical folder or refrigerator.
- The Program Director or their designee will notify DDA and licensing if applicable.

Medical Situations that Require Life Supports or Life-Sustaining Treatment

Cascade Connections' residential programs do not provide nursing care beyond nurse delegation services. Because of these circumstances, the resident will be transferred to a care facility that can provide this type of care. First Aid/CPR will be provided if needed and the person will be made as comfortable as possible. Emergency personnel will be contacted as well as the client's parents or guardian. Arrangements will be made to move the client into a managed care facility or more appropriate care facility where the needs of the client can be met.

DEATH OF A CLIENT

Should a client die, these are the steps to be followed:

- Call 911 immediately and notify them that you suspect someone has died. Make sure you write down the name of the person answering your call, the time you called and the signs of death. Note any other important facts or unusual circumstances. **Proceed with standard CPR/First Aid procedures as directed by the 911 operator.** After EMS arrives, document the time you called, whom you spoke with, and the signs of death you observed. Also document when you found the body and any other unusual or pertinent issues.

Note: A paramedic/EMT will need to make the determination that the resident has passed away. The emergency medical personnel will notify the coroner so they can pronounce the individual as deceased.

- Notify the Program Director as soon as possible and if you are unable to reach the Program Director, contact the Program Coordinator.
- After it has been determined that the person has passed away, the following people will need to be contacted immediately:
 - Developmental Disabilities Administration – call emergency number (posted in office) to speak to someone. Do not leave a message! This includes after hours. You must speak to someone.
 - Parent, guardian, or next of kin

In all emergency situations, the Program Director must be notified immediately to ensure the proper persons or agencies are contacted.

NATURAL AND MAN-MADE DISASTERS

Disasters can occur at any time. Disasters causing prolonged power outage due to harsh or cold weather or the destruction of buildings, offices or homes deemed unsafe for occupancy will necessitate the emergency placement of clients in the homes of their guardians or family, staff persons, or other available resources. Families and the contracting agency will be notified so that the necessary arrangements can be made. If the CCHC Services office is destroyed, the offices will be moved to one of Cascade Connections' other offices or facilities. If offices are moved to another Cascade Connections location, all clients, guardians, family, and other persons involved will be notified of the location and contact numbers by the Program Director or Executive Director. The following steps are guidelines for assisting clients during and after natural disasters.

Earthquakes

- If you feel an earthquake, ensure that all clients within the immediate vicinity are away from windows or objects that could fall. If possible, assist clients under a desk or table. If a client is not physically capable of doing this, assist them to stand in a doorway or wall frame. Cover your head with your arms and cue the client to do the same if possible.
- Remain with the client until shaking stops. Try to keep client calm and remain in the same room if possible. Do not run. Remain indoors unless a severe quake has caused the building to be structurally unsound. Be aware of potential hazards such as obstructions to pathways, exposed electrical wires, fires, broken glass, etc. Also, be aware of aftershocks.
- If you smell gas or hear a hissing sound, exit the building with clients immediately. Assist clients to move outdoors in a calm, orderly fashion to avoid potential injury. Be aware of objects that could fall, pathways, and client mobility. Once outdoors, move to a clear area away from trees, buildings, signs, power lines, downed electrical lines, fire hydrants and manholes, or crevices in the earth.
- Ensure clients, as well as other staff, do not flush toilets until you are sure sewage lines have not been broken.
- When assisting clients who have limited mobility and use mobility supports such as walkers and wheelchairs, make sure devices are locked.
- Do not return to buildings until you have been cleared to do so.

- If you are driving with a client, slowly pull over to the side of the road and stop. Avoid overpasses, power lines, and other potential hazards. Stay inside the vehicle until the shaking stops completely. Remain calm and be aware of how clients are reacting to the situation. Ensure that the vehicle is parked in a safe area away from embankments and traffic as clients may attempt to exit the vehicle.
- After an earthquake, check yourself and clients for injuries. Apply any necessary First Aid. If injuries warrant medical attention beyond First Aid, call 911. Call the Home Care emergency cell phone to reach the Program Director or Program Coordinator. If neither is available, contact the Residential Operations Manager. In the event phone or cell phone service has been interrupted, keep trying until you have reached someone. Limit phone usage as lines may be busy. Keep messages brief and to the point.

