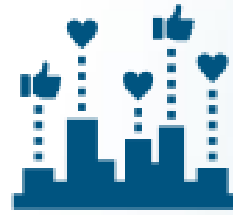


STANDARDS' COMPANION EXAMPLES

NATIONAL
INSTITUTE
for
MEDICAL
RESPITE
CARE



Standard 2: Medical respite program provides quality environmental services.

2023



Table of Contents

Sample protocol for safe storage, disposal, and handling of biomedical and pharmaceutical waste	
COTS Verifying need for assistance with medication management.....	3
COTS Recuperative Care Medication log	4
COTS Recuperative Care Medication Prescription Delivery Log	5
The Boulevard Medication Policy and Procedure.....	6
Sample protocol for preventing and managing exposure to bodily fluids and other biohazards	
Interfaith Works Homeless Services Bloodborne Pathogens	7
Sample Pest Control Protocol	
The Gathering Inn Pest Control Policies and Procedures	9

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Date:

Patient Name:

DOB:

Re: Verifying need for assistance with medication management

Please allow COTS Staff to assist this patient with medication management while residing at the Mary Isak Center facility. This patient does not have the capacity to manage their own medications safely.

Notes about specific medications or services needed: _____

Thank you,

X

Provider Name & Title:

Provider/ Facility Contact Phone:

Name of Facility:

Address of Facility:

Please return this signed medication management verification letter to:

Email: recuperativecare@cots.org OR Fax: (707) 776-4771

Recuperative Care Medication Log

Client's Full Name: _____ DOB: _____

Bed #: _____

Date	Time	Medication Name(s) & Dosage(s)	RC Staff initials	Client Initials	Misc. Notes

COTS Recuperative Care Medication Prescription Delivery Log

Date	Delivery Time	Staff Member	Rx #(s)	Client Name	Client Initials*

*Disclaimer: By initialing above, I acknowledge that I received the medication prescription(s) in-full at the time indicated.

Medication Policy and Procedure Policy

All program staff are responsible for the monitoring of resident medications, staff are trained as a part of their orientation to The Boulevard and as policies and procedures change or are updated they are informed and retrained. All residents are responsible for obtaining their own medications prior to their arrival and throughout their stay and must follow medication guidelines set by their doctor. The Boulevard does not administer medications but only assumes responsibility for their safekeeping, and monitors their distribution. Medications are stored and locked in the medication room and the keys are kept at Central Desk. Upon intake all medications are logged, the number of pills and the frequency is also logged on the individual's medication sheet; controlled medications are also counted and logged on a separate sheet and counted each time a resident takes one. All resident medications are stored in the respective resident's assigned drawer or refrigerator according to manufacturer's recommendations. Residents are not permitted to share their prescribed medications with other residents.

Procedure

1. Each resident is required to arrive with a 30-day supply of medication. Obtaining medication is the responsibility of the resident and his/her health-care provider. Refills or new medications needed during a resident's stay are also the responsibility of the resident. Each resident is responsible for meeting with the appropriate medical care professional in order to refill his/her medications.
2. Each resident's medications are counted and documented on the *Medication List* upon arrival. A *Medication List* is placed in each resident's file and medications are placed into each resident's medication drawer in the medication room.
)*Medication forms are to be filled out according to the Medication Box Procedure sheet*).
3. Residents who require medication must report to the medication room during the scheduled daily medication times. If a resident needs to take PRN medication not during one of the scheduled medication times, an RCA or other staff member will assist the resident. Residents are responsible for taking medications as prescribed by their physicians. Any adverse side effects, interactions or allergic reactions are discussed with the medical staff. The Staff is responsible for observing and recording all medications taken by residents.
4. All medications must be put away after use and never left unattended in the medication room. The medication room should be locked whenever it is unattended.
5. Please refer to the current *Controlled Medications* sheet for a list of all controlled medications. In the event that there is a discrepancy in the count of a controlled medication, a manager will be notified.
6. Staff or an MCP will remove discontinued or expired medications will be stored and picked-up by stericycle for the safe disposal of this medication. In addition, discontinued medication will be recorded as such in the resident's chart.

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Interfaith Works Homeless Services Bloodborne Pathogens

For the Interfaith Works REST Navigators and other Homeless Service Programs, Incident Reports are submitted through a google survey that auto populates into a spreadsheet and emails management. The survey is as follows:

Staff Report Writer

Date of Incident

Who this report is about (Client, Staff member, community member, partner, etc)

Type of Incident (Check all that apply)

Check all that apply *

- Physical fight between guests
- Physical assault on another guest
- Physical assault on a staff member/volunteer
- Overdose/Overdose reversal
- Mental health crisis
- Verbal threats
- Medical emergency
- Guest calling EMS
- Physical threats
- Racism
- Transphobia
- Homophobia
- Sexual assault verbal/suggestive(i.e. exposure, masturbation etc)
- Sexual assault physical
- Sexual Harrassment
- Concern about staff member/management (from guest)

Who else was involved

Incident Description

Was management consulted during incident? If no, briefly highlight why

What was the follow up?

