

DEPARTMENT OF HEALTH AND HUMAN SERVICES				
AGING AND DISABILITY SERVICES DIVISION				
2014 POLICY MANUAL				
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POLICY

It is the policy of Developmental Services (DS) Regional Centers that each individual residing in a supported living arrangement, SLA (which includes Intermittent Supported Living Arrangements, Host Homes, and 24 hour Supported Living Arrangements) receive standard and customary medical support services, to promote and facilitate best possible health, and to ensure that each individual receiving support (and as applicable their guardian) is aware of treatments, services and provider choices.

PURPOSE

It is the purpose of this policy to provide clear guidelines for the provision of healthcare and medication support for individuals served by DS Regional Centers in supported living arrangements (SLA).

PROCEDURE

A. ROUTINE MEDICAL CARE FOR INDIVIDUALS IN SUPPORTED LIVING ARRANGEMENTS

1. Each individual shall have access to one or more community health care providers, for both routine and emergency care. Current information on involved healthcare providers will be shared with the Regional Center Service Coordinator (SC) and Community Providers of Supported Living Arrangement (SLA) staff, to ensure that each individual receives prompt medical treatment for illness or accident.
2. SLA providers will ensure that health care providers (to include physicians, specialists, all licensed prescribers, pharmacists, dieticians, therapists, and nurses) have adequate and current information available at the time of an appointment or consult to facilitate effective treatment decisions. This would include a list of all current medications, allergies, diagnoses, health history and other symptoms or conditions (i.e. dietary, behavioral etc.).
3. As recommended by attending health care providers and/or Individual Support Plan (ISP) team, SLA providers shall schedule medical, dental, vision, nutrition, therapies, mental health and specialist appointments, as well as arrange transportation to those appointments as applicable and recommended by the ISP team. For individuals who repeatedly refuse to attend appointments, the team will determine if the refusal of service is placing the individual at imminent risk and will take appropriate action to protect against harm or injury. SLA providers will follow reporting protocol as defined in DS Regional Center’s policies on Individual’s Rights. The SLA provider will notify the healthcare provider and ISP team of the individual’s refusal of recommended appointments. The SC will notify the supervisor immediately and the Agency Manager and/or Clinical Program Manager within 48 hours if the individual’s refusal of treatment is contrary to the recommendation of the health care provider and could pose imminent risk to the individual’s health and welfare. Regional Center administration will assist the ISP team in determining an appropriate course of action.
4. The frequency of annual physicals and/or nursing assessments will be determined by each individual’s support team. This determination will be based on the individual’s current health status and health history. Individual and family history information will be updated annually with assistance from the SLA provider prior to the annual physical and presented to the attending physician at the time of the physical for their review. The annual physical form is to be completed at the time of the physical examination. The physician’s comprehensive documentation of the physical examination may be accepted in lieu of completion of

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Regional Center's Annual Physical Form. The SLA provider will submit a copy to the Regional Center SC within 2 business days of the appointment and the SLA provider will retain a copy. For individuals in ISLA and Host Home living arrangements a copy shall be available in the individuals' records at their homes. Regional Center SC will be responsible for submitting referrals to DS community nurses for recommended nursing assessments and consults. The completed nursing assessment/consult report will be forwarded to the Regional Center Service Coordinator who within three business days of receiving will: review; file the original in the individual's record; send a copy to the SLA provider and, as applicable, JDT provider for review and inclusion into the individual's home and Jobs and Day Training (JDT) record. As applicable the ISP team will use the assessment in facilitating development of support plans/protocols related to recommendations.

5. Prior to each health care provider appointment, the SLA provider will complete the designated sections of the Medical Visit form with accurate and current information. Per DS Record Requirements 12 months of documents will be maintained in the home files.
6. Preventative and maintenance health screenings will be completed upon the health care provider's recommendations, as well as recommendations from ISP team members reviewing risk factors.