Fires

- In the event of a fire, follow the emergency action plan in each client's binder. Ensure that you know the emergency plan before you start working with the client. Use a fire extinguisher if flames are visible and only if everyone's safety can be ensured. Do not return to the building once staff and client(s) have been evacuated. Never use water on an electrical fire. For grease or stove top fires, use baking soda, salt, or cover with a lid to smother the flames.
- If caught in a smoke-filled room, drop to your hands and knees and crawl. Try to ensure everyone is evacuated prior to exiting the building. However, if you are unable to reach clients, crawl to the exit and use windows to evacuate clients. Use your clothing as a filter and instruct clients to do the same to prevent smoke inhalation.
- Do not grab door handles with bare hands and assist clients with avoiding potentially hot surfaces. If you or the client's clothing catches on fire, drop, roll and cover to extinguish the flames. Do not remove burnt clothing as it may have fused to the body. Removing burnt clothing can cause further injury. Remain calm and comfort clients to the extent possible.

Flood

- Do not attempt to walk or drive clients through flooded areas unless it is necessary to reach higher ground. Water can be deeper and swifter than it appears and can potentially create dangerous conditions for yourself and those you support. If your car stalls, get yourself and the clients out quickly and move to higher ground. If the situation worsens quickly, get to higher ground and summon help as quickly as you can. Stay away from moving water, disaster areas and downed power lines.
- If the client's home is flooded, turn off all utilities until you are instructed to turn them back on.
- Wash your hands with soap and a clean water source, and instruct clients to do the same. If clean water is not available, use an alcohol-based hand sanitizer until clean water is available.
- Flood waters can carry disease and germs. All food that comes into contact with flood waters should be immediately discarded. Canned food can be salvaged, but the can must be thoroughly cleaned prior to opening. Ensure that clients do not touch or eat foods that have been potentially contaminated.
- After a flood, contact the local Health Department to determine if drinking water is safe to consume. Continue using bottled water until instructed otherwise.
- Protective equipment such as gloves and boots should be worn for cleaning. All stuffed furniture, i.e., sofas, chairs, mattresses, etc. that have been submerged in flood waters should be discarded. Surfaces, walls, windows, etc. should be disinfected with a solution

of one cup of bleach to one gallon of clean water. Windows should be opened to air out building and if it is safe to use electricity, fans should be used. Clothing and linens should be laundered in hot water.

- After flood waters recede, be aware of damaged roadways and pathways obstructed by debris.
- Assist clients with mobility concerns to travel safely.

Volcanic Eruptions

- Be prepared to stay indoors and avoid downwind areas if ash fall is predicted.
- If the television is not available, have a battery-operated radio available and listen for emergency information and instructions.
- Keep all doors, windows, and fireplace dampers closed. Place damp towels at door thresholds and other sources of drafts to prevent ash from entering the building.
- Evacuate clients only if advised to do so.
- Clients with respiratory conditions should avoid exposure to ash. If it is necessary to evacuate, assist clients with covering or shielding their mouths and noses.
- When evacuating, follow evacuation routes as advised by authorities. Be aware of streams and rivers as the potential for mudflows increases during an eruption.
- Prior to entering a building, have clients and any visitors remove coats, hats, gloves, shoes, etc. before entering.
- For staff or clients who wear contact lenses, remove contact lenses or protect your eyes with goggles or glasses as ash can scratch and damage the eyes.
- Food and water that has been contaminated by ash should be discarded. Make sure that cans and bottles containing food or liquids that have been exposed to ash are properly cleaned prior to opening.

