

Adult Day Program Nursing Handbook

Franklin County Board of Mental Retardation
and Developmental Disabilities

This handbook is provided as a reference tool for families and/or residential providers regarding nursing procedures that support the provision of day programs.

Nursing/Medical Intake Procedures

Because there may be special medical issues that could be of concern in an adult day program/work setting, when referring an individual for adult day services, the day program provider needs the following information:

1. The *General Medical Form* must be completed in its entirety within one (1) year of application date. If application is made more than one (1) year prior to start date, a *General Medical Update* may be requested.
2. When **transferring** between day programming locations (e.g. workshop-workshop, SAGE-SAGE, PACE-SAGE): the medical information should be current within three (3) years. A current list of medications and restrictions is required.
3. Appropriate specialist reports may be requested.

Medication Procedures for Day Programs

1. An Ohio licensed prescriber must submit a signed order if medication is to be given routinely in the day program setting. This order must be renewed at least yearly, or as deemed necessary to ensure proper administration. This prescription order must contain the following:
 - Medication name
 - Dosage
 - Administration time
 - Route
 - The prescriber's name either legibly printed or typed
 - Prescriber's phone number
 - The prescriber's signature
 - The reason for the order
2. The day program will accept a faxed medication/treatment order under the following conditions:
 - Order must be signed by an Ohio licensed prescriber.
 - A follow-up telephone call to the day service program should occur immediately after the fax has been sent to ensure it is received.
 - Written orders may be requested, but are not required to support the faxed orders as described above.
3. Please keep the medication to be administered at the day program at a minimum and given only when absolutely necessary, such as those prescribed four times daily or before meals.
4. Physician permission is needed for over-the-counter *as needed* medications and will be valid for one year unless otherwise discontinued by the prescriber.
5. Medication must be in a pharmacy labeled medication container or it cannot be used.

6. Medications may arrive at the day program either by pharmacy, the bus driver, residential provider, or the participant, if appropriate.
7. Medication must be delivered to the nurse. There should be a minimum of one week's supply.
8. **When changes occur in a medication order, a signed prescriber's order must be received before the next dose can be administered.**
9. If the nurse does not receive the participant's medication supply, the nurse or designee will contact the home to request an immediate delivery to the day services program. If the medication cannot be delivered, the residential provider may be requested to transport the participant home until the medication is provided.
10. Self-medicating participants are responsible for their own medication. The medication is to be kept on the person or locked in his or her locker.
11. Medication may be given up to one hour before or one hour after the prescribed time, unless specifically ordered otherwise by the prescriber. The day program time for four-times-daily medication is 12:00 noon.

Health and Safety

1. All day programs are committed to providing a safe environment for all participants and will comply with the applicable rules of the Ohio Department of Mental Retardation and Developmental Disabilities and the Public Employees Risk Reduction Program (PERRP).
2. Accidents and injuries will be documented on the appropriate forms. Guardians and other persons providing residential services/supports to the individual as well as the Service Coordinator will be notified by telephone, email, or by receiving a copy of the form. **Records of such incidents will be initiated within 24 hours of the occurrence of the incident** and will be maintained on file.
3. Please make certain that the day program nurse is notified of any change in health status or medication, even if the medication is not taken during day program hours.

Physical Examinations

1. A physical examination is required prior to admission to Adult Services and will be requested every three (3) years. If the individual's medical status indicates a need for medical information, a physical examination may be requested more frequently.
2. Please use the *Adult Services General Medical* form in lieu of an alternative physical examination form. This form addresses specific areas of the physician's exam that are needed for day programs. (e.g. restrictions, over the counter medications, and current medications) as well as information needed by Franklin County Service Coordination.

Medical Suspension Procedure

Day program providers understand that situations may arise that necessitate interruption of services for a participant for medical reasons that pose a serious risk to the individual or others. The day services provider will work closely with the residential provider to resolve the situation before a medical postponement of the participant's program is recommended.

Transportation Needs During Day Services

1. It is the responsibility of the family, residential provider or guardian to provide transportation home if the nurse has determined that:
 - The participant's health status is either contagious or too unstable to safely remain at the facility.
 - The participant's physical status warrants a timely medical assessment for further evaluation and/or treatment, such as sutures.
 - The day program nurse will make the decision for a participant to be picked up due to illness or injury.
2. The nurse on site at the day program will be responsible for making the decision to call the squad for assistance in emergency situations.

Release to Return to the Program

1. The purpose of requiring a release to return to day services is to assist in providing better care for the individual, in a safe environment, specific to his/her needs. A *Release to Return to the Program* may be requested for any of the following reasons:
 - Hospital admission or extended medical leave. The day program nurse should be notified when a hospitalization occurs or when an extended medical leave has been requested.
 - Incidents at home that require sutures, casting, extractions, or ER visits.
 - When the participant has had an infectious disease.
 - After a participant's day program has been interrupted for medical reasons, with the specific purpose to seek medical evaluation or treatment.
 - Any other circumstance where medical information is needed to ensure the health and safety of the participant upon their return to day program.
2. Please make certain that the physician, physician's assistant or nurse practitioner completes the form in its entirety and is specific regarding the degree and duration of any restrictions required.

Miscellaneous

1. Communication is the key to successful, coordinated service delivery.
2. Every effort will be made by day program staff to work closely with the family, guardian, or residential provider to resolve any issues that may occur between the two service providers regarding the wants and needs of an individual.

3. All medical issues should be addressed to the day program nurse; however, if there is an unresolved issue or the nurse is unavailable, the director of the location should be contacted.
4. Inserted is a list of FCBMRDD, Goodwill, and other Adult Day Service Providers. This list provides contact names, phone numbers, and e-mail addresses for day services providers to help ensure effective and timely communication.

Franklin County Board of MR/DD

ARC Industries North

436-4800 FAX 342-5350

Nan Burns, Director

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ARC Industries South

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Kurt Smith, Director

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Donna Breedlove, LPN 342-5638

ARC Industries East

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Clarice Pavlick, Director

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ARC Industries West

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Terry Cramer, LPN 342-5126

Bixby Living Skills Center

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Dave Tisdale, Director

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Faye Williams, RN 342-5012

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Hague Living Skills Center

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Rosia White, LPN 342-5018

Goodwill Columbus

Goodwill Columbus - Main Contacts

583-0390

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MR/DD Services Director

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Director of Nursing

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SAGE Crosswoods

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Melania Massey,

Program Director

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Kim Pruitt, LPN

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SAGE Edgehill

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UNIWORKS

274-5296

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PACE

Amy Ogden, Program Director

Pager: 242-5177

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United Cerebral Palsy Center

279-0109

Meg Werner, Asst. Executive Director

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Community Connections

342-5629

Mel Rhoads, Program Manager

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