Please refer to http://www.mhqp.org/guidelines/preventivePDF/MHQP_AdultPrevCareGuidelines.pdf for current preventive health screening recommendations.

7. The SLA provider will ensure all signed and dated licensed prescriber orders/prescriptions are either faxed or delivered to the pharmacy immediately upon receipt. Copies of all routine and PRN medications and treatment orders will be at the individual's residence prior to administration of a new medication, dosage change, or change in treatment orders for individuals in 24 hour Intensive Supported Living Arrangement (ISLA), Host Homes, as well as in Intermittent SLA residences for individuals who require support with medication administration as addressed in the ISP and support plans. The individual's home record will also contain side-effect sheets for all medications currently prescribed to the individual.
8. The SLA provider will notify ISP team members (Regional Center SC, guardian, JDT provider, family as applicable, etc.) of all medication and/or treatment orders, recommendations and changes including any health care precautions within 2 business days.
9. Individuals' immunization records will be part of the Regional Center permanent file and will be maintained in the individuals' files with the provider. In the event that records are not available, historical information from families/guardians/care providers will be used as guidelines for health care planning.
10. The SLA provider will complete assessments of health and safety needs, and as directed by the ISP team's recommendations, will develop health support plans and train staff prior to initiation of services. In cases of extreme emergency where immediate services are required to protect health and welfare, assessments shall be completed as soon as possible after initiation of services with additional precautions and safety measures taken until assessments and appropriate plans are completed and staff training can be provided.

B. LICENSED PRESCRIBER ORDERS

1. All licensed prescribers' orders shall be followed unless the individual, guardian, or team has expressed concerns with the treatment recommendation. Should this occur the team

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members (including the health care provider) will address and thoroughly document the final outcome in ISP and case notes.

2. The team will act immediately when there is a health care provider's recommendation for treatment. The SLA provider and ISP team members will seriously and respectfully consider the individual's choices and desire to refuse service or treatment. The agency advocates for individuals' fundamental rights to make choices. Should individuals' choices be contrary to the ISP team's recommendations, the team will determine if the refusal of treatment and/or service is placing the individual at imminent risk or posing a safety risk to others and will take appropriate action to protect against harm or injury. SLA provider will follow reporting protocol as defined in Regional Center's Incident Reporting policy. The SLA provider will notify the healthcare provider and ISP team of the individual's refusals of recommended treatment. The Regional Center SC will notify the assigned supervisor immediately and the Clinical Program Manager and, as applicable, Agency Manager within 48 hours if the individual's refusal of treatment is contrary to the recommendation of the health care provider and ISP team and could pose imminent risk to the individual's health and welfare. The Regional Center administration team will assist the ISP team in determining an appropriate course of action.
3. The SLA provider will notify the health care provider of the individual's refusal of the recommended treatment, to include general refusal or patterns of refusals of medications. The licensed prescriber will then make the determination for appropriate course of action including admission to a hospital for treatment should it be deemed that the individual's health and safety are at risk.
4. In the absence of expressed and informed consent, a licensed and qualified physician may render emergency medical care or treatment to any individual who has been injured in an accident or who is suffering from an acute illness, disease, or condition, if within a reasonable degree of medical certainty, delay in the initiation of emergency medical care or treatment would endanger the health of the individual per NRS 433.484.
5. As applicable, orders for health care monitoring related to chronic health conditions (Ex. Obesity, Diabetes, Hypertension, Chronic Constipation, Seizure Disorder) or concerns (i.e. a specific dietary plan with tracking of daily intake; [1800 calorie ADA diet], blood pressure, glucose levels, seizure activity, bowel tracking , etc.) will have parameters for staff to follow set forth by the provider of healthcare or ISP team recommendations and clearly documented in the Habilitation Plan(DS-ISP-15 (A)) or the Service Plan Protective Oversight and Supervision (DS-ISP-15 (B)) with data collected to determine effectiveness. Regional Center SC and SLA Staff are responsible to ensure support plans are developed for all Chronic Conditions and obtain parameters from appropriate provider(s) of healthcare in the event they have not been clearly documented by the licensed prescriber with review and approval by a licensed prescriber. (Resources may include pharmacists, provider-contracted nurses, DS community nurses, dietician, etc.)
6. Medications will be administered only to the individual for whom they are prescribed.
7. The SLA provider will establish agency standard medication administration times for orders written as "daily, a.m., p.m., H.S., B.I.D, T.I.D, and Q.I.D." which will be shared with treating healthcare providers. As applicable an order will be needed for administrations deviating from the SLA provider's standard times.