Winter Weather and Storms

- Ensure that clients wear loose-fitting, layered clothing appropriate for winter weather. Wool caps and mittens (rather than gloves) should be worn to retain body heat.
- Avoid going outside unnecessarily. If necessary to clear walkways and driveways, use rock salt and do not overexert yourself shoveling.
- If the power should go out, cover windows and doors with blankets to prevent heat from escaping the building.
- Be sure to eat regularly as food provides the body with calories to help maintain body heat. Do not eat snow as it can quickly lower your body temperature.
- If you must leave the client's home during a winter storm, make sure you do the following:
 - Take a vehicle with the fullest tank of gas; make sure you have some water, food, and blankets.
 - Let someone know where you are going, and stay on the main roads.
 - If you need to stop, turn on your flashers to alert other drivers to your presence.
 - If you are trapped in a blizzard, only run your car for about 10-minute increments for heat every hour. Crack your window when doing so and make sure your tailpipe is free from snow.
 - Keep the dome light on in your car so that rescue crews can see you.
- For windstorms, remain indoors.
- Assist clients away from windows and objects that could fall.
- If you must leave the client's home, assist client on pathways clear of debris.
- Avoid traveling near power lines and trees.

Power Outages

- Have battery-operated lights, flashlights, or light sticks on hand. Avoid using candles as they can cause fires.
- Walk with clients down hallways and throughout the house to ensure safety.
- Turn off all appliances and light switches, keeping one light switch on to know when power has been restored. Unplug sensitive equipment such as computers to avoid a power surge and damage.
- Keep refrigerator and freezer doors closed to prolong the life of the food inside. Use foods that are likely to spoil first. Foods in a refrigerator's freezer will remain frozen for up to one day. Foods in a separate freezer will remain frozen for up to two days.
- Stay away from downed power lines and sagging trees or trees with broken limbs.

Tsunamis

In the event of tsunamis, a warning will be issued within 15 minutes after an earthquake. Evacuate coastal areas, moving inland or to higher ground. Evacuation routes are marked.

Bomb Threats, Terrorism, or Client Crisis

Bomb threats are usually received by telephone, sometimes by note or letter. Most bomb threats are made by callers who want to simply create an atmosphere of anxiety and panic – but all such calls must be taken seriously. If you receive a threat of any kind, immediately call 911. If possible, get a coworker to do this while you continue talking with the caller:

- Permit the caller to say as much as possible without interruption. Then,
- Ask a lot of questions:
 - Where is the bomb?
 - When is the bomb going to go off?
 - What kind of bomb is it?
 - What does the bomb look like? Permit the caller to say as much as possible without interruption.
- Use the Bomb Threat Checklist. Take notes on everything said and on your observations about background noise, voice characteristics, caller's emotional state, etc.
- Public authorities will advise you if evacuation is necessary. Follow instructions given by authorities.

If there has been a threat, and you see a package or foreign object, DO NOT TOUCH IT. Immediately call 911 to report any unusual objects or items.

Bomb threats are assumed to be real and considered a threat to the agency and its operations. If an explosion occurs at any time, report immediately to 911.

EXCHANGING PERSONAL INFORMATION WITH CLIENTS

To maintain confidentiality, personal information such as phones numbers and social media information will not be shared between clients, clients' parents or guardians, and CCHC employees.

Care Aides will not give their personal phone numbers to clients or their parents or guardians and will not accept phone numbers from clients or their parents or guardians.

All clients and their parents or guardians will be given the office phone number and the Home Care cell phone number. The Home Care cell phone will be reachable 24/7 for emergencies only. For non-emergencies, Care Aides, clients, and parents or guardians may leave a message on the Home Care office phone.

Office staff will keep client and Care Aide phone numbers on file to coordinate schedules, assist in emergencies, communicate changes, and for general communication outside of scheduled shift hours.

Clients and/or their parents or guardians and Care Aides will not "friend" each other on social media sites (including but not limited to: Facebook, Twitter, Snapchat, Instagram, LinkedIn, etc.) Clients or their parents or guardians and Care Aides will only communicate in person while on shift. If communication is necessary outside of scheduled shift hours, someone from the office will be contacted on the office phone or Home Care cell phone and pass along any important messages. **Please see "Communication Is Key: Hours of Operation" section for information regarding when to call the office line versus the emergency cell phone.