Critical Incidents

REST Navigators are expected to file Incident Reports for all escalations, harassment, neighbor interactions, EMS interactions, emergencies or death. In addition to completing an incident report, the incident needs to be communicated to the program supervisor. If staff are unclear if a situation warrants an incident report, file the incident report regardless. In general, it is better to err on the side of caution and document the situation.

Example of an appropriate Incident Report:

- (CLIENT NAME)'s ascites had been filling up with fluid. Their abdomen was distended and genitals swollen with fluid to the point they could not walk and reported

experiencing extreme pain. EMS were called for transport to the Emergency Room, (CLIENT NAME) requested to specifically go to (HOSPITAL NAME). (CLIENT NAME) said they would call the shelter later and if we do not hear back by tomorrow AM REST staff will call (HOSPITAL NAME). (STAFF INITIALS)

Incident reports should always include the usual W's:

- **Who** was involved in the incident? Name all parties involved. If outside agencies are involved, try to include names when possible. If law enforcement is involved, try to include names of responding officers.
- **Where** did the incident occur? This is particularly important to know if the incident occurred off-site. If a participant is being transported off-site by EMS make sure to include where they are being transported.
- **What** happened? Include relevant details, but always remain neutral.

Protocol for Debriefing Critical Incidents with Staff

Staff may be exposed to participant death, chaotic substance use, targeting and harassment, mental health crisis, medical emergencies, intimate partner violence and sexual assault, events that may trigger one's own trauma response, and other traumatizing incidents. One of the strengths that staff can draw upon to appropriately respond to such incidents is the support of their peers and the use of supervision.

It is important to debrief and talk about critical incidents with the intention of not further perpetuating potential harm to the team. When an incident has been deemed "critical" the team should follow these steps:

1. Contact the supervising manager. In the event of death, the supervising manager will come on-site to offer support and manage logistics.
2. Supervising manager will make a decision to shut down services for the day. In the event this happens, all current working members of the team will be asked to come back to the office to support each other.
3. Staff will be given resources to reach out to the IW contracted therapist and/or pastoral services for grieving services.

Strategies for debriefing critical incidents:

- Anticipate experiencing "Cataclysms of Emotion" in the immediate aftermath such as fear, anger, denial, guilt or hyper vigilance.
- Before discussing potentially impactful or triggering topics, check in and ask the person if they have the capacity to hold space for x subject.
- When amongst peers, staff have the tendency to "trauma dump" or flippantly refer to highly traumatic experiences. This can have unintentional negative effects on the team.



TGI's Bed Bug Policy and Procedure

Policy

The Gathering Inn is committed to maintaining a pest free environment in all programs. All staff receive appropriate training for the identification of common pests as well as prevention and control measures.

Successful pest control takes a concerted effort. It takes the efforts of professionals, staff, and residents working together to eradicate pests. Because of this, TGI requires all guests to cooperate with staff and pest management specialists. Prior to entry, all guests will be required to sign a consent form detailing their responsibilities regarding pest control management.

Prior to Admission

All guests, prior to program entry, will be asked the following questions:

- Have you stayed in a place where you think you may have been exposed to bed bugs in the past three months?
- Has anyone near you in your prior living situation been bitten by bed bugs or do they have bites or blisters that you are concerned about?

If a potential guest answers yes to either of these questions coordinate a drop off of 4 changes of clothing (including shoes, socks, etc.) at MRCP for treatment prior to admission. **All** additional guest belongings must be treated in the Treatment Tent prior to entry or sealed in plastic bags, labeled, and placed outside the facility until they can be treated.

At Intake

1. All guests are to receive the “Bed Bug Information Pamphlet” and are required to sign the “Bed Bug Admission Informed Consent”
2. Upon Admission, **All** clothing items, shoes, purses, wallets, hats, backpacks, bedding, pillows, fabric items require a **HEAT TREATMENT** prior to entering the facility.
 - a. **HEAT TREATMENT** in a dryer requires a loose load, for 50 minutes, on the highest temperature setting. The dryer will reach the desired temperature 130 degrees or above.
 - b. If the guest needs to wash clothing prior to completing the heat treatment, wash and dry the clothing as usual. Then complete the **HEAT TREATMENT** in the dryer.
3. If a guest has bed bugs, all of their items need to be double bagged and remain outside of the facility until all items receive **HEAT TREATMENT**. Place items outside but **DO NOT** place them against facility walls.



Ongoing Precautions

1. All items acquired from secondhand stores and clothes closets require a HEAT TREATMENT prior to the items entering the facility. In the meantime, have the resident place the items in a sealed plastic bag and leave them in the exterior of the facility until the dryer is available for the HEAT TREATMENT.
2. Residents cannot enter any room aside from their assigned room
3. Residents cannot share clothing, shoes, etc.
4. Residents cannot give clothes, shoes, etc. to each other
5. Residents cannot sleep in common areas, i.e., couches
6. Monthly Bed Bug Pest Control Inspections by Clark Pest Control
7. Do not purchase or accept secondhand items for the program unless it is from a trusted source
8. Daily, all employees (staff and directors) need to scan the rooms they enter for signs of bed bugs. This does not require an inspection from a pest control company, just a look around for signs you've been taught to look for.