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If orders/prescriptions note approval for generic substitutions both the generic and brand names for the medication shall be documented on the Medical Administration Record (MAR).

As applicable, prescriptions/orders shall include directions for altering a medication's original form (cutting, crushing, placing in food substance etc.) prior to providing support or administering the medication. No deviation from an order is allowed. All individuals in ISLA, Host Home, and Individuals in Intermittent SLA who require support with medication administration, will have orders/standing orders from the licensed prescriber for each over the counter medication used (i.e. pain relief such as Tylenol, Ibuprofen; gastric distress such as Pepto Bismol, etc.). All standing orders will include the symptoms and parameters for use and will be submitted to the pharmacy. (Note: Use per package directions is acceptable if the individual is able to self-report symptoms and indicate their request for a medication.) For individuals who are unable to self-identify, effectively communicate, and/or exhibit no observable symptoms indicating the need for a PRN medication a support plan must be developed to guide the SLA direct support staff in recognizing the individual's objective identifiers or symptoms of pain or discomfort.

8. Medications will be removed from original containers with minimal handling.
9. The use of medication minders is prohibited unless filled per the NRS 454.213, "Dispensing of Dangerous Drugs" and DS Policy 1.4.
10. Provider staff may not administer or support an individual in taking medication or receiving treatments (other than support by staff certified in CPR/Basic First Aid) unless ordered by a licensed prescriber. Once ordered by the physician or licensed prescriber the medication is given according to the licensed prescriber's directions and a record of each dose is maintained on the individual's MAR. Changes in medication dosage and new medication orders will be acted upon within 24 hours or within time frames as directed by the prescribing health care professional.
11. Administration of As Needed (PRN) Medications
 - a. Prior to administering any PRN medication, the provider will ensure the following:
 - 1) A provider of health care and/or the ISP team, in agreement with the licensed prescriber, has identified the ability of the individual to self-identify the need to receive a medication;
 - 2) If the individual is unable to self-identify the need to receive a medication, the ISP team will develop a support plan outlining objective identifiers for which the medications can be administered;
 - 3) Objective identifiers will be included in the individual's support plan related to treatment of chronic conditions and will include data collection for monitoring and tracking of symptoms as applicable;
 - 4) The SLA staff member administering the medication will document the date and time the PRN medication was taken, the dosage taken, the observed identifiers/reason the medication was given and note the individual's response regarding effectiveness of the medication on the back of the Medication Administration Record (MAR); and
 - 5) For individuals who are able to self-identify the need for PRN medications, one support plan may be developed for all PRN Standing Order Medications for acute exacerbations of general medical conditions. If unable to self - identify the need for a PRN/OTC medication, the ISP team will document in the individual's

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support plan the objective identifiers an individual may exhibit for any PRN/OTC ordered.