Care Aides who choose to accept phone numbers from parents, guardians, or clients, or to provide their personal contact information to parents, guardians, or clients will be issued a verbal disciplinary warning for violating policy. They will be required to delete the contact information and will request the parent, guardian, or client to delete the contact information as well. Assistance from the office will be provided if needed. A second offense of the same nature will result in a written disciplinary warning along with a performance improvement plan. Offenses beyond a second warning will result in immediate termination.

COMMUNICATION BETWEEN STAFF AND CLIENTS' FAMILY MEMBERS

CCHC commits to facilitating involvement with family members. Staff will inform the Program Director or Coordinator if a client becomes injured, ill, or in need of hospitalization for any reason. If the parent or guardian is in the home with the client when an illness or injury occurs, the Care Aide will let them know immediately. If the parent or guardian is not on the premises, the Program Director or Coordinator will let them know immediately. Home Care Aides will not contact the parent or guardian directly due to confidentiality policies.

Any unusual or pertinent interactions with parents or guardians will be documented and the Program Director will be contacted as soon as possible.

TRANSPORTATION POLICY

CCHC staff may accompany a client on certain outings (medical appointments, errands, activities, etc.) when specified in the client's Plan of Care. Modes of transportation include **public transportation** or the use of **an insured private vehicle**.

Staff transporting clients must have a valid driver's license and a clean driving record. Driving record checks are performed at the time of hire. Employees are permitted to transport clients within Whatcom County only. Anything further requires prior approval from the Program Director. If a Home Care Aide does not drive or will never transport a client during a work assignment, they must sign a document stating that clients will not be transported.

Private transportation will generally be provided using the staff's personal vehicle, unless the Plan of Care specifies that the client's own vehicle is to be used. If using the staff's personal vehicle, it must be insured and pass a vehicle inspection check before transporting a client. Every effort will be made to keep vehicles in good repair. It is the responsibility of the staff to ensure that clients remove any waste they take with them in the vehicles.

Mileage Reimbursement Policy

Staff who are given permission from the Program Director to use their personal vehicles for work-related purposes will be reimbursed for their mileage at the rate of \$0.655 per mile. Employees requesting reimbursement must submit mileage reimbursement forms to the Program Director at the end of the month for approval. Forms must include beginning and ending mileage, purpose of the trip, and the initials of customers being transported (if applicable). If approved, reimbursements are then included on the following paycheck.

Private Pay Clients

In some cases, Private Pay clients of CCHC may be transported by staff using either staff's insured private vehicle or the client's insured private vehicle. The decision to provide transportation for a Private Pay client is made by the Program Director on a case-by-case basis. The Program Director will discuss the details with the clients during the client's Assessment.

Medicaid Transportation Broker

Due to health concerns or medical needs, a client may require more support during transportation and outings than CCHC is able to provide. When this is the case, transportation may already be arranged for the client through the Medicaid Transportation Broker. If the Medicaid Transportation Broker service is available to the client, it will be noted in the Plan of Care. Public transportation or private vehicles shall not replace nor be a substitute to the Medicaid Transportation Broker available to the client.

DOCUMENTATION POLICY

Documentation Logs

CCHC Services utilizes a log documentation system for communication regarding individual clients. Each client has documentation located on their digital profile on SETWorks (see next section). Staff document logs for each client on their shift on SETWorks each time services are provided.

- **Each log is a legal document.** This means it could be subpoenaed in a court of law. For this reason, you need to be very conscious about the content of your documentation. The information needs to be clear, legible, and should contain proper spelling and grammar.

- **You must document each time services are provided to a client.** At the end of your shift, you are responsible for documenting in client documentation logs. You must include what tasks and services you provided, i.e., medical appointments, cleaning, etc.
- Use clear, concise, and objective language. State only facts, never personal opinions. Describing someone as “being in a good mood” or “having a good day” is an opinion. Instead, you should describe any behaviors the person exhibited to indicate that they were in a good mood or had a good day.
- Be respectful and never use slang. The client’s daily logs are not appropriate places to complain about other staff or things not being completed. Language should be client-centered.
- **Always** put the date (including the year) and shift/hours you were with the individual at the beginning of your entry, and add your initials and job title at the end of your entry. It is important to know who wrote what and when it was written.
- Do not write the names of anyone other than the client whom you are documenting. All documentation for the individual is a record of information pertaining only to the activities concerning that individual. If you must mention other people, refer to them by their relationships to the client (e.g., “staff”, “roommate”, “guardian”, etc.) Anyone referenced by name may have access to the documentation, which is a violation of the client’s right to confidentiality.
- Only employees of CCHC are allowed to document for the client. Family members, Case Managers, or any other persons may not do so.
- Clients may read documentation pertaining to themselves only. State inspectors (who can be verified as such by presenting a badge) may have access to client documentation, so long as it pertains to their investigation. Legal guardians requesting to view documentation must allow up to 24 hours for the request to be met. Clients or their legal guardians who wish to photocopy any documentation must provide 2 days advanced notice to the Program Director.

Task Sheets

At the end of each shift, Home Care Aides must complete a digital progress note that corresponds to completed personal care tasks that the staff signs off for on SETWorks and indicates which ADLs/IADLs are completed during the client visit. The progress note will then need to be initialed by the staff as well as the client or their representative at the end of each visit to verify personal care tasks were completed. Workers providing respite will need to complete a respite progress note digitally and have the client or representative initial the note.

An alternate method of client confirmation shall be utilized when a client is unable to sign progress notes. The inability to sign task sheets and the alternate method of confirmation shall be documented in the client’s file.

ELECTRONIC TIMEKEEPING POLICY – VERIFICATION OF TIME

Home Care Aides are required to record their time for clients electronically. CCHC employs the use of electronic timekeeping with SETWorks.

Home Care Aides will receive the instruction sheet at the Home Care orientation to assist them with the electronic timekeeping system. In addition to the information sheet, the Home Care supervisor will provide a tutorial to all new users of the SETWorks electronic timekeeping

system. Anytime changes are made with electronic timekeeping, the supervisor will instruct employees on how to properly use the system.

Each Home Care Aide will be given a login for the SETWorks system. The Home Care Aide will log in to clock in, complete tasks, and clock out.

Steps for Logging in and Clocking into a shift:

1. Log in to SETWorks: Navigate to the website via Chrome or the web browser of your choice and click "Log In."
2. Scroll down to the bottom-right of the home page and click on "EVV Experience."
3. You should see a list of one (or more) visits available. Click on the client name associated with the visit you wish to clock in to.
4. Click "Convert Appointment." This will change the visit from a scheduled visit to an active visit.
5. Click "Check-In" to register your clock-in punch.
6. Please hit "Back" and log out of SETWorks after "checking-in."

Steps for Documenting tasks and Clocking Out of a shift:

1. Log in to SETWorks: Navigate to the website via Chrome or the web browser of your choice and click "Log In."
2. Scroll down to the bottom-right of the home page and click on "EVV Experience."
3. You should see a list of one (or more) visits available. Click on the client's name associated with the visit you wish to document for and clock out.
4. It will take you to the service and documentation page. Please confirm the shift time. If it is not correct, please reach out to management. After checking your shift time, select "Additional Comments."
5. "Additional Supports" is where the ADLs/Interventions are stored for each client. Select "Additional Supports" to activate the drop-down menu.
6. Click in the boxes next to the tasks you completed during your client visit. The box should turn red with a white check-mark in it (see below).
7. Now select "Client Comments." This is where we leave our Progress Notes in SETWorks. Selecting "Client Comments" will open up a drop-down menu. Then, select "Add."
8. Insert comments about your visit as you would for a Progress Note in AlayaCare (while ensuring that the comments are appropriate and factual). Please click "Save" once you are finished with your comment.
9. Now you need to add staff and client signatures. To do this, select "Add Signature" at the bottom of the screen.
10. First, input your "signature" (IE your SETWorks Pin). Click "Add HC Staff/Staff Signature."
11. Enter the Pin you created when you set up your SETWorks account. Then, click "Sign."
12. Select "Add Signature" again to have the client sign off on the visit. Set the device down on a flat surface, and select "Add Client Signature." Be sure to confirm the client's name.
13. Select "I'm in the Correct Orientation," then have your client sign in the white area that pops up. Once they have signed, select "Sign."
14. To clock out, click on the bar that has your name and your clock in time. Select "Check Out" to end your visit.
15. Select "Back" to exit your visit session, select "Desktop" to navigate back to the desktop view, and then log out of SETWorks and close out of your web browser.