C. MEDICATION SUPPORT

1. All individuals who are to receive SLA services (24 hour, Intermittent SLA and Host Home) will have an initial Medication Administration Assessment (DS- ASS-01) prior to receiving services or supports from the SLA Provider, to ensure that the proper level of support is available and in place at the time of entry into services. The ISP team will review the assessment at least annually and determine if an update is warranted based on changing condition or status. This team discussion and review will be documented in the ISP.
2. Only staff currently certified in Medication Administration from a DS approved program will be authorized to administer medications per NAC 435.675. Individuals requiring this level of support must have “Medical Clearance by the Provider of Healthcare” (DS-LC-01) and “Authorization for Medication Administration by Certified Direct Support Staff” (DS-LC-02) signed, dated and placed in their files annually. Individuals who are assessed to be capable of self-administration of medication will be reviewed annually and the individual’s guardian will sign an acknowledgment.
3. The SLA provider will ensure that individuals maintain an adequate supply of medication on hand to prevent delay or disruption in administration. Refills of medication will be called into the pharmacy no less than 7 days prior to end of supply. SLA staff will continue to follow up with pharmacy prior to the end of the supply if the medication is not received and will document all efforts to ensure the refill is received in a timely manner. If an individual has “zero refills” the SLA provider will notify the licensed prescriber no less than 30 days prior to the end of the current supply to determine if an appointment is necessary to ensure timely refill. SLA Provider will document all efforts to contact the licensed prescriber per their agency’s policy.
4. Medications must be secured and stored in a manner that is deemed safe for the individual’s assessed skill level and, as applicable, the skill levels of the individual’s house mates, as determined through completion of the Medication Administration Assessment Tool (DS-ASS-01) and approved by the ISP Team. All containers used to store medication will be labeled with the individual’s name, to include over the counter medications and med minders as applicable. All controlled substances will be stored in a locked container/ closet/file cabinet when the individual is residing in a 24 hour Supported Living Arrangement or Host Home, no matter the skill of the individual or housemates.
 - a. Direct Support Staff Certified in Medication Administration may provide supervision and guidance with the use of medication minders but may not fill a med-minder for the individual.
5. Medications requiring refrigeration will be stored in a secured labeled container separate from food or beverage. Depending on skill level of individual and as applicable, the housemates, this container may be required to be locked. Controlled medications requiring refrigeration will be in a locked container.
6. Otic (ear), Optic (eye), Nasal, Liquid, and Topical (applied to the skin) medications will be stored in a container labeled with the individual’s name and kept separate from oral tablet/capsule medications and suppositories.

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7. Unused medication shall be returned to the pharmacy or destroyed per SLA provider policy and documented in the individual's home record. ***Please note "Medication Arrival and Removal Logs" must be maintained as stipulated in policy DS 1.4.***
8. Medications that are considered controlled substances (per DEA Schedule), including those in liquid form, are to be counted by support staff **responsible** for medication administrations at each change of shift and when administered. All counts must be verified by a witness when possible. For individuals receiving Intermittent SLA services, the Individual Support Team (ISP), will address and document any prescriptions for controlled substances and determine a procedure/plan for protective oversight based on the individual's support needs. Mishandling of medications that are considered controlled substances will be reported per Policy 810 Incident Reporting.
9. SLA staff will be trained in the standard documentation procedures for all medications and medication errors, to include single line strike through on all changes, labeled with the date and the staff's initials making the change. All medication errors, PRN, or variances from the routine medication process, including medications administered outside of the residence (JDT, home visit, recreation event, etc.), will be circled on the front of the MAR and noted on the back of the MAR, as to what occurred, who was contacted and specific outcome. For occurrences of medication dose changes mid-month in which new bubble/dose packs are not dispensed by the pharmacy, SLA staff will write clearly with black marker on the top of the bubble pack to the side of the original label "Order Change See MAR" date and initial. (Please note that the original label may not be altered.)
10. Medication errors require notification to a licensed prescriber, pharmacist or nurse. An incident report and Denial of Rights form must be completed and submitted to the Regional Center SC within 1 business day of discovery of the error. For serious medication errors (wrong person, wrong dose, wrong medication, missed medication over 24 hours and failure to administer new prescription within 24 hours or as directed by licensed prescriber) the licensed prescriber must be notified.
11. SLA provider agencies will only provide psychopharmacological medications on a PRN (as needed) basis with written informed consent. The order must include symptom(s)/objective identifiers for which the medication is to be used, and include specific parameters for administration which will be documented in the individual's health service habilitation/service plan. An ISP team meeting will be held and a support plan will be developed if the PRN medication is determined to be needed for an extended period of time and not just a one-time use. Due process will be followed. A Denial of Rights form will be completed and filed with the Quality Assurance Department for administration of a psychotropic medication without completion of due process.
12. SLA provider will ensure that standing order medications are readily available to the individuals on the onset of symptoms. Medications for pain relief must be maintained in the home for immediate administration. SLA providers will ensure standing order medications are immediately available/on hand and administered promptly for those individuals who have been assessed to need these medications on a frequent or routine basis.