Notification of Electronic Timekeeping to Clients

CCHC clients will be notified verbally and in writing of the electronic timekeeping requirement. Each client, or their representative, will be required to sign a statement indicating that they have received information and understand the electronic timekeeping requirement for Home Care workers.

Clients have the right to refuse electronic timekeeping. The refusal and backup documentation will be kept in the client's file, and DSHS case management will be contacted when a client refuses electronic timekeeping. Clients who refuse SETWorks will need to sign the Home Care worker's time sheet each shift instead of clocking in and out.

Non-Compliance from Home Care Workers

As with all CCHC policies, workers are required to abide by the policies and procedures of the Home Care program. Workers refusing to utilize (or failing to consistently utilize) the electronic timekeeping system will be subject to disciplinary action up to and including termination.

Complaints and Resolution

Employees and/or clients with complaints regarding the electronic timekeeping system will be encouraged to utilize the agency's grievance procedures to resolve any conflicts that arise.

PROCEDURE FOR VERIFYING WORKER HOURS AND BILLING ACCURACY

It is important that clients receive the services that are being contracted for. Because of this, staff will have clients initial, each day, the time they worked as well as the services they provided to the client. Each day, prior to leaving the client's home where the services were provided, the staff will review with the client what time the staff arrived and left, and what services they have provided to the client. Staff will then have the client initial that they received these services. At the end of the month, the supervisor will compare the services that were reported on the time sheet to the Plan of Care to ensure that they are billing the funding source just for the services that should be paid for.

CCHC Services will provide compensation to its Home Care Aides consistent with the Fair Labor Standards. Compensable time for Home Care Aides is factored into the hourly reimbursement rate for client services.

Examples of compensable time include:

- **Client transportation:** Compensation for job-related client transportation in insured, registered vehicles by licensed drivers is required. Client transportation includes time spent transporting a client to medical services that cannot be provided through Medicaid reimbursed transportation sources or grocery or pharmacy shopping for the client. Client transportation must be authorized by the Case Manager to be reimbursed by the Department.
- **Drive time:** Home Care agencies must comply with state and federal wage and hour laws. Agencies must develop a methodology to compensate staff for the travel time

between client homes (work sites). This is often referred to as “drive time”. Drive time does not include the travel time to commute to the first job assignment at the beginning of the workday or to commute home from the last job assignment.

- **Administrative time:** Consistent with FLSA, when a staff member is required or allowed to work, the time is compensable. Examples include:
 - Times when staff participate in meetings either in-person or over the telephone
 - Time spent in performance-evaluation meetings
 - Time spent reporting information required by the Contractor such as client status or other work-related items
 - Time spent trying to deliver scheduled service as per Contractor

The agency will keep records of compensable time related to the provision of services under this contract for verification to prove that HHome Care Aides are compensated as required by the Fair Labor Standards Act (FLSA).