D. MEDICATIONS GIVEN OR MONITORED OUTSIDE OF PRIMARY RESIDENCE

1. SLA Provider will ensure the individual has the proper amount of medications sent for all family home visits, work, camp, vacations, etc. and will ensure proper documentation on MAR.

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2. SLA Provider is responsible for supporting the individual with taking the medications outside of their residence in the following way.
 - a. When an individual leaves the residence for a short period of time during which only one dose of medication is needed the SLA staff may give the medications to the individual or a responsible/authorized person (i.e. SLA staff, family member) in a secured envelope (or similar container) labeled with the individual's name, name of medication(s) and instructions for administering the dose.

If the individual is to be gone for more than one dosage period the SLA Provider may:

- 1) Give the full prescription container to the individual or responsible/authorized person OR
- 2) Have the pharmacy either fill a separate prescription or separate the existing prescription into bottles/bubble packs OR

The legal guardian, or individual with the assistance/guidance of a staff certified in medication administration, may fill the medication minder.

3. SLA provider will ensure that family members, JDT providers, etc., assisting with medication supports are aware of medication administration times, side-effects of medication and purpose of medication to promote adequate monitoring and support in medication administration outside of the individual's residence.
4. SLA provider will have a system (procedure) for accountability for medications taken outside of the residence.

E. MEDICATION AND TRANSFERS FROM ONE HOME TO ANOTHER

1. An individual's current medication will accompany him/her to their new home. This will include copies of current prescriptions indicating times, dosages, prescribing physician or licensed prescriber and copies of side-effects sheets for all medications. All other pertinent facts will be provided to the new service provider by the previous SLA provider, treatment facility, and/or family member. Arrangements shall be made to provide sufficient medication going with the individual to his/her new home to prevent any disruptions in the medication administrations.

F. SUPPORT TO INDIVIDUALS WHO USE OXYGEN

2. SLA Providers to ensure that the following conditions are met if oxygen equipment is in use:
 - a. It is suggested the SLA provider notify the local fire jurisdiction that oxygen is in use at the home;
 - b. "No Smoking-Oxygen in Use" signs shall be posted in appropriate areas.
 - c. Smoking is prohibited where oxygen is in use;
 - d. All electrical equipment is checked for defects that may cause sparks;
 - e. Oxygen tanks that are not portable are secured either in a stand or to a wall;
 - f. Plastic tubing from the nasal cannula (mask) to the oxygen source is long enough to allow the individual movement within his/her home but does not constitute a hazard to the individual or others;

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- g. Individuals use oxygen from a portable source when they are outside the home;
- h. Equipment is operable and receives routine scheduled maintenance (i.e. operating as intended, in good condition, good working order, individual/staff is able to operate it correctly);
- i. SLA Provider staff have knowledge and ability to operate and care for the oxygen equipment;
- j. Equipment is removed from the home when no longer in use by the individual.