OVERNIGHT SHIFTS

Awake Overnight Staff

Designated awake overnight staff will be paid the NSP1 (Night Support One) rate when they are designated by their supervisor to work the majority of their shifts as awake overnights. The employee must sign the Awake Overnight Job Description, and a change form will be completed by the employee’s supervisor on their behalf such that all hours worked by the employee will be paid at the NSP1 rate. On top of this rate, any shifts scheduled over more than 5 consecutive hours on an awake overnight for that site will be paid a shift differential per hour on top of the NSP1 rate. We recognize that our awake overnight staff change their sleep schedule to work overnight. Therefore, we are willing to pay them the NSP1 rate for day-time work, such as staff meetings and continuing education, that would typically fall during their sleeping hours.

Non-Designated Awake Overnight Staff

When staff who are not designated awake overnight employees work overnight shifts, they will be paid the NSP1 rate when:

- They work more than 5 consecutive hours on shift during what would be considered an awake overnight for that site.
- The shift starts before midnight and goes until after midnight. This is to ensure that we are not paying the NSP1 rate for evening shifts.
- If the shift starts after midnight, the only criteria is that it must go for 5 consecutive hours during what would normally be considered an awake overnight shift for that site.

Sleep Overnights

Staff may be scheduled to work sleep overnight shifts with Private Pay clients only when specified in the Plan of Care. (Staff are required to be awake during all shifts with clients receiving services through DDA.) Staff assigned to do sleep overnights are authorized to sleep in the client’s home, in a bedroom provided by the client or their legal representative, during designated nighttime hours. However, staff must still be available to respond as needed throughout the night and perform any assigned health and safety checks.

During a sleep overnight shift, staff will be paid the Sleep Overnight rate during all hours in which the client is asleep. If required to respond to the client during nighttime hours, staff will be paid their regular rates of pay. Supports provided during sleep overnight shifts will be documented in the client's documentation log.

RESEARCH POLICY

- No research shall be conducted without permission of the Board of Directors. Guardians permission will be obtained where the research directly involves their son/daughter/ward.
- All researchers must submit a plan, purpose, and make it known where the research will be published or reported. This will be submitted to the Board of Directors prior to approval.
- Researchers must obtain written approval from those CCHC clients whom the research will affect. If the client is unable to provide written approval, then the guardian will have to approve on behalf of the client.
- No researcher shall have access to a client's permanent file unless they have obtained prior written release of information signed by the client and/or their guardian.
- No researcher shall have access to any of the agency files unless prior written permission is provided by the Program Director in house matters or the Board of Directors in corporate matters.
- The Program Director or Board of Directors has the right to terminate any research if it is subject that these conditions and the clients or staffs' rights are being violated.

QUALITY IMPROVEMENT – CLIENT SATISFACTION SURVEY

Annual client satisfaction survey of active clients will be conducted to determine satisfaction with all aspects of in-home service, including but not limited to: quality of work performed, responsiveness of supervisors, reliability of schedule, etc.

Purpose:

- To maintain an effective system for monitoring and evaluating the quality and value of client care and services provided throughout the organization.
- To assure that client care is provided and maintained at optimal levels consistent with professional and community standards.
- To establish criteria that allow for quality improvement activity prioritization.

Procedure:

- The quality-improvement plan for the agency will be based on data gathered in the following areas:
 - Client satisfaction surveys. These surveys will be sent to clients at least annually. In lieu of mailing, the client satisfaction surveys may be delivered to the clients in person. Client satisfaction forms will be reviewed, and a final report will be developed.
 - Client and/or family grievances or concerns
 - Incident reports

- Staffing problems
- Deficiencies identified on survey
- On an annual basis, during the last calendar quarter, data gathered will be reviewed by the Executive Director and the Human Resource Director.
- Problems or trends will be identified in each area and a plan of improvement will be developed and implemented. The plan will be implemented by January 15th annually.
- The Executive Director and the Human Resource Director will assume responsibility for the continuous monitoring of plans for improvement.
- The agency will also consider the following functions as important to the delivery of quality care and quality improvement:
 - Personnel selection and supervision
 - Orientation
 - In-service education
 - Program planning and evaluation

WELCOME ABOARD

Congratulations on your new position with Cascade Connections. We are happy to have you join our team. We look forward to learning more about you, teaching you more about our mission and our clients and seeing what changes we can make in our community together!