G. MEDICAL EMERGENCIES

1. Community SLA providers are required to have a policy and procedure that addresses emergency medical care. Support staff employed by providers, must be certified in First Aid and CPR within 30 days of hire and prior to working independently with individuals and shall maintain current certification status. SLA provider staff must be knowledgeable of the signs and symptoms of life threatening conditions and the procedures for obtaining emergency medical care in an expeditious manner prior to working alone with individuals. Community providers are required to provide training/ education/ in-services to staff on the agency's emergency medical care policy and procedure at the time of employee orientation and annually thereafter.
2. Emergencies must be attended to immediately and verbally reported to the Regional Center SC, a supervisor, or the Community Services emergency cell phone if applicable in the Regional Center. Voice messages may not be left, refer to DS Regional Center Policies on Incident Reporting.
3. Each SLA setting shall have a well-stocked First Aid Kit to include, but not limited to: CPR mask, bandages, gauze, medical tape, gloves, antibiotic ointment, thermometer, tweezers, cold pack, ace bandage, and alcohol wipes. (SLA services provided in family homes is exempt from this requirement, though encouraged.)
4. The clinical Program Manager and the Agency Manager must be advised within one business day of all serious medical situations in which a physician or licensed prescriber has voiced concerns regarding an individual's competence to give informed consent for urgent medical care and treatment to assist in determining a course of action. However, until the courts make a ruling regarding competency, the individual's signed consent is considered legal. The ISP Team may consider the need for advocacy services (i.e. temporary guardianship) during the interim period per NRS 159.0523. In the absence of express and informed consent, a licensed and qualified physician or licensed prescriber may render emergency medical care or treatment to any individual who has been injured in an accident, or who is suffering from an acute illness, disease, or condition, if, within a reasonable degree of medical certainty, delay in the initiation of emergency medical care or treatment would endanger the health of the individual (per NRS 433.484).
5. SLA providers and Regional Center SC will retain copies of Advanced Directives for individuals' records as applicable.

H. HOSPITALIZATIONS

1. SLA providers shall not authorize a non-emergency surgery or hospitalization without proper advanced notification to the Regional Center SC, and ISP team and without written informed consent of a legally authorized person.

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2. All individuals prior to discharge from the hospital (or other institution) will receive an assessment of their current support needs by the SLA provider which will include consult with hospital/facility staff and review of discharge orders. SLA provider will ensure that the individual's needs may be met in the SLA setting prior to accepting the individual's discharge. Additionally, discharge assessments may entail: a review of the medical record by the Regional Center community nurse or SLA Provider contract nurse consultant; case consultation with hospital staff by Regional Center SC; and, as appropriate, Community Services Nurse; a request and review of Pre Admission Screen and Resident Review (PASRR) screening; and the ISP team's review of SLA provider and community resources available to meet identified current needs. In the event that an individual's support needs have changed requiring a higher level of support than is able to be provided in the supported living arrangement, the ISP team will take the appropriate actions to determine and assist in arranging for alternate placement options.

I. MEDICAL CARE FOR INDIVIDUALS IN SUPPORTED LIVING ARRANGEMENT

1. Each individual will choose, or be supported in choosing, their personal health care providers. The SLA provider and Regional Center Service Coordinator will assess the individuals' level of satisfaction with the health care provider and support change as needed or requested.
2. Each individual will have medical insurance and will be supported to maintain coverage.
3. SLA providers and the Regional Center will maintain information regarding medical/family histories, drug history, and food allergies and ensure all staff working with the individual is apprised of this information and level of support required as appropriate to their role and function.
4. SLA providers will have internal systems and procedures in place to monitor the condition of adaptive equipment, communication devices, glasses, dentures, hearing aids, etc., identifying needs for repair/replacement and are completed timely and efficiently
5. ISP teams will ensure that chronic health conditions have specific support plans for staff to follow including prevention strategies, monitoring of symptoms; and administration of prescribed treatment.

J. Infection Control for Individuals in SLA Settings

1. Universal Standard Precautions will be observed in SLA environments by all staff. Service recipients will be encouraged and supported to follow those guidelines.
2. The ISP Team will address and develop support plans related to risk for infection as applicable to the individual.

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Attachments (Click Below)

[DS-ISP-15 \(A\)](#)

[DS-ISP-15 \(B\)](#)

[39 – 2 Medication Administration in Developmental Services SLA](#)

[DS-ASS-01](#)

[DS-LC-01](#)

[DS-LC-02](#)

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